Report on an unannounced inspection of

HMP Erlestoke

by HM Chief Inspector of Prisons

16–27 August 2021

Contents

Introduction

HMP Erlestoke is a category C training and resettlement prison near Devizes in Wiltshire. Holding just over 440 adult men the prison fulfils an important function with most prisoners serving long sentences of over four years and nearly two-thirds assessed as high or very high risk of harm to others. About a third of the population were serving indeterminate sentences - including 80 prisoners serving life - and the prison also held young adults. Part of the establishment's remit was to provide a national resource for offending behaviour programmes.

The prison itself was a campus-style establishment with different accommodation types set in the grounds of a former country house. The prison held a challenging but generally stable population but had many advantages, not least its clarity of purpose and a group of prisoners who knew they would need to engage fully with their sentence objectives and the regime of the prison if they were to progress. In this context, our findings at Erlestoke were disappointing. When we last inspected in 2017, we assessed outcomes for prisoners as not sufficiently good against our healthy prison tests of safety, purposeful activity and rehabilitation and release planning. Only in the healthy prison area of respect were outcomes reasonably good. Similarly, our findings from a scrutiny visit to the prison a year ago, at the height of the pandemic, were so concerning that my predecessor raised his concerns directly with the Secretary of State. A deterioration in safety, poor living conditions and a lack of purposeful relationships between staff and prisoners were among the serious issues identified. At this inspection we found little improvement, and respect had deteriorated to the extent that it too was now not sufficiently good.

The prison had undoubtedly been impacted by COVID-19 outbreaks in addition to the general restrictions imposed by the pandemic, but it was clear that prisoners were becoming increasingly frustrated at what they perceived to be a growing divergence between their experience and the general easing of restrictions in the community. Some restrictions in the prison were applied inconsistently and the prison leadership needed to be more ambitious about the pace for opening up the regime safely - which might have overcome the sense of aimlessness that we observed.

This frustration among prisoners was linked to some concerning outcomes, for example increasing violence and high levels of self-harm. Basic standards were not upheld and opportunities were missed. Examples included: limited reception and induction arrangements and a lack of motivational and rehabilitative culture; both were opportunities that could have been used to encourage and connect constructively with longer-term prisoners. Leaders were not visible, oversight arrangements lacked rigour and priorities were not communicated. Forums for the oversight of operational practice were often poorly attended and the leaders did not use data effectively to inform decision making. In a survey we undertook, staff (many of whom were inexperienced) told us that their well-being was not supported, and that morale was low. A clear agenda aimed at practical steps to build confidence and competence among staff, as well as some supervisors, was needed.

The end of the pandemic offers Erlestoke an opportunity to review and reinvent its approach and culture. Like all prisons it faces challenges, but the establishment also has some advantages. While Erlestoke is not the worst prison we have inspected it should be performing better. With effective leadership and a more engaged staff group, who maintain standards and have higher expectations of prisoners, it could quickly improve.

Charlie Taylor
HM Chief Inspector of Prisons
October 2021

About HMP Erlestoke

Task of the prison/establishment
Category C adult male prisoners and young offenders.

Certified normal accommodation and operational capacity (see Glossary of terms)
Prisoners held at the time of inspection: 440
Baseline certified normal capacity: 444
In-use certified normal capacity: 436
Operational capacity: 444

Population of the prison
- 315 new prisoners received each year (around 29 a month).
- 20 foreign national prisoners.
- 30% prisoners from black and minority ethnic backgrounds.
- 14 prisoners released into the community each month.
- The majority of prisoners were serving long sentences of four years or more.
- Just over a third of prisoners were serving indeterminate sentences.
- Nearly two-thirds of prisoners were assessed as high/very high risk of harm to others.

Prison status (public or private) and key providers
Public

Physical health provider: Hanham Secure Health
Mental health provider: Avon and Wiltshire Mental Health Partnership NHS Trust
Substance misuse treatment provider: Avon and Wiltshire Mental Health Partnership NHS Trust
Prison education framework provider: Milton Keynes College
Escort contractors: Serco; G4S

Prison group
South Central

Brief history
HMP Erlestoke was built on the former grounds of Erlestoke manor house. The site was taken over by the then Prison Commissioners in 1960 for use as a detention centre. In 1977 it became a young prisoners' centre and was converted to a category C adult male training prison in 1988. Life-sentenced prisoners were first received in the 1990s. Since 2018, it has held closed young offenders and adult category C males.

Short description of residential units
Alfred – 64-bed unit, 58 single cells and three double cells.
Wessex – 66-bed unit, 58 single cells and four double cells.
Imber – progression regime, 40 single cells.
Marlborough – drug rehabilitation unit, up to 60 prisoners in 30 double cells.
Sarum – 54-bed enhanced unit, 50 single cells and two double cells.

Silbury A downstairs – progression regime/social care, 28 single cells and two adapted cells.
Silbury A upstairs – super enhanced unit, 34 single cells.
Silbury B – first night/induction, 30 double cells and 30 single cells.
Wren – 24-bed super enhanced unit, all single cells.
Care and separation unit – eight cells for segregated prisoners, two orderly cells, one special accommodation cell and one constant supervision cell.

Name of governor and date in post
Tim Knight, July 2016

Prison Group Director
Andy Lattimore

Independent Monitoring Board chair
Nicholas Rheinberg

Date of last inspection
26–27 June, 3–7 July 2017

Section 1 Summary of key findings

1.1 We last inspected Erlestoke in 2017 and made 71 recommendations, five of which were about areas of key concern. The prison fully accepted 57 of the recommendations and partially (or subject to resources) accepted 12. It rejected two of the recommendations.

1.2 In August 2020, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. We made nine recommendations about areas of key concern.

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

Progress on key concerns and recommendations from the full inspection

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

1.5 At our last full inspection, we made two recommendations about key concerns in the area of safety. At this inspection we found that both those recommendations had not been achieved.

1.6 We made one recommendation about key concerns in the area of respect. At this inspection we found that this recommendation had been partially achieved.

1.7 We made one recommendation about key concerns in the area of purposeful activity. Ofsted carried out a progress monitoring visit alongside our inspection to assess the progress that leaders and managers had made towards reinstating a full education, skills and work curriculum. They judged it was too early to assess whether recommendations made at the last inspection had been achieved.

1.8 We made one recommendation about key concerns in the area of rehabilitation and release planning. At this inspection we found that this recommendation had not been achieved.

Progress on recommendations from the scrutiny visit

1.9 During the pandemic we made a scrutiny visit to Erlestoke. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/.

1.10 At the SV we made some recommendations about areas of key concern. As part of this inspection we have followed up those recommendations to help assess the continued necessity and proportionality of measures taken in response to COVID-19, how well the prison is returning to a constructive rehabilitative regime, and to provide transparency about the prison's recovery from COVID-19.

1.11 We made nine recommendations about areas of key concern. At this inspection we found that four of the recommendations had been achieved and five had not been achieved.

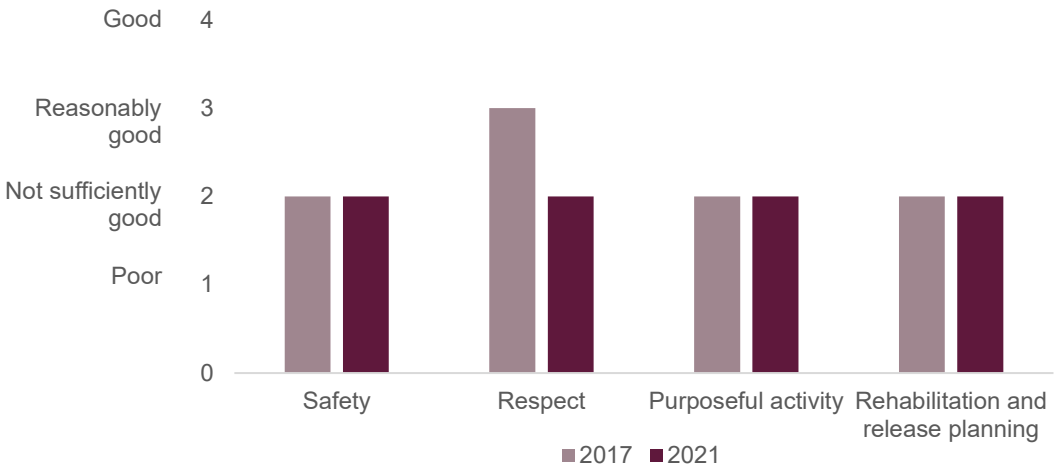
Outcomes for prisoners

1.12 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 1).

1.13 At this inspection of Erlestoke, we found that outcomes for prisoners had stayed the same in three healthy prison areas and declined in one.

1.14 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 Erlestoke healthy prison outcomes 2017 and 2021



Safety

At the last inspection of Erlestoke in 2017 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.

1.15 Prisoners in our survey reported being treated well in reception, although not all initial assessments took place in private. First night and induction cells were dirty, ill-equipped, graffitied and in a generally poor condition. The regime for new arrivals who isolated in line with COVID-19 guidance was poor, allowing only 30 minutes a day unlocked. Induction was limited, with a lack of focus on prisoners' progression and rehabilitation.

1.16 In our survey, over half of prisoners said they had felt unsafe at some point during their stay and almost a third felt unsafe now, which was much higher than at our previous inspection. Half reported verbal abuse from other prisoners and 45% from staff. Assaults on staff were double the rate for similar prisons and were rising. Prisoner-on-prisoner assaults had increased since May 2021 but were lower than comparable prisons. The safety meetings had too little focus on understanding the causes of violence and lacked a plan to make the prison safer. The challenge, support and intervention plan (CSIP) casework model was not operating effectively and a small number of prisoners self-isolating for their own safety lacked support.

1.17 A new incentives scheme had been launched recently, but few staff were able to explain how it worked. The primary incentive for good behaviour was access to better living conditions on the enhanced units. Monitoring of the few prisoners on basic was reasonable, but generic targets undermined the review process. There was insufficient oversight of adjudications and too many were outstanding.

1.18 Use of force had increased significantly since 2017, but there was insufficient oversight and accountability concerning its deployment. We were not convinced that it was necessary or proportionate in every case we reviewed. There was insufficient justification for the high use of special accommodation and not all incidents involving the drawing of batons were investigated. Although treatment and living conditions in segregation had improved since our scrutiny visit a year ago, the regime and reintegration planning remained insufficient.

1.19 In our survey, almost half of prisoners said that it was easy to get illicit drugs and alcohol and there were frequent medical emergencies caused by psychoactive substances (see Glossary in Appendix II). The reopening of the drug recovery unit was positive, but not enough was being done to tackle the supply of illicit drugs.

1.20 There had been one self-inflicted death since the last inspection. Recorded levels of self-harm were much higher than most similar

prisons. In our survey, only a third of prisoners subject to assessment, care in custody and teamwork (ACCT) case management felt cared for by staff, and there were gaps in the quality of support delivered through the new version of ACCT. Revised case management arrangements had been introduced without any formal, in-person staff training. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) had continued to operate throughout the pandemic, but staff did not always grant access to them.

Respect

At the last inspection of Erlestoke in 2017 we found that outcomes for prisoners were reasonably good against this healthy prison test.

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

1.21 Significantly fewer prisoners than in 2017 said that they were treated respectfully by staff. All too often we saw staff congregated in offices, reluctant to assist with reasonable requests and failing to challenge poor behaviour. The key worker scheme (see Glossary in Appendix II) was not yet operating fully and few staff entries in prisoner electronic case notes recorded any useful contact.

1.22 Although most communal areas on the enhanced units were clean and well maintained, those on Alfred, Wessex and Silbury B wings were dirty. The standard of some accommodation had improved since our last visit, but cells on Silbury B were overcrowded and in very poor condition. Few prisoners thought responses to cell bells were prompt, and access to stored property was not good enough.

1.23 Cleaning regimes were inconsistent across the prison and some units struggled to obtain necessary materials and equipment. COVID-safe procedures were inadequate. Many areas in the grounds were overgrown and there was a significant rat infestation - we were told that rats frequently entered the residential units.

1.24 Meals were still served too early, but the opportunity for prisoners to comment on the food on their weekly meal request sheet was a good initiative. Although prisoners appreciated the self-catering facilities, they were dirty, unhygienic and used inappropriately.

1.25 Prisoner consultation through the prison council was reasonably good, but outcomes were not promoted widely. In our survey, prisoners were negative about the fairness and timeliness of responses to complaints and applications.

1.26 The promotion of equality and diversity remained inadequate and the work had not been sufficiently resourced. In our survey, prisoners from protected groups had some poor perceptions across a range of important outcomes. Many from a racial minority described racist and discriminatory treatment by staff and there was evidence to support

these perceptions. The discrimination complaints process was inadequate, there was poor use of data and consultation with protected and minority groups had lapsed. Prisoners appreciated the support offered by the chaplaincy.

1.27 Health care provision was reasonably good, but the prison failed to provide enough staff to escort prisoners to appointments, resulting in lost clinical time and many cancelled hospital appointments. All health services had resumed following a significant COVID-19 outbreak between January and April 2021. Clinical staff had good oversight of waiting lists, and prisoners on all wings had access to a health care professional every morning. Social care arrangements were much improved and there was good oversight of a new prisoner 'buddy' scheme to support prisoners with care needs. The well-being team provided an integrated service for prisoners with mental health and substance misuse needs, but there was a lack of clinical psychological interventions.

1.28 Medicines management arrangements were generally safe, but there was poor supervision of queues by officers. The management of prisoners with multiple prescriptions for sedating medications created some negativity, but was good practice. The quality of dental services was good, but waiting lists were far too long.

Purposeful activity

At the last inspection of Erlestoke in 2017 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.

1.29 Ofsted carried out a progress monitoring visit of the prison alongside our full inspection and the purposeful activity judgement incorporates their assessment of progress. Ofsted's full findings and the recommendations arising from their visit are set out in Section 5.

1.30 Time unlocked for many prisoners remained very limited at around two hours a day on weekdays and just an hour at the weekend. Although those on the enhanced units had up to 10 hours a day unlocked, there was a lack of purposeful activity and association equipment was limited. Around 140 prisoners were allocated to activities, but our checks found just 12% in work or education off the wing and a further 12% working on the wing, for example, cleaning. The number of peer support workers had reduced.

1.31 The library had operated a good mobile service and some reading initiatives during the pandemic, and prisoners now had two indoor gym sessions a week.

1.32 The curriculum had been adapted using printed work packs to engage prisoners with in-cell education. Teachers supported the in-cell learning

through face-to-face visits to the wing and most prisoners praised the support they received. A very few were also engaged in face-to-face practical learning for accredited qualifications in forklift operating, cleaning and peer mentoring. Prisoners were working in areas such as maintenance, recycling, the kitchen and waste management, but the numbers involved were very low due to the pandemic restrictions.

1.33 There were plans to increase activities as the prison moved to stage 2 of the HMPPS recovery plan (see Glossary in Appendix II). However, leaders had been too slow to maximise the opportunities to increase places for face-to-face activities through stage 3, such as those that could take place in large workshops or the open air.

