



Report on an unannounced inspection of

HMP & YOI Chelmsford

by HM Chief Inspector of Prisons

22 January – 8 February 2024



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Introduction

In 2021 our inspection of HMP Chelmsford revealed a prison that was in a state of near collapse: morale among staff was low, the prison was violent and rife with drugs and most prisoners were locked in their cells for more than 22 hours a day. As a result of multiple failings at this Essex jail, I issued an Urgent Notification to the then Secretary of State. At our independent review of progress in 2022, we found that Chelmsford was improving under some effective and determined leadership. I am pleased to report that, despite the level of support to the jail having been reduced, the strong governor and his team had continued to make progress.

Chelmsford remained a challenging jail, housing many vulnerable prisoners with mental health difficulties, who were often addicted to drugs or alcohol and frequently homeless. Staff had worked hard to reduce the amount of contraband getting into the prison through improved security systems and better intelligence gathering, which had also led to a reduction in the level of violence and an increase in stability. With a positive rate of 15% in random tests, drug use was lower than in many similar jails.

Disappointingly, levels of self-harm had increased since our last inspection and we found weaknesses in the way prisoners were supported in their early days in jail. Poor coordination between the reception and the induction wing meant that critical information about prisoners was often not being passed on in good time. Although staff had worked hard to support some of the most prolific self-harmers, there was not enough in place for those with less severe need. Coordination between the two providers of therapeutic support was poor and there was a long waiting list caused by staff shortages.

Leaders had worked hard to improve staff morale and retention and this was reflected in lower levels of sickness absence. There had also been some good support and training put in place for the large number of inexperienced officers, but many were working on wings where they were supervised by those with only a few years of experience themselves.

Partnership working between prison and health care leaders – which was poor at our last inspection – had improved considerably, but we found that medicine queues were still not being supervised adequately, despite this being criticised in inspection reports over the last 10 years.

The governor had focused on improving the levels of purposeful activity at the jail; access to the library and gym were mostly good and it was very encouraging to see prisoners in free flow going to education, training and work. This had been achieved without significant increases in drug use or violence and demonstrates that higher levels of activity can help to reduce the demand for drugs. Although some of the teaching was not yet good enough, leaders had worked hard to create a curriculum that was suited to the transient population at Chelmsford.

Prisoners on remand now made up 70% of the population, up from 60% at our last inspection. The churn of prisoners had increased significantly, and

population pressures across the prison system meant that there were now fewer longer-term prisoners in the jail.

Use of force was very high, and staff were not turning on their body cameras soon enough when dealing with incidents. Our survey showed that prisoners were much more critical of their treatment in the segregation unit than at our last inspection and in similar jails.

The offender management team was working hard to support prisoners and an excellent manager had made very good recent progress with work to reduce reoffending. The public protection concerns that we raised in our last inspection had not been dealt with and we found some risky prisoners were being released without adequate preparation. The new end of custody supervised license (ECSL) scheme to release prisoners early was creating some difficulties with planning and we came across some prisoners who had been released homeless who had been recalled to the jail after just a few days.

Chelmsford had been transformed since our Urgent Notification in 2021 and the governor and his staff should be congratulated for their hard work. Leaders, however, were under no illusion about the many challenges the prison faced, and some assurance systems were not yet good enough, such as the monitoring of provision in the early days. Despite this, Chelmsford was a much happier, safer and more productive place than we found at our last inspection and there is every sign that with the current leadership, further progress will be made.

Charlie Taylor

HM Chief Inspector of Prisons

April 2024

What needs to improve at HMP & YOI Chelmsford

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

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

Priority concerns

1. **The level of reported self-harm was very high.** Too many prisoners struggled to get help with their mental health.
2. **Care and support for prisoners in their early days was not good enough.** Risks and vulnerabilities were not explored in sufficient depth, peer work was underused and it took too long for prisoners to be able to make a telephone call.
3. **Work to ensure fair treatment and inclusion was insufficient.** Prisoners with protected characteristics, including young adults, non-white, and Muslim prisoners, and those with disabilities, reported significantly more negative experiences in important areas. Not enough was being done to address disproportionate treatment.
4. **Mental health provision was disjointed and talking therapies were not being delivered.** This created a gap in provision, and significant risk.
5. **There were weaknesses in teaching and assessment, and in the content and design of the curriculum.**
6. **There were gaps in support for remanded prisoners.** Their immediate and resettlement needs were neither reliably identified nor addressed.

Key concerns

7. **Scrutiny of use of force was insufficient.** Use of force was high and body-worn video cameras were not activated soon enough.
8. **The segregation unit was a substandard environment.** Prisoners reported disrespectful treatment by some segregation unit staff, and living conditions and the regime on the unit were inadequate.
9. **The prison was not providing prisoners with enough day-to-day support.** The quality of key work was poor and prisoners expressed frustration at struggling to get basic requests dealt with.

10. **Parts of the prison were in poor repair and equipment failures were having an impact on prisoners.** Showers, windows and flooring on some wings were in poor condition, two wings did not have working heating at the time of the inspection, and the kitchen had a large number of equipment breakdowns.
11. **Governance and oversight of the delivery of social care were weak.** We found unmet need, and communication about the care delivered to prisoners with a social care package was poor.
12. **Leaders had been too slow to implement a cross-prison reading strategy or promote reading as part of other education, skills and work classes.**
13. **Prisoners did not always understand the skills they developed through the education, skills and work activities they completed.**
14. **The regime did not offer prisoners, particularly those who were unemployed, enough time out of their cells.** They were typically unlocked for less than 2.5 hours each day.
15. **There were weaknesses in public protection arrangements.** The interdepartmental risk management meeting did not consider the risk management of all the prisoners that it needed to, and telephone monitoring was not adequately resourced.

About HMP & YOI Chelmsford

Task of the prison/establishment

HMP & YOI Chelmsford is a category B local reception and resettlement prison holding adult men and a small number of young adults.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection

Prisoners held at the time of inspection: 684

Baseline certified normal capacity: 511

In-use certified normal capacity: 518

Operational capacity: 723

Population of the prison

- 2,326 new prisoners had been received in the previous year (around 200 per month).
- There were 109 foreign national prisoners.
- 30% of prisoners were from black and minority ethnic backgrounds.
- An average of 110 prisoners were released into the community each month.
- 118 prisoners were receiving support for substance misuse.
- An average of 135 prisoners were referred for mental health assessment each month.

Prison status (public or private) and key providers

Public

Physical health provider: HCRG Care Group

Mental health provider: HCRG Care Group

Substance misuse treatment provider: The Forward Trust

Dental health provider: Time for Teeth

Prison education framework provider: PeoplePlus

Escort contractor: Serco

Prison group/Department

Hertfordshire, Essex and Suffolk

Prison Group Director

Simon Cartwright

Brief history

HMP & YOI Chelmsford was built in the 1830s. E and F residential units were added in 1996 and G wing was opened in 2006. The prison serves local courts and holds those who are sentenced or on remand.

Short description of residential units

A wing – includes segregation unit

B wing – includes first night induction units

C wing – general population

D wing – general population

E wing – drug interventions unit (includes incentivised substance-free living unit)
F wing – general population
G wing – vulnerable prisoners and enhanced prisoners
Enhanced care unit – 12 beds for unwell prisoners, including those with mental health needs. Health care staff attend the unit as needed to provide care for prisoners.

Name of governor and date in post

Garry Newnes, 26 April 2021

Changes of governor since the last inspection

None

Independent Monitoring Board chair

John Curle

Date of last inspection

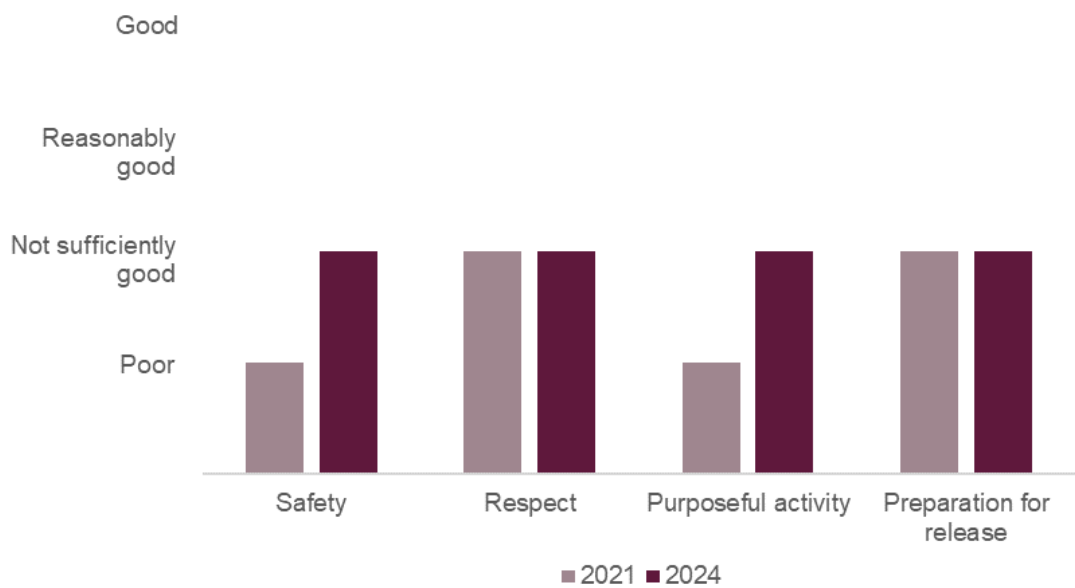
9–21 August 2021

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP & YOI Chelmsford, we found that outcomes for prisoners were:
 - not sufficiently good for safety
 - not sufficiently good for respect
 - not sufficiently good for purposeful activity
 - not sufficiently good for preparation for release.
- 1.3 We last inspected HMP & YOI Chelmsford in 2021. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP & YOI Chelmsford healthy prison outcomes 2021 and 2024



Progress on key concerns and recommendations

- 1.4 At our last inspection, in 2021, we made 24 recommendations, eight of which were about areas of key concern. The prison fully accepted 22 of the recommendations and partially (or subject to resources) accepted two.
- 1.5 At this inspection, we found that two of our recommendations about areas of key concern had been achieved, four had been partially achieved and two had not been achieved. Two of the three recommendations made in the area of safety had been achieved, and

one had not. All three of the recommendations in the area of respect had been partially achieved, and neither of the recommendations made in the areas of purposeful activity and preparation for release had been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

Evidence of our expectations being met to deliver particularly good outcomes for prisoners, and/or particularly original or creative approaches to problem solving.

