

Report on an unannounced inspection of

HMP & YOI Hollesley Bay

by HM Chief Inspector of Prisons

3-19 April 2024



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Introduction

Hollesley Bay is a category D prison in the Suffolk countryside that, at the time of our inspection, held an expanded population of 627 men who were coming to the end of their sentences. Under the excellent leadership of a thoughtful, innovative governor and his strong team this safe, decent establishment had become one of the most impressive in the country.

At the centre of this was the sequencing of the prisoner journey through the jail. At induction, new arrivals were shown how they could earn trust and work towards moving into the best accommodation and opportunities to work off site.

Even on the older units, prisoners lived in clean and well-ordered conditions, mostly in single rooms, with standards maintained at a weekly meeting of leaders. Prisoners who had proved themselves trustworthy lived in new pod accommodation, which was some of the best in the prison estate. Here there were opportunities for prisoners to shop for their own food and cook it in reasonably well-equipped kitchens.

The jail contained some of the better-run workshops I have seen in my time as Chief Inspector, where very effective staff supported prisoners to develop skills such as bricklaying, carpentry and horticulture. However, we found that some of the working hours did not mirror working conditions in the community, with prisoners returning to their units at lunch and workshops disappointingly closed on Fridays.

Apart from a lack of accredited courses in English and maths, most education was of a good standard and attendance rates were high. Many prisoners did not have enough to do in the evenings or weekends because there were only very limited enrichment activities on offer. I was also disappointed to see that prisoners were not allowed to play ball games unsupervised because of health and safety rules. This seemed excessively cautious in a jail where prisoners could learn to drive a forklift truck and would soon be able to pass their HGV licence.

The prison had developed good relationships with employers, meaning 20% of prisoners were going to work outside the jail every day. This was further supported by the Employment Advisory Board who helped to identify employment opportunities for release. Although this was not as high as elsewhere, the governor had plans to develop further opportunities. Prisoners were reliant on an ageing fleet of minibuses that were costing a lot to keep on the road; money from the prison service for their replacement had, disappointingly, not been forthcoming.

The offender management unit was staffed by an impressive team who worked hard to support prisoners to progress through the end of their sentences. Unlike in other prisons, they allowed prisoners to drop in and ask for help. This was typical of the culture at Hollesley Bay where most staff were committed to supporting those in their care.

The busy employment hub provided excellent support for those who were about to be released and only very few prisoners left without accommodation to go to. The worrying public protection failings we highlighted at our last inspection had been resolved.

Leaders had worked hard to make sure that officer vacancies were filled, and that new staff were mentored in their first year at the jail. This had led to improvements in the retention rate with far fewer leaving.

The governor, his team and the prisoners can rightly be proud of their achievements at Hollesley Bay. It is a place where innovation flourishes and prisoners are given every opportunity to acquire the sorts of skills that will help them to stay out of trouble and make a success of their lives when they are released.

Charlie Taylor HM Chief Inspector of Prisons May 2024

What needs to improve at HMP & YOI Hollesley Bay

During this inspection we identified seven key concerns, of which none 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

None

Key concerns

- 1. **Prisoners told us that some staff could be rude and dismissive.** While most staff were friendly and supportive in their interactions, prisoners spoke of a minority who undermined relationships.
- 2. **Prisoners complained about the quality of the food**, and in our survey, less than half said they always got enough to eat at mealtimes.
- 3. **Patients waited too long for some health appointments,** including podiatry, physiotherapy and psychiatry; waits for cognitive behavioural therapy were excessive at up to 32 weeks.
- 4. Most patients with a long-term condition did not have an individualised care plan outlining the treatment and intervention they required.
- 5. Leaders did not sufficiently promote the appropriate English and mathematics qualifications.
- 6. There were not enough enrichment activities and they lacked management support and coordination.
- 7. Persistent staff shortages in community probation teams often created unnecessary delays in prisoners' ability to progress in their sentence. (To HMPPS)

About HMP & YOI Hollesley Bay

Task of the prison

Category D open resettlement prison for adult men.

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

Prisoners held at the time of inspection: 627 Baseline certified normal capacity: 655 In-use certified normal capacity: 655

Operational capacity: 655

Population of the prison

- 785 new prisoners received each year (around 65 per month).
- 10 foreign national prisoners.
- 42% of prisoners from black and minority ethnic backgrounds.
- Around 36 prisoners released into the community each month.
- 93 prisoners receiving support for substance misuse.
- 22 prisoners referred for mental health assessment each month.

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health providers: Practice Plus Group; The Forward Trust

Substance misuse treatment provider: Phoenix Futures Dental health provider: Community Dental Services Prison education framework provider: People Plus

Escort contractor: Serco

Prison group

Hertfordshire, Essex and Suffolk

Prison Group Director

Simon Cartwright

Brief history

In 1887, Hollesley Bay was a training camp for men being sent to the colonies, predominantly Canada, teaching farming and husbandry skills. The first prison governor took post in 1938, and the prison was a borstal, transitioning in 1988 to a young offender institution. In 2002, HMP & YOI Hollesley Bay became an open adult male prison.

After the decommissioning of Bosmere accommodation in 2020, the operational capacity was reduced from 485 to 405, but then increased to 414 with the expansion of Mutfords accommodation in 2021. The opening of Plomesgate in 2021 took the operational capacity to 495, and a further 160 spaces in 'rapid deployment capacity' in 2023 expanded this to 655.

The integrated population includes prisoners convicted of sexual offences, accounting for about 15% of the population.

Short description of residential units

Wilford Induction unit, 78 single and shared rooms.
Hoxon Residential unit, 79 single and shared rooms.
Stow Residential unit, 75 single and shared rooms.

Blything Residential unit, 44 prisoners in drug recovery and/or with

limited mobility.

Samford Residential unit, 15 prisoners over the age of 50.

Threadling Independent living for three long-term prisoners preparing

for release.

Mutfords 1 & 2 Residential unit for 49 in shared accommodation and one

single room.

Cosford Enhanced residential unit, 72 single and shared rooms.

Plomesgate Enhanced residential modular units, 80 in single occupancy

with own sanitation.

The Terraces Enhanced residential modular units, 160 in single

occupancy with own sanitation.

Name of governor and date in post

David Daddow, July 2021

Changes of governor since the last inspection

Mark Howard (acting), April 2021 – July 2021 Garry Newnes, March 2019 – April 2021 Melanie Allen (acting), February 2019 – March 2019 Jeff Orr (acting), October 2018 – February 2019

Independent Monitoring Board chair

Marion Twitchett

Date of last inspection

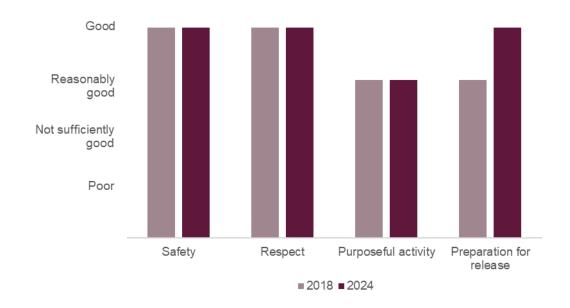
22 October – 1 November 2018

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 Hollesley Bay, we found that outcomes for prisoners were:
 - good for safety
 - good for respect
 - reasonably good for purposeful activity
 - good for preparation for release.
- 1.3 We last inspected Hollesley Bay in 2018. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP & YOI Hollesley Bay healthy prison outcomes 2024 and 2018



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last inspection in 2018 we made 32 recommendations, of which one was about an area of key concern. The prison fully accepted 26 of the recommendations and partially (or subject to resources) accepted five. It rejected one of the recommendations.
- 1.5 At this inspection we found that the one recommendation about an area of key concern in rehabilitation and release planning 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 10 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					
See paragraphs 2.3, 3.2, 3.11, 4.8 and 6.8					
See paragraph 2.4					
See paragraph 3.2					
See paragraphs 3.11, 3.21 and 6.20					
See paragraph 4.24					

f)	Prisoners who were veterans were given extensive support through a monthly mental health clinic and group meeting, bolstered by excellent links with external organisations providing specialist support.	See paragraphs 4.31 and 4.65
g)	The recent introduction of training in and supply of intranasal naloxone (a drug which reverses the effect of opiate overdose) for prisoners on release was a proactive and positive initiate to help reduce the possibility of death due to overdose, and increased patient choice.	See paragraph 4.78
h)	The sensory room in the social visits area provided a quiet space for prisoners and families with neurodiverse needs.	See paragraph 6.4
i)	The peer-led offender management unit information centres were valuable, well-used resources giving prisoners easy access to information and help about their progression or resettlement-related queries.	See paragraph 6.12
j)	Prisoners being released homeless were offered transport in a prison vehicle to their local probation office or district council to make sure they could attend their required appointment.	See paragraph 6.44