1.34 The careers advice and guidance and support in preparation for release was insufficient and too many prisoners were released with little or no support.

Rehabilitation and release planning

At the last inspection of Erlestoke in 2017 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.

1.35 The prison did not do enough to encourage prisoners to maintain contact with their children and families, and family engagement provision was too limited. Take-up of social visits was very low, although the recent easing of some restrictions, such as physical contact during visits, was welcomed. Difficulties with technology, booking slots and limited call times meant that take-up of secure video calls had also been low.

1.36 Access to the limited number of communal phones was a source of prisoner frustration, but it was positive that in-cell phones were being installed. The 'email a prisoner' scheme was well used.

1.37 The reducing reoffending strategy had been refreshed, informed by an updated needs analysis and was underpinned by a relevant action plan. The offender management unit was, however, under-resourced with too few probation offender managers, others due to leave and several prison officer offender managers who were very new in post. Contact was insufficient to drive positive outcomes for prisoners and focused instead on time-limited tasks, such as preparation of parole reports and recategorisation reviews.

1.38 The progression regime, which had been an important support for up to 80 life and indeterminate sentence prisoners, had lost its focus following the recent closure of one unit delivering this work; the remaining unit required substantial investment.

1.39 Category D prisoners waited too long to transfer to open conditions. Home detention curfew processes were managed well.

1.40 Public protection arrangements were adequate. The release management planning meeting generally considered prisoners in sufficient time before release, and arrangements with community offender managers were managed effectively. The prison's contributions to multi-agency public protection arrangements (MAPPA) meetings in the community were of good quality and on time, and public protection monitoring was managed appropriately.

1.41 Delivery of accredited offending behaviour programmes had resumed at the earliest opportunity following their suspension in March 2020. Waiting lists were prioritised appropriately and the level of delivery went beyond the nationally set guidance.

1.42 Since our last inspection, Erlestoke had been reconfigured as both a training and resettlement prison. Until recently, a community rehabilitation company had provided good and timely support for all prisoners in preparation for release. However, the unification of the National Probation Service in June 2021 had produced a lack of clarity about the delivery of services and the risk that some prisoners would not have their resettlement needs met during this transition.

Key concerns and recommendations

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

1.44 During this inspection we identified some areas of key concern and have made a small number of recommendations for the prison to address those concerns.

1.45 Key concern: The reception area was small with only one functioning holding room and no designated private space, limiting the ability to undertake safety assessments confidentially. First night and induction cells were in poor condition, dirty and ill-equipped. There was a limited induction with a lack of focus on prisoners' progression and rehabilitation. The regime during prisoners' early days was inadequate, with each receiving only 30 minutes a day out of their cell.

Recommendation: Early days arrangements should be reviewed so that all aspects of prisoners' arrival to the establishment are decent, fit for purpose and have a focus on progression and rehabilitation.
(To the governor)

1.46 Key concern: Over half of respondents in our survey reported feeling unsafe and prisoners who had chosen to self-isolate because they feared other prisoners were unsupported. Violence towards staff was high and increasing, but the prison had no plan to tackle the violence. Poorly attended safer custody meetings did not analyse information effectively or identify actions to improve safety. The management of the perpetrators of violence and support for victims were weak and too many investigations into incidents were incomplete.

Recommendation: The prison should develop a plan to reduce violence with clear criteria for how it will be reduced and by when.
(To the governor)

1.47 Key concern: The use of force and special accommodation was high. Staff did not always demonstrate the use of de-escalation techniques and not all incidents involving the drawing of batons were investigated. Too much use of force documentation was missing and scrutiny by leaders was insufficient. We were not convinced that use of force was necessary or proportionate in every case we reviewed.

Recommendation: Use of force and the use of special accommodation should only happen as a last resort. Leaders should develop alternative approaches which will reduce the need for such interventions.
(To the governor)

1.48 Key concern: The day-to-day regime for prisoners in the segregation unit was poor. Too many prisoners were seeking protection there and wanted a transfer to another prison. Reintegration planning was poor and meetings to monitor the use of segregation were too infrequent.

Recommendation: The segregation unit should provide a safe, decent and purposeful regime that promotes improved behaviour for prisoners held there and their reintegration with the wider prison.
(To the governor)

1.49 Key concern: Prisoners reported that drugs and alcohol were easily available. There were frequent medical emergencies resulting from the suspected use of psychoactive substances (see Glossary in Appendix II) and other unknown substances. Many prisoners said that the availability of drugs made it difficult for them to maintain recovery. Not all staff were confident about the searching procedures for detecting the concealment of contraband items. There was a lack of a whole prison approach to tackling drug supply.

Recommendation: The prison should take robust action to reduce the availability of illicit drugs and alcohol.
(To the governor)

1.50 Key concern: Recorded levels of self-harm had increased considerably and were significantly higher than most similar prisons. Despite this, leaders had not identified suicide and self-harm prevention as a key priority, and the safety action plan was not shared or reviewed to direct work to reduce self-harm. There were gaps in the quality of support delivered through the new assessment, care in custody and teamwork (ACCT) case management model.

Recommendation: The prison should develop an effective plan to reduce self-harm and deliver consistently good care for at-risk prisoners.
(To the governor)

1.51 Key concern: Staff interaction with prisoners lacked consistency, leading to insufficient engagement and low behavioural expectations. Prison officers spent much of their time in unit offices rather than supervising and actively engaging with prisoners on the landings. Poor prisoner behaviour often went unchallenged. We saw staff failing to enforce even the most basic of behavioural expectations, such as music volume, the inappropriate use of cooking equipment and dress codes. There was a lack of leadership in supporting staff to develop the confidence to challenge poor behaviour.

Recommendation: Staff should be supported to positively engage with prisoners and where necessary to challenge poor prisoner behaviour.
(To the governor)

1.52 Key concern: Too many areas of the prison were dirty and unkempt, with too few prisoners actively engaged in keeping the prison clean, a lack of cleaning materials on some units and insufficient managerial oversight of standards.

Recommendation: Basic standards of cleanliness and decency should be set and maintained consistently across the prison.
(To the governor)

1.53 Key concern: Work to promote equality remained too limited, a concern we had raised in our two previous visits. Protected characteristic and minority prisoners had negative perceptions. Data was not used effectively to identify or address areas of inequality or discriminatory treatment. Prisoners told us of racist behaviour on the part of staff, but this was not always effectively identified or acted on.

Recommendation: The prison should take robust action to promote equality and eliminate discriminatory treatment and racist behaviour.
(To the governor)

1.54 Key concern: The lack of custody staff to escort patients to the health care department and to external hospital visits had significantly affected the delivery of health services in the prison and had led to the cancellation of 17 out of 38 hospital appointments in the month of our inspection, including two patients who had prepared for surgery.

Recommendation: Health care and hospital appointments should not be cancelled or delayed. Prisoners should be able to attend appointments at the time and date set by health care staff to best meet the prisoners' health needs.
(To the governor)

1.55 Key concern: Time unlocked for many prisoners remained very limited at around two hours a day on weekdays and just an hour at the weekend. Although those on the enhanced units had up to 10 hours a day unlocked, few prisoners were actively engaged in any purposeful activity for any length of time, fostering a sense of aimlessness across the prison. Leaders had not maximised the opportunities to increase places for such activities through stage 3 of the HMPPS recovery plan, in particular those that could have taken place in the open air or large workshops. On a walk-through of activity places, we found only five prisoners engaged in workshops and four in the whole of the education building, three of whom were cleaners or orderlies.

Recommendation: Leaders should urgently prioritise increasing time unlocked and the number of in person places in education, skills and work activities to enable a larger number of prisoners to attend them.
(To the governor)

1.56 Key concern: Not enough was done to encourage prisoners to maintain contact with their children and families, and family engagement provision was too limited. Take-up of social visits was very low, and difficulties with technology, booking slots and limited call times had also led to low take-up of secure video calls.

Recommendation: Prisoners should be encouraged to build and maintain positive relationships with their families and friends.
(To the governor)

1.57 Key concern: The offender management unit was acutely under-resourced with too few probation offender managers, and caseloads were too high. Frequency of contact between both prison and probation offender managers and prisoners was inadequate and did not drive their sentence progression effectively.

Recommendation: Probation offender manager staffing levels should be increased sufficiently to provide manageable caseloads and effective case management of prisoners' sentence planning and progression.
(To the governor)

Notable positive practice

1.58 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.

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

1.60 Prisoners had the opportunity to comment on food provision and make suggestions on the back of their weekly menu request sheets. (See paragraph 4.17.)

1.61 Although not always initially welcomed by some prisoners, and challenging for those initiating the changes, there was comprehensive review, consultation and safer prescribing for prisoners arriving with combinations of sedating medicines. (See paragraph 4.87.)

Section 2 Leadership

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

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 A relatively recent and extensive COVID-19 outbreak in the prison had affected the pace of change following our highly critical scrutiny visit a year ago. Although leaders had addressed some of the concerns relating to living conditions, the segregation unit and social care provision; levels of self-harm, use of force and violence were still too high. The need to support better family contact and promotion of equality had also not been sufficiently prioritised by leaders.

2.3 Considerable frustration among prisoners because of regime restrictions and the growing divergence with their easing in the community was fuelling escalating violence against staff. In our survey, fewer than half of prisoners agreed that the current restrictions were necessary. We found incongruities in the approach by leaders – while access to activity was strictly limited so that cohorts of prisoners did not mix, COVID-safe procedures on the residential units were inadequate, for example, communal telephones were not sanitised between use.

2.4 Although delivery of offending behaviour programme work was being maximised, leaders lacked ambition and had not found creative ways to safely expand other purposeful activity, such as work in the large workshops or in the open air (see key concern and recommendation 1.53). The education provider had also been slow to increase opportunities. However, approval to move to stage 2 of the HMPPS recovery plan (see Glossary in Appendix II) was given during our visit and we were told that more time out of cell and activities for prisoners were imminent.

2.5 Better partnership working since our last visit was evident in the improved provision of social care by the local authority and more timely maintenance of facilities by the services company. The acute shortfall in probation officers had been escalated as a problem to be dealt with centrally, with support from the prison group director.

2.6 Most staff who responded to our survey felt that their well-being was not supported, morale was low and the priorities for the prison were not clearly communicated. Both staff and prisoners told us that leaders were not sufficiently visible around the prison. In our survey, only 21% of prisoners said they could talk to a manager or governor if they wanted to.

2.7 A lack of leadership led to inconsistencies and poor basic standards on residential units. Staff routinely failed to challenge prisoners' poor behaviour or respond to basic requests (see key concern and recommendation 1.51). New and inexperienced officers were inadequately supported; previous funding for dedicated mentors had ceased and the planned roll-out of apprenticeship coaching had not yet started. Almost a quarter of prison officers were less than a year in post and 14% had resigned in the last 12 months.

2.8 A review by HMPPS had identified the need to build the capability and confidence of all grades of staff in the prison, but no additional resource had been provided. Some members of the senior management team were non-accredited and temporarily promoted into critical roles that were overloaded. The lack of qualified staff had been exacerbated because there had been no HMPPS assessments for accreditation for over a year. Training and development plans were in preparation and delivery of a programme to develop the skills of prison officers was in its early stages.

2.9 Although there were strategies to drive improvement, their delivery and management were poor. They were largely ineffective due to lack of information sharing, poor attendance at meetings and little meaningful analysis of data.

2.10 The prison group director and the senior management team meeting regularly monitored delivery against action plans and performance, but progress remained limited. Physical upgrades in the prison had led to some improvements, but most key recommendations from our last full inspection in 2017 were still not achieved and outcomes for prisoners in most areas remained concerning.

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 Erlestoke received approximately 29 new prisoners each month. Induction officers attended reception to complete initial and first night safety assessments for new arrivals. The reception area was small with only one functioning holding room and no designated private space, which limited the ability to undertake safety assessments confidentially. Health care staff did not routinely attend reception to complete a health screening, which resulted in delays as new arrivals had to be escorted to the health care unit to complete this. Reception was on the first floor and a stairlift had now been installed.

3.2 In our survey, only 18% of prisoners who arrived with problems told us that staff had helped them, although 91% said they were treated well in reception.

3.3 Reception had been short-staffed for some time and was often closed as a result. This had led to delays in many reception procedures, such as processing property, parcels and post (see paragraphs 4.14 and 6.6).

3.4 We were informed that all new arrivals received a strip-search and that a body scan was also done depending on a risk assessment. However, several prisoners told us they had not received either.

3.5 In line with COVID-19 guidance, new arrivals were isolated on the induction unit for a minimum of 10 days. The regime during this period was inadequate with each receiving only 30 minutes a day out of their cell. However, officers did conduct overnight safety checks on all new arrivals.

3.6 First night and induction cells were in poor condition, dirty and ill equipped. Many had a lot of graffiti, including a previous prisoner's debt inscribed in one. The absence of shower curtains resulted in a lack of privacy when two prisoners shared a cell. A few prisoners said they had to wait several days to receive a television, which, with the lack of time out of cell, demonstrated a needless and avoidable lack of care. There were no kettles in the cells and we came across one prisoner who was without a pillow for several days and another who had been injured by a protruding metal screw in his cell.

3.7 There was a limited induction. The induction orderly attended reception mostly to meet new arrivals but was also available to provide support during their early days. However, this was an informal arrangement rather than a specific induction meeting and there was no staff oversight of what the peer worker told prisoners.

3.8 A 35-page induction booklet, whilst comprehensive, consisted of too much detail for those new to custody to absorb. The reception and induction records were not always completed by all departments, so we were not assured that prisoners were receiving a full induction. Considering the purpose of Erlestoke prison, this was a missed opportunity to focus on prisoners' progression and rehabilitation. In our survey, 74% of prisoners said they had had an induction, compared with 88% in 2017, of whom only 47% (compared with 67%) said it covered everything they needed to know about the prison.

3.9 New arrivals were offered no support from Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners); although the induction orderly was a Listener, he did not provide this role.

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

3.10 In our survey, over half of respondents said they had felt unsafe at some point during their stay at the prison and almost a third said they felt unsafe currently. Both findings were much higher than at our 2017 inspection. Half of prisoners also said that they had experienced verbal abuse from other prisoners and 45% that they had received similar abuse from staff. Prisoners from a black or minority ethnic background were more than twice as likely as white prisoners to report that they currently felt unsafe and only 20%, compared with 60%, said that they had not experienced bullying or victimisation by staff. In addition, 47% of prisoners with a disability and 46% of those with mental health issues said that they felt unsafe currently.

3.11 Assaults on staff had been increasing for the last 12 months, particularly in the last quarter. There had been twice as many assaults at Erlestoke compared with the average for similar prisons. Prisoner-on-prisoner assaults had also been rising since May 2021 but were lower than similar prisons.

3.12 The prison's approach to violence reduction was completely undermined by the lack of any plan that sought to identify the causes of violence or specify actions that might lead to improvement. The monthly strategic safety meetings were poorly attended and were

failing to use or analyse any data that was available. (See key concern and recommendation 1.46.)

