

Report on a scrutiny visit to

# HMP Ford

by HM Chief Inspector of Prisons

**29–30 March and 13–14 April 2021**



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# Introduction

HMP Ford is a category D open prison near Arundel in West Sussex. At the time of our scrutiny visit, the prison held 418 prisoners, having reduced numbers following the closure of some old billet accommodation.

Like all prisons, Ford had been operating on a restricted regime for most of the last year due to the COVID-19 pandemic. This had a significant impact on the many prisoners who had worked hard to progress to open conditions, only for further potential progress to be frustrated by a national ban on temporary release. Prisoners who had expected to be working in the community and rebuilding family ties on resettlement licence instead found themselves, literally, confined to barracks. Less than a third of prisoners had accessed any purposeful activity for most of the last year and, even though the prison was now in stage three of the national recovery plan (see Glossary of terms), too many were still unemployed or under-employed.

The prison had not experienced an outbreak of COVID-19 and very few prisoners or staff had tested positive for the virus in the last year. However, there was the potential for a virus to spread rapidly due to some poor hygiene and cohorting practices.

Published data and our experience during the visit demonstrated that Ford remained a safe prison. Despite this, some leaders and staff had developed a narrative that suggested it was more violent and volatile than the statistics indicated. Some also expressed low expectations of prisoners, even though they were category D. Ford had one of the highest rates of return to closed conditions in the open estate, which supported the view of many prisoners who said the threat of recategorisation was used unfairly to control their behaviour and sometimes deterred them from speaking out about issues affecting them. All of this was contributing to a culture that felt far from rehabilitative.

While we acknowledge the inherent limitations of the old and worn accommodation at Ford, this did not excuse the poor cleanliness and shabby conditions we found. It was clear that there had been little oversight of standards in the residential accommodation. It was unacceptable that, during a pandemic, access to laundry facilities and the provision of soap was so poor. We saw prisoners cleaning their underwear and dishes in buckets in shared toilet areas, which we would not expect to see in a modern prison service, let alone in an open prison that should be promoting and supporting independent living skills.

The prison had recently moved to stage three of the national plan for recovery and was working to ease the previous restrictions. Despite this, at the time of our visit, there were few prisoners in education, vocational training or community placements, which indicated weaknesses in the planning for recovery. Release on temporary licence had started to ramp up, but ultimately there were too many unemployed and unoccupied prisoners who were bored, demotivated and unable to progress in the way they had expected.

Leaders asserted that their focus over the last year had been to keep people safe from the virus. This was clearly very important, but should not have been to the exclusion of progressing other priorities. Leaders at Ford were not faced with some of the challenges that the restrictions had presented in closed conditions; prisoners were grateful for their place in an open site and were mostly compliant, yet progress in some important areas had been slow. For example, although our previous reports had highlighted major weaknesses in the strategy to improve equality and diversity, work to improve this had only recently commenced.

There were several examples of promising work to help prisoners. Good family support work was greatly valued and some prisoners were now able to see their families on temporary release into the community. We also identified notable positive practice in the appointment of peer mentors who

supported fathers at Ford. There were many examples of active work by some prison offender managers to support prisoners through their sentence.

This was a disappointing visit and we urge leaders at national and local levels to address the concerns we have highlighted with urgency. The first challenge is to assess the extent to which the problems have been caused by the pandemic and how much they are specific to the culture of the prison. The former will, we hope, be resolved as restrictions are lifted, but the latter will require more focused leadership and support from HM Prison and Probation Service to make sure that Ford fulfils its rehabilitative purpose in the future.

**Charlie Taylor**

HM Chief Inspector of Prisons

May 2021

# About HMP Ford

## Task of the prison

HMP Ford is a category D adult male prison.

## Certified normal accommodation and operational capacity (see Glossary of terms)

Prisoners held at the time of this visit: 418

Baseline certified normal capacity: 448

In-use certified normal capacity: 448

Operational capacity: 448

## Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment provider: Practice Plus Group

Prison education framework providers: Weston College, Chichester College Group, Chichester

College Ford Campus School of Construction

Community rehabilitation company (CRC): Kent, Sussex and Sussex CRC

Escort contractor: Serco

## Prison group

Kent, Surrey and Sussex

## Brief history

Formerly a Royal Navy Fleet Air Arm station, HMP Ford converted to an open prison in 1960 with an emphasis on the resettlement of prisoners into the community.

## Short description of residential units

A mixture of ex-military billets, mainly with shared rooms, single room prefabricated pods and brick-built accommodation blocks.

'A' block comprised brick-built accommodation with 11 landings of single rooms. 'B' block comprised 22 billet huts with mainly shared rooms. The billet huts were in use for much of the period of restrictions, but the recent condemnation of 'B' block saw the replacement of many billets with temporary modular units (pods). At the time of the visit, 10 billet huts and 40 modular units were in full use in addition to the 214 single rooms on 'A' block.

## Governor and date in post

Andrew Davy, 6 January 2020

## Leadership changes since last full inspection

Steve Fradley, governor until 31 January 2020

## Independent Monitoring Board chair

Ken Porter

## Date of last inspection

June 2016

# Summary of key findings

## Key concerns and recommendations

S1 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.

S2 We last visited Ford for a short scrutiny visit in June 2020.

S3 During this scrutiny visit we identified some areas of key concern, and have made a small number of recommendations for the prison to address.

S4 **Key concern:** Prisoners said some staff and managers were distant and not supportive of their efforts to progress. We found that some staff had low expectations of prisoners and were negative about them. Leaders did not have a good understanding of safety data and a narrative had developed that presented the prison as being more unsafe than the evidence indicated. Prisoners said they were under constant threat of a return to closed conditions and the data showed a high level of recategorisation. These factors had led to a negative rather than a rehabilitative culture, not one that encouraged and promoted success.

**Recommendation: Leaders should accurately analyse and interpret the safety data to develop an accurate understanding of what is happening in their prison. Leaders should look to develop a culture among staff that is focused on the prison's rehabilitative purpose and which encourages, supports and shows confidence in prisoners' capacity to succeed.**

(To the governor)

S5 **Key concern:** Nearly all living accommodation and communal areas were poorly maintained and lacked investment. Many prisoners still lived in overcrowded rooms. Some showers and toilets were in poor condition. Some of the small kitchen areas lacked running water, which led to prisoners cleaning their utensils in the same buckets used to wash clothing (see below).