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The committed and cohesive senior team had very effectively managed recent challenges, which had included the prison's expansion, the integration of prisoners convicted of sexual offences and the influx of a more transitory population due to schemes to manage national capacity pressures.
- 2.3 The governor had taken a thoughtful and creative approach to making sure that prison departments worked collaboratively and innovatively to sequence prisoners' time purposefully from induction to release. A clearly communicated and well-designed four-stage progressive journey incentivised positive behaviour with links to accommodation with improved facilities, as well as opportunities for temporary release. Sequencing was promoted by posters, booklets and signage throughout the prison.
- 2.4 Leaders provided a strong operational grip and excellent information sharing through daily morning 'Proud' meetings that held different functions to account for their performance and provided the opportunity to report on challenges and successes. At these, information was reviewed on a set day each week, relating to 'people', 'reducing reoffending', 'offender management unit (OMU)', 'unlocking intel' and 'decency'. The meetings also examined data on ethnicity and for each residential unit, and a summary was shared with staff as part of the prison's communication strategy.
- 2.5 Management of the risks of an open prison was effective, and the public protection arrangements that we criticised at our last inspection had much improved. A high number of release on temporary licence (ROTL) events had been managed successfully, and the number of absconds had reduced.
- 2.6 Leaders had successfully recruited the full quota of prison officers and staff retention was now good. New officers were trained on site and were well supported. Although more than 50% of prison officers had less than two years' experience, leaders had increased the number of supervising officers and reduced lone working on residential units. Staff had regular conversations with their line manager and were valued through a comprehensive programme of recognition for those who excelled in their duties. In our survey, half of the staff who responded said they met with a manager or mentor about once a month to discuss

- how they were progressing in their role. A further 35% said they met with someone at least every three months, and 82% rated the support they received from line managers as good or very good.
- 2.7 Leaders had created a strong culture of joint working. Partnership with the education provider People Plus was positive, and Ofsted graded overall provision as 'good'.
- 2.8 The prison had developed links with over 30 employers in the community, providing around 20% of the population with work on temporary release. However, leaders' ability to expand further employment opportunities to meet demand was in part limited by an ageing transport fleet that was costly to maintain.
- 2.9 Leaders had made good use of skilled prisoner labour to upgrade accommodation and enhance the environment. Standards were maintained through decency ratings following weekly checks.
- 2.10 Supporting fair treatment and inclusion was a top priority set by the governor and there was a commendable focus on analysing data for disproportionalities across the prison.
- 2.11 Leaders had taken appropriate action to reduce the entry of drugs, but there was not enough regional support for searching and drug detection dogs, given the security challenges of the unfenced 85-acre site crossed by a public road.
- 2.12 Although support for individual prisoners was generally good and there were few reported incidents of violence and self-harm, leaders had not developed a strategy or action plan to further improve safety. There was also no up-to-date action plan underpinning the prison's diversity and inclusion strategy to make sure that objectives were delivered.
- 2.13 However, the self-assessment of the prison's strengths, weaknesses and priorities was comprehensive and very well informed by data, academic studies and a recent survey of prisoners based on HMIP's questionnaire.

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.

- On arrival, new receptions disembarked from transport promptly and were put at ease by both staff and reception orderlies, often following long journeys from other prisons.
- 3.2 Leaders had developed a presentation covering useful information on Hollesley Bay for sending prisons to give to prisoners transferring in. To make sure that all prisoners received this information, a member of the leadership team saw new arrivals to structure their expectations at an early stage and inform them of the many opportunities available at the prison, including the different types of accommodation and realistic timescales for when they would be likely to access release on temporary licence (ROTL). This meeting also included a full explanation of the prison's sequencing process that mapped out the journey for prisoners from the point of induction to eventual release.
- 3.3 Routine reception procedures, such as property checks, were completed promptly, and prisoners also had the opportunity to speak to reception peer workers about life at the prison. We observed many friendly and relaxed interactions between staff and prisoners, and this was reflected in our survey where 97% of respondents said that they were treated well by reception staff.
- While all new arrivals received good support from both reception and induction staff, there was no formal private interview on their first night, which was a missed opportunity to assess risk. Leaders acknowledged these concerns and adjusted the induction process during the inspection.
- 3.5 The Wilford unit had been designated as the first night and induction area, due to its central location and to help more vulnerable prisoners feel safe in their early days. Rooms were generally clean, but some held up to three prisoners and lacked privacy. A well-structured induction programme began the following working day and included a tour of the prison site by induction peer mentors, which was well received by prisoners.



One of the three-bed rooms on Wilford unit

3.6 Prisoners typically spent around two weeks participating in the induction programme. They were then offered employment and a clear progression route through the prison's sequencing process, which focused on incentivising behaviour and preparing for release.

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

- 3.7 Levels of violence were low, but there had been 11 recorded prisoneron-prisoner assaults and three assaults on staff in the last 12 months, which was higher than the average in the open estate. However, few were serious.
- In our survey, only 8% of prisoners said that they currently felt unsafe, 7% reported they had received threats or intimidation by other prisoners and 1% said they had been physically assaulted.
- 3.9 The population of the prison had increased with the introduction of prisoners convicted of sexual offences, who mixed freely with others. The prison had also received some prisoners on the temporary presumptive recategorisation and restricted open estate transfer schemes (see paragraph 6.9). Leaders told us that the change in

population had contributed to violent incidents and some prisoners convicted of sexual offences said that they had felt vulnerable. Despite this, there were no safety strategy or meetings to monitor the trends and referrals to challenge, support and intervention plans (CSIPs, see Glossary). There was also no action plan to further reduce bullying or feelings of vulnerability.

- 3.10 However, we found good support for victims. Most CSIP referrals involved cases where feelings of vulnerability had been reported (see paragraph 3.29). In the last 12 months, 72 CSIPs had been opened. The investigations and plans that we sampled were completed promptly and thoroughly, and officers recorded daily well-being conversations with the prisoners. All CSIP referrals were discussed at the daily operational briefing (see paragraph 2.4), with a summary shared with all staff, and prisoners of concern were further discussed at the monthly safety intervention meeting (SIM). Known perpetrators of violence or bullying were challenged appropriately.
- 3.11 All new arrivals went on to the enhanced level of the incentives scheme to reflect their position in open conditions, and most remained on that level. The sequencing journey offering progression to better accommodation (see paragraphs 2.3 and 4.8) and opportunities for ROTL, including access to paid work and external shopping, encouraged positive behaviour. Prisoners who had been considered for a return to closed conditions because of a decline in their behaviour received individualised plans to support them to remain in the prison (see paragraph 3.21).

Adjudications

- 3.12 In the last 12 months, there had been 786 adjudication hearings; few involved serious charges, and most related to possession of unauthorised articles.
- 3.13 Hearings were conducted in a comfortable room and the records we reviewed evidenced a good level of enquiry by adjudicating governors. Awards were within the tariff guidelines and the recent introduction of community payback was a good initiative.



Adjudication room

3.14 Leaders had good oversight of adjudications through a quarterly meeting, and the deputy governor quality assured 20% of cases. There were no adjudications outstanding.

Use of force

- 3.15 Incidents involving use of force were lower than at most other open prisons. In the last 12 months, there had been 15 incidents, mostly used to prevent an abscond while returning a prisoner to closed conditions, or when a prisoner had been under the influence of an illicit substance.
- 3.16 Around half of the incidents did not involve full control and restraint. Although handcuffs had been used in around 60%, the records we viewed showed that the use had been dynamically risk assessed and was proportionate. Documentation completed by staff following an incident of force was up to date, and the statements we sampled were detailed and demonstrated justification. Night staff carried PAVA (incapacitant spray) and batons, but they had not been used.
- 3.17 The oversight and governance of the use of force had improved since the last inspection, and the deputy governor had scrutinised all incidents. However, body-worn video cameras were still not routinely activated during all incidents, and the minutes of use of force meetings were too limited to identify opportunities for improvement or good practice.

Segregation

3.18 There was no segregation unit, but three clean and furnished cells in reception were used to hold prisoners returning to closed conditions. All prisoners located there had segregation algorithms completed and staff recorded regular observations. Data were monitored at the quarterly adjudication meeting and records showed the average time prisoners had spent in the cells was only 2.5 hours.



Reception cell

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.