3.13 The casework approach to supporting victims and managing perpetrators of violent behaviour using the challenge, support and intervention plan (CSIP, see Glossary in Appendix II) was not effective. Not all required investigations were completed, some prisoners did not have a behaviour management plan and, where they did, targets were often out of date. Staff were not confident in the purpose and application of the scheme and were not aware of which prisoners were on a CSIP, while prisoners to whom we spoke were similarly unaware of their plans. A weekly safety intervention meeting recorded which prisoners were on an open CSIP, but there was no evidence of further discussion or actions that might ensure there was greater rigour to the process or useful support to be offered.

3.14 Four prisoners were self-isolating – effectively hiding in their cell – due to fears for their safety. They were unsupported and spent most of their time locked up without meaningful contact from staff. Those we spoke to said that they only left their cells to collect their meals and to use the phones when all other prisoners were locked away. They told us they were too scared to take time in the open air as they would be seen from other prisoners' cells. There were no routine visits from staff, no support and no plans to reintegrate these men.

3.15 The incentives policy framework scheme had recently been revised. Only a few of the staff we spoke to were able to demonstrate an understanding of the key elements of the scheme - such as its five levels, how progression should be linked to the achievement of sentence planning targets and regular electronic case note records of behaviour and achievements. The system was not embedded across the prison and it was difficult to see how prisoners could demonstrate progression given the restricted regime and very limited case note entries.

3.16 The high rates of assaults, adjudications, and use of force indicated that the incentives scheme was largely ineffective. It was evident that the real incentive for good behaviour at the prison was being able to access the much better living conditions provided on the Wren and Silbury A2 'super enhanced' units (see paragraph 4.7).

3.17 Few prisoners were on the lowest level of the scheme and they had all been reduced to basic due to single serious incidents rather than a succession of poor behaviour reports. Prisoners on the basic level would normally lose their televisions and the option to wear their own clothes, but these sanctions had been suspended due to the already very limited COVID-19 regime. Monitoring of those on basic was reasonable and reviews were generally held on time. However, targets for them were generic and daily entries in 'basic books' did not record specific behaviour, often just stating 'complied with regime'.

Recommendation

3.18 **Prisoners on the basic level should be set individually tailored targets to address poor behaviour and encourage progression in the incentives scheme.**

Adjudications

3.19 There had been 1,681 adjudication hearings in the last 12 months. Of these about 168 remained outstanding and 96 had been referred to the police - some dating as far back as June 2019 - delays that undermined the legitimacy of the process and were too long for the process to deter violent behaviour. Oversight of adjudications generally lacked rigour: there was no quality assurance arrangement and, except for a single meeting in August 2001 to review tariffs, there were no forums to consider the standardisation of practice. Our sampling of hearing records found several that were illegible or where decision making was not explained or justified.

Recommendation

3.20 **Managerial oversight of disciplinary procedures should make sure that all hearings are held fairly and completed within a reasonable time.**

Use of force

3.21 Use of force was not monitored often enough. Meetings were poorly attended and analysis from data was too limited. There was no action plan to identify and monitor long-term objectives.

3.22 Training in approved use of force methods had been paused during most of the COVID-19 period, but even with the national dispensation applied to extend the minimum gap between refresher courses, only 47% of staff were in date with this.

3.23 There had been 303 use of force incidents in the last 12 months – a significant increase since 2017 – even though most prisoners had spent very little time unlocked in the last year. The main recorded reason for incidents was non-compliance with staff instructions. Most incidents were spontaneous: five had involved the use of a baton, including one where a prisoner was struck on the leg. Records also indicated that handcuffs had been used in around a third of all incidents. (See key concern and recommendation 1.47.)

3.24 Use of force was not monitored often enough. Meetings were poorly attended and analysis from data was too limited. There was no action plan to identify and monitor long term objectives.

3.25 Training in approved use of force methods had been paused during most of the COVID-19 period, but even with the national dispensation applied to extend the minimum gap between refresher courses, only 47% of staff were in date with this.

3.26 Our review of the documents and video footage did not convince us that the use of force was necessary or proportionate in every case. Staff did not always use de-escalation techniques: handcuffs were used on compliant prisoners and in one case we judged the force as excessive. We were not assured that there had been efforts to persuade prisoners to comply peacefully before a planned use of force. There were examples of staff wearing balaclavas (inappropriately hiding their identity) and sometimes there was no health staff presence to monitor the incident. We reported our concerns to leaders, who provided evidence that investigations into complaints about the use of force were taken seriously.

3.27 There had been 12 recorded uses of special accommodation in the last 12 months, which was high for the category of prison – although no use had been recorded since January 2021. We viewed camera footage of a prisoner being placed into special accommodation conditions in the segregation unit; there was no evidence that this had been appropriately authorised or that risks and safety issues had been formally assessed. Similarly, there was no record of how long the prisoner was held in these conditions. (See key concern and recommendation 1.46.)

3.28 We were given documentation for five of the recorded uses of special accommodation. In each case the prisoner was on assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm, which was concerning. Insufficient detail was recorded to justify its use, there were no records of sustained efforts to talk to the prisoner and de-escalate the situation or to minimise their time in special accommodation and there was no scrutiny by leaders.

Segregation

3.29 The treatment of prisoners in the segregation unit and their living conditions had improved since our scrutiny visit in 2020. All cells had been upgraded and most were now clean and free from graffiti, but they still had no power points. The shower room lacked ventilation and needed repair and the exercise yard remained small and bleak. Many prisoners were allowed their belongings in their cell and had wind-up radios and books, but the daily regime was poor, being limited to a shower, two 10-minute phone calls and only 30 minutes access to the fresh air.

Segregation exercise yard

Segregation unit shower room

3.30 During the inspection 10 prisoners were held in the segregation unit with two orderlies (who lived there) and an additional prisoner on constant supervision. Three prisoners held in segregation were being supported by the ACCT case management process and when reviewing two post-closure ACCTs we found that, despite the clear risks, senior managers did not routinely complete the daily defensible decision logs, a case review was completed a day late and not all prisoners had a care plan. The unit was not a suitable location for individuals in crisis. (See key concern and recommendation 1.48.)

3.31 The prisoners in the unit to whom we spoke were positive about their relationships with staff (in our survey 67% of those who had been held there said they had been treated well by staff). Almost all prisoners told us they were happy to be in the segregation unit to remain safe from the wider prison and were seeking a transfer to another establishment. Reintegration planning was poor, there were no meaningful behaviour targets and three prisoners lacked any such plan. There had been only one formal meeting in the last year to monitor the use of segregation, in November 2020.

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.

3.32 Most aspects of security were proportionate, but we had concerns about a lack of control and challenge of poor behaviour on some residential wings (see paragraph 4.4 and key concern and recommendation 1.51).

3.33 A good number of intelligence reports (mostly drug-related) had been submitted in the last 12 months. Initial processing took place quickly but, due to staff shortages in the security department, there was a backlog of 115 reports needing to be analysed.

3.34 Intelligence was collated to identify priorities and actions that were shared with the monthly security meetings. However, these meetings were poorly attended, and actions were not monitored to measure progress. Despite the staff shortages, joint working with the regional specialist search team and the police had been successful – including a find of around 60 litres of illicitly-brewed alcohol in one weekend and 927 litres over the last year.

3.35 In our survey, 45% of prisoners said it was easy to get illicit drugs and 47% said it was easy to get alcohol in the prison, while 14% said they had developed a problem with illicit drugs since they had been in the prison. There were frequent medical emergencies resulting from the suspected use of psychoactive substances (see Glossary in Appendix

II) and other unknown substances. Many prisoners said that the availability of drugs made it difficult for them to maintain recovery; we found one prisoner who chose not to come out of his cell so he could not be tempted to continue to use drugs.

3.36 Processes to tackle the supply of drugs were not robust; for example, staff were not confident about the procedures for using the X-ray body scanner in reception to detect the concealment of contraband items on new arrivals and not all reception staff had been trained in using it. The current drug strategy was not being fully implemented due to COVID-19 restrictions. Drug testing had not restarted since its suspension under the restrictions. The regular drug strategy meetings were not well attended and lacked attendance from the security department. (See key concern and recommendation 1.49.)

3.37 The reopening of the drug recovery unit, designed to house prisoners with a history of drug/alcohol dependency and related offending, was positive. Sixteen prisoners were engaged in the honesty, openness, participation and empowerment (Hope) programme and those we spoke to were positive about the support they received on the unit.

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

3.38 Since the last inspection, there had been one self-inflicted death. The prison had developed an action plan in response to four recommendations made by the Prisons and Probation Ombudsman (PPO), but progress on completing these had been slow. Investigations into serious attempts of suicide or self-harm were not routinely completed. We could not find an investigation into a case of a prisoner who had been given cardiopulmonary resuscitation following a serious suicide attempt. The one investigation that we saw had no interviews with staff and prisoners involved and lessons learned had not been shared or discussed at safety meetings.

3.39 Recorded levels of self-harm had increased significantly and were now over four times higher than at our last inspection. The rate for the previous 12 months (ending July 2021) was also far higher than most similar prisons with 436 recorded incidents involving 98 prisoners.

3.40 Despite the concerning rise in incidents, leaders had not identified suicide and self-harm prevention as a key priority. There had been very little strategic planning and the safety action plan was not shared or reviewed in the monthly safety meetings or used actively to direct work to reduce self-harm. (See key concern and recommendation 1.50.)

3.41 The regular safety meetings were poorly attended. A range of data sets were available; however, minutes did not record discussions or actions to address the issues identified, showing that the data was not used to help formulate plans that might help drive down self-harm rates.

3.42 Staff had struggled to implement the new version of assessment, care in custody and teamwork (ACCT) case management for at-risk prisoners, which had been introduced without any formal in-person training but only a PowerPoint presentation by email. Many staff spoke of having to navigate and understand the new process through self-teaching. Not surprisingly, we found gaps in the quality of support delivered through the new ACCT model. Care plans were missing or incomplete and too many key documents remained blank. Supervisory and managerial quality assurance checks were routinely missing. In our survey, only 33% of prisoners subject to ACCT felt cared for by staff. (See key concern and recommendation 1.53.) However, we spoke to some prisoners on the enhanced wings who were more positive about the care they received.

3.43 There had been 20 uses of constant supervision in the 12 months to August 2021. At the time of our visit, one prisoner was being monitored on constant supervision in the segregation unit, which was not a suitable location for someone in crisis. The ACCT documentation for this prisoner was not kept in good order and was not easy to follow. Daily reviews by the duty governor had not been completed and other key documents, such as those identifying risks/triggers and a concern form, were not completed well. One case review was held three days late. When we visited this prisoner, there was no staff member in sight providing a constant watch.

3.44 The Listener scheme had continued to operate throughout the pandemic, but prisoners told us they were not always granted access when requested, even though this was a period when additional support was required. The safer custody hotline and free Samaritans phone numbers were not well publicised on the residential units.

Recommendation

3.45 **Actions in response to recommendations from the Prisons and Probation Ombudsman should be completed and embedded in practice.**

Protection of adults at risk (see Glossary in Appendix II)

3.46 The prison's safeguarding policy provided comprehensive guidance on identifying prisoners at risk and subsequent actions to be taken. While there had been some improvements since our last inspection, such as regional safeguarding meetings and a tracker to oversee any safeguarding concerns, the policy was not fully embedded. Most staff were unclear of its existence and unaware of the identified safeguarding lead. We were not assured that prisoners at risk were

always identified and protected. Staff were aware, however, of the need to raise any concerns with the safer custody team or a manager.

3.47 The prison had no links or joint work with the local safeguarding adults board to improve the care and support offered to prisoners at risk.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

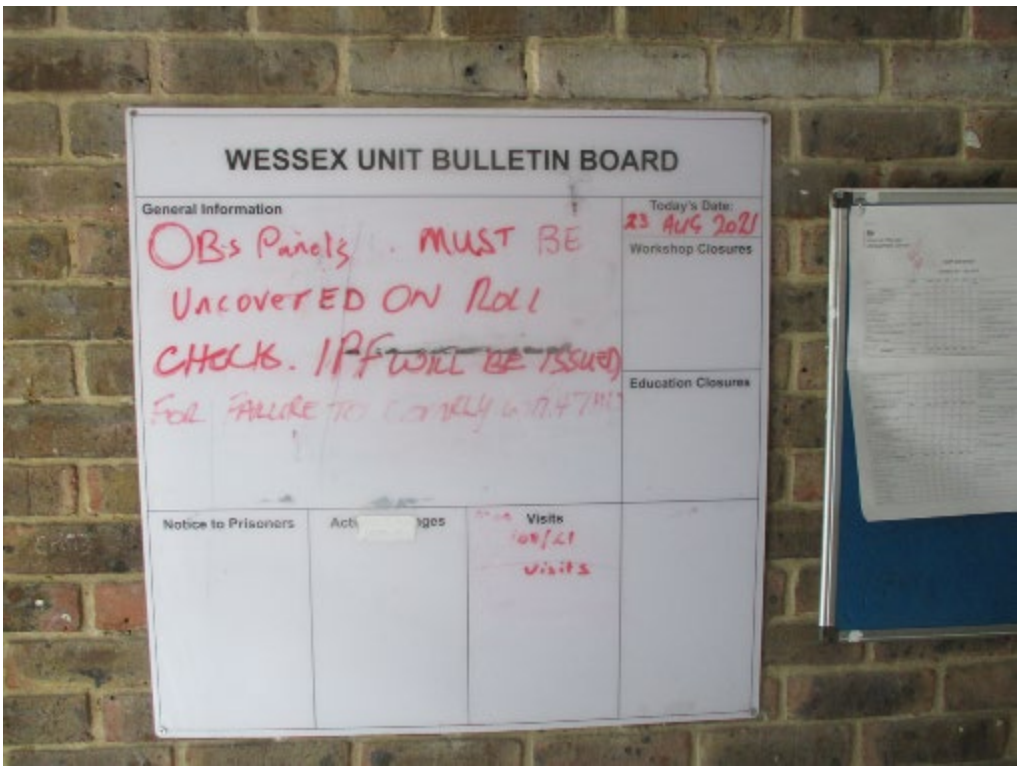
Staff-prisoner relationships

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, significantly fewer prisoners than at the 2017 inspection said that they were treated respectfully by staff and only 31% that a member of staff had checked on their well-being during the previous week. While we saw a few positive and supportive interactions from staff on some wings, similarly to the last inspection, many still spent much of their time in unit offices rather than supervising and actively engaging with prisoners on the landings. Notably, a staff habit on Silbury B highlighted this issue: the one-way glass in the staff office, coupled with the practice of leaving the office light off, further impeded any meaningful contact and we routinely witnessed staff on this unit ignoring prisoners' requests for help. Many prisoners we spoke to complained that staff were reluctant to help them and that their usual response to often very reasonable requests was that prisoners should put in a formal application. (See key concern and recommendation 1.51.)

4.2 Wing rules were not applied consistently across the prison. Even on some of the enhanced wings, we saw staff failing to enforce even the most basic of behavioural expectations, such as music volume, the inappropriate use of cooking equipment (see paragraph 4.18) and dress codes. We routinely saw prisoners walking around without shirts and it was not unusual for some to walk around wings in dressing gowns all day. (See key concern and recommendation 1.51.)