1.7 Inspectors found six examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice

a)	The prison was delivering a week of 'scenario based' training for new officers, to build their confidence before they started working with prisoners on the wings.	See paragraph 2.9
b)	To help tackle the ingress of drugs, family and friends were issued with a pre-approved label to attach to clothing parcels. This allowed the prison to identify the sender.	See paragraph 3.31
c)	The '5aside CHESS Wingman' programme, whereby prisoners taught their peers how to play a simplified version of chess, was a promising peer mentor initiative and was being used well to help more vulnerable prisoners, such as those supported by the ACCT process.	See paragraph 3.44
d)	The reducing reoffending team was working effectively across the establishment to encourage prisoners to engage in work and education. Managers were delivering action plans to drive prisoner engagement with activities, and the safe reintroduction of free-flow and mid-session moves was improving prisoner attendance at appointments.	See paragraph 5.6
e)	The prison held 'Soccer tots' family days, which gave an opportunity for fathers and their children to maintain a relationship through fun and interactive play via football.	See paragraph 6.5

f)	Participation in the international nurse recruitment programme had helped with the health services recruitment challenges, and had resulted in effectively supporting nine internationally educated nurses to move to the UK and transition into the primary care team.	See paragraph 4.49
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Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 Following the Urgent Notification issued in 2021, the progress recognised at our last visit in 2022 had largely been sustained, under strong direction from the governor and the dedication of his senior team. In our staff survey, 86% of respondents said that the prison's top priorities had been very or quite clearly communicated and 87% agreed with these.
- 2.3 The commitment to improving safety was now matched by resources allocated to the safety team, which worked well in collaboration with the security department. While still too high, the number of violent incidents had reduced considerably since the last inspection and the drug testing positive rate was lower than in many similar prisons.
- 2.4 However, the level of self-harm had increased and was the fifth highest in the adult male estate. There had been four self-inflicted deaths since the last inspection. The drivers for self-harm were not sufficiently well understood and we felt that leaders had not always directed their efforts appropriately. Mental health provision was disjointed and there were long waits for psychological therapies.
- 2.5 Leaders had faced considerable pressures over the past year because of national capacity issues. The remand and unsentenced population had risen to almost 70% and the prison was now managing more admissions, transfers and immediate releases without additional resource.
- 2.6 While the resettlement centre offered an excellent environment for prisoners to access practical support before release, the early days experience for prisoners was still not well enough developed. Joint working by managers of reception and the first night centre had not been fully effective in identifying and addressing all the issues after a 'bus-to-bed' review (see paragraph 3.1). Too many prisoners remained frustrated by their inability to access essentials, such as PIN telephone numbers and prison-issue clothing.
- 2.7 While the environment was generally cleaner than previously and some residential areas had been improved, there had not been sufficient investment from HM Prison and Probation Service – for example, to replace broken equipment and fix heating, although the repair of some damp cells was planned.

- 2.8 Despite efforts by leaders to increase the amount of key work (see Glossary) carried out, which could have helped remedy the lack of support for remanded prisoners, this remained insufficient.
- 2.9 Staff retention had improved, with a full quota of officers now in post, but many were inexperienced. As part of a comprehensive training plan, the prison was delivering a week of 'scenario-based' training for new officers, to build their confidence before they started working with prisoners. Supervising officers were also active on the wings, providing visible leadership.
- 2.10 Leaders had worked well in partnership with the education provider to develop a curriculum that was appropriate to most of the population. The number of activity places had almost doubled since the previous inspection, and 'free-flow' (which allows prisoners to move around the prison unescorted) and mid-session movement had been safely reintroduced.
- 2.11 Although leaders had improved aspects of partnership working between prison and health care leaders, important issues had still not been addressed, including the need for consistent officer support to manage medicines administration effectively and enable clinics to run efficiently. Governance of social care provision was poor.
- 2.12 Leaders had not done enough to promote fair treatment and inclusion which was under-resourced and the strategy was not sufficiently well-informed by analysis of data or consultation. Many prisoners with protected characteristics reported more negative experiences in important areas.
- 2.13 However, most strategies were of better quality than at the time of the previous inspection and use of data was stronger, but there had not been enough focus on quality assurance in some areas.

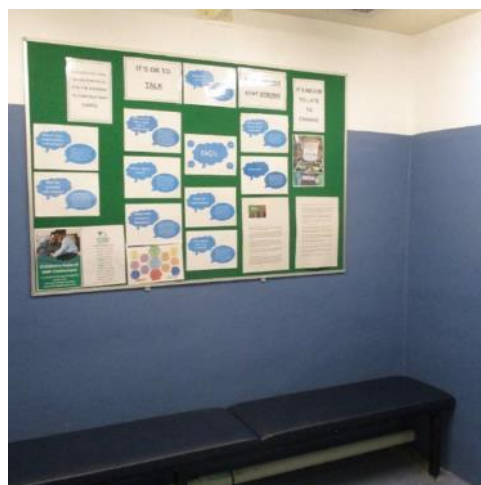
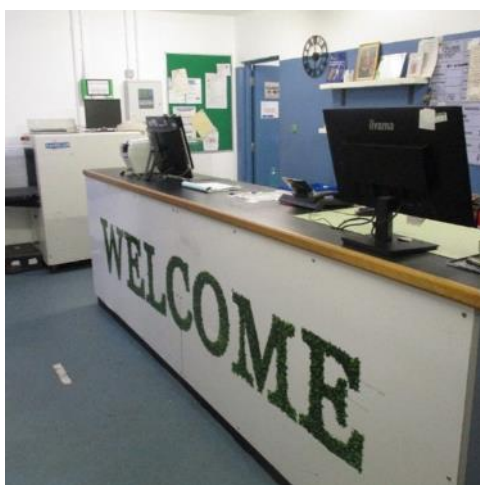
Section 3 Safety

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 Since the previous inspection, there had been a focus on improving early days safety processes. A 'bus-to-bed' review (charting procedures from disembarking the escort van to arriving on the first night wing) had been carried out. Some improvements had been made as a result, such as a new safety interview process and changes to staff shift patterns to accommodate the frequent late arrivals. However, these were not all embedded effectively, and we were not confident that the processes were sufficient to care for prisoners on their first night and early days in custody.
- 3.2 The reception area was very busy, with around 50 new arrivals a week and a similar number attending court or transferring to other establishments. Staff were focused on processing prisoners through reception quickly and, as a result, most interactions with prisoners were polite but functional and very brief. Holding rooms were comfortable and contained useful information about the prison.



Reception (left) and reception holding room

- 3.3 Initial safety interviews in reception did not explore prisoners' vulnerabilities – in particular, their risk of self-harm – in sufficient depth. The information about risk that was collected and recorded electronically by reception staff was not routinely reviewed by staff on the induction unit before they conducted a secondary interview. The

scope of this second interview was also too narrow, and we saw little evidence of wider risk factors being taken into account or additional support being put in place – for example, for those in prison for the first time.

- 3.4 Prisoners often arrived in the evening, which did not always allow enough time for reception and first night processes to be conducted effectively. Although most got a hot meal on arrival, too many could not have a shower or make a telephone call on their first night (see below), and we saw no evidence of a reliable system of recording when new arrivals had received these entitlements. They received three additional welfare checks on their first night, although managers did not have sufficient oversight of procedures to assure themselves that this happened consistently.
- 3.5 The condition of first night cells had improved since the previous inspection, but many were still inadequately prepared. Some contained litter left by previous occupants and we found many new arrivals lacking basic items.



Cell on induction unit

- 3.6 Peer workers were underused to help support prisoners in their early days. For example, while it was positive that even prisoners arriving very late in the evening could speak to a peer worker in reception, there was no time set aside to meet in private and conversations were usually held through the holding room door or around other prisoners or officers. This was a missed opportunity to identify new arrivals who might be vulnerable or at risk. Similarly, even though some enthusiastic and knowledgeable peer workers lived on the induction unit, they were not given a formal role in prisoners' inductions.

- 3.7 Most prisoners attended a good induction on their second day, and responses to our survey were more positive in this regard than previously. However, some groups did not receive the full face-to-face induction, including vulnerable prisoners and new arrivals who were detoxifying, located on E wing.
- 3.8 It took too long for prisoners to be able to make a telephone call after arriving. In our survey, only 14% said that they had had numbers put on their PIN telephone within 24 hours, and we spoke to many prisoners who had been in the prison for over a week and still had not been able to make a call (see also paragraph 3.39). Leaders were aware of this issue and had recently implemented a new system to help make sure that new arrivals were prioritised for this process, but this was not yet fully effective.

Promoting positive 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

- 3.9 The prison was much calmer than at the time of the previous inspection. Levels of violence had declined overall, with a 50% reduction in staff assaults and a 22% reduction in prisoner-on-prisoner assaults. Despite this, violence levels remained slightly above the average for comparable prisons.
- 3.10 Management oversight of violence reduction work had improved and prisoner forums had helped the prison to understand the causes of violence. Data were used effectively and there was a good understanding of the main risks, which included gang affiliation among the younger population, violence between prisoners sharing cells and debt.
- 3.11 A weekly safety intervention meeting (SIM) focused on complex cases and those on challenge, support and intervention plans (CSIPs; see Glossary), and a monthly strategic safety meeting looked at emerging trends and themes. However, not all actions from meetings were placed on the violence reduction action plan and, therefore, were not always well coordinated.
- 3.12 All perpetrators of violence were screened promptly by the CSIP manager, and the safety team carried out a further investigation, if needed, before deciding if a CSIP was to be opened. In the cases we reviewed, we saw examples of CSIPs being used well to support perpetrators, including the use of 'Challenge it, change it' workbooks. Prisoners we spoke to who had been on a CSIP told us that they found it supportive and there was some evidence that behaviour had improved. However, not all investigations fully explored what had led to

the incident, some progression plans had not been updated and the needs of victims were not considered.

- 3.13 At the time of the inspection, there was only one prisoner self-isolating, because of debt issues. He was reasonably well supported but had access to only a minimal regime.
- 3.14 Incentives to encourage positive behaviour included an enhanced unit that provided additional time unlocked, an extra gym session each week and some cooking facilities. Some enhanced prisoners also had access to the coffee shop.

Adjudications

- 3.15 There had been 2,576 adjudications in the last year. About a third of all charges were dismissed or not proceeded with and the prison had not analysed the reasons for this, which meant it was likely that some poor behaviour was not being dealt with.
- 3.16 In the sample of adjudication records we checked, awards were proportionate and not unduly punitive, and prisoners were given sufficient time to prepare for hearings and access legal advice. The deputy governor had developed an assurance process and addressed any concerns.
- 3.17 A range of data was analysed and discussed at the monthly, multidisciplinary segregation monitoring and review group (SMARG) meeting, but this did not generate sufficient action to drive improvements.