3.19 Security arrangements were proportionate for an open prison and focused appropriately on managing risk in the prison and the community. The prison was a very large site with no secure boundary, and a public road and footpath running through the centre. There had

- been some investment, including CCTV and new lighting, to improve the physical security.
- 3.20 There had been eight absconds in the previous 12 months, which was higher than most other open prisons, but the number had reduced since a peak in 2021. Investigations into each abscond and temporary release failure had been completed to identify any learning, and an abscond reduction strategy had been introduced. However, monitoring of actions from the investigations was not being recorded.
- 3.21 In the previous 12 months, 177 prisoners had been returned to closed prisons; comprehensive multidisciplinary assessments were completed for all prisoners. Triggers included a serious incident or a change in their risk; in the sample we looked at decisions were proportionate. However, the justification to use double cuffs when escorting some prisoners to closed prisons was not always recorded. In a further 428 assessments to consider a prisoner's return, it had been decided that they should remain at the establishment. These prisoners were given useful, individualised plans to support their continued stay in the open estate (see paragraph 6.20).
- 3.22 A good flow of intelligence was received each month and had been increasing each year. It was collated and analysed quickly to identify emerging issues, and used to produce a monthly tactical assessment that was shared at the well-attended monthly security meeting to brief other prison departments. At the daily operational briefing, managers discussed intelligence, incidents from the previous day and prisoners being considered for return to closed conditions. There was also an additional weekly meeting dedicated to security intelligence and related matters that were shared with all staff.
- In our survey, 30% of prisoners said it was easy to get illicit drugs and 28% (against the comparator of 16%) said it was easy to get alcohol, , and 5% said they currently had a problem with alcohol or drugs Random drug testing had returned a positive rate of 9.1% over the last 12 months, which was similar to other open prisons but lower than at our last inspection and on a downward trend.
- 3.24 Although the number of illicit items found by prison staff was high, support from regional search and dog teams was limited, and not all intelligence searches had been completed because of insufficient staff. Intelligence-led alcohol breath testing was carried out on prisoners returning from release on temporary licence (ROTL).
- 3.25 The introduction of an incentivised substance free living (ISFL) unit on Blything was a good initiative to reduce supply and demand, but was not yet fulfilling its potential (see paragraph 4.77). However, it was positive that there was compact-based drug testing for those who resided on Blything, Plomesgate and The Terraces to demonstrate they were drug free.

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

- 3.26 Recorded incidents of self-harm had increased since the last inspection and the rates were higher than in most similar prisons. Nevertheless, they remained rare with just nine in the previous year, none of which had resulted in serious injury. There had been four deaths due to natural causes since the previous inspection, one of which was post-release, but no self-inflicted deaths.
- 3.27 Prison data evidenced that the number of assessment, care in custody and teamwork (ACCT) case management documents opened for prisoners at risk of suicide or self-harm had increased year on year since the last inspection, with 27 in 2023, compared with eight at the last inspection and 15 in both 2021 and 2022. Leaders provided evidence that this was due, in part, to the increase in the prison population and the changes to accommodate prisoners convicted of sexual offences (see paragraph 3.9), some of whom felt more vulnerable on arrival.
- 3.28 Quality assurance by leaders responsible for safety had identified shortfalls in ACCT documentation that had been addressed through increased managerial oversight. The case documents that we reviewed evidenced reasonable interaction and exploration of the issues that had led to the ACCT being opened.
- 3.29 The prison made good use of challenge, support and intervention plans (CSIPs, see Glossary) to support prisoners with identified short-term vulnerability issues but who did not require ACCT case management. This was an effective and proactive use of CSIP and supported communication between staff about the vulnerability of individual prisoners. All prisoners managed by ACCT or CSIP were also discussed in detail at the monthly SIM (see paragraph 3.10) to make sure there were appropriate support mechanisms in place.
- 3.30 There was a safety telephone hotline for prisoners' families to raise concerns, which was checked daily. Leaders were also promoting a newly launched national prisoners' families helpline, operated by the Prison Advice and Care Trust (PACT) charity, which supported families to seek help if they raised concerns.
- 3.31 The prison had many Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), and further peer support, including mental health awareness training, was offered by the 'Unlock my Life' charity. Prisoners also told us that their well-

being benefited from the pleasant grounds, the ability to spend plenty of time out of rooms and a clear progression route, including good access to ROTL and a wide range of purposeful activity promoted through the prison's sequencing strategy.

Protection of adults at risk (see Glossary)

3.32 Safeguarding procedures were overseen by the head of public protection, who maintained regular links with the Suffolk Safeguarding Partnership. There was also an up-to-date policy that included easy-to-follow processes for staff if safeguarding concerns were identified. While no referrals to the safeguarding partnership had been required, records of meetings such as the daily operational briefing (see paragraph 2.4) and monthly SIM (see paragraph 3.10) evidenced that any prisoners of concern were considered appropriately.

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 generally good. Throughout our inspection, we observed positive, friendly interactions between staff and prisoners, and staff were generally visible on units. Prisoners we spoke to were mostly positive about the support they received from staff, though some also told us that a minority were rude or dismissive.
- 4.2 In our survey, 74% of prisoners said that they had a personal officer, a decrease from the 92% reported at our last inspection. While the prison had a personal officer system, it was not clear that it was functioning at its full potential. Prisoners often did not know who their personal officers were or saw little additional value from them compared to general wing staff. Although there were planned fortnightly sessions, personal officer entries on prisoners' electronic case notes were sporadic and often cursory.
- 4.3 A wide range of peer working roles across the prison provided guidance and support to prisoners and assisted key functions. Peer workers we spoke to were enthusiastic about their work and generally felt well supported and supervised by prison staff. Levels 2 and 3 peer mentoring qualifications were available to some peer workers, which was positive.

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

4.4 Living conditions on the 10 housing units were good. Senior leaders had a strong grip on maintaining standards through the weekly decency meeting, which reviewed weekly reports from each unit's decency checks and forums to identify any issues.

4.5 Outdoor areas were clean, well maintained and picturesque, creating a pleasant environment which prisoners made good use of.

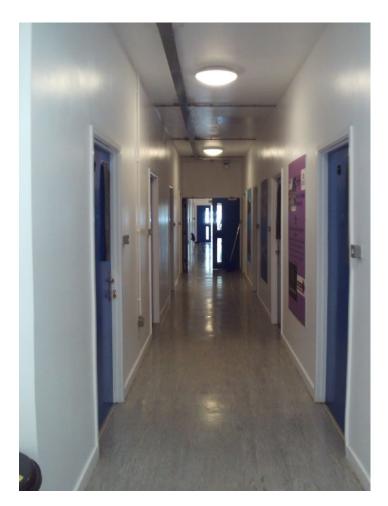


Outside grounds

While some of the older units showed signs of wear, communal areas were well maintained and tidy. Most units also had dedicated outdoor spaces. Prisoners played an active role in maintaining standards, including leading the refurbishment of the Mutford units.

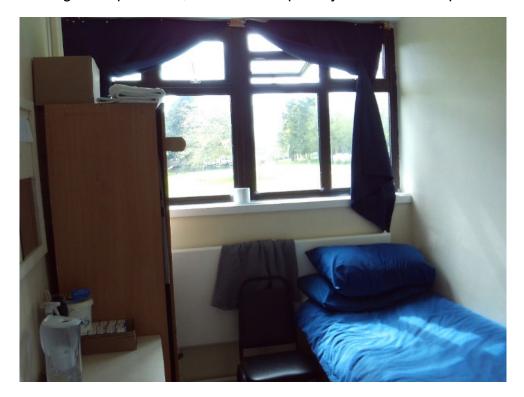


Cosford unit courtyard



Hallway on Mutford unit

4.7 Rooms were mostly spacious and well equipped. In our survey, 87% of prisoners said that they had rooms to themselves, compared with 69% at other open prisons. At the time of our inspection, two cells were holding three prisoners, which lacked privacy and were cramped.



Prisoner room on Stow unit



Prisoner room on Hoxon unit

4.8 Prisoners understood the prison's 'sequencing' approach, which linked the most desirable accommodation to their progression towards outside work and release. The Plomesgate unit and the newly installed Terraces provided self-contained living quarters with individual showers and toilets in temporary 'modular pods'. Prisoners on these units were positive about their accommodation, although some rooms on Plomesgate, which first opened in 2021, were starting to show signs of wear.





The Terraces (top) and prisoner room in the Terraces

4.9 The Threadling bungalow provided a semi-independent living environment for three prisoners who had progressed to work in the community or were nearing release, giving them a positive environment with their own garden and association space.



Threadling bungalow

4.10 All units had laundry facilities for prisoners, though in our survey only 62% of prisoners said that they could get clean bedding every week, against the comparator of 90%. Prisoners on some units said that the domestic-style washing machines could not keep up with demand.



Hoxon unit laundry facilities

Residential services

- 4.11 In our survey, only 28% of prisoners said the food was good, against the comparator of 46%, and only 41%, against 52%, that the portions were sufficient. These negative perceptions had also been identified in a local survey completed before the inspection.
- 4.12 The catering manager held regular consultation meetings with prisoners to address concerns. The meetings had recently received greater support from residential managers to improve the structure and format, and there was evidence of improvements after issues had been raised. Nevertheless, the efforts of the catering team to drive improvement were hampered by the complexity and expanse of the site. For example, food had to be loaded on to vehicles and delivered to each unit, which could affect its quality, and, despite operating from a temporary kitchen since 2021, the prison also provided catering services for nearby HMP Warren Hill.



External view of temporary kitchen

- 4.13 Prisoners were able to gain levels 1 and 2 catering qualifications as part of their work in the kitchen, and then progress to other work, including hospitality within the prison at the onsite Lansbury café, and Marsh Barn café, which was open to the public.
- 4.14 Many prisoners welcomed the opportunity to cook their own food, and those working out were permitted to buy additional groceries from a local supermarket to support this incentive. Facilities for self-catering varied across the prison; prisoners welcomed the use of more advanced equipment on units such as Mutford 2, but some self-cook areas were dirty and required repair due to damage through regular use.
- 4.15 Prisoners could purchase a reasonable range of goods from the national DHL contract, but weekly prison shop orders were packed off site and prisoners were often frustrated by shortages or poor-quality produce. There were credible plans to open an onsite shop that would sell a broad range of items and mitigate some of these concerns.