**Recommendation: The standard of accommodation should be upgraded to provide all prisoners with decent living conditions.**

(To HMPPS)

S6 **Key concern:** A lack of oversight, supervision and quality assurance on residential units had resulted in poor cleanliness and hygiene. Prisoners could not access adequate cleaning materials; soap dispensers were often empty; laundry facilities were inadequate and prisoners could only wash their personal clothing on a monthly rota, with some having to wait up to six weeks. Prisoners resorted to washing their clothes in buckets.

**Recommendation: Prisoners should have access to adequate cleaning materials and washing facilities.**

(To the governor)

S7 **Key concern:** Prisoner consultation meetings were often cancelled or curtailed and identified actions were not always addressed. This undermined prisoner confidence in the process and compounded a view that communication with leaders was poor.

**Recommendation: Prisoner consultation should be regular, provide sufficient time to discuss issues and clearly demonstrate progress against identified actions. Outcomes should be clearly communicated to all prisoners.**

(To the governor)

- S8 **Key concern:** Staff attendance at the strategic diversity and inclusion meeting was poor. There was little effective analysis of the data presented and identified actions were not progressed with rigour. The revised diversity strategy lacked detail to support the prison's vision of improving equality work. Recently introduced meetings to support prisoners with protected characteristics lacked structure and clarity of purpose.

**Recommendation: The strategy to promote equality and diversity should be clear, coordinated and supported by all departments. It should incorporate effective data analysis, consultation and actions to eradicate discrimination and improve outcomes for prisoners from all protected groups.**

(To the governor)

- S9 **Key concern:** The community rehabilitation company (CRC) had continued to operate remotely throughout the pandemic, using a written questionnaire to identify prisoners' resettlement needs. This led to delays in providing support and a poor understanding by prisoners of the work being done to assist them. In our survey, only 36% of prisoners who expected to be released in the next three months said that anybody was helping them to prepare for this.

**Recommendation: All prisoners should be able to engage in meaningful discussion with the relevant staff about their resettlement needs and be kept informed of progress to make sure that they are fully prepared for release into the community.**

(To the governor)

## Education, skills and work (Ofsted)

- S10 During this visit Ofsted inspectors conducted an interim assessment of the provision of education, skills and work in the establishment. They identified steps that the prison needed to take to meet the needs of prisoners, including those with special educational needs and disabilities.

### Next steps

- S11 Leaders and managers should increase prisoner access to education, skills and work as soon as possible.
- S12 Leaders and managers should increase the number of prisoners who benefit from high-quality work placements outside the prison as soon as possible
- S13 Leaders and managers should seek to improve the provision of information technology (IT) facilities so that prisoners attending courses at college or universities are not disadvantaged.
- S14 Education and prison staff should make sure that all prisoners due for release have access to the support they need to secure employment or further training on their release.

## Notable positive practice

- S15 We define notable positive practice as innovative practice 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.
- S16 Inspectors found one example of notable positive practice during this visit.
- S17 **The prison had appointed three peer supporters, 'Dads' reps', who worked with the family service worker to encourage and support prisoners to maintain family ties.** (See paragraph 5.7.)



# Section 1. Leadership and management

In this section, we report mainly on whether leaders and managers are responding effectively to the challenges of the pandemic, the proportionality of restrictions on activity and movement, whether recovery plans are in place and understood by staff and prisoners, the support provided to prisoners and staff, and the effectiveness of cohorting arrangements.

- 1.1** Very few prisoners or staff had contracted COVID-19 since the pandemic began and, in our survey, 73% of prisoners felt they had been kept safe from the virus. Leaders had implemented the procedures within the prison service national framework to reduce the impact of the pandemic and the prison seemed to have benefited from a low rate of infection in the local community. However, a lack of supervision and managerial oversight of residential areas had resulted in some poor hygiene practices, which had the potential to spread infection. (See paragraphs 3.9 and 3.10 and key concern and recommendation S6.)
- 1.2** The national restrictions imposed because of the pandemic had made it difficult for Ford to fulfil its rehabilitative function as a category D prison, but there were also some aspects of the prison's culture that hampered the delivery of good outcomes (see paragraph 3.5 and key concern and recommendation S4). The national restrictions on temporary release, a withdrawal of on-site education and vocational training, and no face-to-face support from some key partner agencies had limited prisoner progression.
- 1.3** There had been no formal induction for new arrivals during the restricted regime until the week before our visit. This had left prisoners feeling isolated and poorly informed for their first two weeks in the prison.
- 1.4** Although leaders described a concerning rise in violence, finds of illicit items, drugs and debt, the prison's data did not provide evidence of this (see paragraph 2.15 and key concern and recommendation S4). Prisoners reported being under constant threat of a return to closed conditions if they complained or stepped out of line. (See paragraphs 2.17, 3.4, 3.11, 5.14 and key concern and recommendation S4.)
- 1.5** The general staffing profile meant that there were only a handful of residential officers on duty at a time, which affected their ability to develop productive relationships with prisoners. Several partner organisations had withdrawn staff from face-to-face contact with prisoners, which also limited the support available to prisoners during the pandemic. However, we found examples of good support from offender management, health care and chaplaincy staff.
- 1.6** The prison had moved to stage three of the national recovery framework (see Glossary of terms) at the end of March 2021. The plan for recovery had been published recently and most staff had an idea about the way forward, although not everything allowed at stage three was yet up and running. The governor published an occasional written briefing to update prisoners about the restrictions in place. This was useful, but less frequent than we have found in other prisons. (See paragraph 3.13 and key concern and recommendation S7.)
- 1.7** The prison had continued to hold boards to consider prisoners for release on temporary licence (ROTL), so that arrangements for their ROTL could be made quickly as soon as restrictions were lifted. However, progress in restarting purposeful activities had been slow in comparison with the easing of restrictions in the community. (See paragraph 4.4.)
- 1.8** Although there had been few positive cases of COVID-19, the cohorting arrangements presented some risks. New arrivals were held in a separate location for a 14-day isolation period, but the lack of staff supervision undermined arrangements. We observed some prisoners mixing with other residents (see paragraph 2.20) and the outside exercise

equipment they used was not cleaned between cohorts. As there was no protective isolation unit (PIU), any prisoner suspected of having the virus was isolated on their current wing and all other prisoners on that wing also had to isolate to prevent the spread of infection.

## Section 2. Safety

In this section, we report mainly on arrival and early days; managing prisoner behaviour; and support for the most vulnerable prisoners, including those at risk of self-harm.