4.3 Behavioural expectations on Alfred, Wessex and Silbury B were low. Graffiti in many of the cells on Silbury B went unchallenged, as did the almost constant shouting and playing of loud music out of windows on Alfred, Wessex and Marlborough, which went on into the evening during our night visit and was audible outside the prison perimeter. Prisoners routinely covered up their cell door observation panels with insufficient challenge and a wing notice board on Wessex unit made clear that, providing they were uncovered at roll checks, this practice was acceptable. (See key concern and recommendation 1.45.)



Wessex Unit notice board

4.4 When we challenged a manager over the evident acceptance of poor behaviour, he cited that seven of the 11 staff that day were in their first year of service, which left him with no experienced staff to manage a clearly difficult unit. By contrast, the staff on duty on the much quieter and calm 'super enhanced' Wren unit were far more experienced.

4.5 The key worker scheme (see Glossary in Appendix II) was not fully operational and we found few electronic case notes with any meaningful staff entries beyond very basic welfare checks.

4.6 COVID-19 restrictions had reduced the range of peer mentors who were operating. Oversight of the few still able to engage, such as the substance misuse supporters, was impressive; regular quality supervision sessions made sure they were operating within their remit and provided them with personal support to ensure their well-being.

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

4.7 There was a wide disparity in living conditions between the enhanced units – Sarum, Imber, Wren (temporary self-contained

accommodation), Silbury A and to a degree Marlborough (drug recovery wing) – and the standard units, Alfred, Wessex and Silbury B. Communal areas on the enhanced units were clean and kept well maintained, but those on the other units, although generally reasonable following the initial morning cleaning, rapidly deteriorated and were dirty and unkempt by the end of the day. There was little evidence of enhanced COVID-19 cleaning routines. In our survey, only 50% of prisoners said communal areas were kept clean, which was significantly worse than in comparator prisons. (See key concern and recommendation 1.52.)

Wren Unit

4.8 Access to cleaning materials varied across the prison. Supplies were sufficient on the enhanced wings, especially Silbury A2, but many cleaners on other units complained of a lack of cleaning materials and staff told us they had to do 'deals' with other wings to get detergent and cloths. There was little adherence to cleaning routines and on Alfred we were shown the one mop that was used in almost all areas. (See key concern and recommendation 1.52.)

Silbury A2 landing

4.9 The very poor conditions on Alfred and Wessex reported during our visit in 2020 had improved. Avebury unit had been demolished and Kennet taken out of use (pending replacement) with temporary accommodation like that of Wren. Most cells now had enough furniture, broken windows had been repaired, most observation panels had been replaced and there was an ongoing redecoration project. Communal showers on Alfred and Wessex had been refurbished and, in contrast to our previous findings, were impressive.

Refurbished showers

4.10 Many cells on half of the newest unit, Silbury B, were in a poor condition. Some were overcrowded, holding two prisoners in cells with insufficient space, furniture or privacy. Observation panels were routinely covered (see paragraph 4.3) and we were told that many had been broken during what night staff described as frequent 'alcohol and drug-induced disturbances'. Graffiti was evident in many of these cells, much of which had been there for some time.

Silbury B overcrowded cell

4.11 Many of the external areas were overgrown and unkempt, with litter and remnants of food waste in some. Prisoners and staff complained of a widespread rat infestation, which we also observed during our night visit. Night staff told us of rats appearing on upstairs landings and some prisoners had taken to placing boards across landings to deter them. Throughout the inspection rat faeces was seen in waste bin areas and outside access doors – including the entry to the governor's office.

Litter and rat faeces

4.12 Prisoners had good access to laundry facilities and prison-issue clothing. They could have their personal clothing washed at least once a week and prison-issue kit could be exchanged weekly at the well-stocked central store.

Unit laundry

4.13 In our survey, only 14% of prisoners said that cell bells were answered within five minutes. There was no effective monitoring of response times or analysis of available data. On some wings the audible cell bell alarms rang continuously, often because many of the key fobs used to cancel them did not work. This exacerbated the issue as there was then no way to identify new alarms.

4.14 Prisoners complained of a lack of access to their property and delays in receiving catalogue orders. This was often due to a lack of sufficiently trained staff on duty in reception (see paragraph 3.3).

Residential services

4.15 In our survey, only 31% of prisoners said the food was good. The meals we saw provided a balanced diet in reasonable quantities and offered a healthy-living option, as well as catering for special diets. Meals were still served too early; we saw lunch service commence as early as 11.15am and the tea meal at around 4.15pm.

4.16 The kitchen was clean and in good order. Most food trollies were clean, although those for Alfred, Wessex and Silbury B required deep cleaning. We still found food trollies left loaded with unwanted food overnight and we saw a poor state of cleanliness in some serveries on our night visit.

4.17 Formal consultation on food had halted at the outbreak of COVID-19, as had catering staff attendance at food service points. However, the opportunity for all prisoners to comment on food and make suggestions on the back of their weekly menu choice sheets was good practice.

4.18 Prisoners on all units had access to microwaves, fridges and toasters, but some of these were in a poor state. Some fridges were filthy, some microwaves were in a dangerous state and toasters were used as a direct unregulated heat source for cooking. The significant heat damage on toasters and food preparation areas indicated the latter practice was widespread and ignored by staff.

Silbury B fridge

Silbury B microwave

Burned toaster topped with 'cooking' tray

4.19 There were reasonable consultation arrangements about shop provision with regular events to canvas opinions on changes to the stock. Despite this, in our survey only 61% of prisoners said the shop sold the things that they needed, compared with 80% previously.

4.20 New arrivals could still wait up to 10 days to receive their first full shop order, although they could buy a very basic reception pack with groceries or e-cigarettes for those who smoked. Additional reception packs were available subject to managerial approval.

4.21 Prisoners could still shop from a range of catalogues, although there were increasing difficulties in obtaining printed catalogues. The prison had yet to install the electronic information kiosks that we see elsewhere so prisoners had to rely on staff to find out how much they had in their accounts, often through the inefficient applications process (see paragraph 4.26). Prisoners could order newspapers and magazines direct from a local newsagent, but this had to be applied for each month.

Recommendation

4.22 **All prisoners should have access to appropriate and well-maintained self-catering facilities that allow them to cook safely.**

Prisoner consultation, applications and redress

4.23 In our survey, only 38% of prisoners said they were consulted about issues such as food, the prison shop or health, of whom only 26% said that change sometimes resulted.

4.24 The prison council had continued to meet during the pandemic. It was well established and well attended by leaders, prisoner representatives and outside agencies. A wide range of issues were discussed, including an escalation route for wing issues that were unresolved at a lower level. Prisoner representatives said they felt they had a voice that was listened to and often acted upon. However, many other prisoners were unaware of who their council representatives were and said that outcomes from the meetings were not promoted sufficiently to inform them of relevant issues.

4.25 Wings were supposed to hold their own consultation meetings with prisoners, but these happened infrequently and meetings were often poorly attended and lacked appropriate focus. Prisoners produced a quarterly *Manor Magazine* with helpful and informative articles, including about life at the prison (see paragraph 5.6).

4.26 The processes for dealing with prisoner applications had remained ineffective since our 2017 inspection; in our survey, fewer prisoners than the comparator felt that applications had been dealt with fairly. Many prisoners we spoke to had no confidence in the applications process; one cited it as being 'broken'. Logs rarely showed that applications were responded to and returned. Managers had acknowledged the shortfalls and were planning a new digital system. However, until then, more needed to be done to make sure that prisoners received prompt responses and action to deal with their applications.

4.27 Complaint forms were freely available and the prison was now dealing with a higher volume of complaints. In our survey, while 64% of prisoners said it was easy to make a complaint, only 26% said they were dealt with fairly and 24% that this were usually within seven days. Uniformed night staff emptied the complaint boxes, which made some prisoners feel uneasy.

4.28 Since our scrutiny visit, the prison had made considerable efforts to improve the system for complaints. There was oversight of the process at a senior level and good collation and analysis of data, with some identification of trends. About 15% of complaints in the year to July 2021 concerned staff and the deputy governor now considered all responses before they were returned to prisoners.

4.29 The quality of responses to complaints was good, with a marked improvement since managers had completed training and effective quality assurance introduced. However, some handwritten responses

were illegible and some complaints were not answered within good time, with interim responses rarely used for good reason.

4.30 Although prisoners repeatedly raised concerns about the complaints process, we found that the prison had now addressed some previous issues, for example, that complaints concerning staff were investigated by the person complained about. The prison had undertaken some consultation with prisoners in April 2021, but had not done enough to address some of their poor perceptions.

4.31 In our survey, only 42% of respondents said they could communicate with their legal representative easily and only 29% that they could attend a legal visit. However, we found reasonable opportunity for prisoners to exercise their legal rights. In-person legal visits had now resumed, although they continued to take place in the main visits hall, which did not provide enough privacy. Although prisoners told us that lack of access to telephones sometimes limited contact with legal representatives, we were told that offender management services could facilitate free legal calls, if required. A range of legal texts and prison service instructions were available in the library, as well as information about how to contact the Prisoners' Advice Service. Although in our survey, 70% of prisoners said their legal mail had been opened, the post room log recorded that only two letters containing legal correspondence had been opened in error in 2021, but that mail not clearly labelled as containing legal correspondence could be opened and would not be logged routinely.

Recommendations

4.32 **There should be wider and more effective consultation with prisoners and outcomes from the prison council should be better promoted.**

4.33 **Prisoners should receive prompt responses to their applications, which should be effectively monitored and quality assured.**

Equality, diversity and faith

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

Strategic management

4.34 Although an area of concern at both the previous inspection and scrutiny visit, equality and diversity work had not yet received sufficient

attention and had, until very recently, lacked clear direction to drive improvements. The diversity and inclusion team was inadequately resourced and the temporary promoted head of function was overwhelmed with a large remit and workload, including other important areas, such as safety. Positively, 95% of staff and all those we spoke to had completed the online diversity and inclusion training and were confident about their responsibilities in this area.

4.35 An out-of-date equality policy was soon to be replaced with a much-improved and properly focused diversity and inclusion delivery plan. Diversity and inclusion meetings had suffered from a lack of priority in the prison and had been poorly attended, with minutes indicating a narrow range of discussion and actions. The deputy governor had now taken responsibility for chairing the meeting and was emphasising the need for ownership of equality and diversity across the prison.

4.36 The diversity and inclusion meeting considered some limited data about the representation of different groups of prisoners in key areas of prison life, but this was inconsistent and did not result in any action.

4.37 The prison had not done enough to understand the needs and perceptions of prisoners from protected and other minority groups. There was still no regular consultation with prisoners with protected characteristics to explore their perceptions or to identify and act upon any concerns. The prison had facilitated a few consultative forums with young adults and a group of black and minority ethnic prisoners following our scrutiny visit, but these were not always properly focused and nothing had happened as result.

4.38 There were only five identified and trained prisoner equality representatives, three of whom lived on the same unit. Their effectiveness was limited due to COVID-19 restrictions that prevented them from visiting other residential units.

4.39 In the previous 12 months, 51 discrimination incident reporting forms (DIRFs) had been submitted. Too many of those submitted since April 2021 (six out of 13) had not been investigated or responded to by the time of the inspection. (See key concern and recommendation 1.53.) We spoke to many prisoners from protected groups who were, with some justification, vehement in their dissatisfaction about the DIRF process, which they perceived to be ineffective and unresponsive. Our review of DIRFs submitted before April showed a reasonable level of investigation, but they were not always completed within acceptable times. Responses were sometimes curt and defensive and failed to acknowledge the prisoner's feelings or perceptions of the treatment about which they had complained. The charity RECOOP (Resettlement and Care for Older ex-Offenders and Prisoners) completed some independent scrutiny of DIRFs.

Recommendation

4.40 **Prisoners' discrimination complaints should be investigated properly, receive a timely response and be subject to robust quality assurance.**

Protected characteristics

4.41 In our survey, the responses from prisoners from protected groups were more negative in some important areas. For example, only 47% of young adults felt they were treated with respect against 64% of over-25s, 51% of racial minority prisoners currently felt unsafe compared with only 22% of white prisoners, and 47% of prisoners with a disability also currently felt unsafe.

4.42 Over a third of prisoners were from a black or minority ethnic background. On every residential unit, we were overwhelmed by black and Asian prisoners complaining about inequitable, racist or discriminatory treatment, describing specific incidents they had experienced. On investigation, some of the negative outcomes reported were founded. For example, black and minority ethnic prisoners held only six of the 44 more trusted/valued jobs for prisoners and occupied only three of the 24 places in the sought-after accommodation on Wren unit, neither of which were proportionate to the population. Prisoners also repeatedly talked about racist treatment by staff, including a lack of cultural awareness and their use of unacceptable offensive racist language in describing black and minority prisoners. (See key concern and recommendation 1.53.)

4.43 In our survey, 6% of prisoners identified as Gypsy, Roma or Traveller, but far fewer than this had identified themselves to the prison. Some prisoners who identified as Travellers told us they felt uneasy sharing this information, fearing they would be discriminated against. Although the prison said it they had celebrated Gypsy, Roma, Traveller history month in June, including with cultural menu options, prisoners we spoke to were not fully aware of this. They also felt that little was done to understand or meet their individual needs and that they lacked a voice through a dedicated prisoner representative or consultative forum.

4.44 There were only 20 foreign national prisoners, none of whom were post-sentence. All those we met spoke good English and did not need the help of interpreting services. However, if they were required, staff we spoke to were not aware of or confident to use the professional telephone interpreting facility and there was very little written information translated into foreign languages. Foreign national prisoners we spoke to were still not aware that they could exchange unused visiting orders for telephone calls.

4.45 In our survey, 39% of prisoners said they had a disability. We found significant progress since our scrutiny visit in meeting the needs of prisoners with physical disabilities and in identifying and referring those with social care needs (see paragraph 4.80). Cells for prisoners with

disabilities, including the two accessible to wheelchair users, were properly equipped and met the needs of those who lived there. Three prisoners 'buddies' supported prisoners with disabilities in leading a more independent life (see paragraph 4.81).

4.46 Forty-two prisoners had a comprehensive personal emergency evacuation plan (PEEP) that detailed the nature of assistance they needed. It was, however, disappointing and posed a risk, that not all staff (including some on duty at night) were aware of the PEEP or that prisoners might need help. The position was better on Imber and Silbury A where the majority of prisoners with PEEPs were located. The identification and support for prisoners with learning disabilities and neurodiverse conditions was less evident, particularly among residential unit staff.

4.47 There were 21 prisoners aged 60 or over. Although provision had slightly reduced during the pandemic, RECOOP had continued to offer some good support to older prisoners, initially over the telephone and, as restrictions were relaxed, via smaller group-led activities. Retired prisoners were no longer routinely unlocked during the working day, due to COVID-19 restrictions.

4.48 Erlestoke now held a relatively small number of young prisoners, including 22 aged between 18 and 20. Following our scrutiny visit, the prison held two focus groups with young adults but there had been no other action. Young adults we spoke to felt the prison did not understand their individual needs. A specific young adults strategy and the diversity and inclusion delivery plan had an appropriate focus on meeting their needs, but more work was needed to achieve this.