Use of force

- 3.18 There had been 992 recorded incidents involving use of force in the previous 12 months, which was higher than at the time of the previous inspection and among the highest for this type of prison. However, 63% were low-level incidents involving guiding holds (see Glossary).
- 3.19 Batons had been drawn, but not used, on two occasions in the previous 12 months. The incapacitant spray PAVA (see Glossary) had been drawn 33 times and used 20 times in the same period, which was much higher than we usually see.
- 3.20 There had been some improvement in the governance of use of force since the previous inspection, but there was still insufficient scrutiny of incidents. The SMARG meeting reviewed all uses of batons and PAVA, and planned removal incidents, but the use of force coordinator then triaged 10 percent of all other uses of force and only referred incidents of concern. This meant that in some months the SMARG meeting did not review any unplanned use of force.
- 3.21 In our review of recorded incidents, we found that body-worn video cameras (BWVCs) had often not been turned on early enough to give assurance that de-escalation techniques were used. In the previous 12 months, only 41% of incidents had been captured on these cameras.

- 3.22 Although use of force data and trends were discussed at the SMARG meeting, actions often took too long to complete. For example, leaders had asked for a good practice video to be shown at a full staff meeting, to encourage better use of BWVCs, but this had taken 10 months to happen.
- 3.23 Unfurnished cells had been used 30 times in the previous 12 months, which was high compared with similar prisons. The paperwork we examined did not always provide assurance that a governor had authorised their use, particularly at night.

Segregation

- 3.24 The segregation unit was an austere environment. Cells were bare, with toilets that needed deep-cleaning, and prisoners complained that they were very cold. The regime was poor, with most prisoners only leaving their cell each day for 30 minutes of exercise, in a small, cage-like yard, and time to make a telephone call and shower.



Segregation unit cell



Toilet in segregation unit cell



Segregation unit yard

- 3.25 Most stays on the unit were not excessive, and most prisoners returned to normal location in around a week. Some prisoners with more complex needs, or those who had been in segregation for a longer period, had received reasonable multidisciplinary support to reintegrate.

- 3.26 In our survey, prisoners reported negatively about their treatment in the segregation unit. Only 26% of those who had been segregated said that they had been treated well by staff, compared with 82% at the time of the previous inspection and 55% in similar prisons. During the inspection, prisoners told us about disrespectful treatment by some staff on the unit.
- 3.27 Managers regularly reviewed data about the use of segregation, but it was not clear how this was used to drive improvement. Meetings generated few actions, and some longstanding issues – such as the disproportionate number of black prisoners held in the segregation unit – had not been appropriately investigated (see also paragraph 4.32).

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 misuse and effective drug supply reduction measures are in place.

- 3.28 Security measures were mostly proportionate. The prison had increased the use of the body scanner since the previous inspection, and it was now used for all prisoners entering the prison for the first time.
- 3.29 Intelligence was processed promptly, with a daily triage for new reports which assessed immediate risks and actions. There had been around 10,500 intelligence reports processed in the last 12 months, which was similar to the figure at the time of the previous inspection.
- 3.30 There were strong links between the security and safety teams and the police, and managers understood the security and safety risks to the prison, which included the supply of illicit drugs and serious organised crime gang affiliations. The prison security objectives were disseminated well to staff in a weekly security bulletin. Most staff we spoke to were aware of the security concerns and objectives.
- 3.31 The prison had analysed intelligence and had taken effective action to tackle the drug supply. For example, body scan staff had undertaken refresher training, supervision of visits had improved and parcels now had to be pre-approved and sent with a prison label identifying the sender. The installation of netting on the exercise yards had also reduced the number of parcels thrown over the wall in the last 12 months.
- 3.32 The random mandatory drug testing positive rate was 15.27% for the previous year, which was lower than the average for similar prisons. However, as a result of staff shortfalls, not all suspicion testing based on intelligence had been completed.

- 3.33 The incentivised substance-free living unit, which had been open for six months, was a supportive environment for prisoners to address their drug and alcohol dependency.

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

- 3.34 There had been four self-inflicted deaths since the previous inspection. Following this inspection, we were made aware of another self-inflicted death which occurred a month after our visit. Oversight of the implementation of recommendations following investigations by the Prisons and Probation Ombudsman was now better, and routinely reviewed by both operational and health leaders.
- 3.35 Despite improvements in some key safety processes, the recorded level of self-harm was 18% higher than at the time of the previous inspection. The level of self-harm was fifth highest in the adult male estate, and third highest of all the male reception prisons. In the past year, 211 prisoners had contributed to 1,021 reported incidents of self-harm.
- 3.36 The prison held a transient and complex population, with 58% of prisoners arriving with a history of self-harm. In our survey, 31% of respondents said that they had felt suicidal on arrival at the prison.
- 3.37 Leaders had focused on complex prisoners who engaged in repeated self-harming behaviour, working well with them individually. The use of individualised plans and multidisciplinary input through the SIM were positive.
- 3.38 While it was encouraging to see that leaders had written a safety strategy which was specific to the establishment and underpinned by some analysis of data, the drivers of self-harm had not been sufficiently investigated. Although data collection and analysis had substantially improved, some of the strategic meetings did not consider trends over time. Actions were not sufficiently well focused on addressing and responding to the underlying issues.
- 3.39 The prison's data showed that the most commonly cited reasons for self-harm were 'acquisition' issues (see also paragraph 4.1), followed by 'low mood' and 'frustrations', but these drivers had not been sufficiently explored. Prisoners told us that they struggled to get appropriate mental health support, and many were frustrated by not having some of their basic requests met, such as being able to

telephone their family in the first few days after arriving into custody (see also paragraphs 3.8 and 4.9, and section on mental health).

- 3.40 Only 42% of respondents to our survey who had been supported by the assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm said that they had felt cared for by staff. A few prisoners we spoke to could identify an individual member of staff who they described as caring and who would notice changes in their mood or behaviour, but this was not the norm.
- 3.41 The quality of ACCT documentation in the sample we reviewed was variable. Despite leaders' focus on quality assurance, many of the care plans did not include meaningful actions or make use of the resources available to them. Although there had been a drive to engage more prisoners in purposeful activity (see also paragraph 5.6), it was disappointing that, at the time of the inspection, only around a third of prisoners who were supported by ACCT case management or had recently come off it were engaging in an activity.
- 3.42 There had been 53 instances of constant supervision in the past year. During the inspection, we found a prisoner on this measure who was living in bleak conditions, but it was positive to see an officer patiently engaging with him to encourage him to take his medication.



Constant supervision cell

- 3.43 We found that there were missed opportunities to learn from serious incidents of self-harm. While most investigations that took place were thorough, they were not used sufficiently well to drive improvement and did not include conversations with those involved. However, for the seven incidents of serious self-harm that had been investigated in the

past year, the resulting recommendations had been fed into the wider safety action plan, which was positive.

- 3.44 There were a number of peer mentor roles, including the '5aside CHESS Wingman' programme and mental health ambassador peer workers. Although not yet fully established across the prison, these were promising initiatives for prisoners to support one another. For example, the 5aside CHESS Wingman programme was being used well to help more vulnerable prisoners, such as those supported by the ACCT process. It involved prisoners ('wingmen') teaching their peers a simplified version of chess. Leaders had set up a weekly group where a wingman met a group of more vulnerable prisoners at the prison café, where they could learn and play. This initiative was not just to encourage prisoners to engage in an activity, but also give them an opportunity to connect with others and share how they were feeling.



Chess set

- 3.45 There were 22 trained Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), and those we spoke to felt well supported by the Samaritans and safer custody team. However, too many prisoners told us that they were not able to access them, and in our survey only a third of respondents said that it was easy to speak to a Listener if they wanted to.

Protection of adults at risk (see Glossary)

- 3.46 Links with the local safeguarding adults board were being renewed. Most staff we spoke to said that they would refer any concerns to the safer custody department, but they were not always confident about what to look out for.

- 3.47 We found some vulnerable prisoners who were not getting the help they needed and who had not been highlighted to leaders, despite some safeguarding concerns (see also paragraph 4.37 and section on social care).

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 Staff–prisoner relationships were reasonably positive, with 67% of respondents to our survey saying that staff treated them with respect. However, we were repeatedly told by prisoners that they struggled to have their needs and requests dealt with by officers.
- 4.2 The prison had a high proportion of inexperienced staff, with 35% of officers being in post for less than a year. We saw examples of officers not knowing what they needed to do – for example, in the supervision of medicines administration (see also paragraph 4.89).
- 4.3 However, most interactions we saw between staff and prisoners were positive and respectful. Many prisoners identified officers they felt were particularly helpful or supportive, and we observed staff interacting well with prisoners and providing appropriate challenge to poor behaviour.
- 4.4 Supervising officers were providing visible leadership on the wings. We observed them actively supporting their staff and engaging with prisoners.
- 4.5 The provision of key work (see Glossary) was not good enough. In our survey, 68% of respondents said that they had a named officer, which was better than in similar prisons, but only around 40% of planned key work sessions were being delivered. Of these, we found many records to reflect cursory interactions that were inappropriately logged as key work sessions.
- 4.6 This was compounded by a lack of quality assurance of key work entries. Prison leaders were aware of the need for improvement, and at the time of the inspection had begun to quality assure checks, to improve the quality and recording of sessions being delivered.
- 4.7 There were peer workers on all wings, including prisoner information desk (PID) workers and representatives for resettlement and diversity. Peer workers we spoke to were positive about their roles. However, in some areas, such as the first night and induction unit, peer workers were underused (see also paragraph 3.6).

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

- 4.8 Conditions at the prison were crowded, with 69% of prisoners sharing cells designed for one person. At the time of the inspection, there were problems with the heating and hot water supply on two wings, as well as a roof leak on another because of faulty vents.
- 4.9 Cells were mostly reasonably equipped, although many shared cells lacked privacy curtains and prisoners had resorted to using bedsheets as makeshift screens around their toilets. Some prisoners told us that they had struggled to access replacements for damaged, broken or missing items.



Cell with bedsheet 'curtain'

- 4.10 Most cells were in fairly good condition, but we saw some with broken amenities such as blocked sinks and damaged flooring, and walls in a grubby condition. On wings in the older section of the prison, some cell windows did not provide an effective seal.



Blocked sink in cell

- 4.11 Communal areas were generally clean and tidy, although there was ingrained dirt in some places and rubbish had accumulated in some window grilles on the older wings since our last visit. The condition of showers varied; some were in poor condition and had infestations of flies.