### Arrival and early days

- 2.1** New arrivals arrived over two-week periods and were allocated to one of two dedicated reverse cohort units (RCU – see Glossary of terms). There were no receptions every third week to allow all new prisoners a 14-day isolation period before they were moved to the main prison accommodation.
- 2.2** The reception building was small and there were adequate processes to minimise the risk of COVID-19 transmission. A portable Perspex screen was used for the booking-in procedure, social distancing markers were in place and holding rooms operated on reduced capacity to enable social distancing. Only one of the two holding rooms contained posters and information about the prison. Reception staff told us that they did not use telephone interpreting services for prisoners who did not speak English and were unaware of how to access the service. Senior managers disputed this but had no log to evidence use.
- 2.3** Reception staff obtained basic information about the prisoner during booking in and the induction officer completed a more detailed first night safety interview. This was followed up with a further interview the following day. Peer support was available.
- 2.4** The living accommodation on the RCU was inadequate. First night cells were cramped and too small for double occupancy. The communal areas were dirty and, although the prison told us that the units were cleaned in between cohorts, the cleaning was inadequate and there was ingrained dirt on the floors and walls. Cleanliness in the kitchen and showers was equally poor.
- 2.5** The regime on the RCU was minimal. Prisoners could exercise in a small cordoned-off area three times a day, but other than this they were confined to the cramped and dirty units.
- 2.6** The prison had only reintroduced a formal induction for new arrivals in the previous week, but it was not delivered until after the 14-day isolation period. Even then, planned sessions did not take place. This included an important presentation by the offender management unit (OMU), which prisoners were most keen to attend. Prisoners also reported a delay in receiving their identification cards to enable them to move around the site, which should have been issued within 14 days of arrival.
- 2.7** Due to the lack of induction on arrival, some prisoners did not know how to raise an alarm in an emergency. New arrivals said they saw officers only briefly when they came on the RCU to conduct a roll check and had to rely on the induction peer supporter to pass on important information informally.

### Managing behaviour

- 2.8** In our survey, 17% of prisoners said they currently felt unsafe. More prisoners reported bullying or victimisation from staff (26%) than from fellow prisoners (12%).

- 2.9** Levels of violence had remained low. HMPPS data showed a marginal increase from four to five incidents of violence in the previous six months compared with the same period in the year before. Few of the recent incidents were serious.
- 2.10** The use of force also remained relatively low. There had been two incidents of low-level force in 2021 to date, both of which were to prevent acts of self-harm, and a total of 11 incidents in 2020. Ford reviewed every incident in a monthly use of force meeting, although the quality assurance process had not identified some important learning points following use of the PAVA incapacitant spray in one incident. These included unprofessional behaviour by some of the staff involved and the absence of an adequate health care assessment following the use of PAVA. We were also concerned that these issues had not been highlighted in an external HMPPS review.
- 2.11** Security meetings had continued during the restricted regime. At the time of our visit, approximately 200 security reports a month were submitted, which was high. They were processed promptly with a minimal backlog that was cleared quickly. Only a minority of reports were linked to violence or safer custody matters.
- 2.12** Leaders were aware of the security threats facing the prison and had recently reported an increase in illicit items thrown over the fence. Action was taken to minimise this supply route through links with the local police and a week-long security operation in March 2021. Although managers reported an increase in finds of illicit items, prison records did not evidence this.
- 2.13** In our survey, 32% of prisoners said that it was easy to get illicit drugs and 26% said this for alcohol. Mandatory drug testing results indicated an increase in prisoners who tested positive from around 4% in the six months before March 2020 to around 11% in the previous six months. The prison said this was mainly for cannabis and was responding to the increase.
- 2.14** Leaders said there had been an increase in debt-related bullying. We did not find much evidence to support this and, if it was a problem, it was unclear how perpetrators were being managed and victims supported. For example, challenge, support and intervention plans (see Glossary of terms) had only been used on one occasion, which was not related to debt, and there was no evidence of alternative interventions to address such bullying.
- 2.15** Safety meetings had continued during the regime restriction with good attendance from a range of departments and detailed reports to inform discussion. However, leaders rarely attended, which may have led to a lack of understanding of some of the safety issues at Ford. Leaders repeatedly told us that important indicators of safety, such as violence and debt, had increased during the restrictions. The evidence, however, indicated only a marginal increase in violence and other indicators, such as self-harm, use of force and adjudications, remained very low. We were uncertain why this perception existed when the prison's own data did not reflect the narrative presented, particularly when it influenced a more negative culture than we would expect to find in open conditions (see paragraph 3.5 and key concern and recommendation S4).
- 2.16** As an open prison, there was no segregation unit. Instead a secure accommodation block with four cells was available to use when a prisoner was being returned to closed conditions or, very occasionally, to keep a prisoner safe from harm. The cells were a good size, but the facilities, such as toilet and sink, were dirty.
- 2.17** Due to regime restrictions, the usual incentives associated with an open prison, such as release on temporary licence (ROTL) were more limited. However, leaders had not been imaginative in considering alternatives to motivate and reward good behaviour, particularly when prisoners had lost access to so much activity and opportunity to progress during the restrictions. At the time of our visit, incentives included the opportunity to locate in a single

room and ROTL, which had only just been reintroduced. Many prisoners felt that some managers and staff held negative attitudes and did not trust them. For example, we heard many reports that the threat of return to closed conditions was regularly held against prisoners, which made them less inclined to speak out or make complaints about issues affecting them (see paragraphs 3.4, 3.11 and key concern and recommendation S4). The evidence was that significantly more prisoners were recategorised and returned to closed conditions than in other category D prisons (see paragraph 5.14).

- 2.18** Adjudications had been reducing from October 2020 to January 2021. The independent monitoring board (IMB) reported some disproportionate punishments on adjudications, including the loss of ROTL for family visits for 42 days, even when the offence was not related to misbehaviour or late arrival back from ROTL.