4.49 In our survey, 3% of prisoners identified as homosexual, bisexual or other sexual orientation, which was more than the prison had recorded. There was a lack of consultation forums and no identified prisoner representative for this group, and no support other than the LGBTQ+ telephone helpline.

4.50 The prison had looked after a transgender woman in 2019, but no others since then. It had, however, drawn up a specific policy and the diversity and inclusion delivery plan covered meeting the needs of any transgender prisoners.

Faith and religion

4.51 Faith provision was reasonable, given the constraints of COVID-19 restrictions. Although in our survey only 58% of respondents who had a religion said their beliefs were respected, prisoners we spoke to were positive about the chaplaincy. However, some believed that residential staff lacked appropriate awareness of faith and religion.

4.52 The chapel and multi-faith room were pleasant environments. Corporate worship had been reintroduced but, due to restrictions on numbers, was only currently facilitated on a rota basis, which prisoners understood. They could, however, request to see a chaplain at other

times and prisoners told us this happened and was a source of comfort and support. Prayer and study groups had also been reintroduced recently and were appreciated by prisoners.

4.53 The chaplaincy had maintained a constant presence throughout the pandemic and, in addition to delivering statutory duties, had also provided pastoral support for prisoners. The team was well integrated into the prison.

4.54 Although the pandemic had restricted the ability to celebrate major religious and cultural festivals in the usual way, the chaplaincy had made efforts to make sure that celebrations had continued. Prisoners spoke particularly highly of their positive experiences of Ramadan and Eid.

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.

4.55 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

4.56 Avon and Wiltshire Mental Health Partnership NHS Trust was now lead provider of health at Erlestoke, with Hanham Secure Health delivering primary care. Regular, well-attended local quality delivery board meetings, along with monthly health care operational and governance meetings, informed practice. NHS England and Improvement commissioners held regular prison contract meetings, but quarterly quality assurance visits had been suspended due to the pandemic.

4.57 A significant COVID-19 outbreak between January and April 2021 had been well managed, with outbreak control team meetings and mass COVID-19 testing taking place. Public Health England advised that the prison and health care had worked well together to manage the outbreak.

4.58 Prisoner access to health services was poor and the cause of much frustration for clinicians and patients. In our survey, only 22% of prisoners said that it was easy to see a GP and 50% that it was easy to see a nurse. Because of COVID-19 restrictions, patients could no longer attend health care without a custody staff escort and the lack of staff available for this was significantly affecting the delivery of services. Although prisoners we spoke to were positive about individual staff, they expressed frustration at not being escorted to health care for appointments. (See key concern and recommendation 1.54.)

4.59 Primary care services had some registered nurse vacancies, but these were covered by regular agency staff and services were staffed safely. The service made sure staff were competent for their roles. Managers appraised staff work performance, although there had been some delays in supervision due to the pandemic. Poor staff performance was dealt with appropriately.

4.60 Mandatory training compliance was good across all health services, and opportunities for specialised and advanced training were actively promoted and encouraged.

4.61 Clinical staff wore uniforms and were easily recognisable. The interactions we observed showed that clinicians knew their patients and displayed empathy and kindness. Consultations took place in private unless risk assessment indicated a chaperone was required. Patients could request a clinician of a chosen gender.

4.62 Incidents were well managed and were subject to monthly scrutiny from senior clinicians, and themes and learning were disseminated among staff. Clinical leaders regularly reviewed action plans relating to Prisons and Probation Ombudsman recommendations, although there was a slight backlog caused by clinical pressures. Health complaints were managed well and the sample of responses that we looked at were courteous, respectful, dealt with the issue raised and informed the complainant of the escalation process if they remained unhappy. All staff we spoke to understood their responsibilities to be open and honest ('duty of candour'), and we saw examples where apologies had been offered to patients.

4.63 SystmOne (the electronic clinical information system) was in use and we observed excellent clinical record-keeping. Health services had a well-established quarterly clinical audit cycle, which informed practice. Patient feedback was regularly obtained.

4.64 Clinical rooms in the health care centre were clean and cleaning schedules were adhered to, but some rooms were unnecessarily cluttered.

4.65 Emergency equipment, including automated external defibrillators, were regularly checked, strategically sited and complied with national guidelines.

Promoting health and well-being

4.66 Health promotion activity had been curtailed due to clinical pressures caused by the recent, significant COVID-19 outbreak. However, there were plans to recommence this in line with the NHS annual health promotion plan.

4.67 Some screening activity had been paused due to the pandemic, but we saw advanced plans to recommence NHS age-related health checks. Blood-borne virus testing was completed on new arrivals.

4.68 At the time of the inspection, 93% of the population had been offered both doses of the COVID-19 vaccine and, while uptake had been poorer than that in the community, health care was continuing to encourage uptake.

4.69 Sexual health services were provided and condom availability was well advertised across the prison.

Primary care and inpatient services

4.70 GP and nurse clinics were available Monday to Friday with some nursing cover at weekends. There were out of hours' arrangements and prison officers had relevant contact details.

4.71 Hanham health care staff screened new arrivals in the health care centre, although prisoners arriving from red or amber sites (see 'Regime management planning' in Glossary) were screened at reception. Staff who screened prisoners in reception had no access to electronic clinical notes, which created unnecessary risk.

4.72 As part of the reception screening, staff made referrals to other services, including mental health and substance misuse. Although a second health assessment should take place within seven days of arrival, the first night and secondary health screening had been combined because historically the majority of prisoners failed to attend for their second screening appointment. This meant there was no second opportunity for prisoners to consent to relevant routine screening or to make sure they had received necessary appointments and/or medication to meet their health care needs.

4.73 Most GP and nurse-led clinics were now fully operational. Patients were seen promptly for urgent GP or nurse appointments. Staff had good oversight of waiting lists and patients were prioritised in accordance with clinical need.

4.74 Prisoners on every wing had access to a health care professional each morning through 'see and treat' sessions, which was good. Applications to health care were collected and triaged daily.

4.75 Attendance and waiting lists for some primary care services were affected by the lack of prison officers to escort patients to appointments. Nurse-led clinics, patients with long-term conditions and access to allied health professionals were worst affected by this, with between 15% and 20% of appointments not attended. Concerns about this issue had been escalated. (See key concern and recommendation 1.54.)

4.76 There had been sufficient focus on meeting the needs of patients with long-term conditions and all had been offered an appointment. Visiting specialists offered a range of services, including physiotherapy, podiatry and a regular optician service.

4.77 Due to a high number of hand injuries, links had been made with a local hospital to assess and treat patients with hand fractures promptly at a one-stop clinic to avoid multiple attendances.

4.78 External hospital visits were frequently cancelled due to a lack of prison escort staff. The GP regularly had to make decisions on the clinical urgency of appointments and who should be escorted. During August 2021, 25 out of 38 hospital appointments were cancelled, of which 17 were due to prison operational reasons. We were told of two cases where patients prepared for surgery had their stay cancelled due to the lack of a prison escort. (See key concern and recommendation 1.54.)

4.79 There were arrangements to manage health discharge and transfers safely. A summary of care was provided to the receiving prison or community service and prisoners were given a range of information to access community health care, as well as an appropriate supply of medicines if required.

Social care

4.80 There was now an up-to-date memorandum of understanding between the prison, health care and Wiltshire County Council, and partnerships were effective. The prison and council had monthly meetings and there was good oversight of referrals made to the council. At the time of inspection, no prisoners were in receipt of a package of care, but we were assured an identified and appropriate domiciliary care agency could step in to deliver care at short notice.

4.81 Prisoner buddies (see paragraph 4.45) provided peer support, had received appropriate training, and were supervised in their roles. Prisoners we spoke to valued the assistance from buddies with their daily living tasks. Prisoners were complimentary about the prison's promptness in providing aids and adaptations when required.

Mental health care

4.82 Mental health and substance misuse services were delivered by Avon and Wiltshire Mental Health Partnership NHS Trust through the 'well-being' team.

4.83 In our survey, 49% of prisoners said they had a mental health problem and 58% that their mental health had got worse since arriving at this prison. The small but dedicated integrated well-being team was on site Monday to Friday, 8am until 4pm. It received approximately 20 joint referrals a month. Well-being practitioners undertook a full face-to-face mental health and substance misuse screening that was fed back at the weekly referrals meeting. The joint health and well-being team had 215 prisoners under its care, some with dual-diagnosis (both mental health and substance misuse) needs and others with specific mental health or substance misuse needs. A weekly complex case meeting was also held, involving a wide health multidisciplinary team, which made sure care was consistent.

4.84 The well-being team provided a stepped care model with trained practitioners with both mental health and substance misuse experience, which was a truly integrated model. All patients had a named well-being practitioner and a plan of care, which was regularly audited for quality. The care programme approach was used effectively to support patients with severe and enduring mental illness. All the clinical records we reviewed were comprehensive and of good quality.

4.85 A range of professionals provided a variety of treatment and it was positive to see a newly commissioned pathway for neurodiversity and the reintroduction of the drug recovery wing since our last inspection. The service did not provide art therapy, speech and language therapy, counselling or psychotherapy for those with complex needs, which left a gap and was a missed opportunity for sentenced prisoners who were likely to be available for longer-term treatment.

4.86 Well-being nurses attended initial assessment, care in custody and teamwork (ACCT) case reviews with increasing frequency where the prison gave them advance notice.

4.87 It had been difficult to recruit for the two non-medical prescriber vacancies in the team. These posts had been covered by a highly skilled agency nurse prescriber for over three years. Prescribing followed national guidance and, although not popular with some prisoners, addressed the prescribing risks of those arriving on multiple sedating prescriptions and included regular reviews, which was positive practice.

4.88 In the previous 12 months, three patients had been assessed as requiring a transfer to hospital for treatment under the Mental Health Act. All had been transferred within 14 days from their second referral, which was good.

Recommendation

4.89 **Patients with complex mental health needs should be able to access clinical psychological interventions while at Erlestoke.**

Substance misuse treatment

4.90 Marlborough wing was the dedicated drug recovery unit and had a group room for interventions, but the rest of the well-being team had to share one dedicated room within the health care department; three other rooms previously available in the education department were now closed. Staff had been unable to schedule appointments in advance and had resorted to visiting the wings and using custodial offices where possible, which increased the risk of cancellation and created a negative perception for prisoners accessing the services.

4.91 An up-to-date drug strategy outlined the prison's plans for 2021-22, but COVID-19 restrictions were preventing its implementation. For example, purposeful activity on the drug recovery wing was very limited, making drug-seeking behaviours more likely, there was a peer

support worker only on the recovery wing, and we observed prisoners on the recovery wing mixing with those from other wings during the administration of opiate substitution therapy, which enabled the flow of illicit substances on to the recovery wing, either through choice or coercion.

4.92 The drug recovery wing had recently launched the new Hope programme for recovery for those on the unit (see paragraph 3.37). Some prisoners were now able to undertake small groupwork, which had allowed 16 to complete the course. Two new recovery worker posts had been agreed to enable further expansion of wing interventions.

4.93 Peer support from Narcotics Anonymous had been reintroduced and four well-trained and supported peer support workers were working on the recovery wing. Two further trained peer support workers who had their work curtailed remained unemployed and were awaiting the relaxation of restrictions to recommence their work on the remaining wings, where many prisoners in recovery were living.

4.94 There were 37 prisoners on opiate substitution therapy, of whom 28 were being maintained on their current dose. With the exception of some mixing issues (see paragraph 4.91), the flow and oversight of opiate substitution medicines was well managed by officers; each prisoner was separated from the queue by a gate, and a further door if additional privacy was required.

4.95 The team had up-to-date written policy documents and information. Integrated working with other heath teams and the wider prison was evident from the minutes of multidisciplinary prison and health meetings.

4.96 All new arrivals received information on the services available from the integrated well-being team and were given harm minimisation information.

4.97 Pre-release planning was good and arrangements made to continue opiate substitution therapy, if required. Naloxone (a drug to manage substance misuse overdose) was also provided to prisoners for their release.

Medicines optimisation and pharmacy services

4.98 Medicines were supplied from HMP Bristol, mainly on a patient-named basis, and were managed by one pharmacy technician and one health care assistant, which was insufficient. A business case for extra resources had been submitted to NHS Commissioners in June 2021 and was awaiting a decision.

4.99 Most prisoners received their medicines in possession for 28 days. There was in-possession policy, but this was not always adhered to. One patient prescribed a highly tradeable addictive medicine for 28 days in possession had not had his risk assessment reviewed since

2017. Risk assessments were not always reviewed following the addition of a new medicine. Sedating medicines were given far too early in the day. Ten per cent of prisoners took a sedating antidepressant medicine, which was not the usual first-choice treatment for depression.

4.100 Medicines were administered three times a day. The queues we observed at the health care administration point were chaotic and unsupervised by custody staff, resulting in patients not receiving their medication in confidence and increasing the risk of diversion.

4.101 Prisoners could get some medicines from nurses to treat minor ailments, but could not buy any. Some of the protocols for nurses to provide more potent medicines without the need to see a prescriber had expired; we passed this finding to the head of health care.

4.102 Two rooms were used to store and administer medicines. We found issues with poorly labelled and packed medicines, particularly for prisoners in the segregation unit, which the clinical lead addressed immediately. There were pre-packed boxes of medicines supplied from HMP Bristol, contrary to legal requirements, and this issue was also addressed.

4.103 Well-attended medicine management meetings were held across the local prisons cluster, but none specific to the prison. A recent incident regarding an opiate substitute medicine had been reported and lessons learned had been shared, which was good.

Recommendations

4.104 **The medicines management team should be sufficiently resourced to meet the needs of patients.**

4.105 **Prison officers should supervise medicines administration and patients should receive their medicines confidentially.**

Dental services and oral health

4.106 Time for Teeth provided a full range of dental treatments, including dental therapy to promote oral health. The service was commissioned to provide four dental clinics and two therapy clinics a week.

4.107 The health care and dental team triaged patients and offered pain relief for those waiting for an appointment if required. Urgent referrals were seen at the next available clinic.

4.108 There were long waiting lists for routine and follow-up dental appointments, with 244 patients (over half the prison population) on the waiting list. The average wait for an appointment was 22 weeks with some patients waiting up to 18 months. The long waits were due to a combination of the initial suspension of aerosol generating procedures (see Glossary) at the start of the pandemic and the current requirement for patients to be escorted by a prison officer to appointments (see key concern and recommendation 1.54).

4.109 There was no telephone or second computer in the dental suite and clinical time was wasted with staff moving between rooms for phone and computer access. Although there had been no recorded aggressive incidents in the dental suite for over four years, a prison officer stood outside the suite in full personal protective equipment, which caused further delays and was disproportionate and unnecessary.

4.110 The dental surgery was small but functional, decontamination procedures were followed and infection-control standards were met. Some prison-owned equipment was overdue servicing by 12 months.