Shower in poor condition



Rubbish in a window grille

- 4.12 Leaders carried out monthly decency checks of cells, and a dedicated decency officer was responsible for conducting minor repairs with a team of prisoners.
- 4.13 Prisoners told us about issues with the laundry and availability of bedding and prison clothing. In our survey, only 32% said that they could get clean bedding each week, which was worse than at similar prisons. A new system for sending prison-issue clothing to the laundry was about to be implemented. The prison was also investing in replenishing the prison's clothing supplies to tackle the problem.
- 4.14 In our survey, 37% of respondents said that their cell call bell was normally answered within five minutes, which was an improvement on the figure at the time of the previous inspection. The prison monitored cell bell response times each day.

Residential services

- 4.15 Although the kitchen was clean, the building in which it was located was in a shabby condition and some equipment was broken. The prison had already implemented improvements to some of the kitchen's facilities, but more needed to be done.



The kitchen

- 4.16 In our survey, only 22% of respondents said that they got enough to eat most of the time and some of the portions we saw appeared meagre. Thirty per cent said that the food was very or quite good, which was comparable to the percentage at similar prisons.



Lunch portions

- 4.17 The kitchen was effective in providing food for those on special diets, working well with colleagues in the health care department to make sure that those with medical needs received appropriate meals.
- 4.18 The prison had a relatively new menu system by which prisoners ordered their meals each week. This had led to ongoing issues, with some prisoners' choices not being recorded or provided to the kitchen and these individuals being given unpopular 'default' meal options as a result. Kitchen staff were following up with prisoners when their choices had not been captured, and had changed the 'default' meal to a more popular option, to alleviate frustration when errors occurred.
- 4.19 The kitchen provided prisoner workers with food safety training and monitored their progress and attainment. The Clink Charity was supporting a small number of prisoners to attain national vocational qualifications.
- 4.20 Most prisoners had no access to self-catering, and those that did only had access to microwave ovens. Prisoners were not able to dine communally, returning to their cells to eat after collecting their meals.
- 4.21 The supervision of serveries at mealtimes was inconsistent and we observed cases where staff were not effectively monitoring meals being

served. Servery workers did not always wear appropriate personal protective equipment.



Service of an evening meal

- 4.22 The prison shop list included a reasonable range of products, but it did not provide any fresh fruit or vegetables. Prisoners also complained that sugar had been removed from the list, and from their weekly ‘tea packs’ from the kitchens.
- 4.23 Shop orders were delivered reliably on a weekly basis. The prison had recently appointed a dedicated member of staff to oversee shop deliveries and deal with any issues. Staff we spoke to reported positively on this development.

Prisoner consultation, applications and redress

- 4.24 The prison had reasonably well-developed arrangements for consultation with prisoners. The prisoner council was made up of PID workers from each wing of the prison and met regularly, to give prisoners the opportunity to raise issues of concern.
- 4.25 Prison leaders made sure that actions raised at these meetings were followed up, and there were good examples of resolution, such as changing the ‘default’ meal choice to a more popular option (see also paragraph 4.18) and improving gym access for full-time workers (see also paragraph 5.12). Prisoner representatives that we spoke to were very positive about the council, although awareness of its role among other prisoners was limited.
- 4.26 Other groups for consultation met regularly on specific issues, including forums on resettlement and violence reduction. The resettlement forum

was particularly effective in communicating outcomes to prisoners, with regular 'You said, we did' posters publicising changes that had resulted.

- 4.27 The number of complaints submitted was high, with over 2,500 received in the previous year. The process for dealing with these worked reasonably well and responses were generally timely. Those we looked at were mostly comprehensive and prisoners' appeals were thoroughly investigated. Prison leaders had a robust process to make sure that responses were regularly checked for quality.
- 4.28 Confidential complaints were delivered in sealed envelopes and the prison kept records of them. However, they were routinely opened by the head of business assurance, rather than being directed to the governor, which was not appropriate.
- 4.29 Applications were paper based, and in our survey 53% of respondents said that they were responded to fairly, and 41% that they received responses within a week, which were both improvements since the previous inspection.
- 4.30 On some wings, we saw that application and complaint forms were not readily available. However, PID workers we spoke to on the wings had a good supply of forms and spoke positively about their role in supporting their peers to fill them out.
- 4.31 Facilities for legal visits were good, and sufficient to meet the demands of the population. There were 12 booths available for legal visits, eight of which had facilities for virtual meetings. The library had a reasonable selection of legal texts for prisoners to reference.



Legal visits room

Fair treatment and inclusion

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), or those who may be at risk of discrimination or unequal treatment, 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.

- 4.32 Work towards ensuring fair treatment and inclusion was insufficient. Our survey results showed that some groups, including young adults, non-white, Muslim prisoners, and those with disabilities, reported more negative experiences in important areas. For example, far fewer non-white than white prisoners, and fewer young adults than over-25s, said that staff treated them with respect (46% compared with 75%, and 37% compared with 73%), and more non-white prisoners and young adults had been physically restrained. These findings were supported by prison service data and prisoners we spoke to during the inspection.
- 4.33 The analysis of prison equality data was weak and did not drive improvement. Some data showed that young adults and black prisoners had more adjudications and experienced more use of force than others, but actions in response were too limited to develop an understanding and address this disproportionality.
- 4.34 Monthly data provided through the HM Prison and Probation Service equality monitoring tool also indicated disproportionate treatment

against young adults, black and mixed ethnicity, and Muslim prisoners in a variety of areas, but the tool was not used by the prison. During the inspection, many prisoners described unfair treatment in areas such as segregation, use of force and allocation to jobs.

- 4.35 Most forums to promote fair treatment for those with protected characteristics were not focused on action and were not regular enough. Although weekly wing forums held by Ipswich and Suffolk Council for Racial Equality (ISCRE) with black and minority ethnic prisoners took place, actions from these meetings, including tackling the disproportionate treatment, had not been addressed.
- 4.36 Training had been delivered to some diversity prisoner representatives by ISCRE. While it was positive that some of these representatives attended the monthly diversity and inclusion management meetings, attendance from senior leaders, who were leads for different protected characteristics, was sporadic.
- 4.37 In our survey, 47% of respondents declared a disability. More of them than those without a disability said that they had felt unsafe at some point, and only 21% said that they were able to lead a healthy lifestyle in the prison. We found some prisoners with unmet needs, such as a prisoner using a wheelchair who was unable to shower as he was not receiving the social care package (see Glossary) that he had been assessed as needing (see also paragraph 4.68). In addition, there were no peer workers to provide support for disabled prisoners with lower-level needs, such as help with cell cleaning.
- 4.38 Around 15% of the population were foreign nationals and they received reasonably good support. The use of telephone interpreting services had improved since the previous inspection. However, there were limited translation materials for new arrivals who did not speak English, to understand daily life in prison.
- 4.39 At the time of the inspection, around 122 prisoners had been identified with neurodivergent needs. The neurodiversity support manager had developed individual plans to support those with complex needs. These were shared widely, including on residential units and with the health care, education and safer custody teams. Wing staff we spoke with said they found the plans useful for providing appropriate support to some prisoners.
- 4.40 Discrimination incident report forms (DIRFs) were available on each wing. In the last 12 months, a total of 51 DIRFs had been submitted. Investigations into these complaints were reasonable. However, prisoners often waited too long for a response, which undermined their confidence in the system. Quality assurance was provided by the governor and 10% were independently assured by ISCRE.

Faith and religion

- 4.41 Despite some gaps in the chaplaincy, pastoral support was good. In our survey, more respondents than elsewhere said that they were able to attend religious services (77% versus 61%). The team was well integrated into the prison and the support provided was valued by prisoners.
- 4.42 In addition to their statutory duties, the team ran faith-based classes, a 'living with loss' course and a '12 weeks to serve' programme, which connected prisoners with faith groups in the community to support them on release. The chaplaincy also had a freephone hotline number, which prisoners could call to leave a message asking for support.
- 4.43 A multi-faith room was shared and used for all religious services and groups. However, because of the limited space available, some pastoral meetings, such as supporting prisoners who had experienced bereavement or loss, took place on the wings, which was not conducive to providing a sensitive experience.



Multi-faith room

Health, well-being and social care

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

- 4.44 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

- 4.45 HCRG Care Group ('HCRG') was the main health care provider, subcontracting substance misuse services to The Forward Trust. Time for Teeth was commissioned separately to provide dental services. NHS England (NHSE) also held separate contracts with The Forward Trust, to provide an NHS Talking Therapies service, and with St Andrews Healthcare ('St Andrews'), to provide psychological support for patients on the enhanced care unit (ECU). NHSE held quarterly contract review meetings with each of the four providers and undertook quality review visits, the last one taking place in June 2023.
- 4.46 We found mental health services to be disjointed, with poor communication between the three different mental health providers. Patients with moderate to severe and enduring mental health problems received good care from the HCRG mental health team, but there was insufficient support from the talking therapy service for those with lower-level needs. Substantial staff vacancies within this service, leading to long waits for treatment, and use of a separate health record to document their work created risks that clinical issues might be missed. St Andrews had only recently started in its role, and did not yet have access to SystmOne (the electronic clinical record).
- 4.47 There were regular partnership meetings and, while some aspects of partnership working with the prison had improved, there remained significant issues with the lack of effective management of medicines administration queues by officers, compromising patient confidentiality and creating opportunities for the diversion of medicines (see below). This was a longstanding issue and had been raised at previous inspections.
- 4.48 Attendance at health care clinics had improved with the reintroduction of free-flow and the mid-session moves (see paragraph 5.5). However, only one officer was available to escort prisoners to appointments, which meant that some clinics were still not operating at full capacity, contributing to long waits for those services and wasting clinical time. There were also too many cancelled external hospital appointments as there were too few officer escorts to meet need.

- 4.49 Staff felt supported by the head of health care, who had made some positive changes to the service during a challenging time, with a focus on recruitment and aspects of governance. HCRG had participated in the international nurse recruitment programme, effectively supporting nine internationally educated nurses to move to the UK and transition to working in the primary care team. There were still vacancies in the substance misuse teams and HCRG's mental health team, but some new staff had been recruited and regular agency staff were used. There were opportunities for professional development, with regular access to supervision and managerial support, and compliance with mandatory training was reasonable.
- 4.50 Monthly clinical governance meetings were embedded and there was good oversight of clinical incidents, with analysis of trends and any lessons learned shared with staff. Health care recommendations from Prisons and Probation Ombudsman death-in-custody reports were reviewed regularly, with changes made to the service as a result. Regular audits and patient feedback informed service delivery.
- 4.51 Health care staff were trained in intermediate life support and had good access to well-maintained and regularly checked equipment. There was 24-hour nursing cover.
- 4.52 Patients could submit confidential complaints, which were addressed in a timely manner. Responses had improved and those we sampled were respectful and fully addressed the issues raised. Information was available on how to escalate the complaint if the complainant was dissatisfied with the outcome.
- 4.53 Clinical rooms were clean and tidy, although an annual infection control audit had identified some areas of non-compliance with environmental standards. Mitigating action was taken where possible and the service was waiting for resolution from the prison on some of the issues, including refurbishment of some clinical rooms, where paint was bubbling as a result of damp.