## Support for the most vulnerable, including those at risk of self-harm

- 2.19** In our survey, only 22% of prisoners said that a member of staff had asked them how they were getting on in the last week. The staffing profile on residential units did not allow for closer supervision or more regular personal officer input (see paragraph 3.2). However, there were other established ways in which vulnerable prisoners could be identified, including through safety procedures in reception.
- 2.20** Prisoners who were particularly vulnerable to COVID-19 were offered the opportunity to shield, but at the time of our visit, nobody had requested to do so. The prison had nonetheless kept all such prisoners on the same unit (CI), which provided some protection for this vulnerable group, which was a positive step. This was undermined, however, when prisoners from another unit, which was supposed to be in isolation due to a positive case, repeatedly went on to CI during our visit (see paragraph 2.5).
- 2.21** Staff or prisoners could report concerns about prisoners to the safer custody team through a form that was logged on to a database. The team highlighted an increase in the number of referrals regarding prisoner well-being, particularly in September and October 2020, but it was unclear what support was offered as a result. Some of these prisoners were picked up through mental health referrals and support in this area was good (see paragraph 3.30).
- 2.22** Incidents of self-harm had been low in the previous six months. Leaders lacked clarity about the actual number of self-harm incidents, but the prison's records recorded three in the previous six months. There were no at-risk prisoners on assessment, care in custody and teamwork (ACCT) case management at the time of our visit. In our survey, only 39% of prisoners who had been on an ACCT reported feeling cared for by staff.
- 2.23** In our survey, only 28% of prisoners said it was easy to speak to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). At the time of our visit, there were two trained Listeners who were supported by the Samaritans via telephone. The scheme was not well used. There had not been no referrals from staff and the Listeners themselves had been responsible for identifying prisoners who required support. The lack of referrals, staff supervision and promotion of the scheme had been raised in the prison's safer custody meetings, but the action taken to address this was not clear.

## Section 3. Respect

In this section, we report mainly on staff-prisoner relationships; living conditions; complaints, legal services, prisoner consultation, food and canteen; equality, diversity and faith; and health care.

### Staff-prisoner relationships

- 3.1 In our survey, 74% of prisoners said that most staff treated them with respect and that there was a member of staff that they could turn to if they had a problem. However, only one in five said that a member of staff had asked how they were getting on in the previous week. We observed mostly polite and functional interactions between staff and prisoners. Prisoners were able to name some very good staff, but said that many were distant or not interested.
- 3.2 Low staffing levels on residential units contributed to limited daily contact and affected staff's ability to develop productive relationships with prisoners. There was a named personal officer scheme, but most prisoners described it as ineffective. This was reflected in most staff entries in prisoners' electronic case notes, which were limited and did not demonstrate support or encouragement. Staff welfare checks on prisoners were mostly restricted to new arrivals during their time in the reverse cohort unit (see section on arrival and early days).
- 3.3 Following the pandemic restrictions, staff from the community rehabilitation company (CRC) and the Department for Work and Pensions (DWP) had withdrawn their face-to-face support and education and training had ceased until very recently, affecting the support and encouragement that prisoners had received in these areas. However, there were examples of good support from other functions in the prison, such as offender management, health and the chaplaincy.
- 3.4 In our survey, about a quarter of prisoners said that they had experienced some victimisation by staff. Many prisoners gave us examples of a small, but significant, number of staff who used the threat of recategorisation as a form of control. For example, prisoners said they tolerated some poor living conditions rather than complain because they believed it could result in recategorisation and a return to closed conditions (see paragraphs 2.17, 3.11 and key concern and recommendation S4). Although we were unable to investigate such claims, there was evidence that the prison had one of the highest rates for prisoners returned to closed conditions compared with other open prisons (see paragraph 5.14).
- 3.5 There were many examples of staff and leaders having low expectations of prisoner behaviour, even though this was a population who were low risk or had worked hard to progress to open conditions. We also found several offices with harsh or inappropriate warning signs to deter prisoner entry. This further contributed to the perception that communication was poor (see paragraphs 3.13, 5.8 and key concern and recommendation S4).

### Living conditions

- 3.6 Most of the outside areas were spacious, well-kept and pleasant, contributing to prisoner well-being. Nearly all prisoners we spoke to were grateful for the opportunity to move freely within the grounds when COVID-19 restrictions permitted.

- 3.7** In contrast, nearly all living accommodation was in poor condition. In the wooden billet accommodation (B wing), prisoners had to share cramped rooms with no privacy and poor facilities. The billets had been condemned in late 2020 and were being replaced with prefabricated modular units, known as 'pods'. The prison population had been reduced to facilitate this. At the time of our visit, there were 40 single pods with self-contained bathroom and shower facilities. Prisoners living in the pods welcomed the improved accommodation, even though they were poorly served with telephones, kitchen and washing facilities. The pods were designed to be temporary and did not offer a long-term solution to the accommodation problem.



Single pods



Interior of a pod



- 3.8** The extensive investment in replacing the wooden billets did not extend to replacing the brick-built accommodation (A wing). Although it provided single rooms and most prisoners preferred to reside there, many fixtures and fittings were damaged; communal showers and kitchens were particularly poor; and standards of hygiene and cleanliness were not sufficient, particularly during a pandemic. (See key concern and recommendation S5.)



Bathroom ceiling



Shower cubicle





Damaged and dirty drainage sink in shower area

- 3.9** Leaders told us that, rather than recruiting paid prisoner cleaners, prisoners were encouraged to maintain the cleanliness of their accommodation themselves. Each accommodation unit was issued with a cleaning pack fortnightly, but prisoners complained that they were insufficient to last that long. Leaders insisted that prisoners were required to use the stock appropriately, but that packs would be issued more regularly if needed. Regardless of the process, there was a complete lack of oversight, supervision and quality assurance of the cleanliness of units. Standards were not set high enough and, as a result, cleanliness and hygiene were poor. Although we were told that residential officers conducted accommodation checks, clearly little had been done to address the problem and these low standards were accepted. (See key concern and recommendation S6.)





Dirty microwave in prisoner kitchen



Shared prisoner kitchen

- 3.10** Facilities for personal hygiene were also poor. Many shared toilets did not have soap and, unlike many other prisons we have visited, hand sanitiser was not routinely available. Prisoners could only access the laundry once every four weeks, with many having to wait as long as six. This resulted in many washing their underwear in buckets in communal toilet blocks with limited drying facilities. They used the same buckets to wash cutlery where the small kitchen areas in some units did not have sinks (see paragraph 3.17 and key concern and recommendation S6). Access to prison clothing and cutlery was also poor for an open prison. Some prisoners told us they were reluctant to complain because of the threat of a return to closed conditions (see below).