Recommendation

4.111 **There should be IT and telephone provision in the dental suite to enable productive use of clinical time.**

Section 5 Purposeful activity

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

Time out of cell

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

5.1 The prison was still operating under a very restricted regime due to COVID-19. The time that prisoners spent unlocked depended on their residential unit. Prisoners on the enhanced units, such as Silbury A, Sarum and Imber, could have between eight and 10 hours a day unlocked and those on Wren (the temporary accommodation) had around 14 hours unrestricted access to the open air. Time out for the remainder of units, Alfred, Wessex, Marlborough and Silbury B, was much poorer at around two hours on weekdays and just one hour at the weekend. Prisoners isolating due to COVID restrictions or for their own safety had as little as 30 minutes a day unlocked, which was poor. Some isolating prisoners we spoke to said that on some days they had as little as 10 minutes unlocked to access telephones before being locked up again.

5.2 Despite the reasonable time unlocked on the enhanced units and around 141 identified workplaces around the prison, very few prisoners were actively engaged in any purposeful activity for any length of time, fostering a sense of aimlessness across the prison. Prisoners on the 'super enhanced' Silbury A2 landing told us they were bored and frustrated at the lack of activity, especially as there was almost no association equipment for them to use.

5.3 In our roll checks, just 12% of prisoners were actively involved in wing-based activity and a similar proportion were working elsewhere, such as in the kitchen or the grounds. When we walked through activity places one morning, only five prisoners were engaged in workshops and four in the whole of the education building, three of whom were cleaners or orderlies.

5.4 The library had been responsive to the needs of prisoners and had worked hard to support them through providing reading and viewing material during their excessive periods spent in cell; this was clearly appreciated by the prisoners we spoke to. At the start of the pandemic, it had introduced a mobile service distributing books and DVDs twice a week. This service had continued throughout most of the pandemic and the number of books/DVDs issued had doubled from the start of the restrictions to the time of our visit.

5.5 The library had continued to offer some reading initiatives, such as a reading group where books were discussed through correspondence. Prisoners were also offered books to read to their children to support and promote contact with them through the secure video calling scheme (see Glossary in Appendix II and paragraph 6.2). The library had also applied to the Reading Agency for books donated under the World Book Night, which were distributed to both staff and prisoners.

5.6 At the time of our visit, two prisoners were regularly attending the library; one prisoner oversaw production of the in-house *Manor Magazine* (see paragraph 4.25) and the other was completing a master's in English literature. The library supported both in accessing resources and materials.

5.7 The gym was quick to introduce outside sessions when the pandemic began, which had continued throughout, and prisoners were now also able to attend indoor gym sessions twice a week. There were plans to introduce additional sessions in the sports hall when regime restrictions eased further and the gym staff were at a full complement.

5.8 An accredited 'Roadstarz' cycling performance course, level 1 was being delivered at the time of our visit. Eight prisoners were due to complete it at the end of August 2021 and there were plans to offer further accredited and non-accredited courses as restrictions eased.

Education, skills and work activities

Ofsted

This part of the report is written by Ofsted inspectors. From May 2021 Ofsted began carrying out progress monitoring visits to prisons to assess the progress that leaders and managers were making towards reinstating a full education, skills and work curriculum. The findings and recommendations arising from their visit are set out below.

5.9 Ofsted assessed that leaders were making reasonable progress towards ensuring that staff teach a full curriculum and provide support to meet prisoners' needs, including the provision of remote learning.

5.10 Prison leaders and managers had maintained prisoner access to an education curriculum since national restrictions were put in place in March 2020. The education courses offered were predominantly non-accredited. Access to vocational skills and work provision was much reduced and only those activities deemed essential continued, for example, cleaning.

5.11 At the start of the pandemic, prisoners had access to distraction packs, which included activities such as crosswords, to keep them busy. Education packs followed shortly after, which enabled prisoners to

complete the theory elements of the vocational curriculum in cell, for example, horticulture and warehousing, as well as courses in English, mathematics, graphic design, and transport and logistics industries.

5.12 The in-cell education curriculum covered the full range of education and vocational subjects that were usually delivered in the classroom. Over time, the number and range of packs on offer grew for some subjects, for example carpentry, where more specialist work, such as Japanese carpentry, was introduced for prisoners who had completed the initial theory packs. Most prisoners who took part in education did so through the in-cell learning packs. A very small number who had completed the in-cell theory pack had been prioritised to attend face-to-face practical lessons. This enabled them to complete their accredited qualifications in forklift operating, cleaning and peer mentoring.

5.13 The provision of industries and work had been greatly hindered by the pandemic. The prison had not run any workshops that delivered essential contracts during this period and, as a result, there were few opportunities for prisoners to work away from their residential blocks. Those working in areas such as maintenance, the kitchen, recycling and waste management continued to do so, but the numbers involved were low due to national restrictions. Additionally, prisoners worked on their residential blocks, for example, as cleaners or in the servery.

5.14 Leaders had developed appropriate plans for how they would increase access to face-to-face education, learning and skills activities when they moved to stage 2 of the HMPPS recovery plan (see Glossary in Appendix II), which was imminent. However, they had not maximised the opportunities to gradually increase places for face-to-face activity through stage 3, in particular, activities that could have taken place in the open air or in large workshops. Leaders indicated that the enhanced staffing needed on residential blocks and the logistics of moving prisoners around the prison under escort had hampered them in opening further face-to-face provision earlier. (See key concern and recommendation 1.55.)

5.15 Teachers supported prisoners with their in-cell learning through daily in-person visits to their residential blocks, supplemented by peer mentors. This support enabled prisoners to develop new knowledge and theoretical skills. Teachers also provided prisoners with constructive and helpful written feedback on their work packs. Prisoners were well prepared and keen to undertake the practical face-to-face learning they needed to achieve their qualification.

5.16 Staff provided information, advice and guidance to prisoners during their induction, which were effective in identifying the skills and knowledge gaps they had. Staff used this information to complete individual learning and skills plans for each prisoner that identified what they needed to do to achieve. Initial assessment was used well to identify the individual learning support needs of prisoners and, as a result, prisoners were offered individualised support. Those with additional learning needs received effective support. Teachers adapted

work packs to meet prisoners' additional learning needs and provided support via the outreach worker.

5.17 Most prisoners had enjoyed completing the education packs and could identify the new skills and knowledge they had developed. However, some acknowledged that the packs had mostly relieved the boredom of being locked up.

5.18 A few prisoners took part in distance learning courses, such as those available through the Open University. Staff had supported them throughout the national restrictions with resources from the library and access to their external tutors for support. As restrictions started to ease, staff enabled these prisoners to access computers to type up their assignments.

5.19 The careers advice and guidance and support that prisoners received in preparation for release was insufficient and did not adequately prepare them for their next steps. Too many prisoners were released with little or no support. A few prisoners due to be released expressed concern that they had not received any support and did not know what they were going to do next.

Recommendations

5.20 **Leaders and managers should ensure that prisoners engage in vocational and practical activities to acquire the skills they need to complete their accredited qualifications.**

5.21 **Leaders should urgently improve the provision of pre-release support, careers advice and guidance for prisoners as they near the end of their sentences to better prepare them for their next steps.**

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.

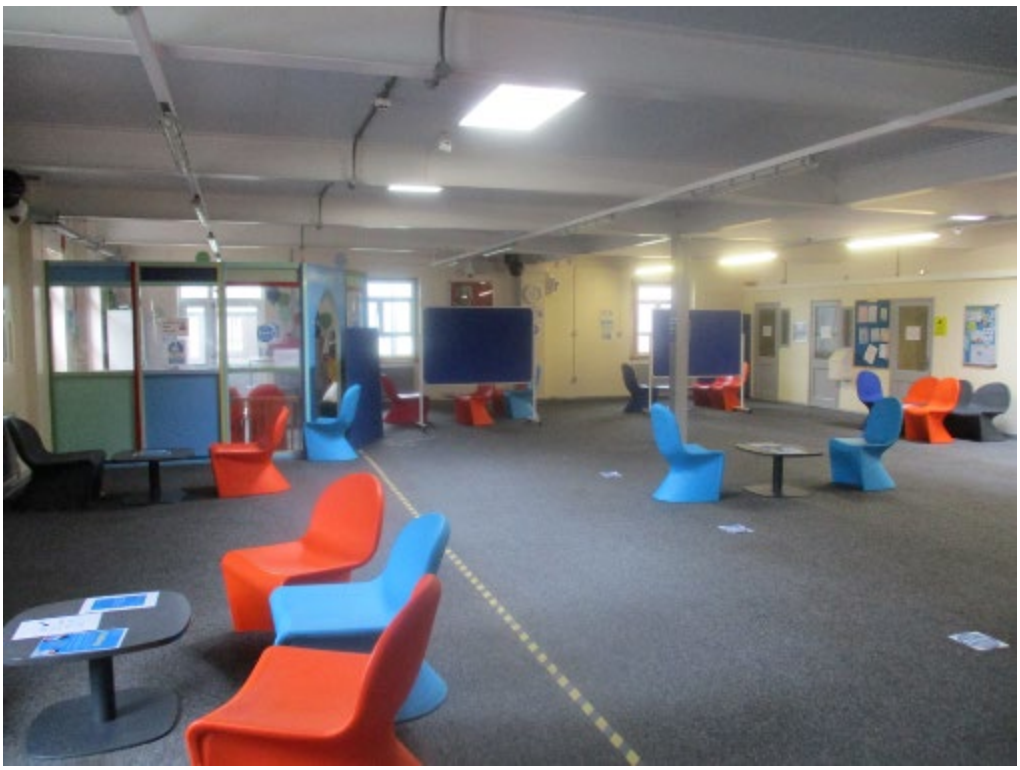
Children and families and contact with the outside world

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 The prison did not do enough to encourage and enable prisoners to develop and maintain relationships with their children and families. In our survey, only 15% of prisoners said staff had encouraged them to keep in touch with their family and friends, significantly worse than the comparator. (See key concern and recommendation 1.56.)

6.2 The introduction of secure video-calling technology (see Glossary in Appendix II) had been too slow and had only started to run fully in September 2020, six months after the initial suspension of social visits. Prisoners had access to one 30-minute video call a month, but only about 60% of the total capacity was used. Take-up was slow because of difficulties with the technology the booking of sessions, as well as the constraints on the times in which calls could be made.

6.3 The prison had reinstated face-to-face social visits for the third time in May 2021, following the easing of COVID-19 restrictions. They were offered on six days a week and prisoners could have one visit per month. However, uptake was very low: many families lived far away and the one-hour duration of visits meant they were not worthwhile or realistic for many. Prisoners also told us the restrictions and limited nature of the visits – such as the lack of refreshments and children's play facilities, expectations that young children would remain seated throughout and the ban of any physical contact – had dissuaded their families from booking. However, prisoners and their families welcomed the very recent easing of some of these restrictions, such as physical contact with children and relatives.



The visits hall was comfortable and safe

6.4 Prisoners still did not have in-cell telephones, which was a frustration for many, especially as not all had enough time out of their cells to use the limited number of communal telephones on wing landings. However, a programme of work to install in-cell telephones was under way and due for completion in the next few months.

6.5 The 'email a prisoner' scheme, allowing families and friends to send emails into the prison, was well used and valued by prisoners. Staff told us there had been a marked increase in its use since the beginning of the pandemic. In the last 12 months, almost 7,000 emails had been sent to prisoners, who had sent over 3,000 replies.

6.6 Prisoners received their mail on the day it arrived, except at the weekend. However, in our survey, 57% of prisoners said they had had problems with sending or receiving parcels, which was worse than the comparator (see paragraph 3.3).

6.7 The Prison Advice and Care Trust (PACT) provided some family engagement support, but provision overall was too limited and under-resourced. The committed family engagement manager was only contracted to work part time and the number of volunteers had reduced substantially since the beginning of the pandemic, although a further part-time member of staff was due to start. However, overall lack of resourcing meant that prison staff had to cover meeting and greeting families in the visitors' centre on the four days a week when PACT staff were not on site.

6.8 Work to promote the importance of building and maintaining family ties was underdeveloped. The offer of face-to-face family support for

prisoners had only fully resumed in May 2021 and referrals for family engagement support were low. Not all prisoners or staff were aware of the support that PACT could provide. (See key concern and recommendation 1.56.)

Reducing risk, rehabilitation and progression

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

6.9 Erlestoke's role as a prison had changed since our 2017 inspection and now combined both training and resettlement functions. It was also a national resource for the delivery of offending behaviour programmes, a designated young adults' prison and hosted a 'progression regime' for up to 80 life and indeterminate sentence prisoners.

6.10 The majority of prisoners were serving long sentences of four years or more and nearly two-thirds were assessed as very/high risk of serious harm to others. Just over a third were serving indeterminate sentences.

6.11 Oversight of reducing reoffending work had been maintained throughout the pandemic. Reasonable prison-wide attendance at regular meetings made sure that attention was balanced across all the pathways key to reducing reoffending, and the meeting provided a good opportunity for information sharing. The very recently refreshed strategy was informed by an updated analysis of the diverse needs of the population and was underpinned with a relevant and tailored action plan. Both the strategy and action plan had only been published in July 2021 so it was too early to judge progress on improved outcomes for prisoners.

6.12 It was encouraging that nearly all prisoners had an initial offender assessment system (OASys) assessment of their risk and needs, but too many prisoners still arrived at Erlestoke without one. This placed an immediate burden on the already overstretched offender management unit (OMU). Although these prisoners were promptly allocated to a prison or probation offender manager, sentence progression was initially delayed until the outstanding OASys reports were completed.

6.13 Ongoing contact between prisoners and offender managers was inadequate and therefore completely failing to offer sufficient support or encouragement to prisoners as they tackled their sentence planning targets and offending behaviour risks. A few prisoners were positive, but most of those we interviewed could not even name their offender manager.

6.14 We found too many cases with only a handful of prisoner contacts by offender managers over many months and, in the worst examples, no contacts had been recorded at all. Contacts were usually reactive and generated by time-limited tasks, such as preparation of parole reports,

OASys and recategorisation reviews. There was virtually no evidence of prisoner contact by key workers (see Glossary in Appendix II) to support progression.

6.15 The sentence plans we saw were mostly good, but some were not up to date or had objectives that were no longer relevant. Progress against those plans was only good enough in about half of the cases we examined and tended to reflect self-motivation by prisoners.

6.16 Processes to identify key milestones for prisoners, such as parole eligibility and OASys review dates, were efficient and the relationships between offender managers and their case administrators were good. However, the OMU was severely under-resourced with too few probation offender managers and others due to leave, including the senior probation officer. At the time of inspection, there was only 2.6 whole-time-equivalent probation offender managers to support a population that was predominately high risk of harm. While it was positive that the six prison offender managers (POMs) were no longer cross-deployed to other prison duties, some were very new in post, not yet carrying full caseloads and untrained to work with the high-risk population. Caseloads were too high and unrealistic, resulting in the lack of meaningful and frequent contact for most prisoners. Leaders and managers, both at prison and regional level, had been active in escalating these considerable staffing shortfalls as a problem to be dealt with centrally. (See key concern and recommendation 1.57.)