Prisoner consultation, applications and redress

- 4.16 The prisoner council met regularly with prison leaders, but outcomes were not always well communicated, and some prisoners said they were not aware of the consultation process.
- 4.17 Wing prisoner forums had been reviewed to provide a more structured approach in which set questions were asked across all residential units. Outcomes from these meetings were then discussed at the weekly 'Proud' meetings that were attended by all senior leaders, enabling

- common themes to be addressed to drive improvement (see paragraph 2.4).
- 4.18 Although the prison operated a formal applications process, the accessibility of key areas such as the offender management unit (OMU) and employment hub meant that prisoners could resolve many simple enquiries in person.
- 4.19 The number of complaints was also very low and much lower than similar prisons. The oversight of complaints was managed by the prison's business unit and there was robust quality assurance to make sure that responses were polite and answered the issues raised. Just three complaints had been escalated to the Prisons and Probation Ombudsman during 2023.
- 4.20 A wide range of legal texts was available in the prison library, and the introduction of video links to support legal services and minimise the unnecessary transfer of prisoners for court appearances was a welcome development.

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.

- 4.21 Work towards ensuring fair treatment and inclusion was good. The governor had made it a key priority, and work was consistently embedded across the establishment with a strong focus from an engaged senior management team.
- 4.22 The prison made excellent use of data to identify disproportionality in outcomes. Data were reviewed in all key meetings across the prison, and the monthly diversity and inclusion meeting discussed any disparities they revealed. These meetings were an effective vehicle for addressing any issues identified and were well attended by senior leaders. Individual senior management team members were designated leads for different protected characteristics, and they provided reports summarising activity and issues in their areas for discussion at each monthly meeting.
- 4.23 There were regular forums for protected characteristic groups as well as other communities within the prison, such as veterans. These were well attended and demonstrated meaningful engagement from prison leaders on concerns or questions raised by prisoners. We saw examples of the prison undertaking investigations of potential disparities, and senior leaders engaging directly with affected groups to address concerns.

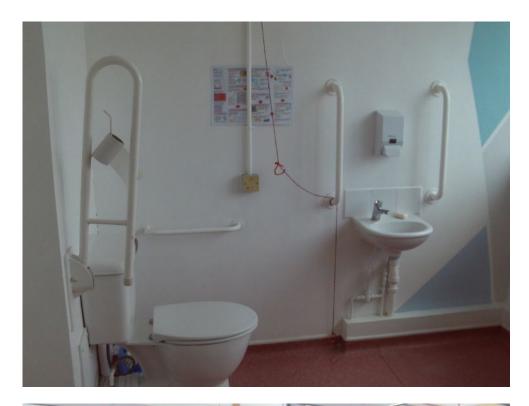
- 4.24 The Ipswich and Suffolk Council for Racial Equality (ISCRE) was well integrated into the prison's work on fair treatment and inclusion, providing independent scrutiny and challenge. ISCRE staff attended the prison's monthly diversity and inclusion meetings, and chaired the prison's minority ethnic group forum; prison staff did not usually attend these to give prisoners a space to raise their concerns. ISCRE played an important role in communicating the concerns of prisoners to senior leaders for discussion and investigation.
- 4.25 The number of discrimination incident reporting forms (DIRFs) submitted was low, at three in the previous three months and eight for all of 2023. DIRF investigations were thorough, and ISCRE provided indepth scrutiny of each of them to ensure their quality.
- 4.26 Despite this good work by the prison, there remained some perceptions of unfair treatment. In our survey, fewer Muslim than non-Muslim prisoners (50% compared with 85%) and minority ethnic compared with white prisoners (67% against 86%) said that staff treated them with respect. While the minority ethnic prisoners we spoke to were generally positive about their treatment at the prison, we also heard that some officers could be insensitive, and some prisoners felt that they were treated more harshly than white British prisoners.
- 4.27 In our survey, 23% of prisoners self-identified as having a disability. Support for these prisoners was generally good. The recently appointed neurodiversity support manager had already had a positive impact, providing training to staff, supporting individual prisoners and running a monthly neurodiversity forum.
- 4.28 Around 25% of prisoners were aged 50 or over and 11% were older than 70. Support for these prisoners and those with mobility issues was reasonably good. The Blything unit provided space for older prisoners and those with mobility issues, with dedicated orderlies supporting their day-to-day needs and an in-unit industries workshop providing opportunities for employment. The Samford unit provided a peaceful living environment for 15 older or retired prisoners, with their own garden and facilities.





Blything unit workshop (top) and Samford House walled garden

4.29 Across the establishment, prisoners with mobility issues had access to accessible washrooms, in-cell adaptations and 'buddies' to support them. Staff demonstrated good knowledge of these individuals and their specific needs in the event of an emergency evacuation. Prisoners had access to mobility scooters, which were maintained by a prisoner orderly on site (see paragraph 4.63).





Accessible bathroom on Wilford unit (top) and mobility scooters

- 4.30 A recently initiated LGBT forum had already proposed some initiatives to senior leaders, which had been reviewed at the monthly diversity and inclusion meetings. The prison had processes and policies to support transgender prisoners, including regular boards for these individuals.
- 4.31 Teams across the prison were providing excellent support to veterans.

 The prison ran a monthly morning clinic for veterans followed by a meeting in the Marsh Barn café where they could associate and access

support from staff and visiting organisations (see paragraph 4.65). The prison had good links with relevant outside organisations, including: the Department for Work and Pensions regional armed forces champion; SSAFA, the armed forces charity; and Outside the Wire, a regional drug and alcohol service offering confidential advice and support to current and ex HM Forces personnel and their families.



Marsh Barn café

Faith and religion

4.32 The chaplaincy was staffed by a relatively small team of one managing chaplain and four part-time chaplains, shared with neighbouring HMP Warren Hill. Despite this, the chaplaincy provided good pastoral care and an annual programme of religious celebrations, and prisoners spoke positively of its work.



Chaplaincy waiting area

4.33 The chapel was a welcoming space. The separate world faith centre had reasonable washing facilities, though the building showed signs of wear and tear.



Chapel



World Faith Centre

4.34 Prisoners with access to resettlement day release were able to attend worship in the community, and the prison had provided opportunities for extended resettlement release during Eid celebrations. The chaplaincy also administered grants from the Suffolk-based Rope Trust charity to support prisoners returning to the local community.

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.

4.35 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 found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

4.36 Practice Plus Group (PPG) had been the main health care provider since September 2020. Other separately commissioned services included The Forward Trust, which provided a talking therapies service (previously known as improving access to psychological therapies) and Phoenix Futures, delivering substance misuse psychosocial services. NHS England monitored the contracts through quarterly review meetings, performance reports and quality assurance visits. The health

- and social care needs assessment was out of date and a new one was needed to inform service delivery.
- 4.37 Partnership working was a strength between the prison and all the health providers who worked collaboratively to provide a patient-centred service. Regular prison health partnership board meetings and local integrated quality assurance and improvement meetings provided effective strategic and local oversight.
- 4.38 The increase in prisoner population and staff vacancies had put pressure on health services, but this had recently stabilised and, overall, we found a reasonably good service. There had been some staffing challenges, including six heads of health care during the previous five years, which had been unsettling. The current manager gave direction and was supported by competent clinical leads, and health staff felt supported.
- 4.39 Most patients we spoke to had positive comments about the health service, but a few said that some staff were unhelpful and curt. In our survey, only 44% of prisoners said the overall quality of health services was good, against the comparator of 81%.
- 4.40 The clinical rooms in the health care building were generally clean, complied with infection prevention and control standards, and contained regularly serviced equipment. However, a room occasionally used for GP consultations was cluttered and needed attention before further use. We observed an overcrowded waiting area and patients sitting on the stairs, as there were not enough seats, which was a source of frustration.
- 4.41 An effective daily handover attended by representatives from all health care teams provided a useful platform for sharing relevant patient information and service updates. Patients with complex needs were reviewed regularly through a strong multidisciplinary approach.
- 4.42 A focus on mandatory training had led to an increase in compliance with health staff training requirements, which was now at an acceptable level. Staff had good access to clinical and managerial supervision and professional development.
- 4.43 Results from regular audits and learning from adverse clinical incidents were shared with staff and had led to service improvements. A patients' forum had been established; the most recent meeting had been very well attended and discussed some promising initiatives.
- 4.44 There was a confidential complaints system, and a stock of forms and envelopes on each unit, but we found some gaps in quality assurance arrangements. There was prompt face-to-face resolution with patients for most concerns, but the outcomes were not always well recorded or sent to the patient. The complaint responses we reviewed addressed the issues raised, but aspects of some replies were slightly dismissive and this needed to be addressed.