## Complaints, legal services, prisoner consultation and food and shop

- 3.11** In our survey, only 65% of prisoners said it was easy to make a complaint and prisoners repeatedly told us that they were reluctant to complain in case it jeopardised their place in open conditions (see paragraphs 2.17, 3.4 and key concern and recommendation S4). Complaint forms and boxes were accessible. The responses in the sample we reviewed were polite and answered the concerns raised. The number of complaints had increased during the period of restrictions, but leaders did not routinely review the data collated and it was not clear if they had identified prisoner concerns about making a complaint. Internal quality assurance of responses to complaints had recommenced in October 2020, but there had been no external scrutiny during the restrictions.
- 3.12** Prisoner consultation took place through the prisoner-led offender consultative committee (OCC). Three designated prisoner consultation representatives were OCC team leads and were supported by unit-based peers across the prison. The OCC had its own office and the team leads were active and could supply a range of information and support to their peers. However, access to the office had been restricted when the prison moved into HMPPS stage four restrictions in early 2021 (see Glossary of terms – Recovery plan).
- 3.13** Formal consultation with the OCC by prison leaders during the pandemic had been inadequate. Chaired by the governor or deputy, meetings had not been regular in the previous six months, were often curtailed and not sufficiently action driven. Two of the meetings had lasted just 15 minutes and 30 minutes. Minutes for the March 2021 meeting did not evidence any discussion or resolution to actions identified during November and December. Unlike other prisons, there had been no formal consultation in January and February 2021 despite options for socially distanced discussion. (See key concern and recommendation S7.)
- 3.14** A drop-in session held by the reducing reoffending team and an occasional written briefing by the governor to provide updates went some way to address the poor consultation arrangements, but prisoners reported a general lack of visibility and communication from leaders.
- 3.15** Despite support from the OCC, prisoners lacked confidence in the application system and many told us that it was not unusual for submitted applications to be ignored or go missing.
- 3.16** In our survey, 55% of prisoners said the food was good or reasonable. Meals were served from a central location. Prisoners were no longer able to eat communally in the dining hall and those in the billets and pods had to carry the food outside to return to their rooms, which affected the temperature. A lack of investment in catering equipment in the previous 12 months had reduced some popular food choices. For example, a long delay in the installation of a blast chiller to prevent bacterial growth meant that no meals containing beef or lamb had been served until early 2021. Some prisoners said the catering manager was accessible during mealtimes to discuss issues about the food. The quality of meals that we saw was reasonable.
- 3.17** There was limited opportunity for prisoners to practise independent living skills and prepare their own meals. Residential accommodation had small kitchen areas, but these were poorly equipped, had damaged refrigerators and cracked work surfaces, and were mostly grubby and unhygienic; some kitchen areas in the brick-built accommodation lacked running water (see paragraph 3.10).

## Equality, diversity and faith

- 3.18** The governor had recently identified diversity and inclusion as one of the key areas for development as the prison moved to recovery from the COVID-19 restrictions. A senior lead had been appointed temporarily to review the current provision and there was some reference, albeit without detail, to the promotion of equality in the prison's priorities for the coming year. While this development showed early promise, much remained to be done to improve and promote equality and diversity at Ford.
- 3.19** The prison's strategic diversity and inclusion meeting had continued throughout the restrictions, but attendance and written submissions by key departments were often sporadic. Meeting minutes did not track the actions raised, some of which were not carried forward to the next meeting, and we could not be assured that they were completed. A range of data were presented to the meeting, but it was unclear how they were used to assess or improve outcomes for protected groups.
- 3.20** The senior lead had recently revised the diversity and inclusion strategy, which incorporated an action plan. The document set out some identified issues and proposed actions for both staff and prisoners. While it contained some useful actions to help the prison progress, it was not clear how some actions had been identified or were applicable to Ford. The strategy did not include some major concerns about inequality, which had been identified by leaders and also reported to us by prisoners. For example, it was not clear what action would be taken to address disproportionate outcomes for protected groups in work allocation. The strategy lacked sufficient detail to support delivery of the prison's vision of improving diversity as it moved out of COVID-19 restrictions. (See key concern and recommendation S8.)
- 3.21** Although our survey indicated few significant differences in the perceptions of prisoners in protected characteristic groups, during our visit, several prisoners from protected groups – including from a black, Asian and minority ethnic background; Gypsy, Romany, Travellers; and prisoners with disabilities – provided examples of poor treatment, such as unfair allocation to work opportunities. The prison had very recently set up a structure to support prisoners with protected characteristics. Each strand was led by an appointed senior lead, supported by prison officers and prisoner peer support workers. However, meetings to discuss and plan delivery of the work of each strand had only commenced in March 2021 and it was too soon to assess their value. Meetings were open to all prisoners, although very few had attended the first meetings, which suggested a need for better promotion and encouragement. The forums also lacked a formal agenda to provide structure and evidence improving outcomes. See key concern and recommendation S8.)
- 3.22** Prisoners had good access to discrimination incident reporting forms (DIRFs). During 2020, 21 DIRFs had been submitted and four to date in 2021 and around one quarter had been upheld. The small sample of responses we reviewed were polite and addressed the issues raised.
- 3.23** The chaplaincy had been a real strength during the period of restrictions and the team had remained accessible to all prisoners by attending activity sessions, such as exercise in the open grounds. Throughout the restrictions, a duty chaplain had continued to visit all residential areas daily and other regime areas by a rota. Although corporate worship was still suspended, several faith groups had recently been reinstated. The chaplaincy had provided a range of spiritual and pastoral support throughout the pandemic, including the use of tablet computers to help prisoners maintain contact with seriously ill or dying relatives.