6.17 Erlestoke was one of four prisons nationally to have a progression regime (designed to enable life and indeterminate sentence prisoners to demonstrate a reduction in their risks). Just over a third of the population were serving life or indeterminate sentences and the progression regime was able to offer support for up to 80 prisoners at a time. The recent closure of one of the two progression regime units (Kennet) meant that half the prisoners on this regime had been relocated across the prison and were unable to engage with its community aspect. The progression regime had also lost its overall focus with the loss of the manager and other experienced staff and, consequently, was largely ineffective. Although there were some examples of successful outcomes in the last 12 months – including six prisoners transferred to open conditions and 16 granted direct release by the parole board – too many prisoners were still not progressing. A new manager was due to take up post soon, but ongoing staffing and accommodation issues meant there was a need for a meaningful plan and more work to re-start the programme and sustain it going forward.

Recommendation

6.18 **The progression regime should re-start with a meaningful plan to support prisoners to progress through being able to demonstrate a reduction in their risk.**

Public protection

6.19 Public protection arrangements were adequate. The monthly release management planning meeting had continued to meet throughout the pandemic and was now generally well attended, ensuring prison-wide oversight and governance.

6.20 The meeting considered prisoners subject to multi agency public protection arrangements (MAPPA) and those with upcoming parole hearings and home detention curfew (HDC) eligibility dates, as well as most high-risk prisoners, generally in sufficient time before their release. Where there were gaps in the oversight of some high-risk prisoners, we were assured their risks were still effectively managed on an individual prison and community offender manager level.

6.21 Risk management planning release arrangements with community offender managers were managed effectively, but there were sometimes delays in responses from them. The quality of prisoners' risk management plans was sufficiently good.

6.22 Where community offender managers had requested input into MAPPA meetings, the content of the prison's contribution to these were of good quality and provided on time.

6.23 All new arrivals were screened for public protection concerns and restrictions were applied appropriately. At the time of our inspection, 10 prisoners were subject to both mail and telephone monitoring. Staff conducted reviews to determine if these arrangements should cease or continue and, while these were thorough, they were not always timely. Aside from a gap in July 2021 due to technological issues, telephone and mail monitoring logs were up to date and sufficiently detailed. Twenty-eight prisoners were on some level of child contact restriction, but they did not have annual reviews to determine if the restrictions were still necessary or relevant, for example if the child had since turned 18.

Recommendation

6.24 **There should be annual reviews of prisoners subject to child contact restrictions.**

Categorisation and transfers

6.25 Recategorisation reviews were managed appropriately and were mostly timely. In the previous 12 months, 100 prisoners had progressed to open conditions and, at the time of our inspection, 39 category D prisoners were awaiting transfer. Prisoners waited far too long to move to open conditions once they had been recategorised, in some cases for up to 18 months, which was a source of frustration for many. The reasons attributed to these delays included difficulties with securing transport, lack of specialist and suitable accommodation elsewhere and OMU case administrator shortages. OMU staff told us the HMPPS population management unit was now prioritising the

transfer of life and indeterminate sentence prisoners, which affected the opportunities for progression for those serving determinate sentences.

6.26 Given that the majority of prisoners held at Erlestoke were serving long sentences, few were eligible to be considered for early release on HDC. For those who were, processes were managed well and releases were generally in time.

Recommendation

6.27 **All prisoners given category D status should be transferred to open conditions promptly.**

Interventions

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

6.28 The prison was a national resource for the delivery of offending behaviour programmes and had resumed programme delivery at the earliest opportunity in August 2020, following their suspension in March 2020. The prison offered four accredited programmes: Kaizen (a high-intensity programme for prisoners convicted of intimate partner violence); Thinking Skills Programme (cognitive skills programme addressing offenders' thinking and behaviour); Resolve (a moderate-intensity programme for medium-risk violent young adult males); and Becoming New Me+ (for prisoners convicted of violent offences adapted for those with social or learning difficulties).

6.29 Managers had worked hard to develop credible plans to address the backlog of programme delivery. Waiting lists for prisoners already at Erlestoke and those waiting to transfer in were prioritised and places allocated appropriately based on key sentence milestones, such as the imminence of prisoners' release, tariff expiry and parole eligibility dates.

6.30 The treatment rooms used to run programmes were large enough for the prison to increase the delivery of interventions safely and above the national guidance. Since delivery had resumed, 22 prisoners had completed a programme and a further 16 were currently on one.

6.31 Based on the waiting lists at the time of inspection, there were enough places to meet most prisoners' needs before their release during 2021-22. However, there was a lack of sufficient places on the Becoming New Me+ programme and not all prisoners would be able to complete it and demonstrate progression before their parole eligibility date, which risked a delay in parole release for some.

6.32 Support for prisoners to manage their finance, benefits and debts remained limited. The resettlement worker provided some basic support, and in the previous six months had helped 52 prisoners to open bank accounts and sought Citizen Cards (proof of age identity

card) for 30. However, following the recent changes to resettlement services (see paragraph 6.35), the worker could now only help low- and medium-risk of harm prisoners, leaving a gap for the majority who were assessed as high risk of harm. There was no specialist financial advice provision on site at all, including help for prisoners with their benefit claims, but a Department for Work and Pensions worker was due to start soon.

6.33 Many prisoners were released to approved premises and their accommodation needs were met by community offender managers. About 20% of the 167 prisoners released In the last 12 months had left without suitable or sustainable accommodation to go to.

Release planning

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

6.34 Since our last full inspection, Erlestoke had been reconfigured to become a resettlement as well as training prison. Up until recently, Seetec Community Rehabilitation Company (CRC) had commissioned Catch 22 to provide resettlement services, and the full-time, dedicated resettlement worker had offered good and timely support for prisoners in preparation for their release. However, the unification of resettlement services into the National Probation Service in June 2021 had left a lack of clarity that had created challenges and uncertainty. Prisoners assessed as very/high risk of harm due for release now did not benefit from the support of the resettlement officer and had to rely on POMs and community offender managers to identify and address their resettlement needs. Prisoners affected by this to whom we spoke were typically unable to describe any contact with their community offender manager, despite having clear resettlement needs. The goodwill of the resettlement officer attempted to address some of these gaps while new models of delivery were being mobilised, but some prisoners were at risk of not having their release planning needs assessed and met.

6.35 Arrangements for the discharge of prisoners on their day of release or transfer were adequate, with procedures for the issue of licence conditions, travel warrants and other paperwork. Prisoners were given a discharge grant, which had recently increased nationally to £76. Discrete black holdalls were available for them to carry their possessions and prison support staff offered a transport service to the nearest train stations.

Recommendation

6.36 **HMPPS should work with the National Probation Service to make sure that there is timely resettlement planning for all prisoners, whatever their risk of harm status, and that any outstanding needs are addressed.**

Section 7 Recommendations in this report

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

Key concerns and recommendations

7.1 Key concern 1.45: The reception area was small with only one functioning holding room and no designated private space, limiting the ability to undertake safety assessments confidentially. First night and induction cells were in poor condition, dirty and ill-equipped. There was a limited induction with a lack of focus on prisoners' progression and rehabilitation. The regime during prisoners' early days was inadequate, with each receiving only 30 minutes a day out of their cell.

Recommendation: Early days arrangements should be reviewed so that all aspects of prisoners' arrival to the establishment are decent, fit for purpose and have a focus on progression and rehabilitation.
(To the governor)

7.2 Key concern 1.46: Over half of respondents in our survey reported feeling unsafe and prisoners who had chosen to self-isolate because they feared other prisoners were unsupported. Violence towards staff was high and increasing, but the prison had no plan to tackle the violence. Poorly attended safer custody meetings did not analyse information effectively or identify actions to improve safety. The management of the perpetrators of violence and support for victims were weak and too many investigations into incidents were incomplete.

Recommendation: The prison should develop a plan to reduce violence with clear criteria for how it will be reduced and by when.
(To the governor)

7.3 Key concern 1.47: The use of force and special accommodation was high. Staff did not always demonstrate the use of de-escalation techniques and not all incidents involving the drawing of batons were investigated. Too much use of force documentation was missing and scrutiny by leaders was insufficient. We were not convinced that use of force was necessary or proportionate in every case we reviewed.

Recommendation: Use of force and the use of special accommodation should only happen as a last resort. Leaders should develop alternative approaches which will reduce the need for such interventions.
(To the governor)

7.4 Key concern 1.48: The day-to-day regime for prisoners in the segregation unit was poor. Too many prisoners were seeking protection there and wanted a transfer to another prison. Reintegration

planning was poor and meetings to monitor the use of segregation were too infrequent.

Recommendation: The segregation unit should provide a safe, decent and purposeful regime that promotes improved behaviour for prisoners held there and their reintegration with the wider prison.
(To the governor)

7.5 Key concern 1.49: Prisoners reported that drugs and alcohol were easily available. There were frequent medical emergencies resulting from the suspected use of psychoactive substances (see Glossary) and other unknown substances. Many prisoners said that the availability of drugs made it difficult for them to maintain recovery. Not all staff were confident about the searching procedures for detecting the concealment of contraband items. There was a lack of a whole prison approach to tackling drug supply.

Recommendation: The prison should take robust action to reduce the availability of illicit drugs and alcohol.
(To the governor)

7.6 Key concern 1.50: Recorded levels of self-harm had increased considerably and were significantly higher than most similar prisons. Despite this, leaders had not identified suicide and self-harm prevention as a key priority, and the safety action plan was not shared or reviewed to direct work to reduce self-harm. There were gaps in the quality of support delivered through the new assessment, care in custody and teamwork (ACCT) case management model.

Recommendation: The prison should develop an effective plan to reduce self-harm and deliver consistently good care for at-risk prisoners.
(To the governor)

7.7 Key concern 1.51: Staff interaction with prisoners lacked consistency, leading to insufficient engagement and low behavioural expectations. Prison officers spent much of their time in unit offices rather than supervising and actively engaging with prisoners on the landings. Poor prisoner behaviour often went unchallenged. We saw staff failing to enforce even the most basic of behavioural expectations, such as music volume, the inappropriate use of cooking equipment and dress codes. There was a lack of leadership in supporting staff to develop the confidence to challenge poor behaviour.

Recommendation: Staff should be supported to positively engage with prisoners and where necessary to challenge poor prisoner behaviour.
(To the governor)

7.8 Key concern 1.52: Too many areas of the prison were dirty and unkempt, with too few prisoners actively engaged in keeping the prison clean, a lack of cleaning materials on some units and insufficient managerial oversight of standards.

Recommendation: Basic standards of cleanliness and decency should be set and maintained consistently across the prison.
(To the governor)

7.9 Key concern 1.53: Work to promote equality remained too limited, a concern we had raised in our two previous visits. Protected characteristic and minority prisoners had negative perceptions. Data was not used effectively to identify or address areas of inequality or discriminatory treatment. Prisoners told us of racist behaviour on the part of staff, but this was not always effectively identified or acted on.

Recommendation: The prison should take robust action to promote equality and eliminate discriminatory treatment and racist behaviour.
(To the governor)

7.10 Key concern 1.54: The lack of custody staff to escort patients to the health care department and to external hospital visits had significantly affected the delivery of health services in the prison and had led to the cancellation of 17 out of 38 hospital appointments in the month of our inspection, including two patients who had prepared for surgery.

Recommendation: Health care and hospital appointments should not be cancelled or delayed. Prisoners should be able to attend appointments at the time and date set by health care staff to best meet the prisoners' health needs.
(To the governor)

7.11 Key concern 1.55: Time unlocked for many prisoners remained very limited at around two hours a day on weekdays and just an hour at the weekend. Although those on the enhanced units had up to 10 hours a day unlocked, few prisoners were actively engaged in any purposeful activity for any length of time, fostering a sense of aimlessness across the prison. Leaders had not maximised the opportunities to increase places for such activities through stage 3 of the HMPPS recovery plan, in particular those that could have taken place in the open air or large workshops. On a walk-through of activity places, we found only five prisoners engaged in workshops and four in the whole of the education building, three of whom were cleaners or orderlies.

Recommendation: Leaders should urgently prioritise increasing time unlocked and the number of in person places in education, skills and work activities to enable a larger number of prisoners to attend them.
(To the governor)

7.12 Key concern 1.56: Not enough was done to encourage prisoners to maintain contact with their children and families, and family engagement provision was too limited. Take-up of social visits was very low, and difficulties with technology, booking slots and limited call times had also led to low take-up of secure video calls.

Recommendation: Prisoners should be encouraged to build and maintain positive relationships with their families and friends.
(To the governor)

7.13 Key concern 1.57: The offender management unit was acutely under-resourced with too few probation offender managers, and caseloads were too high. Frequency of contact between both prison and probation offender managers and prisoners was inadequate and did not drive their sentence progression effectively.

Recommendation: Probation offender manager staffing levels should be increased sufficiently to provide manageable caseloads and effective case management of prisoners' sentence planning and progression.
(To the governor)

Recommendations

7.14 Recommendation 3.1: First night risk assessments should always be completed in a suitable and private space.
(To the governor)

7.15 Recommendation 3.6: First night cells should be clean, safe and equipped for new arrivals.
(To the governor)

7.16 Recommendation 3.18: Prisoners on the basic level should be set individually tailored targets to address poor behaviour and encourage progression in the incentives scheme.
(To the governor)

7.17 Recommendation 3.20: Managerial oversight of disciplinary procedures should make sure that all hearings are held fairly and completed within a reasonable time.
(To the governor)

7.18 Recommendation 3.45: Actions in response to recommendations from the Prisons and Probation Ombudsman should be completed and embedded in practice.
(To the governor)

7.19 Recommendation 4.22: All prisoners should have access to appropriate and well-maintained self-catering facilities that allow them to cook safely.
(To the governor)

7.20 Recommendation 4.32: There should be wider and more effective consultation with prisoners and outcomes from the prison council should be better promoted.
(To the governor)

7.21 Recommendation 4.33: Prisoners should receive prompt responses to their applications, which should be effectively monitored and quality assured.
(To the governor)

7.22 Recommendation 4.40: Prisoners' discrimination complaints should be investigated properly, receive a timely response and be subject to robust quality assurance.
(To the governor)

7.23 Recommendation 4.89: Patients with complex mental health needs should be able to access clinical psychological interventions while at Erlestoke.
(To the governor)

7.24 Recommendation 4.104: The medicines management team should be sufficiently resourced to meet the needs of patients.
(To the governor)

7.25 Recommendation 4.105: Prison officers should supervise medicines administration and patients should receive their medicines confidentially.
(To the governor)

7.26 Recommendation 4.111: There should be IT and telephone provision in the dental suite to enable productive use of clinical time.
(To the governor)

7.27 Recommendation 5.20: Leaders and managers should ensure that prisoners engage in vocational and practical activities to acquire the skills they need to complete their accredited qualifications.
(To the governor)

7.28 Recommendation 5.21: Leaders should urgently improve the provision of pre-release support, careers advice and guidance for prisoners as they near the end of their sentences to better prepare them for their next steps.
(To the governor)

7.29 Recommendation 6.18: The progression regime should re-start with a meaningful plan to support prisoners to progress through being able to demonstrate a reduction in their risk.
(To HMPPS)