Promoting health and well-being

- 4.54 There was no prison-led health promotion strategy, but HCRG had effective links with gym staff, who provided health and well-being sessions, and with the kitchen team, which provided special diets for those with health conditions.
- 4.55 Information boards were updated in the health care department following national health promotion campaigns, but there was limited information on the wings and within the waiting areas, which were stark. The information displayed was only in English; although some of this had been translated into other languages, this was not advertised. Telephone interpreting services were used for health consultations when needed.
- 4.56 Health care representatives had been introduced to each wing, to share information about the service, and they met health care staff

regularly to discuss any concerns. However, there was an over-reliance on them to support prisoners in getting their medication; they were responsible for reminding them to collect it and were given the list to organise attendance which was inappropriate, rather than assigning these responsibilities to an officer.

- 4.57 Immunisations and vaccinations were offered regularly, but uptake was low. Preventative screening, including for bowel cancer, was available. Screening for hepatitis B and C, and HIV was offered, but uptake was low, although this was followed up, to encourage uptake. HIV- and hepatitis C-positive patients were referred to visiting specialist services and care was continued or initiated. Condoms were available on request and offered on release, but this was not well advertised.
- 4.58 Smoking cessation services were running, with individual support offered.

Primary care and inpatient services

- 4.59 Managers provided good clinical leadership and the team was almost fully staffed, including registered nurses and health care assistants, who covered a range of duties. Nurses responded to urgent care needs promptly and triaged appointments effectively. Prisoners with long-term conditions received appropriate care from nurses who had received additional training and liaised with external specialists and the GP when needed. Care plans were personalised and evidence based, and the progress notes we reviewed on SystmOne were of a good standard.
- 4.60 All new arrivals received an initial health screen in reception by a registered nurse and referrals were made to other services. There was also access to a substance misuse nurse based in reception, and remote access to a GP from 7pm to 9pm each weekday and a non-medical prescriber on Saturdays. With late arrivals, the team prioritised any prisoners who might need a prescription, so that the GP could be accessed. Secondary health screening was completed within the seven-day NICE guidance period.
- 4.61 There was an adequate range of primary care services, with reasonable waiting times for most services. Prisoners waited around two weeks to see a GP for a routine appointment and urgent on-the-day appointments were available. However, waiting times for the optician and podiatrist were excessive, with the longest waits at 39 weeks and 26 weeks, respectively, at the time of the inspection, which needed to be addressed.
- 4.62 The ECU was prison run, with health services provided on a community-based model. However, there were some very unwell prisoners held who would have benefited from a continuous nurse presence, and clinical leadership was needed to coordinate the care on the unit, as we found some gaps. There were prisoners with physical health needs who were also receiving social care (see below), but

there were no social care progress notes or care plans on the unit, which prevented effective communication and created clinical risks.

- 4.63 The GP and psychiatrist visited weekly and patients were discussed at a weekly multidisciplinary complex case meeting. Officers knew the patients well and were caring, but the regime was limited and the unit still lacked an overall therapeutic approach. St Andrews had just started to provide some psychological support, but it was too early to see the benefits and they had not communicated the outcomes of their interventions to the mental health team, which posed risk.
- 4.64 Administration staff organised external hospital appointments and the prison allocated two officer escort slots per day, but this did not meet the demand. Consequently, there were cancellations to these appointments, extending waiting times to allow for more urgent patients to be prioritised.
- 4.65 All patients released or transferred from the prison were seen in reception by a nurse, who provided health advice and medication if needed.

Social care

- 4.66 The memorandum of understanding for the provision of social care between the establishment and Essex County Council was out of date and under review.
- 4.67 Governance and oversight of service delivery was weak and needed to improve.
- 4.68 We found unmet need, and communication about the care delivered to prisoners with a social care package (see Glossary) was poor. One prisoner who had been assessed as needing a package of care had not received it, which was unacceptable (see also paragraph 4.37). We raised this immediately with the relevant agencies, and care support then started.
- 4.69 Most referrals were made by the prison and social care was delivered by external providers, with four prisoners in receipt of care at the time of the inspection. However, one prisoner was dissatisfied with the support he received, and some equipment provided was not correctly meeting his needs. When we pointed this out, this was addressed by the prison.
- 4.70 Equipment such as wheelchairs and grab rails were available for those with poor mobility. There were no social care peer workers to support prisoners with lower-level needs. One prisoner using a wheelchair told us that he struggled with making his bed, which posed a risk.
- 4.71 Personal alarms were available for prisoners to summon assistance in an emergency. Coordinated planning was in place, to make sure that packages of care continued on transfer or release.

Mental health

- 4.72 Mental health services were disjointed and the lack of partnership working between the providers created risk. Each provider had separate referral pathways and there was no communication to provide coordinated care to patients.
- 4.73 Prisoners with a history of, or current, diagnosed mental ill-health were referred to the HCRG mental health team from their initial health screening on arrival at the prison. The team held a daily meeting to discuss all new referrals, and patients were seen for an initial assessment within 48 hours if urgent, or five days otherwise. New referrals and assessment outcomes were reviewed at the weekly multidisciplinary team meeting, which was well managed.
- 4.74 The mental health team provided care to approximately 90 patients. Nursing staff offered one-to-one support and completed individualised care plans for their patients; those we reviewed were of a very high standard and had been shared with the patient. A counsellor offered therapy to around 20 patients and this service was highly valued. The team liaised with community mental health teams to promote continuity of care on release.
- 4.75 The mental health team aimed to attend all initial assessment, care in custody and teamwork (ACCT) case management reviews, and also subsequent reviews for those on their caseload. However, the prison did not always communicate with the team to facilitate their attendance, and the prison's disorganisation led to wasted clinical time.
- 4.76 The Forward Trust was unable to deliver the commissioned talking therapies service as a result of staff shortages. Despite ongoing recruitment, only one member out of five was in post, resulting in the absence of psychological therapies for the many patients needing this. At the time of the inspection, 55 prisoners were waiting for treatment, some of whom had been waiting since May 2023, which was poor. We were not confident that the risk for patients waiting for therapy was appropriately managed and we were very concerned about plans to pause patient assessments.
- 4.77 The ECU housed some seriously unwell mental health patients, some of whom were waiting for transfer to a secure hospital. St Andrews had started to offer activities to the patients on the unit, but there was no joint working with the health care team to coordinate patient care.
- 4.78 The mental health clinical records that we reviewed were of a high standard, but the talking therapies service and St Andrews did not record their interactions with patients on SystmOne, which created risk and hindered information sharing to coordinate patient care appropriately.
- 4.79 Accurate data on transfers to mental health facilities under the Mental Health Act were now recorded, but some patients still waited too long to be transferred, as a result of limited bed availability.

Support and treatment for prisoners with addictions and those who misuse substances

- 4.80 The Forward Trust provided an integrated clinical and psychosocial substance misuse service. There was an up-to-date prison drug strategy, with good partnership working and attendance at key meetings.
- 4.81 At the time of the inspection, 86 patients were in receipt of opiate substitution therapy and 135 were supported by the psychosocial team. Both teams were dedicated, but staffing pressures had had an impact on some service delivery. Recruitment was ongoing to fill vacancies.
- 4.82 New arrivals were screened in reception by the clinical team for alcohol and drug issues. E wing was the dedicated drug recovery wing, but some prisoners needing overnight stabilisation checks were housed on other wings. However, clinical welfare checks were not routinely carried out by prison staff during the night on these other units, which posed a significant risk.
- 4.83 New arrivals with substance misuse issues were reviewed by a GP or a non-medical prescriber, with late arrivals to the prison prioritised to be seen the next morning. Regular clinical reviews were conducted jointly, but the psychosocial team used a separate electronic recording system to SystmOne, which created risks. Flexible prescribing was in place to support individualised need, and a long-acting injectable buprenorphine preparation (an opiate substitution medication) was available, which was positive.
- 4.84 New referrals were triaged and allocated according to risk. Caseloads were high but prioritised on need, with one-to-one support and in-cell workbooks. The 'Stepping Stone' (drug and alcohol programme) group work had paused, but was restarting in April 2024.
- 4.85 Prisoners found to be under the influence of illicit drugs were followed up and given harm reduction advice. New officers received insufficient training in substance misuse issues. The incentivised substance-free living unit had opened in June 2023 and prisoner feedback was positive.
- 4.86 A peer-led Narcotic Anonymous group had recently started, but there were no formalised peer support workers. Alcoholics Anonymous workers did not attend the prison.
- 4.87 There were processes to support prisoners with substance misuse issues due for release into the community, along with training and provision of naloxone (a drug to reverse the effects of an opiate overdose).

Medicines optimisation and pharmacy services

- 4.88 Overall, the pharmacy delivered services in a safe and effective manner, with medicines supplied from the in-house pharmacy run by HCRG. The team was well led and the service had improved since the previous inspection. Staff shortages were mitigated by using regular agency pharmacy technicians and recruitment was ongoing.
- 4.89 Medicines were stored and transported safely. Temperature-sensitive medicines were kept in a refrigerator, with the temperature monitored. The management of controlled drugs was good and records were audited at regular intervals. Medicines were administered twice a day and there were limited provisions for three times a day and/or night-time administration. Prisoners' identity cards were checked before medicines were handed out. Officer supervision of medicines administration was inadequate; we saw some crowding around the hatch, which compromised patient confidentiality and created opportunities for the diversion of medicines.
- 4.90 Approximately 12% of patients received their medicines in-possession, following a risk assessment. This percentage was low, although not all were supplied with lockable storage boxes for their medicines. Risk assessments were not always reviewed in a timely manner. Spot checks of in-possession medicines were undertaken at regular intervals.
- 4.91 The prescribing of drugs with the potential for abuse was well controlled. However, approximately 4% of patients received pregabalin (prescribed to treat neuropathic pain), which is potentially tradeable. The pharmacy manager explained that patients arriving at the prison on tradeable medicines were reviewed and managed appropriately to ensure the safety and clinical appropriateness of the medication. The prison did not initiate treatment with abusable medicines where possible.
- 4.92 There were non-medical prescribers present on-site and a range of emergency medicines was available to allow patients access to medicines out of hours. Stock reconciliation procedures were good.
- 4.93 Patients had access to medication reviews, but this was not yet fully embedded. Patients who did not attend for medication were followed up. There was appropriate provision of medication for prisoners being discharged or transferred. Regular local medicines management meetings took place, which meant that there was shared learning from medicines-related incidents, audits, medicine shortages, alerts and recalls.