- 4.45 The standard of clinical record-keeping varied from adequate to comprehensive. SystmOne, the electronic clinical record, was used by most services apart from Phoenix Futures, but work was under way to rectify this.
- 4.46 The health service was not a 24-hour provision. The primary care team was on site from 7am to 6.30pm every weekday and to 5pm at weekends. Registered clinical staff were now all trained in immediate life support and responded to emergencies when on duty. The emergency bags had been updated and now contained appropriate items, and a more robust checking system had been implemented as a result of learning from an adverse incident.

Promoting health and well-being

- 4.47 There was no prison-led health promotion strategy, but the department had good links with the gym, which provided specific health-related sessions, and the catering team, which supplied special health diets.
- 4.48 A wealth of relevant health information, including a monthly newsletter, was displayed around the prison and PPG followed health promotion campaigns. One example was world immunisation week, with displays of posters and information, and planned daily clinics from the primary care team to focus on improving uptake.
- 4.49 Telephone interpreting services were available for health consultations and health information could be translated if needed.
- 4.50 National health preventative screening programmes and blood-borne virus screening were available. Patients were referred to local sexual health services if needed and a hepatitis specialist nurse visited the prison to deliver treatment. Condoms were provided by the health care team. Smoking cessation services were running with individual support offered.
- 4.51 While the Forward Trust made good use of peer supporters, there were no prisoner health champions, which was a missed opportunity to help promote health and well-being.
- 4.52 A dementia bus providing a virtual immersive interactive experience recently attended the prison and was well received by the prisoners and staff who participated to understand the impact of dementia more fully.

Primary care and inpatient services

4.53 New arrivals were provided with information about the health care services available on site and how to access them. A registered nurse conducted an initial health screening to identify any immediate health care needs and referred patients to other health services when needed. A secondary health assessment to identify any other medical conditions usually took place the following day, and both screenings were completed within the required timescales.

- 4.54 Patients could make health care appointments through paper applications or in person. These were reviewed each day by a triage nurse, who then made an appointment with the most appropriate clinician.
- 4.55 Prisoners could access a range of clinics, including those for GP support, wound care, blood tests and long-term conditions. An emergency triage clinic ran each morning between 7.15am and 8.30am to meet the needs of prisoners who worked outside the prison. A well-attended clinic for older patients had recently been set up, which had resulted in the identification of abnormal blood test results for 10 patients.
- 4.56 Waiting times for most health care appointments were reasonable. At the time of our inspection, it was four days to see a GP and five weeks to see an optician. However, some patients had waited too long to see a podiatrist or physiotherapist due to the cancellation of monthly clinics, and this needed to be addressed.
- 4.57 Patients with long-term medical conditions did not always have a care plan outlining the treatment and intervention goals to manage their condition, which was a gap. The service had already identified this issue and had started work to rectify this.
- 4.58 The management of external health care appointments was good and very few that needed a prison officer escort were missed. All hospital admissions and discharges were discussed at the daily handover meeting so that key information could be shared with staff.
- 4.59 All prisoners due for release were routinely booked a health care appointment 28 days before their departure, and health care staff attended a weekly release planning board with other key prison services. Patients were given two weeks' supply of any required medicines on their release.

Social care

- 4.60 The memorandum of understanding (MOU) between the prison and Suffolk County Council to provide social care was out of date and had recently been replaced by a council-produced policy on 'Working with adults in prison', but this was an operational policy for council staff rather than an MOU. There was also no information-sharing agreement between the relevant agencies, which was a gap.
- 4.61 New arrivals were screened for social care needs. No prisoners were in receipt of a social care package at the time of the inspection. We were told that Suffolk County Council provided a domiciliary care agency to deliver care if needed.
- 4.62 Staff could refer prisoners who needed social care online, and there was now a paper application for prisoners to self-refer, although this was not well advertised. Referrals went directly to a social worker, who triaged and conducted assessments, supported by an occupational

therapist if necessary. There had been 23 referrals between October and December 2023, but this did not tally with the prison's spreadsheet, which lacked some information. Suffolk County Council was organising some training sessions about social care and the eligibility criteria for staff and prisoners to improve understanding of the process.

4.63 Aid equipment was supplied by both the council and the prison. The prison had access to 18 mobility scooters to aid prisoners assessed as needing this support, which was positive. There were three social care peer support orderlies who had a job description and received regular supervision from the mental health lead. They were supporting 15 prisoners with lower-level needs, such as collecting their meals and assisting with room cleaning. They were clear about their roles and prisoners we spoke with were happy with their support.

Mental health

- 4.64 In our survey, prisoners were more positive about the access to mental health services than at the last inspection (56% compared with 37%) and the quality of the service (53% compared with 32%). We observed caring and compassionate interactions between staff and patients, and prisoners we spoke with said their mental health worker had helped them. The clinical records we sampled demonstrated good record-keeping with regularly reviewed care plans that were subject to regular audit and shared with the patient.
- 4.65 The service provision had increased since the last inspection and there was now a dedicated PPG mental health team led by an experienced and skilled mental health nurse, a social worker and two more mental health nurses. They provided a responsive service, including drop-in sessions on the units. A monthly clinic for veterans was highly valued by those attending and was part of a wider joint initiative with the prison and external charities (see paragraph 4.31). The team was supporting 68 patients with complex needs, including four supported through the care programme approach (a framework for supporting patients with a mental illness). No patients had been transferred to hospital under the Mental Health Act since the last inspection.
- 4.66 New referrals, accepted from any source, were triaged daily. Urgent referrals were prioritised and seen within 48 hours, and most routine assessments were completed within five days. Staff attended all assessment, care in custody and teamwork (ACCT) reviews.
- 4.67 Prescribing reviews and health monitoring for patients receiving mood stabilisers and antipsychotic medicines were completed regularly. The consultant psychiatrist visited every two weeks and the team prioritised who needed to be seen based on clinical need, but the wait for a routine appointment had increased to around 10 weeks, which was too long.

- 4.68 Patients with neurodivergent needs were supported by the team and diagnostic services were available. Links with the prison-employed neurodiversity support manager were effective.
- 4.69 The Forward Trust provided a talking therapy service and was supporting 93 patients. There had been staffing shortages but these had recently improved and there were now three psychological well-being practitioners, a part-time therapist and an experienced team manager. They offered well-being support promptly through group work for anxiety and depression, a range of self-help guidance and individual lower-level interventions. However, there were lengthy waits for cognitive behavioural therapy with 19 patients waiting up to 32 weeks, though they were seen regularly while waiting and referred to community services on release.
- 4.70 The Forward Trust peer workers attended the weekly inductions for new arrivals along with the mental health ambassador, a peer worker from the Unlock My Life project, which promoted mental health awareness and signposted prisoners to mental health services within the prison.
- 4.71 Weekly multidisciplinary team meetings were attended by both services and the substance misuse service. Liaison with the wider health team, community and prison teams, and family members was very good, with particular attention to pre-release arrangements for throughcare.

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

- 4.72 Substance misuse services were delivered by PPG for clinical provision and Phoenix Futures for psychosocial support. The substance misuse teams were well led and enthusiastic, providing an effective service to maintain recovery. They had good working relationships with the prison and a strong joint commitment to its drug strategy and action plan.
- 4.73 New arrivals who required ongoing clinical or psychosocial interventions to maintain recovery were identified effectively. The paper and digital records we reviewed were comprehensive and clearly set out planned care, risks and interventions. However, Phoenix Futures was the only service not using SystmOne, although this was being resolved.
- 4.74 The service consisted of a range of staff, including recovery practitioners, a nurse substance misuse lead and a doctor with additional substance misuse training. Psychosocial staff had manageable caseloads, which were closely monitored. At the time of our inspection, they were supporting approximately 100 prisoners through recovery-focused group work and individual sessions based on harm minimisation and specific substances.
- 4.75 There were only three patients on opiate substitute therapy. Prescribing was in line with national guidelines and patient led. The clinical and psychosocial team had regular reviews with the patient.

- 4.76 Prisoners could access services easily and there was an open referral system. Staff assessed and treated those who required urgent care promptly. Narcotics and Alcoholics Anonymous mutual aid groups were running, including a self-management and recovery training (SMART) recovery group.
- 4.77 There was an incentivised substance free living (ISFL) unit, which was a positive environment for prisoners committed to staying drug free, but the incentives were limited and it was not developed to its full potential.
- 4.78 We were particularly impressed at the provision of training in and supply of naloxone (a drug to manage substance misuse overdose) for prisoners on release. This training was mandatory for patients with historic opiate misuse and those on current opiate substitute therapy. For all those who engaged with the service, the option to take either injection or nasally administered naloxone was a significant step to help reduce post-release deaths due to overdose. Effective post-release support and community engagement was developed 12 weeks before release.