7.30 Recommendation 6.24: There should be annual reviews of prisoners subject to child contact restrictions.
(To the governor)

7.31 Recommendation 6.27: All prisoners given category D status should be transferred to open conditions promptly.
(To HMPPS)

7.32 Recommendation 6.36: HMPPS should work with the National Probation Service to make sure that there is timely resettlement planning for all prisoners, whatever their risk of harm status, and that any outstanding needs are addressed.
(To HMPPS)

Section 8 Progress on recommendations from the last full inspection and scrutiny visit reports

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2017 there were significant weaknesses in aspects of early days work, with a chaotic first night centre that did not meet prisoners' needs. Most prisoners said they felt safe, but violence had increased and the prison's response lacked focus. Incidents of self-harm had doubled. Support for at-risk prisoners subject to assessment, care in custody and teamwork (ACCT) case management was reasonable. Security was broadly proportionate but was threatened by a lack of control in some areas. The incentives and earned privileges (IEP) scheme was ineffective, and there was an overreliance on adjudications. Use of force was low. The segregation unit was a poor environment but staff-prisoner relationships were good. Drug misuse was widespread and there had been no strategy to tackle the problem. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

New prisoners should be inducted in a safe and calm environment with a positive focus on progression and rehabilitation. All new arrivals should have a first night risk assessment by staff in private. Cell sharing risk assessments should assess the prisoner's current level of risk. The induction unit should be reserved for new prisoners. Staff should oversee the induction programme. (S38)
Not achieved

The prison should give strategic and operational priority to addressing the serious problems caused by illicit substances at Erlestoke. (S39)
Not achieved

Recommendations

Prisoners' property should arrive with them when they are transferred into the prison. (1.4)
Not achieved

Reception should be open to receive and process prisoners over the lunch period. (1.3)
Achieved

The prison should investigate all incidents of bullying and violence, and routinely challenge perpetrators and provide support to victims. (1.17)
Not achieved

The prison should maintain an accurate log of all incidents of bullying and violence. (1.18)
Achieved

Prisoners should be consulted about their experience of bullying and violence, and the prison should take action to address their responses.
Partially achieved

The prison should explore the reasons for the large proportion of assessment, care in custody and teamwork (ACCT) documents that are opened and closed after the initial review, and take action to ensure that they are not opened unless justified. (1.26)
Achieved

Officers should ensure that prisoners are conscious and responsive when they are unlocking them. (1.27)
Not achieved

All incidents of serious self-harm should be investigated to identify any lessons to be learned for the management of prisoners, and these should be shared to improve practice. (1.28)
Not achieved

The safeguarding policy should be fully implemented as soon as possible. (1.30, repeated recommendation 1.32)
Not achieved

The incentives and earned privileges scheme should be used consistently to address poor prisoner behaviour. (1.38)
Not achieved

Adjudications should be subject to quality assurance, and trends analysed to understand and improve prisoner behaviour. (1.41)
Not achieved

Oversight of use of force should ensure that all use of force reports are completed and that planned incidents are recorded and reviewed. Managers should monitor patterns and trends to address any disproportionality. (1.44)
Not achieved

The regime on the segregation unit should be extended to facilitate an hour of outside exercise a day. (1.49)
Not achieved

Oversight of the segregation unit should address the poor accommodation, and focus on successfully reintegrating prisoners back to normal location at Erlestoke. (1.50)
Partially achieved

The high-intensity substance misuse recovery programme should be reintroduced in an appropriate location to ensure that only prisoners who are positive about recovery are placed on the unit. (1.56)
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, the grounds of the prison were pleasant and well maintained. The enhanced wings offered the best accommodation. Many of the general wings were dilapidated and dirty, and there was a shortage of some basic items. Staff-prisoner relationships remained good, and prisoners spoke positively about staff. However, some staff lacked authority and there was insufficient control of some prisoner behaviour. The promotion of equality and diversity remained weak, and consultation with minority prisoners required development. A well-integrated chaplaincy provided good religious and pastoral support. Health services were very good. Prisoners were generally positive about the food. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

All prison departments should demonstrate a commitment to the work of the equality action team, and there should be regular analysis of outcomes for prisoners from all backgrounds and an equality strategy and action plan to address disadvantage and provide appropriate support. (S40)
Partially achieved

Recommendations

Communal areas and cells on residential units should be clean and maintained in a good state of repair. (2.11)
Not achieved

All prisoners should have access to basic items, such as clean bedding, clothes and cleaning materials. (2.12)
Partially achieved

Staff should answer cell calls promptly, and response times should be monitored appropriately. (2.13)
Not achieved

All telephones for prisoners should enable calls to be made in private. (2.14)
Achieved

All returned prisoner applications should be monitored and tracked on all residential areas. (2.15)
Not achieved

Staff should be supported to challenge poor prisoner behaviour. (2.21)
Not achieved

Peer supporters and orderlies should be subject to appropriate supervision, support and governance. (2.22)
No longer relevant

Prisoner consultation should represent the whole prison, and provide a regular forum for prisoners' issues and suggestions for improvement to be raised and addressed. (2.23)
Partially achieved

The prison should assess the individual needs of foreign national prisoners on their arrival and provide appropriate support so they can understand and participate in the prison regime. (2.33)
Partially achieved

All residential units should have care plans for prisoners with disabilities that specify support to assist their daily living needs and access to the regime. (2.34)
Partially achieved

The prison should consult with gay and bisexual prisoners to develop appropriate support, including promotion and access to community groups. (2.35)
Not achieved

The prison should develop a local policy for meeting the needs of transgender prisoners. (2.36)
Achieved

Complaint forms should be readily available to all prisoners, and the prison should monitor the timeliness of final responses. (2.43)
Partially achieved

Legal visits should be easy to book and take place in private. (2.46, repeated recommendation 2.62)
Not achieved

The health care waiting area should provide a safe environment for both patients and staff. (2.58)
Achieved

Suction equipment should be part of the emergency equipment, in line with national guidance for resuscitation equipment in a primary care setting. (2.59)
Achieved

A dedicated suitable room in reception should be available for health care screening of newly arrived prisoners. (2.66, repeated recommendation 2.78)
Not achieved

Non-urgent external hospital appointments should not be repeatedly rescheduled. (2.67)
Not achieved

Risk assessments of patients going to external appointments should be proportionate and reflect the real assessed risk of escape and/or violence, and should not compromise confidentiality and/or patient dignity. (2.68)
Achieved

There should be a wider range of clinical interventions, such as psychology and occupational therapy, to support prisoners with complex behavioural and resettlement challenges. (2.83)
Not achieved

Mental health awareness training should be available to all prison staff. (2.84, repeated recommendation 2.101)
Not achieved

The prison should develop a memorandum of understanding with the local authority for social care assessments and social care provision. (2.86)
Achieved

All meals should be served at appropriate times. (2.91)
Not achieved

The prison should ensure that there is better supervision of the serving of meals, and that all those involved in the preparation and serving of food wear the appropriate protective clothing. (2.92)
Achieved

Prisoners should be able to place their first shop order on the day after arrival. (2.97, repeated recommendation 2.115)
Not achieved

Prisoners should not be charged an administration fee on catalogue orders. (2.98)
Not achieved

Purposeful activity

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

At the last inspection, in 2017, time out of cell had deteriorated and not all prisoners who were unlocked were purposefully occupied. Managers failed to ensure adequate attendance at activities and punctuality was poor. There was a wide range of activity places for all prisoners but allocation to them was uncoordinated. With the exception of English and mathematics, outcomes for learners were good. Teaching, learning and assessment were also good and there was effective use of peer support in education. Prisoners behaved well in sessions, and they had good access to the

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

Key recommendation

Attendance at learning, skills and work activities should be given greater priority. The prison should ensure that prisoners arrive punctually at their allocated activities. Allocation to programmes and appointments should be better sequenced to avoid disrupting activities. (S41)
Not assessed at this inspection

Recommendations

Prison and college managers should carry out a comprehensive curriculum needs analysis to ensure that the activities offered fully contribute to the prison's core purpose of rehabilitating prisoners. (3.13)
Not assessed at this inspection

The allocation of prisoners to purposeful activity and to offending behaviour programmes should be coordinated to ensure they receive a coherent and structured programme that minimises disruption and meets their needs. (3.19)
Not assessed at this inspection

Tutors and instructors should provide sufficient information to prisoners about their work to help them understand what they have done well and how they can make further improvement. (3.29)
Not assessed at this inspection

Prisoners should have greater opportunities to participate in meaningful and challenging prison work that enhances their prospects of gaining useful employability skills. (3.30)
Not assessed at this inspection

Prison and college managers should continue to develop strategies to help prisoners achieve better outcomes in English and mathematics, and to reinforce these essential skills during learning sessions. (3.40)
Not assessed at this inspection

Prison staff should record the development and acquisition of transferable skills by prisoners working in prison industries to ensure they have a useful record of the skills they have gained. (3.41)
Not assessed at this inspection

Library staff should collect data on library use so that they can identify and address any low participation from particular groups of prisoners. (3.46)
Achieved

Physical education staff should not be redeployed to other regime activities. (3.51, repeated recommendation 3.32)
Achieved

Prisoners should have an opportunity to study and achieve sports and health and fitness qualifications. (3.52)
Achieved

Gym staff should monitor participation in PE by different groups of prisoners to ensure equity of access. (3.53)
Not achieved

Privacy screens should be fitted in communal PE showers. (3.54)
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 2017, many prisoners could access offending behaviour programmes to help reduce their risk, which was one of the prison's key strategic purposes. However, prisoner needs were not sufficiently identified or analysed, which affected progression for some. Significant staff cross-deployment undermined offender management work, and officer contact with prisoner was too limited. Parole dates and recategorisation were prioritised appropriately. Public protection work had deteriorated, although management of multi-agency public protection arrangements (MAPPA) was good. There had been some good reintegration planning for the few prisoners released from Erlestoke. Resettlement pathways work was variable, and access to visits was inadequate. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendation

The prison should provide more visits sessions as soon as possible, and ensure the visits booking system allows all prisoners to have equitable access to the sessions available. (S42)
Not achieved

Recommendations

There should be a detailed analysis of all prisoners' needs based on risk, and sufficient offender management and resettlement provision to meet identified needs. (4.5)
Partially achieved

Prisoners should not be transferred to Erlestoke without an initial or up-to-date offender assessment system (OASys) assessment and sentence plan. (4.6)
Not achieved

All offender supervisors should have effective and regular contact with their prisoners on their caseload, focused on supporting them to meet sentence planning targets and reduce the risk of harm and reoffending, and this work should be subject to quality assurance. (4.16)
Not achieved

All MAPPA eligible prisoners should have their MAPPA management level set before release. (4.21)
Achieved

Assessment of risks by all departments should be comprehensive and inform other assessments. (4.22)
Achieved

Arrangements to identify and protect children and victims of harassment should be effective and clear, including information held by both the offender management unit and security department. (4.23)
Achieved

Prisoners should be transferred to suitable establishments once they are recategorised or on completion of offending behaviour work. (4.25)
Not achieved

All prisoners should have their resettlement needs assessed at least 12 weeks before release, and any outstanding issues should be addressed. (4.28)
Partially achieved

Offender supervisors should ensure that relevant prisoners are able to contact the community rehabilitation company worker early enough to help them find accommodation on release. (4.32)
No longer relevant

The prison should work with the National Careers Service to ensure there is a clear focus on supporting prisoners to develop meaningful career aspirations that connect to their learning and skills and long-term rehabilitation programme. (4.36)
Not assessed at this inspection

The technical difficulties with the virtual campus should be resolved promptly to enable prisoners to use this resource for job search and to support learning. (4.37)
Not assessed at this inspection

The education, training and employment destinations of prisoners released into the community should be analysed to assess the effectiveness of careers advice and guidance. (4.38)
Not assessed at this inspection

All prisoners due for release should be offered a structured pre-release health appointment giving relevant advice and information on local community services. (4.40)
Achieved

All staff should be aware of the aims of the programmes offered, and reinforce and consolidate learning from programmes with the individual prisoners with whom they work. (4.55)
Achieved

Recommendations from the scrutiny visit

The following is a list of the recommendations made in the scrutiny visit report from 11 and 18-19 August 2020. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Strategic oversight of key areas of safety should be structured, data should be analysed to highlight weaknesses and opportunities and action should be taken to make the prison safer. (S3)
Not achieved

HM Prison and Probation Service (HMPPS) should grant prison governors appropriate autonomy, or otherwise streamline processes, so that restrictions can be lifted safely, but with greater speed. (S4)
Not achieved

Prisoners in the segregation unit should be kept in safe and decent conditions. (S5)
Achieved

Prisoners should receive regular keywork sessions, and an incentives scheme that promotes positive behaviour and appropriately challenges poor behaviour should be introduced. (S6)
Not achieved

National and local managers should take action to improve living conditions and ensure that the prison environment is brought up to an acceptable standard. All cells and communal areas should be decent, hygienic and well-maintained, and necessary repairs should be completed swiftly. (S7)
Not achieved

The prison should ensure that it understands and addresses the poor perceptions of black, Asian, mixed and other minority ethnic prisoners and of those under 25. (S8)
Not achieved

All vulnerable prisoners who require social care support should have a timely referral and local authority assessment and their needs should be met promptly. (S9)
Achieved

HMPPS should prioritise the prison for the installation of in-cell telephony. In the meantime, it should give the governor discretion to maximise safe family contact, both through social visits and video calls, taking account of the local circumstances and risks in Erlestoke. (S10)
Achieved

HMPPS should develop a national strategy to address the backlog in programme work. Governors should be allowed the discretion to maximise the safe delivery of programme work, taking account of local circumstances and risks. Training for programme facilitators should be resumed urgently. (S11)
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 one of the following:

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

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

Examples of notable positive practice: innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

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

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

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

This report

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

our website at https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/ The reference numbers at the end of some recommendations indicate that they are repeated and provide the paragraph location of the previous recommendation in the last report. Section 7 lists all recommendations made in the report. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see Appendix III: 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
Martyn Griffiths	Inspector
Natalie Heeks	Inspector
Kellie Reeve	Inspector
Jade Richards	Inspector
Paul Rowlands	Inspector
Nadia Syed	Inspector
Annie Bunce	Researcher
Becky Duffield	Researcher
Joe Simmonds	Researcher
Jed Waghorn	Researcher
Shaun Thomson	Lead health and social care inspector
Tania Osborne	Health and social care inspector
Deborah Hylands	Pharmacist
Bev Grey	Care Quality Commission inspector
Judy Lye-Forster	Ofsted inspector
Malcolm Bruce	Ofsted inspector

Appendix II Glossary of terms

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

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

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

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

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

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.

Personal protective equipment (PPE)
Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

Psychoactive substances (Spice)
Synthetic drugs that mimic the effects of cannabis but are much stronger, with no discernible odour and cannot be detected by drug tests.

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

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

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

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

Regime management planning (RMP)
HMPPS national red-amber-green system signifying the high to low impact of COVID-19 on sites.

Secure video calls
A system commissioned by HMPP which 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.

Staff survey methodology and results

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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