## Health care

- 3.24** NHS England and Improvement commissioners provided strategic oversight of health services. The quality of the health provision was monitored by health providers and commissioners with a good understanding of local risks. Partnership working between health providers, the prison, Public Health England and the NHS was also good, although no local quality and delivery board meetings had been convened in the past 12 months.
- 3.25** Prisoners had good access to health provision due to the open conditions. In our survey, 71% of prisoners said that it was easy to see a doctor, 78% that it was easy to see a nurse and 80% said the overall quality of health services was good. This was reinforced by most prisoners we spoke with during our visit.
- 3.26** The prison had experienced a low number of COVID-19 infections in the previous six months and it had an up-to-date outbreak control plan. During our visit, COVID-19 testing took place on two billets following positive lateral flow tests on two prisoners who were on external work placements in the community. With no prisoner isolation unit, the affected prisoners had to remain on their respective units and all prisoners on both units had to go into isolation conditions to prevent the spread of infection. However, both tests returned negative results and the restrictions were lifted the following day. Prisoners within the high-risk groups had received their first COVID-19 vaccination.
- 3.27** All new arrivals had an initial health screening, but their second screen was delayed until after 14 days of separation from the wider community. Podiatry, physiotherapy and optometry services were in place and waiting times were within 12 weeks. The management of prisoners with long-term conditions was improving, with most monitored under a care plan.
- 3.28** External hospital appointments were managed well. Prisoners went to appointments on temporary licence and there were few cancellations.
- 3.29** The prison had a memorandum of understanding with the local authority to provide social care for relevant prisoners. Provision included a full-time occupational therapist employed by Practice Plus, but the position had been vacant since August 2020. This was affecting the oversight of the social care pathway and creating some delays on equipment provision. There was paid peer support for some prisoners on the CI unit, but it was unclear who trained and supervised them. We were told that no prisoners were currently receiving a care package.
- 3.30** Psychiatry, mental health and substance misuse psychosocial services were delivered by an integrated team. Both teams undertook weekly welfare checks on new arrivals in the RCU. The integrated substance misuse service (ISMS) and the mental health team had continued to deliver and adapt care throughout the pandemic restrictions. In our survey, around 40% of prisoners who had tried to access services said it was easy and the average wait was eight days. Caseloads, particularly for substance misuse services, had reduced during the previous months, but staff told us that with the recent lifting in restrictions more prisoners were keen to engage with the service. One prisoner was on opiate substitution therapy, supported by an ISMS nurse.
- 3.31** Medicines were well managed, stored and organised by the onsite pharmacy technician, who also managed any dispensing errors or omissions from the remote dispensary provided by Sigcare. The room where medicines were stored did not have a door or gate to separate it from the administration room, which had a high staff footfall. This area was also accessible to passing prisoners. These factors carried significant risk and needed prompt resolution.

- 3.32** Medicines were administered once a day for supervised medicines and once a day for controlled drugs, which was undertaken in line with national guidance. Weekly medicines were available for collection on two occasions a week to enable access for prisoners who worked off site. There was an elaborate process on weekdays for controlled drugs administration for prisoners in isolation in which drugs were carried around the open grounds, albeit in a locked box, which presented risks. This was not in line with good practice and seemed unnecessary given that it did not happen at weekends, when prisoners were escorted to the medicines hatch. The external pharmacist rarely visited the site to review practices and offer supervision to the staff on site, which was a deficit.
- 3.33** Although the dental chair had been condemned as it was beyond repair, emergency dental care had been available throughout the pandemic restrictions and a mobile dental unit was now on site to enable aerosol generating procedures (see Glossary of terms). The mobile unit had limited clinical time because equipment needed to be transferred between rooms and not all treatment could be undertaken. This had resulted in long waiting lists for some dental treatments. A new chair was scheduled to be fitted in May and there had been action to reduce the waiting times through the introduction of locum sessions. Prisoners remained positive about the dental care they received.
- 3.34** Health care discharge plans were in place for prisoners being released and medicines were provided if required. There was training in and provision of naloxone (to manage substance misuse overdose) for those being released who remained at risk of opiate overdose.

## Section 4. Purposeful activity

In this section we report mainly on time out of cell; access to the open air; provision of activities; participation in education; and access to library resources and physical exercise. Ofsted inspectors joined us on this visit to provide an assessment of the provision of education, skills and work in the establishment. They focused on:

- What actions are leaders taking to provide an appropriate curriculum that responds to the reasonable needs of prisoners and stakeholders and adapts to changed circumstances?
- What steps are leaders, managers and staff taking to make sure the approaches used for building knowledge and skills are appropriate to meet the reasonable needs of prisoners?

A summary of their key findings is included in this section. Ofsted's interim visit letter is published in full on our website: <https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>

- 4.1** Time out of cell was good compared with the closed estate and prisoners appreciated their access to the open air (see paragraph 3.6). During stage four of HM Prison and Probation Service (HMPPS) restrictions (see Glossary of terms – Recovery plan) between the beginning of January and the end of March 2021, the time that prisoners had off their units to associate and exercise was limited to around three hours a day. The prison had recently returned to stage three, which extended that time to around seven hours. Prisoners on the reverse cohort unit (RCU) had restricted time in the open air, which was limited to the area around their accommodation (see paragraph 2.5).
- 4.2** The library provision had been very limited during the regime restrictions, when there was a lack of all other purposeful activity. After the library had shut during the first restrictions from March 2020, West Sussex library service had initially stocked a couple of book trolleys for prisoners to help themselves, but the stock was not rotated or replenished. An order-and-deliver service was introduced in June. Despite the easing of restrictions in the community, the library remained shut. When it had been up and running, it did not provide the access to computers common in other prison libraries, although prisoners could use an internet enquiries desk for basic requests, such as checking train times. This service had also not been available since the library had closed.
- 4.3** Gym facilities were equally limited. There was one large indoor gym and one outdoor exercise yard, but no sports hall. Following the first period of restriction, no outdoor gym sessions were provided until June 2020. At the time of our visit, prisoners could still only access one outdoor gym session a week; there were no evening or weekend sessions.
- 4.4** Leaders and managers had been unable to provide education, skills and work to all, but a handful of prisoners during the restricted regime. The restrictions had been eased in the week before our visit and a small number of prisoners were now allocated to English, maths, brickwork and carpentry. But over 180 prisoners were still unemployed and many who were allocated to education and training did not attend. At best, this had left prisoners feeling frustrated and bored and, at worst, some prisoners had lost their jobs in the community due to the pandemic.
- 4.5** Leaders and managers had not given prisoners access to vocational training during the restricted regime. Prisoners due for release during this period were supported to achieve units towards their qualification. Others were given in-cell work packs, but these were not based on their courses and were no more than a distraction to alleviate boredom.

- 4.6** Prisoners studying for qualifications in English and mathematics completed in-cell work packs and received helpful feedback from off-site tutors. However, those whose literacy skills were at entry level struggled to complete these packs, despite support from prisoner reading mentors.
- 4.7** Prisoners who had enrolled on courses at local colleges and universities were disadvantaged by not being able to continue with their studies, due to a reduction in the number of students that colleges allowed on site, to maintain social distancing. These prisoners also lacked suitable information technology (IT) and were unable to access learning when colleges and universities began teaching online. This was less of an issue for Open University (OU) learners because they could use the virtual campus (which provided internet access to community education, training and employment opportunities). However, because the education department was closed, prisoners transferring in on OU courses did not know how to access the IT room and the virtual campus, causing a delay in their learning which affected their overall results.
- 4.8** Leaders and managers had a strategy for the pandemic period to get prisoners back into paid employment that met their employment aspirations and individual needs. Using labour market information, staff worked effectively with employers in construction, warehousing, haulage and manufacturing. However, at the time of the visit, only around 60 prisoners had gained paid employment in the community.
- 4.9** Managers had been unable to provide prisoners with the full range of careers advice before their release because of limitations on face-to-face meetings. Prisoners did not have in-cell telephones and staff did not use the communal telephones to offer careers advice to those whose release was imminent.