Medicines optimisation and pharmacy services

- 4.79 The pharmacy delivered services safely and effectively, with medicines supplied from the in-house pharmacy run by PPG. The team was well-led by the pharmacy manager, and recruitment was ongoing to enlist a further pharmacy technician and a site-based pharmacist. Pharmacy-led clinics had not yet been fully embedded, and patients currently did not have had access to medication review services.
- 4.80 There was an in-possession medicines policy, with risk assessments that took both the drug and the patient into account. Almost all patients received their medicines in possession, with around 92% on a monthly supply. Patients were supplied with lockable storage boxes and fridges to store temperature-sensitive medicines where appropriate. There were regular compliance checks of in-possession medicines.
- 4.81 The prescribing of drugs with the potential for abuse was minimal and well controlled. However, approximately 6% of patients received mirtazapine, an antidepressant. There were non-medical prescribers on site and a range of emergency medicines was available to allow patients access to medicines out of hours. Stock reconciliation procedures were good.
- 4.82 Medicines were stored and transported safely. Temperature-sensitive medicines were kept in fridges that were monitored. The management of controlled drugs was good, and records were audited regularly. Medicines were administered twice a day and night-time medication was issued as daily in possession. Supervised medicines, including controlled drugs, were administered efficiently in a private area, and ID cards were checked.
- 4.83 Staff reported incidents on the Datix incident reporting and risk management website. Reviews and learnings were identified to

mitigate similar future events. Patients who did not attend to collect their medication were followed up. There was appropriate provision of medication for patients being discharged or transferred. Regular local and regional medicines management meetings ensured shared learning from medicines-related incidents, audits, shortages, alerts and recalls.

Dental services and oral health

- 4.84 Community Dental Services provided the full range of NHS dental health services. It ran 10 clinics a month and the waiting time for a routine appointment was about seven weeks. Three emergency appointment slots per clinic were available for patients in severe dental pain or with facial swelling. Patients had access to appropriate pain relief and antibiotics if needed, and remote prescribing could be provided by dentists in other local prisons.
- 4.85 Dental care records were satisfactory and evidenced that patients received appropriate assessment, treatment and oral health instruction. However, records of their levels of periodontal disease, caries and oral cancer risk were not always completed.
- 4.86 The dental treatment room and decontamination area were clean and met infection control standards. Dental equipment was maintained and serviced to ensure it was safe and fit for purpose. However, we identified several shortfalls in legionella and sharps' management, staff appraisal and patient feedback that indicated governance of the service needed to be strengthened.

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.

- Prisoners were never locked in their rooms and were free to access the grounds of the prison from 7.30am to 8pm on weekdays, with exceptions for those who had early or late work in the community. Prisoners could socialise on their housing units until 11pm each night. The weekend regime was the same, although prisoners had to remain in their housing units during visiting hours.
- 5.2 Almost all prisoners were in full-time employment, and almost a fifth worked outside the prison on release on temporary licence (ROTL).

 Only around 9% of prisoners were not working due to disabilities, long-term sickness, being retired or on induction to the prison.
- 5.3 Prisoners working in the prison had two work sessions a day amounting to less than seven hours, with 90 minutes for roll checks and lunch, which did not mirror typical expectations of work in the community. Workshops were also closed on Fridays, resulting in an unacceptable four-day working week for many.
- Units generally had good association facilities with snooker and pool tables, dartboards, boardgames and communal televisions, as well as outdoor spaces with gym equipment and seating areas.



Hoxon unit association room

5.5 Outdoor exercise equipment was common across the housing units and there was a makeshift racquets court on the Terraces. Some units had dedicated indoor exercise rooms, which was positive.



Samford House exercise equipment

5.6 Although some darts, pool and snooker tournaments were played on the housing units, enrichment activities were limited across the prison (see paragraph 5.26).

5.7 The library was run by Suffolk Libraries and staffed by an enthusiastic librarian supported by a team of seven prisoner orderlies. It was open every day of the week, although closed on weekend afternoons.



The library

The library was a welcoming if somewhat cramped space, with an excellent selection of DVDs. A reasonable selection of books was available, including easy-read and large-print texts, audiobooks and employability and parenting literature. The selection of foreign language books was limited. The library provided some enrichment activities for prisoners, including a monthly book club and regular debate sessions, quizzes and reading challenges. It was well integrated into the prison's recently implemented reading strategy (see paragraph 5.23).



Library DVDs

- Recent data showed consistently high footfall in the library of more than 3,000 visits a month; 94% of prisoners were registered with the library, and an impressive 70% of the population had used it in the previous three months. In our survey, 93% of prisoners, compared with 57% at the last inspection, said they could access the library once a week and 71%, against 51%, said that it had a wide enough range for their needs.
- The prison had a large gymnasium with a sports hall, weights room, cardiovascular equipment room and classroom. There was also a full-size football pitch, although the surface was in relatively poor condition. Prison data showed that only 43% of the population were making use of the gym.



Sports hall

5.11 The gym was staffed by a small team of 2.5 full-time-equivalent physical education instructors, which limited the outreach that could be provided. Despite this, the gym offered a timetable of sessions, including specialised periods for older prisoners and health care referrals. It also provided several accredited courses, alongside a twinning programme with Ipswich Town Football Club. Football was available at weekends on the sports field and there were also periodic football matches with community teams, but prisoners were not allowed to play football unsupervised by staff despite the spacious grounds.



Football pitch

Education, skills and work activities



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

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

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

Overall effectiveness: good

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Quality of education: good

Behaviour and attitudes: good

Personal development: good

Leadership and management: good

- 5.13 Leaders and managers had a clear strategy to provide full-time education, skills and work activities whose purpose was to increase prisoners' chances of securing employment on release. They had provided sufficient places for the prison population, including a large and increasing number of paid work places for prisoners released on temporary licence (ROTL). Leaders and managers had provided industry-standard resources in vocational workshops and industries which gave credibility and realism to training as well as demonstrating leaders' intention that prisoners work to high professional standards.
- 5.14 Prisoners followed thoughtfully planned career pathways from induction through to ROTL which prepared them well for both independent living and employment. Managers, working with a representative employer advisory board, had identified regional skill gaps and employment opportunities and designed the appropriate pathways to meet these needs. For example, in catering, prisoners learned basic cooking skills and understood food hygiene and allergens before working in prison café and restaurant settings. They then progressed to paid work in local hospitality settings, under ROTL conditions, which for many led to permanent employment. Managers had also introduced new courses, for example forklift truck, warehousing and barista training, to enhance career pathways and consequently improve prisoners' potential employment opportunities.
- 5.15 Leaders and managers had maintained the good standards found at the previous inspection. They had successfully actioned the few recommendations. Long-standing effective partnership arrangements between the education provider and other prison functions ensured that leaders responded appropriately to changing circumstances. For example, leaders had responded well to the reduction in prisoners' length of stay at the prison and adjusted the curriculum appropriately to meet prisoners' changed needs. As a result, prisoners were enthusiastic about the activities they undertook, saw the relevance of their work and had positive views about their prospects on release.
- 5.16 Leaders and managers had effective oversight of the quality of education, skills and work. The strong partnership working had led to sharing of good practice and informed appropriate training opportunities between the education provider and wider prison staff. As a result, the quality of teaching and instruction was good. Well-attended quality improvement group meetings ensured improvement targets were achieved within agreed timeframes.
- 5.17 Prison-wide information, advice and guidance supported prisoners well to determine the most appropriate choice of purposeful activities. Attendance at induction was good and the content relevant. Induction included a tour of workshops and other facilities in advance of prisoners indicating their programme preference. The allocation of prisoners to activities was well coordinated. Managers took account of

career pathway choice, health, security and release information before allocating appropriately. Most prisoners had their first choice of course or programme. Waiting lists for activities were short. The prison's local pay policy did not offer enough incentive for prisoners to study for qualifications in English and mathematics, although it did not disadvantage those who chose to do so.

- 5.18 People Plus provided education and vocational training in the prison. Teachers had high expectations of prisoners. Prisoners benefited from well-planned and well-taught courses that were sequenced in a logical way. For example, prisoners studying level 2 English learned about features of language such as simile, metaphor and resonance before they studied text inference or audience purpose. Teachers were suitably qualified and had relevant industry experience. They used their knowledge effectively to make teaching interesting and relevant. Teachers assessed learning correctly and used written and verbal feedback well in order to make clear to prisoners what they needed to do to improve. Teachers and mentors worked together effectively to support prisoners' learning. For example, teachers spoke with mentors before lessons began to ensure that they clearly understood the aims of the lesson. Prisoners' work in both classrooms and workshops was of a high standard. Prisoners achieved well in external examinations. In construction courses, for example bricklaying and carpentry, all prisoners passed their examinations.
- Managers had prioritised the development of prisoners' English and mathematics skills within vocational training and industries over studying English and mathematics for a qualification because many prisoners did not stay long enough to complete a full qualification in these subjects. As a result, only a few prisoners gained English and mathematics qualifications. Specialist advisors supported teachers and instructors to integrate functional skills well with vocational learning. Mentors played an important role working individually with their peers to improve these skills. For example, in multi-skills, prisoners took planned spelling tests and undertook regular measurement exercises. As a result, prisoners worked accurately with numbers, developed appropriate technical language, and improved their spelling and grammar.
- Teachers and instructors checked most prisoners' knowledge and skills regularly and accurately. For example, they asked probing questions to ensure that prisoners' understanding of key concepts was reinforced and any misconceptions clarified. Written feedback was clear and gave prisoners clear guidance for improvement. As a result, prisoners learned correct information and filled gaps in their knowledge. However, most prisoners who worked as orderlies, cleaners and in industries did not have their progress systematically recorded. Many developed a wide range of employment skills, for example, team working, using initiative, communicating effectively, which were not properly acknowledged or celebrated. Consequently, prisoners did not fully appreciate or value the progress they had made.