Dental services and oral health

- 4.94 Time for Teeth delivered a range of community-equivalent dental treatments, including oral health promotion. Urgent care was prioritised, and pain relief and antibiotics were available when needed.

- 4.95 There had been some gaps in dental cover, resulting in long waits to see a dentist, but this was reducing. There were four dental sessions per week, with two dental nurse triage sessions. This was increasing to six dental sessions per week, with an additional dentist joining the skilled and experienced dental team imminently. Governance arrangements were robust.
- 4.96 Most prisoners received an initial appointment within eight weeks, but some had waited up to 14 weeks, which was too long. Most were seen for treatment within eight weeks, although some had waited up to 15 weeks, which was also excessive. While access had improved since the previous inspection, clinics were still not operating at full capacity because of limited officer escort arrangements.
- 4.97 The dental clinic met infection control standards and had a separate decontamination room. Staff completed regular environmental audits and equipment checks, to make sure that safety standards were met. Equipment was serviced and maintained appropriately.

Section 5 Purposeful activity

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

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 The regime did not offer prisoners enough time out of their cells. In our survey, 49% of respondents said that they spent less than two hours out of their cells each weekday, which was an improvement on the previous inspection (70%) but remained too high.
- 5.2 Prisoners in part-time activity typically had just over five hours a day unlocked, and those in full-time roles had just under eight hours. Almost all prisoners were offered an hour of outside exercise daily.
- 5.3 Around 35% of prisoners were not in employment at the start of the inspection, including those who could not work as they were medically unfit, retired or had not completed their induction. These prisoners had less than 2.5 hours a day out of their cells, which was not good enough.
- 5.4 Our roll checks found 34% of prisoners locked up during the day and only 25% had left their wings for some form of purposeful activity.
- 5.5 The prison had instituted a regime development plan which had led to positive outcomes, including the introduction of mid-session movement of prisoners, to allow those who needed to attend appointments, such as legal visits or in the health care centre, to re-join their activities. The introduction of evening association sessions was also planned.
- 5.6 Managers worked hard to find roles for prisoners who were not in activity and met weekly to find them appropriate placements. They had also put in place action plans to drive prisoner engagement with purposeful activity. In our survey, 49% of respondents said that staff encouraged them to attend education, training or work, an improvement on the previous inspection.
- 5.7 All wings had pool and table tennis tables available for recreation. On-wing enrichment activities were limited, although there were plans to expand access to chess clubs.



Recreation equipment on a wing landing

- 5.8 The library was provided by Essex Libraries and staffed by a single supervisor, although additional posts were being recruited to. It was a welcoming space, with a wide range of books, from various genres, laid out in attractive displays on various themes.



Library display

- 5.9 Access to the library had improved substantially, with 46% of respondents to our survey saying that they could visit weekly (up from just 3% at the time of the previous inspection).
- 5.10 It offered a good variety of activities to promote reading and contact with families, including Reading Ahead (to develop literacy and encourage reading for pleasure), visits from authors to discuss their books, Storybook Dads (in which prisoners record stories for their children) and Raising Readers (which gave parents in prison an opportunity to choose a book to be sent home to their children and to read it with them during social visits).



The library

- 5.11 There was a well-equipped gym with a sports hall, a weights and cardiovascular equipment room and a large artificial grass pitch for football. Equipment was generally in good condition.
- 5.12 Access to the gym was reasonably good. The timetable offered most prisoners two sessions a week and the gym team worked well across the prison to give fair access. Weekend sessions were available for full-time workers who would otherwise not be able to attend, and weekly remedial sessions were provided for older prisoners, individuals with health care needs and those on the drug recovery wing.



The gym

- 5.13 The gym provided a wide range of activities, including an active twinning programme with West Ham United Football Club focused on literacy, a level 3 first-aid course and an 'active IQ' fitness course, providing prisoners with the skills to assist in the delivery of exercise programmes. It was also delivering a foundation course aimed at younger prisoners, to reduce violence.
- 5.14 The gym team gathered excellent data on attendance, which they regularly used to monitor trends in usage and identify areas of lower attendance.

Education, skills and work activities



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

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

concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Requires improvement

- 5.16 Leaders and managers were ambitious to ensure that prisoners received the education and training they needed to keep them purposefully occupied. Leaders prioritised the development of prisoners' skills to improve their life chances upon release. Significant staff shortages and changes in leadership roles had delayed the implementation of improvement actions. However, despite these shortages, leaders had been effective in developing closer working relationships across the different prison departments, which ensured that prisoners attended education or training in a timely manner. Leaders' actions in establishing mid-session moves for prisoners who had appointments with healthcare or legal services meant that prisoners did not miss valuable education, skills and work activities.
- 5.17 At the time of the inspection, prisoners' attendance at skills and work was high. Wing officers encouraged prisoners to attend activities on time and ready to start. Prisoner attendance at education had improved significantly over time because of leaders' prioritisation of education and its impact on prisoners' lives.
- 5.18 Since the previous inspection, the prison population had changed significantly. Most prisoners were on remand or unsentenced and their stay at the prison was very short. Leaders had developed a curriculum that effectively met the needs of most of the prison population based on the employment needs of the area. Leaders had significantly increased the number of education, skills and work activities. As a result, there were sufficient places for prisoners and waiting lists were short. Leaders had effectively incentivised prisoners to attend education over work. Leaders had set the pay rate for education higher than for work activities. However, the very small minority of vulnerable prisoners did not have equitable access to education, skills and work.
- 5.19 Prisoners received a detailed induction which included an assessment of their English, mathematics and reading skills. Prisoners were provided with helpful information on the education and work available. Prison staff used the results of assessments to ensure that prisoners were placed on programmes that would help their skill development the most. Staff carefully considered the career aspirations of prisoners

when allocating education or work, based on the assessment of their current skills and long-term career aspirations. Leaders ensured that the allocations process considered each stage of a prisoner's education so that upon completion of one course, they moved smoothly to the next.

- 5.20 Prison leaders worked closely with the education provider, PeoplePlus, to ensure that prisoners could access a broad range of qualifications, which they effectively planned to meet the short-stay needs of prisoners. These included subjects such as English for speakers of other languages (ESOL), English, mathematics, health and safety, and construction skills from entry level to level 2. Teaching staff accurately assessed prisoners' starting points and quickly allocated prisoners to education programmes. However, too few teachers used the information effectively, which slowed prisoners' progress. Prison and education provider leaders recognised that while teaching staff held the relevant teaching qualifications, leaders placed insufficient focus on developing and updating teachers' skills. Leaders offered additional qualification-based courses. These included barbering and barista at level 2 and 'Multiply', to improve everyday mathematics skills. Most prisoners who remained on a programme achieved their qualifications and developed new knowledge and skills.
- 5.21 The quality of teaching in education varied too much and was not yet good. In entry-level English and ESOL, tutors did not routinely consider prisoners' starting points to plan learning that targeted individual strengths and areas for development. Tutors did not routinely check learning before moving on to new topics or activities. Prisoners were taught the same content at the same pace, regardless of their pre-existing knowledge and understanding. Tutors did not ensure that prisoners learnt key information and concepts before moving on to another topic. As a result, a few prisoners observed by inspectors could not successfully complete more complex tasks. In many courses, tutors coherently planned and focused on developing prisoners' skills and knowledge. For example, in construction multi-skills, painting and decorating, and mathematics, tutors incrementally built on prisoners' skills and knowledge.
- 5.22 Within industries, prisoners did not have sufficient access to valuable, formal qualifications. Prisoners too often participated in mundane tasks while in tea packing and waste management workshops. As a result, they were not suitably challenged and quickly became bored. Prisoners were able to gain level 1 health and safety qualifications related to their work in areas such as waste management and wing cleaning, and food hygiene certificates in catering. However, prisoners were not able to achieve formal qualifications that would support them to gain work on release or transfer to another establishment.
- 5.23 Teaching staff in vocational workshops used their industry expertise effectively to make vocational learning interesting and relevant in teaching sessions. Tutors routinely developed prisoners' English and mathematics skills. For example, prisoners in level 1 painting and decorating developed mathematical skills by calculating the area of

walls to determine how much wallpaper they would need. In level 1 multi-skills, prisoners measured and marked wood carefully before cutting, to limit waste.

- 5.24 Too few tutors provided sufficiently developmental feedback to prisoners on the quality of their work. Tutors' and instructors' use of target setting was ineffective to promote further learning and skill development. Their marking of prisoners' written work was largely limited to the correction of spelling, punctuation and grammatical errors. Where targets were set, they did not focus on skills and knowledge development and did not provide prisoners with sufficient detail to widen their knowledge and consolidate their understanding of the subject. In industries, tutors did not capture learners' skill development over time. Learners did not understand the skills they had developed or how they could be applied to other work, either in prison or upon release. As a result, too few prisoners saw the value of the work they were completing or how they had improved their employability skills such as teamwork, communication and using their initiative.
- 5.25 Prisoners with complex additional learning needs were supported effectively to enable them to achieve in line with their peers. One-to-one support staff and peer mentors provided helpful guidance. Tutors in education ensured that prisoners had the resources they needed to help them in their learning. For example, prisoners were given reading pens or coloured overlays.
- 5.26 Tutors in education created an inclusive environment for prisoners. Prisoners benefited from tutors who provided them with opportunities to contribute in lessons, share their views and make mistakes. As a result, the learning environment was inclusive, pleasant and respectful. Prisoners responded positively to tutors. They were polite, courteous and well-behaved towards their peers, officers and tutors. Prisoners within education demonstrated mutual respect and tolerance. In class, they worked in groups effectively, supporting their peers with learning difficulties. Prisoners felt safe when attending their activities.
- 5.27 Prison leaders had been too slow to implement a cross-prison reading strategy or promote reading as part of other education, skills and work classes. While books had been ordered and staff recruited, the strategy had yet to commence. Prisoners did have their reading ability assessed at induction and were allocated to English classes where a support need was identified. Tutors ensured that reading in English classes was prioritised. Prisoners from across the prison had greater access to the library than at the time of the previous inspection, where they could be supported by Shannon Trust peer mentors. However, leaders' plans to promote reading across the prison were yet to have an impact.
- 5.28 Prisoners benefited from employers who routinely visited the prison to give information and guidance on career opportunities. Tutors across most programmes provided information, advice and guidance to support prisoners' employability skills for life upon release. For example, the business and barbering tutors collaborated to enable

prisoners to develop knowledge, skills and behaviours to prepare for setting up a barbering business. However, tutors did not routinely update prisoners' personal learning plans to capture the skills they had developed and what prisoners needed to do next to realise their career ambitions.