Cramped communal telephone in bricks-built accommodation

- 4.10** The prisoners we interviewed said they welcomed the recent reintroduction of education and skills training. They described some of the new skills that they had developed, such as the use of basic hand tools in carpentry. In bricklaying, prisoners talked confidently about the importance of health and safety.

- 4.11** During the pandemic restrictions, vocational teachers had benefited from a programme of training to develop their practical skills. They had honed these through the refurbishment of a building to establish a new construction facility for prisoners. However, there was a limited emphasis on how teachers could develop their teaching skills.
- 4.12** Staff highlighted to prisoners the importance of gaining qualifications in English and mathematics. They used real job adverts to show prisoners that applicants for jobs in construction require a good level of English and mathematics. Staff planned to offer courses to prisoners in the evenings and weekends so that those who had release on temporary licence (ROTL) to attend work could be supported to gain their qualifications.
- 4.13** Teachers had not enabled prisoners to continue to make progress with their learning during the pandemic restrictions. Prisoners in catering had not been able to complete their course due to the closure of the café and many had now left the prison.
- 4.14** With the reintroduction of classes, teachers in mathematics had adapted their teaching to support prisoners who had started courses before the restrictions. They recognised that prisoners had gaps in their knowledge or had forgotten concepts, such as multiplication and division. They planned to rectify these deficits through careful planning of sessions with small groups of prisoners.
- 4.15** Prisoners studying for IT courses had continued to do so during the regime restrictions using the virtual campus. However, this was largely based on the initiative of the tutor involved in delivering this course and was not part of a wider approach to the curriculum.

## Section 5. Rehabilitation and release planning

In this section, we report mainly on contact with children and families; sentence progression and risk management; and release planning.

### Contact with children and families

- 5.1** Prisoners options for staying in touch with their families and friends were slowly improving. Face-to-face visits had been suspended as part of the restricted regime. The prison had reconfigured the visits hall to facilitate socially distanced visits, but these had not yet re-started.
- 5.2** Purple Visits (see Glossary of terms) were available, but take-up had been low. In our survey, 70% of prisoners said they had not used this facility in the last month. The video calls were only available once a month during business hours and some prisoners told us that this was not helpful when their children were in school or partners were working.
- 5.3** In our survey, 93% of prisoners said they were able to use the phone every day. There were a limited number of prison phones on residential units and some prisoners reported problems in accessing them.
- 5.4** Since the imposition of national prison restrictions in March 2020 until recent weeks, temporary release (ROTL) to maintain family ties had been restricted. The prison had continued to hold boards to ensure prisoners who were eligible had approval for temporary release for this purpose once restrictions were lifted at the end of March 2021. By the time of our visit, 160 prisoners had benefited from this.
- 5.5** During the period of restrictions, ROTL-approved prisoners were permitted to use personal phones in supervised sessions in the visits hall. We had previously highlighted this as positive practice, but the prison had stopped the provision at the beginning of March 2021 as it said prisoners would soon be able to resume family visits in the community. This had created a gap for the many prisoners who had not yet been given a date for their day release.
- 5.6** The family service worker had continued to provide remote support to prisoners. This included the delivery of a parenting course, sending photographs of prisoners in the grounds home to families and help with arts and crafts to send to loved ones. More recently, this support had been face to face, which was valued by the prisoners involved.
- 5.7** The family support worker had created three 'Dads reps' peer support roles to provide additional support and encouragement to prisoners trying to maintain family ties.

### Sentence progression and risk management

- 5.8** The offender management unit (OMU) was staffed sufficiently to implement the offender management in custody (OMiC) model, which introduced the role of prison offender managers (POMs). POMs were based in two sites to ensure they were easily accessible. Despite this, some prisoners told us they had difficulty contacting their POM, and a sign displayed outside the OMU bluntly deterred prisoners from calling in without an appointment.

- 5.9** In the sample of cases we reviewed, POMs had reasonably frequent contact with prisoners, which was even better for those with higher risks, such as those subject to enhanced behaviour monitoring (see Glossary of terms). There was also evidence of regular three-way contact between the POM, the community offender manager (COM) and the prisoner. However, there were also examples of a delay in responses from the COM, for example in the completion of OASys (offender assessment system) risk assessments. In one instance, this meant the prisoner was unable to take ROTL before release.
- 5.10** Records indicated that 84% of prisoners had had an assessment of their risk and sentence plan in the previous 12 months. Most of the outstanding assessments were under way at the time of our visit. This reflected the findings of our survey in which only 15% of prisoners said they were not aware of their sentence plan targets. However, less than half of those who knew their targets said that staff were helping them to achieve them.
- 5.11** Many prisoners said they were frustrated at the lack of opportunity to progress, particularly in access to work and training (see paragraph 4.4). In July 2020, almost 100 prisoners were permitted to work outside the prison on ROTL, including around 40 in paid employment in the community. Further national restrictions imposed at the end of December had limited the number working on ROTL to 22, mainly producing items for the NHS. In late March, restrictions were once again eased and the number of prisoners accessing employment in the community had slowly increased to around 60 at the time of our visit.
- 5.12** The majority of paid employment places were unskilled and many prisoners told us they were frustrated by difficulties securing permission to take up employment opportunities they had found for themselves. Other prisoners told us that, due to the limitations of the available technology, they could search for and apply for employment online, but there was no avenue for them to hear back from employers. The prison had recently appointed a business and community engagement officer and two prisoner peer representatives to develop links with employers, and offer advice and support to prisoners.
- 5.13** The use of ROTL to demonstrate progression is particularly important to prisoners serving an indeterminate sentence (ISP) whose release depends on a direction by the parole board. We found evidence of regular meetings between the senior probation officer, the head of the OMU and POMs to discuss the progress of ISPs, with a focus on alternative sources of evidence for parole dossiers in the absence of ROTL. In the previous 12 months, 31 of 39 ISPs referred to the parole board had received a direction to release.
- 5.14** In the previous 12 months, over 180 prisoners had been recategorised and returned to closed conditions, which was much higher than at most other open prisons (see also paragraph 2.17).
- 5.15** The inter-departmental risk management committee had continued to meet monthly since March 2020 with an appropriate focus on high-risk releases, multi-agency public protection arrangements (MAPPA) and public protection issues. Release plans prepared by POMs for high-risk prisoners were comprehensive and demonstrated effective contact with COMs. However, the plans were not recorded on prison systems to ensure they were readily accessible by other agencies, such as the community rehabilitation company (CRC).
- 5.16** There were only two prisoners subject to offence-related telephone and mail monitoring and this was well managed.