- 5.21 Prisoners developed good knowledge and produced high-quality work in both training and production environments. For example, in horticulture, prisoners understood the relevance and practice of companion planting to reduce the reliance on chemicals for pest control. Prisoners grew a wide variety of plants grown to commercial standards for public sale as well as vegetables and salad produce for the prison kitchens. In the public café, prisoners produced a range of panini, cheesecakes and other lunchtime meals. They had developed barista and customer service skills equivalent to high street standards.
- Prisoners benefited from effective additional support in both education and industries. Teachers and instructors used support strategies which enabled prisoners to overcome barriers to learning. Staff placed a high value on creating an inclusive learning environment in which all could achieve. Staff carried out useful assessments and produced prisoner profile plans outlining specific helpful interventions. Prisoners benefited from useful resources such as ear defenders, fidget tools and reading rulers that helped them concentrate and develop their reading skills. Teachers and mentors worked together effectively to support prisoners' learning. In classrooms and workshops, mentors provided valuable individual support to prisoners by explaining tasks clearly and helping them to understand basic concepts. Prisoners greatly valued the additional help they received. As a result, prisoners with additional needs achieved in line with their peers.
- 5.23 Leaders and managers had been slow to develop a whole-prison reading strategy. While many initiatives were now in place, for example staff training, library book clubs and reading assessments on arrival at the prison, it was too soon to judge the impact on prisoners.
- 5.24 Prisoners in education, skills and work were well behaved, polite and had respectful relationships with peers and staff. Workshops and classrooms were calm, well-ordered and conducive to learning and work. Overall, attendance at education, skills and work activities was high although in a few industries attendance did not meet the high expectations of prison leaders. Prisoners usually attended lessons and workshops punctually. However, on the few occasions when prisoners were late, the start of lessons was disjointed, which had a negative effect on those prisoners who had arrived on time. Prisoners felt safe when in education, skills and work-related activities. They knew how to report any concerns and felt confident that any issues would be dealt with quickly by staff.
- 5.25 Prisoners benefited from comprehensive pre-release support through the lively employment hub. They had routine access to the virtual campus (giving them internet access to community education, training and employment opportunities) which allowed them to consider up-to-date job vacancies in their release area. Mentors ensured curriculum vitae were presented well and applications accurate. Staff coordinated support across key agencies such as probation, housing, Department for Work and Pensions, and family care. As a result, an increasing proportion of prisoners secured long-term employment on release.

5.26 Leaders and managers had not provided a sufficient range of activities in order for prisoners to explore and develop wider interests outside education, skills and work activities. Staff encouraged prisoners to develop their own enrichment activities on a self-help basis, for example the prison music group and band. However, staff had not organised timetables and coordinated regular enrichment activities. Prisoners benefited from the inclusive environment which staff created. Prisoners understood the relevance of the community values promoted by prison staff and the importance of their practice in wider society.

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 Leaders had identified connecting prisoners with their families and building relationships as a key priority, and it was positive that most prisoners were able to maintain good contact with their families through release on temporary licence (ROTL).
- 6.2 Family support services were provided by Ormiston Families, a regional charity, whose work was well embedded across the prison. Ormiston provided regular family days that centred on school holidays and focused on creative themes, and were designed to be inclusive for all children and families. Ormiston playleaders also supported Storybook Dads (enabling prisoners to record a story for their children) and regular prisoner recognition award ceremonies, which friends and family could attend.
- Ormiston workers were also responsible for other positive initiatives to support prisoners. For example, an in-house visits scheme had been created for prisoners who did not routinely receive social visits or access temporary release. This allowed them to experience the visits setting, while enjoying refreshments, and had led to regular 'Meet up Mondays' in the prison café.
- 6.4 Leaders had conducted several surveys to engage with families which had led to improvements to the provision of social visits. The visits hall was welcoming and the play area was very well equipped, with a prisoner peer worker who represented Ormiston ensuring there were age-appropriate toys for every visit. Children were also encouraged to talk about their visits experience using a 'feedback tree' where they could write their own thoughts and comments. The recent introduction of a sensory room provided a quiet area for families and prisoners with neurodiverse needs, and there was an excellent outdoor facility for families to enjoy during warmer weather.



Sensory room

- 6.5 Social visits were limited to weekend afternoons and, while there were occasional delays in booking a visit, there was no evidence that provision did not meet demand. Visits for prisoners who were not accessing resettlement day release (RDR) were prioritised during busier periods to access family contact. Secure social video calls (see Glossary) were now held in Lansbury Café to provide a more relaxed environment and, following consultation, had been increased to facilitate contact with children on a weekday evening.
- 6.6 Some prisoners who participated in RDR told us that they were frustrated by the limited time they could spend with families. However, we found that the local RDR process was equitable and most eligible prisoners could access temporary release of up to nine hours per day. The prison also provided transport to local railway stations to support the time available with families. Prisoners working in paid community work and external drivers were permitted an additional five hours of RDR as a further incentive in the prison's sequencing strategy. Leaders had also made appropriate use of licence conditions to allow ROTL for prisoners to support childcare, the birth of a child or attend family funerals.
- 6.7 The prison did not offer in-cell telephones and prisoners told us that in some areas, such as The Terraces, communal phone booths lacked privacy. Prisoners accessing temporary release, including work placements, were permitted, subject to risk assessment, to contact family and friends via mobile phones.

Reducing reoffending

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

- 6.8 Hollesley Bay's collaborative and creative approach to sequencing prisoners' time meaningfully from arrival through to release was central to reducing their likelihood of reoffending. Effective leadership and regular well-attended meetings coordinated action ambitiously across all the resettlement pathways, resulting in some good outcomes. A refresh of the needs analysis was due to make sure that it reflected the current needs of the population, and to inform a plan of continual improvement.
- 6.9 The offender management unit (OMU) was well led, and staff worked hard to drive positive outcomes for prisoners. This was despite managing challenging workloads affected by protracted staff shortfalls, coupled with the increase in population and the impact of policy changes such as the temporary presumptive recategorisation (TPRS), restricted open estate transfer and end of custody supervised licence (ECSL) schemes.
- 6.10 The allocation of individual cases to prison offender managers (POMs) was timely and appropriate. Impressively, this was usually accompanied by an entry on P-Nomis (the prison national offender management information system) by one of the senior probation officers, summarising the case to guide POMs on key issues and immediate priority tasks.
- 6.11 The OMU saw all new arrivals during their induction and POMs undertook a follow-up interview, usually within the first two weeks, which was helpful in managing prisoners' expectations about ROTL processes and the role of the OMU. It was positive that the OMU sites operated an 'open door' policy giving prisoners' easy access to a POM or case administrator. POMs held weekly surgeries on Hoxon and Stow units, which were helpful for many prisoners there still waiting for their ROTL to be approved.
- 6.12 The two peer-led OMU information centres were excellent, well-used resources which many prisoners we spoke to greatly valued. The OMU orderlies could take messages, relay information and contact all prison departments by telephone to help prisoners with any non-sensitive immediate and ongoing progression or resettlement-related problems or queries.
- Our case sample indicated that the frequency of ongoing contact between POMs and prisoners was good and focused appropriately on parole arrangements (where needed), access to ROTL, progression and preparation for release. On occasions where monthly in-person contact could not always be achieved, for example because prisoners were working in the community, communication was maintained by

telephone and email. Prisoners we spoke to reported very positively about the support they received. One prisoner told us:

'The OMU has helped me get jobs and supported me with parole. I've now got savings ready for release so I can pay for accommodation and bills. The OMU has been amazing.'

- 6.14 The introduction of TPRS meant that some prisoners had been transferred in at short notice and arrived at the prison without the required recent assessment of their risk and needs. However, at the time of the inspection, most prisoners had an up-to-date OASys (offender assessment system) assessment. In our sample, the quality of these was good, and some were excellent and illustrated balanced, informative and analytical assessments.
- In our survey, it was positive that 92% of prisoners who had a sentence plan said they knew what their objectives were, and 98% of these said they understood what they needed to do to achieve them. Consistent with the nature of the prison, sentence plans had a clear focus on ROTL, employment and preparation for release. Progress against these targets was good for most prisoners.
- The prison held 48 prisoners serving a life or indeterminate sentence for public protection (IPP), and they were supported appropriately by probation-trained POMs and the psychology department. Forums to engage this group were due to resume after a temporary pause, and leaders were in the early stages of recruiting an IPP peer-representative following feedback from the community. The impressive 'Threadling' unit (a self-contained bungalow) offered a small number of these prisoners the opportunity to develop the necessary skills to live independently.
- 6.17 Some indeterminate-sentenced prisoners had benefited from the introduction of the LIFE course ('Living Independently and be Financially Equipped'), which helped them develop practical skills such as budgeting, healthy living and navigating technology.
- 6.18 Parole arrangements were well-managed and submission of dossiers was usually timely. In the previous 12 months, 35 prisoners had been released into the community on the direction of the parole board.
- A relatively small number of the population were eligible for home detention curfew (HDC) and in most cases it was granted. Prison-led processes were administered efficiently. However, some prisoners were released late owing to reasons beyond the prison's control, such as delays by community probation teams in verifying suitable addresses, the lack of bed space in the community, and the arrival of prisoners either shortly before or after they qualified for HDC.
- 6.20 Decisions to return prisoners to closed conditions were taken following a multidisciplinary meeting. In the cases we reviewed, decisions were clearly evidenced, balanced and defensible. There was good support

for those where it was deemed appropriate for them to remain in open conditions following transgression, which illustrated the prison's determination to help prisoners progress and reduce their chances of reoffending (see paragraph 3.21).