- 5.29 Leaders and managers were not using the virtual campus (VC; see Glossary) effectively to enhance the curriculum or support prisoners' employability skills. Prisoners were only able to keep hard copies of their curriculum vitae or job application cover letters, rather than digital copies. In addition, prisoners could not capture their work digitally in areas such as graphics, barbering or construction. As a result, they did not have the evidence of work undertaken, which limited their ability to showcase their acquired skills upon release. Access to the VC was limited to the few prisoners studying on the digital skills course, for diagnostic assessments of functional skills levels, and entry level 3 assessments.

Section 6 Preparation for release

Preparation for release is understood as a core function of the prison. 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.

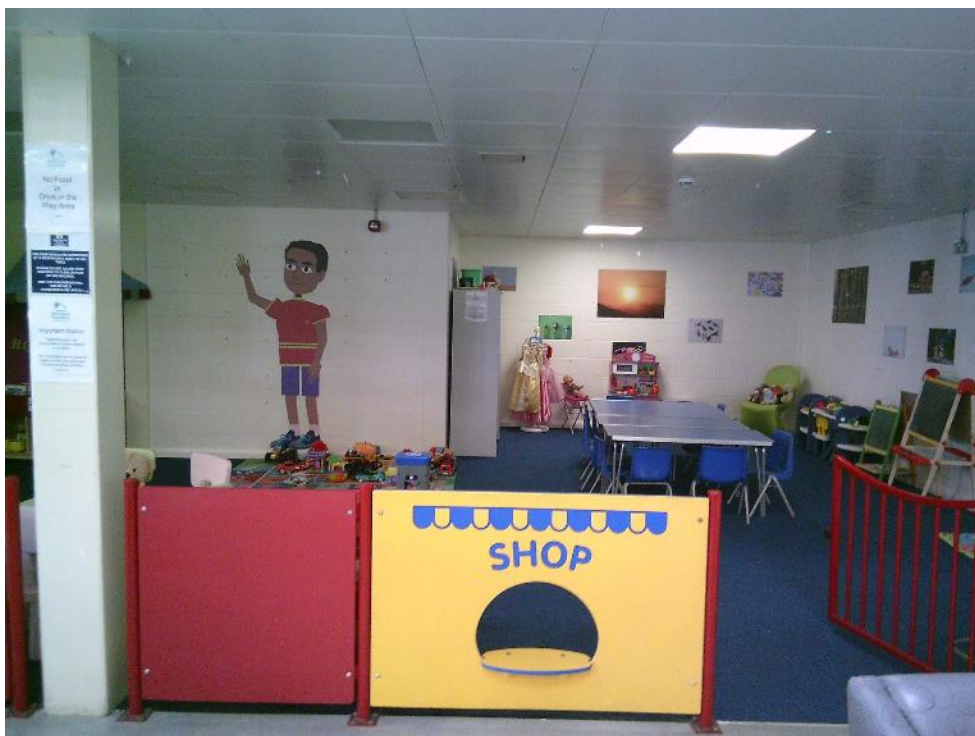
Children and families and contact with the outside world

Expected outcomes: The prison understands the importance of family ties to resettlement and reducing the risk of reoffending. The prison promotes and 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 Arrangements to help prisoners maintain contact with their families and friends were reasonable. The national charity Ormiston Trust delivered some support, and staffed the visitors centre and the play area in the visits hall. However, there were some gaps in the provision: for example, there was no family engagement worker or social worker and there were no specific parenting or relationship courses.
- 6.2 The timings of the weekday social visits slots (2.15pm to 3.45pm) were not suitable for many visitors, which resulted in these sessions not operating to capacity. Despite availability during weekday slots, remand prisoners could only receive a visit once a week.
- 6.3 The visits hall was bright and welcoming, with comfortable seating and a suitable play area. We observed professional and friendly staff interactions during social visits and all visitors we spoke to were very positive about how they had been treated.



Visits hall



Children's play area

- 6.4 There was a wide range of initiatives to support prisoners in maintaining and rebuilding relationships with their families. Ormiston Trust had introduced 'Dylan's story', a web-based support and illustrated book to offer children an insight into visiting a prison.
- 6.5 Family days took place monthly and the popular quarterly 'Soccer tots' sessions (giving fathers the opportunity to maintain relationships with

their children through fun and interactive play via football) were well received by families. However, there was no family day provision for prisoners convicted of sexual offences.

- 6.6 The provision for secure video calls (see Glossary) was inadequate for the size of the population and the application process caused long delays. In our survey, only 3% of respondents said that they had used this facility to maintain contact with family and friends. Only two devices were available for use, for 16 sessions a week, and at the time of inspection there were 66 applications for video calls waiting to be approved. We were told that some applications took months to be processed. Managers responded to our findings and changed the application process during the inspection.
- 6.7 Those who did not receive regular social visits were offered support from a small team of approved prison visitors, which was appreciated by prisoners.

Reducing reoffending

Expected outcomes: Prisoners are helped to change behaviours that contribute to offending. Staff help prisoners to demonstrate their progress.

- 6.8 Chelmsford was a very busy reception and resettlement prison, holding a complex population of remanded, unsentenced and sentenced prisoners, including licence recalls, young adults, prisoners convicted of sexual offences and foreign nationals.
- 6.9 The turnover of arrivals and releases was high and had increased by about a third in 2023 when compared with 2022. Most prisoners did not stay long at the prison, posing challenges for effective offender management and release planning.
- 6.10 Renewed energy in recent months had led to some improvements in work to reduce reoffending. Strong leadership and frequent meetings coordinated action ambitiously and collaboratively in efforts to improve outcomes for prisoners, and it was positive to see that initiatives such as a departure lounge and multi-agency pre-release meetings for sentenced prisoners had been introduced (see section on returning to the community).
- 6.11 However, there were some important shortfalls, such as the absence of support for about a third of the population who were remanded. Initial screening of their immediate and resettlement needs was not reliably identified on arrival, or addressed. There was no bail information officer in post to triage those who were potentially eligible to apply, and to improve the risk information available for courts considering applications. Remanded prisoners were not allocated a prison offender manager (POM), and they were unable to apply for a recognised form of identification or a bank account (see paragraph 6.30). Some of these prisoners we spoke to described feeling invisible and unsupported.

- 6.12 About a third of the population were sentenced and needed offender management. The offender management unit (OMU) was well resourced and most staff were in post. Staff in the unit worked collaboratively and supported each other well. POM caseloads were manageable, especially as most prisoners were under the main supervision of a community offender manager (COM) or were due to transfer imminently to another prison. It was positive that uniformed POMs were now only rarely cross-deployed to undertake duties outside of the OMU.
- 6.13 The allocation of individual cases to POMs was timely and appropriate. Impressively, this was usually accompanied by an entry on P-Nomis (the prison national offender management information system) by the senior probation officer, summarising the case to guide POMs on immediate priority tasks.
- 6.14 The frequency and quality of contact between POMs and sentenced prisoners had improved and was good. Contact was mostly face to face, and POMs knew their cases well. Most prisoners in our sample could name their POM and spoke positively about the support they received. However, key work delivery (see Glossary) was too limited and, apart from in a small number of cases, did not support the work of offender management (see also paragraph 4.5).
- 6.15 At the time of the inspection, just over a quarter of the sentenced population had been recalled to custody following a breach of their licence conditions. Staff in the OMU described some delays in receiving important recall paperwork from the HM Prison and Probation Service public protection casework team, which had resulted in some prisoners having already left the prison by the time the implications of their recall could be explained to them.
- 6.16 Most eligible prisoners had an offender assessment system (OASys) assessment, including a sentence plan and risk management plan. In our sample, the quality of most of these, particularly those written by prison POMs, was reasonably good. However, there were a few examples of assessments, typically completed by COMs, that were not sufficiently focused on prisoners' time in custody or had not been reviewed after a significant change in circumstances.
- 6.17 Prison-led oversight of home detention curfew (HDC) processes was good. However, too many prisoners were assessed or released late, for reasons outside of the OMU's control. For example, some serving long remand periods had already reached their HDC eligibility date by the time they were sentenced or had too little time left in their sentence to be released. Other reasons included delays in police checks, difficulty in verifying suitable addresses, late COM allocation and the lack of available or affordable housing.
- 6.18 Parole arrangements were well managed and the submission of dossiers was timely. In the previous 12 months, 10 parole boards had been held, with five prisoners directed for release and one prisoner

serving an indeterminate sentence for public protection directed for open conditions.

- 6.19 Prisoners were given an initial security categorisation quickly after sentencing, with almost all assessed as suitable for category C conditions. Oversight of transfers was well managed by a dedicated case administrator, and the head of the OMU had oversight of those on any sort of transfer hold, to make sure that this was appropriate. In the previous 12 months, over 2,400 prisoners had transferred out of the establishment and moves were usually swift. A few prisoners remained at the prison for longer, as a result of ill-health or disability, or because they had outstanding charges.
- 6.20 Recategorisation reviews were usually well considered, and decisions defensible, but they were not always timely, sometimes because of late contributions from the security team. We were told that POMs sought prisoners' views to inform their reviews, but it was not always documented and we saw no evidence of this in our sample.

Public protection

Expected outcomes: Prisoners' risk of serious harm to others is managed effectively. Prisoners are helped to reduce high risk of harm behaviours.