## Release planning

- 5.17** In our survey, only 36% of prisoners who expected to be released in the next three months said someone was helping them to prepare. The CRC contacted most prisoners with three months left to serve to assess their resettlement needs and assigned a caseworker to address these. However, agencies involved in release planning, such as the CRC and Department of Work and Pensions were still not yet providing face-to-face contact. Prisoners were asked to complete a questionnaire to detail their resettlement needs, which occasionally led to a delay in identifying and meeting those needs and communicating what was being done to help them. (See key concern and recommendation S9.)
- 5.18** Prisoners did receive some effective support before release from a range of other departments and agencies, including the chaplaincy who continued to offer face-to-face advocacy. The monthly 'Partners pre-release panel' was used to monitor the progress of release planning, although there was no clear mechanism to ensure prisoners were aware of this.
- 5.19** Most prisoners were released to sustainable accommodation. In the previous six months, a small number were released to short-term accommodation and one prisoner had been released without an address to go.

## Section 6. Appendices

### Appendix I: Background and methodology

Her Majesty's Inspectorate of Prisons (HMI 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 visits 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 21 bodies making up the NPM in the UK.

During a standard, full inspection HMI Prisons reports against Expectations, the independent criteria against which we inspect outcomes for those detained. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to prisoners and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic means that it is not currently possible to carry out inspections in the same way, both for health and safety reasons and because it would not be reasonable to expect places of detention to facilitate a full inspection, or to be assessed against our full set of *Expectations*, at this time.

HMI Prisons has therefore developed a COVID-19 methodology to enable it to carry out its ongoing, statutory duty to report on treatment and conditions in detention during the current challenging circumstances presented by COVID-19. The methodology has been developed together with health and safety guidance and in line with the principle of 'do no harm'. The methodology consists of three strands: analysis of laws, policies and practice introduced in places of detention in response to COVID-19 and their impact on treatment and conditions; seeking, collating and analysing information about treatment and conditions in places of detention to assess risks and identify potential problems in individual establishments or developing across establishment types; and undertaking scrutiny visits to establishments based on risk.

HMI Prisons first developed a 'short scrutiny visit' (SSV) model in April 2020 which involved two to three inspectors spending a single day in establishments. It was designed to minimise the burdens of inspection at a time of unprecedented operational challenge, and focused on a small number of issues which were essential to the safety, care and basic rights of those detained in the current circumstances. For more on our short scrutiny visits, see our website: <http://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prisons/covid-19/short-scrutiny-visits/>.

As restrictions in the community eased, and establishments became more stable, we expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) focusing on individual establishments, as detailed here. The SV approach used in this report is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic, but recognises that it is not yet the right time to reintroduce full inspections. SVs provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly.

SVs critically assess the pace at which individual prisons re-establish constructive rehabilitative regimes. They examine the necessity and proportionality of measures taken in response to COVID-19, and the impact they are having on the treatment of and conditions for prisoners during the recovery phase. SVs look at key areas based on a selection of our existing Expectations, which were chosen following a further human rights scoping exercise and consultation.

Each SV report includes an introduction, which provides an overall narrative judgement about the progress towards recovery. The report includes a small number of key concerns and recommendations, and notable positive practice is reported when found. SV reports include an assessment of progress made against recommendations at a previous SV, but there is no assessment of progress against recommendations made at a previous full inspection. Our main findings are set out under each of our four healthy prison assessments.

Ofsted inspectors joined us on this visit to provide an interim assessment on the education, skills and work provision in the prison. A summary of their findings is included in Section 3 and a list of the next steps they expect the prison to take follows our key concerns and recommendations. Ofsted's interim visit letter is published in full on our website:

<https://www.justiceinspectorates.gov.uk/hmiprison/inspections/>

SVs are carried out over two weeks, but entail only three days on site. For more information about the methodology for our scrutiny visits, including which *Expectations* will be considered, see our website: <http://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prison/covid-19/scrutiny-visits/>

## Scrutiny visit team

This scrutiny visit was carried out by:

Deborah Butler	Team leader
Ian Dickens	Inspector
David Owens	Inspector
Nadia Syed	Inspector
Tania Osborne	Health care inspector
Heather Acornley	Researcher
Charlotte Betts	Researcher
Annie Bunce	Researcher
Rahul Jalil	Researcher
Steve Lambert	Ofsted inspector

## Appendix II: Further resources

Some further resources that should be read alongside this report have been published with it on the HMI Prisons website. For this report, these are:

### **Prisoner survey methodology and results**

A representative survey of prisoners is carried out at the start of the scrutiny visit, the results of which contribute to our evidence base for the visit. A document with information about the methodology, the survey and the results, and comparisons between the results for different groups are published alongside the report on our website.

### **Staff survey methodology and results**

A survey of staff is carried out at the start of every scrutiny visit, the results of which contribute to the evidence base for the visit. A document with information about the methodology, the survey and the results are published alongside the report on our website.

### **Ofsted interim visit report**

Ofsted's interim visit letter on how the establishment is meeting the needs of prisoners during COVID-19, including prisoners with special educational needs and disabilities, is published in full alongside the report on our website: <https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>



## Appendix III: 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.

### **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.

### **Enhanced behaviour management (EBM)**

A scheme including additional psychological intervention to help prisoners in open conditions manage their risks.

### **Personal protective equipment (PPE)**

Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

### **Purple Visits**

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

### **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.

### **Reverse cohort unit (RCU)**

Unit where newly-arrived prisoners are held in quarantine for 14 days.

### **Shielding**

Those who have health conditions that make them vulnerable to infection are held for at least 12 weeks in a shielding unit.

### **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).

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

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