- 6.21 Nearly half of the sentenced population had been assessed as presenting a high or very high risk of serious harm to others, and about 18% were eligible for multi-agency public protection arrangements (MAPPA; see Glossary) because of the nature of their offences.
- 6.22 All new arrivals were screened for public protection concerns and those meeting the threshold for potential monitoring were escalated to the head of the OMU for authorisation. At the time of the inspection, 70 prisoners were subject to communications monitoring. However, there were important weaknesses in these arrangements, and some areas of concern we had previously identified persisted. The frequent and unpredictable redeployment of staff assigned to telephone monitoring meant that many calls were not listened to promptly, if at all, which posed a considerable risk to the public. In addition, reviews were often postponed until intelligence could be collated, resulting in prisoners remaining on monitoring potentially longer than necessary.
- 6.23 The interdepartmental risk management meeting did not have sufficient oversight of all high-risk prisoners due for release, including some of those eligible for MAPPA management or likely to be released immediately or quickly after sentencing. This was partly because the OMU failed to identify or include for consideration all cases, and partly because of the high volume of short-sentenced prisoners and recalls passing through the prison, often within a short space of time.
- 6.24 We found some evidence of good information sharing between the prison, police and community probation teams. However, no one in the OMU had clearance to access the violent and sexual offenders

register, and contact with COMs was often too close to prisoners' release to be fully effective, resulting in last-minute flurries of activity. Two cases we checked illustrated weaknesses in risk management planning. Both were due for imminent release, but neither had an up-to-date risk management plan or confirmed MAPPA management level. One of these prisoners was due to be released via the end of custody supervised licence (ECSL) scheme, but arrangements had to be delayed while further risk management work could be urgently completed. Not all confirmed MAPPA management levels were updated and recorded on prisoners' electronic notes.

- 6.25 Unlike at the time of the previous inspection, the quality of POM-written contributions to community MAPPA meetings often lacked sufficient detail or analysis to inform the reader meaningfully of prisoners' risk and potential future compliance with licence conditions.
- 6.26 Only a few prisoners posing a risk to children had an assessed risk level that permitted them some contact with a named child, and these arrangements were managed well. Most OMU staff showed good awareness of child contact restrictions and their implications, but we were not confident that all levels had been accurately recorded.

Interventions and support

Expected outcomes: Prisoners are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

- 6.27 As a reception and resettlement prison, Chelmsford was not resourced to provide accredited treatment programmes. The average length of stay for sentenced prisoners was around 17 days, and most of these prisoners either transferred to another prison or were released.
- 6.28 However, there were few interventions to help those who had been recalled or who were serving short sentences to work on their offending behaviour. We saw a few good examples of meaningful one-to-one work being delivered, such as Choices and Changes (a targeted intervention for young adults with low maturity screening), and the Facing up to Conflict course, aimed at helping participants control their anger and handle conflict, had recently been introduced.
- 6.29 Support for prisoners to manage their finances had improved and was good. The Department for Work and Pensions (DWP) team offered an array of valuable help. They could arrange for benefits to be suspended and housing payments for eligible prisoners to be maintained, contact employers to keep jobs open while prisoners were in custody and set up Jobcentre Plus appointments for release. They also delivered weekly employment support sessions and 'benefit basics' groups (to help with benefit queries), which both sentenced and unsentenced prisoners could access. The recently introduced 50+ session was a positive initiative to help those facing career changes later in life, and retirement. The delivery of a money management course had resumed

and monthly 'Breakeven' sessions helped some prisoners with gambling addictions.

- 6.30 Since February 2023, a prison-employed administrator had helped over 300 prisoners to obtain proof of identification and open a bank account, but remanded prisoners were excluded from receiving this help.
- 6.31 Good initiatives to prepare prisoners for employment in the community were in the early stages but developing well. The employment hub ran a weekly programme of workshops to help prisoners find jobs, write CVs, practice interview techniques and prepare criminal conviction disclosure statements. Leaders were making considerable efforts to improve employer engagement and had hosted two well-attended events involving prisoners, prison leavers and employers from a wide range of sectors. This had led to a rolling programme of monthly employer visits and some new partnerships with employment-related 'through-the-gate' support.
- 6.32 Data provided by the prison showed that employment outcomes were improving. From April to December 2023, an average of 21% of prisoners had maintained their employment six weeks after release.

Returning to the community

Expected outcomes: Prisoners' specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

- 6.33 An average of 110 prisoners were released each month and demand for resettlement support was high. Many prisoners leaving the establishment had been there for only a very short time (see paragraph 6.27), which added to the challenges of timely and effective release planning.
- 6.34 Staff shortfalls, both in reception and within the pre-release team, meant that many prisoners' basic custody screening needs, particularly for those received straight from court, were not reliably identified on arrival.
- 6.35 The pre-release team was responsible for making sure that all prisoners assessed as presenting a low or medium risk had their resettlement needs met, and COMs were responsible for all high-risk prisoners – in both instances, irrespective of their sentence length. However, there was no dedicated pre-release resource for those serving sentences of under 20 months, as we would expect in a prison of this type, although this was to be implemented in the coming months.
- 6.36 Despite the staffing challenges, although some initiatives had only recently been implemented, practical release planning arrangements were improving, and those we interviewed from our sample of sentenced prisoners felt adequately supported.

- 6.37 The resettlement centre offered an excellent environment for prisoners to access resources and practical support in-person.



Resettlement centre facilities

- 6.38 For those due for release, a resettlement clinic took place eight weeks and two weeks beforehand, to check that outstanding needs had been identified and were being managed. Prisoners could speak to a range of resettlement staff, including the pre-release, DWP, careers information and advice service, and chaplaincy teams. Multi-agency pre-release meetings held on the day before these clinics provided necessary improvements in the coordination of support, and resettlement plans had very recently started to be produced, with a copy given to prisoners.
- 6.39 A departure lounge, where prisoners could access support on the day of release, situated within the resettlement centre, had been introduced. This facility offered helpful information on local community support, access to resettlement agencies and a small supply of key essentials, such as toiletries, for those who needed them.



Departure lounge

- 6.40 Interventions Alliance, the commissioned rehabilitative services provider for Essex, was responsible for delivering accommodation support for sentenced prisoners held at the prison. Despite the high level of need, it was profiled to provide only one full-time-equivalent member of staff, two days a week, and the post had been vacant since September 2023. Moreover, as an interim arrangement, triage of the most critical cases relied on an area manager who visited the prison only once a week. The vacant post had just been recruited to and there were advanced plans to introduce dedicated accommodation support specifically for the remanded population, to understand and improve their housing outcomes.
- 6.41 Accommodation outcomes information for all prisoners leaving the establishment was difficult to ascertain. The prison's data showed that, on average, 26% of sentenced prisoners had nowhere to sleep on their first night of release. Of those who had an address to go to, this was sustainable in only about 40% of cases. The outcomes for many others, such as prisoners released without a conviction or for those sentenced and released immediately from court because of time already served on remand, were largely unknown.
- 6.42 Some prisoners' release dates were being brought forward at short notice under the ECSL scheme. This often left resettlement providers very little, if any, time to reconsider release plans and make urgent referrals. Astonishingly, having no fixed abode was not an exclusion within the scheme, and some prisoners had been released despite knowing they had no address to go to, only to make a swift return back to custody within a matter of days.

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2021, we found that outcomes for prisoners were poor against this healthy prison test.

Key recommendations

Levels of violence should be reduced significantly so that prisoners feel safe. All staff should be clearly committed to reducing violence. Good data analysis should underpin this progress by providing a better understanding of the risks and required actions.

Achieved

Drug supply should be reduced further through the delivery of an effective strategy and action plan which makes use of all the available methods including increasing the use of the body scanner and restarting drug testing for prisoners.

Achieved

Work to prevent suicide or self-harm should be improved significantly. The use of Listeners, ACCT case management and other preventative measures should be delivered proactively and robustly. Data analysis, learning and action planning should support the delivery of improved outcomes for prisoners.

Partially achieved

Recommendations

None

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2021, we found that outcomes for prisoners were for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Prisoners' perceptions of their treatment should be improved. Staff must have higher expectations of prisoners and take personal responsibility for the promotion of safety, decency and rehabilitation. Staff should engage constructively with prisoners, respond positively to their reasonable requests and managers should hold them to account.

Partially achieved

Prisoners should live in a clean and decent environment that is in a good state of repair and fit for purpose.

Partially achieved

The health needs of prisoners should be fully met and the management of medicines should be safe. Prisoners should be able to attend all their clinical appointments.

Partially achieved

Recommendations

Calls using cell bells should be responded to promptly.

Achieved

Prisoners should be served food of good quality and sufficient quantity.

Achieved

The prison should maintain effective and timely applications and complaints systems that are subject to robust quality assurance.

Partially achieved

Outcomes for prisoners in protected groups should be improved through the implementation of a comprehensive strategy that is informed by consultation and effective analysis of data.

Not achieved

Professional telephone interpretation should always be used when necessary.

Achieved

Responses to health complaints should address the issues highlighted and inform prisoners about how to escalate their complaint if they are unhappy with the response.

Achieved

There should be refresher training for officers on the use of codes for medical emergencies.

Achieved

Accurate data on transfers to mental health facilities should be used to analyse trends and demonstrate actions taken to make sure that patients do not wait too long for a transfer.

Partially achieved

The dental team should be able to provide a full range of treatments, including those involving aerosol generating procedures.

Achieved

Purposeful activity

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

At the last inspection, in 2021, we found that outcomes for prisoners were poor against this healthy prison test.

Key recommendations

Prisoners should have regular and predictable time out of cell, which is sufficient to promote rehabilitation and mental well-being.

Not achieved

Recommendations

The number of available places in education, skills and work should be increased. Leaders should also improve attendance and punctuality.

Achieved

Leaders and managers should ensure that all prisoners receive effective ongoing advice and guidance to direct them to the most appropriate learning and work activities.

Partially achieved

Leaders and tutors should ensure that prisoners with complex additional learning needs have clear plans to support them to access learning and make good progress.

Partially 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 2021, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Public protection measures and oversight to manage those presenting a risk of serious harm should be applied robustly.

Not achieved

Recommendations

The social visits booking system should be easy to access.

Achieved

All eligible prisoners should receive regular, meaningful contact with prison offender managers.

Achieved

HMPPS should make sure that prisoners can move to the most appropriate prison without delay.

Achieved

Prisoners who stay at Chelmsford throughout their sentence should be able to access a range of offence-focused work.

Achieved

Appendix I About our inspections and reports

HM 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, 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 benefit them.

Preparation for release

Preparation for release is understood as a core function of the prison. 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.

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 HM Prison and Probation Service (HMPPS).

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant

concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

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

<https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

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Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Family days

Many prisons, in addition to normal social visits, arrange 'family days' throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

Guiding hold

Where an officer takes hold of a prisoner's arm to guide them when walking. This is recorded as a use of force.

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.

MAPPA

Multi-agency public protection arrangements: the set of arrangements through which the police, probation and prison services work together with other agencies to manage the risks posed by violent, sexual and terrorism offenders living in the community, to protect the public.

Offender management in custody (OMiC)

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

PAVA

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Secure video calls

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

Social care package

A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

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.

Virtual campus

Internet access for prisoners to community education, training and employment opportunities.

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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