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 A dedicated public protection team had been established following the introduction of prisoners convicted of sexual offences into the population in 2021. The small but experienced team was fully integrated within the OMU and collectively, along with good joint work with the security department, had ensured considerable improvements in public protection arrangements.
- About a third of the population were assessed as a high risk of serious harm, nearly half were eligible for multi-agency public protection arrangements (MAPPA) and 10% were assessed as an ongoing risk to children. The well-attended monthly interdepartmental risk management meeting considered these prisoners approaching release, including all those managed by psychology staff-led enhanced behaviour monitoring and complex prisoners (by exception) who required multi-agency input. A separate weekly public protection meeting ensured dynamic oversight of the risks associated with newly arrived prisoners and those subject to contact restrictions to make sure that P-Nomis alerts were up to date, and relevant risk management paperwork was shared and completed. Quarterly strategic meetings, usually involving the governor or deputy governor, ensured suitable governance.
- 6.23 All new arrivals who potentially posed a risk to children and the public were promptly identified, assessed and restrictions applied and reviewed as required.
- In most of the cases we looked at in detail, we saw evidence of liaison between the prison and community offender manager (COM), particularly in preparation for a prisoner's parole hearing or imminent release. However, because of persistent staff shortages within community probation teams, particularly across the London boroughs where many prisoners were released, the OMU often struggled to share and receive information and confirm MAPPA management levels promptly. For some prisoners, this affected the timeliness of their ROTL approvals, despite the OMU's efforts to escalate issues when replies were not forthcoming (see paragraph 6.29).
- 6.25 The standard of risk management plans was good. The prison's written contributions to community MAPPA meetings were comprehensive, well considered and meaningful. They included succinct analysis of the prisoner's behaviour, attitudes and responsiveness, and how these

- factors would inform ongoing risk management during custody and compliance with licence conditions on ROTL and release.
- 6.26 Very few prisoners warranted telephone or mail monitoring. On the rare occasions they did, authorisation and reviews were usually managed well, but there had been instances of delays in calls being listened to.

Interventions and support

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

- Access to ROTL was the main priority for most prisoners, and it was used extensively for a range of purposes. It was positive that, in the previous 12 months, over 32,000 ROTL events had taken place. About 70% of the population were accessing some form of ROTL, and a fifth of all prisoners were using ROTL for outside work or training.
- Many prisoners required a higher level of input and assessment because they were subject to restricted ROTL (which places additional requirements on certain prisoners, such as those with extended or indeterminate sentences, and those assessed as high or very high risk of harm). The ROTL files we reviewed were comprehensive. Thorough consideration of prisoners' risk, circumstances and safeguarding issues were used well to inform decisions.
- 6.29 However, some prisoners waited far too long for their assessments to be completed. At the time of inspection, 31% of the population had not been approved for ROTL. Many of these were still within their initial assessment stage, but 88 prisoners were experiencing delays, sometimes for months, owing to the lack of prompt responses and contributions from community probation teams (see paragraph 6.24). One prisoner told us:

'I'm waiting for the COM to do the ROTL paperwork. There's a disparity between different areas. Some people get theirs done quickly. Others are at the mercy of delays with probation and police. It takes the veneer off coming to open.'

- 6.30 Understandably, some prisoners we spoke to were unhappy about the delays. However, many did not express the level of frustration we often see. The prison was effectively managing prisoners' expectations about the timeliness of ROTL approvals from the outset, and in some cases, the OMU mitigated delays by holding a bespoke board (known by prisoners as a 'half board') to approve town visits while waiting for further checks.
- 6.31 All the prisoners we interviewed were clear the purpose of ROTL was to help them reintegrate into society and rebuild crime-free lives, often having spent many years in prison. One told us:

'I went to a big Tesco and it was weird seeing day-to-day life – people shopping, having a coffee. I was overwhelmed. ROTL gets you used to it. Without it, coming out would be a big shock. Building up to the time outside is very helpful. It gets you used to freedom and people trusting you.'

- 6.32 Another prisoner told us that he was grateful to have been granted a special purpose licence so that he could take (and pass) his driving theory test something that would help him work towards driving legally on release.
- 6.33 Where there had been instances of minor ROTL breaches, these were examined in a balanced way. We saw one case where, after a period of suspension, ROTL had resumed because the board judged that it was in the long-term interests of the prisoner to retain employment that would continue after his release.
- The prison did not offer any accredited behaviour programmes as prisoners were expected to have completed such work before they arrived. Where further work was needed to consolidate previous learning, prisoners were able to access the Sycamore Tree victim awareness programme, use in-cell workbooks such as 'Stop supplying', and complete one-to-one structured work with a POM.
- 6.35 There was no provision for those convicted of domestic violence offences, which equated to about 20% of the population. However, it was positive that leaders were having preliminary conversations with organisations about a possible intervention for this group.
- The onsite psychology team gave good support to the identification and management of complex prisoners, including those requiring enhanced behaviour monitoring, prisoners engaged in the offender personality disorder pathway, and those serving IPP sentences who were struggling to progress.

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.

- 6.37 Nearly 400 prisoners had been released in the previous 12 months. More than half were from outside the prison's catchment area of the East of England, which posed challenges, particularly in areas where community probation teams had staff shortages. However, resettlement planning was usually managed effectively, and it was positive that the onsite resettlement hub worked with all prisoners irrelevant of their assessed risk of harm.
- 6.38 The accessible and well-used employment hub provided an excellent environment for prisoners to access a wide range of resettlement staff

and resources to help with their employment prospects and practical release planning needs.



Employment hub

- 6.39 Staff assisted prisoners to prepare CVs and criminal-conviction disclosure statements, and apply for jobs, bank accounts and recognised forms of personal identification such as birth certificates, driving licences and adoption certificates. The DWP work coach helped prisoners with their benefits entitlements and claims, and ran a useful weekly job club.
- 6.40 There was no onsite specialist debt support, but staff in the hub could help facilitate telephone calls to Citizens Advice, as well as banks and other community services, to set up appointments for prisoners to attend while on ROTL. Leaders had recently developed links with an organisation to help prisoners access their credit report, which was positive and something we do not usually see.
- A discharge board had been introduced for those due for release in the next 12 weeks to check that outstanding needs had been identified and were being managed. Prisoners were given a 'resettlement passport' to record their contact with different agencies, which was a useful safety net to make sure they had engaged with everyone they needed to.
- 6.42 Work was developing well to improve prisoners' prospects for employment on release. The introduction of a prison employment lead was driving considerable efforts to improve employer engagement.

 Managers had introduced new courses where skill gaps for regional employment opportunities had been identified, for example, forklift truck training, to enhance prisoners' employment chances. Events involving

- prisoners and employers from a range of sectors had led to the development of promising new partnerships.
- 6.43 HMPPS data showed that, on average, over the previous 12 months, 35% of prisoners were in employment six weeks after release. The prison undertook a significant amount of work to challenge the accuracy of these data recorded by community probation teams. We were provided with compelling evidence that not all positive outcomes were always captured.
- There was relatively little demand from prisoners for help with accommodation on release; many made their own arrangements while on ROTL or were released to approved premises or settled accommodation. About eight prisoners a month asked for help with housing. Almost all prisoners released between April 2023 and February 2024 had an address to go to on their first night of release. Of these, over half (55%) were released to sustainable accommodation. However, seven prisoners had been released with no fixed accommodation, usually because they had been transferred to the prison under TPRS and there had been too little time to secure accommodation. It was a reflection of Hollesley Bay's caring approach that prisoners being released homeless were given transport to their local probation office or district council to make sure they could attend their required appointment.
- 6.45 Since February 2024, 54 prisoners had been released under the ECSL scheme. While being released at least 18 days earlier than expected posed potentially significant challenges for effective resettlement planning, none of these prisoners had been released homeless.

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 2018, the reception area was welcoming, and there was good support on the first night, including clean and well-equipped rooms. Induction was excellent. The prison remained a safe place to live for most prisoners, and violent incidents continued to be rare. Support for victims of bullying was reasonable. Security procedures remained proportionate. The availability and use of illicit drugs had increased since the previous inspection. There were few incidents of self-harm, and support for those at risk remained very good. Outcomes for prisoners were good against this healthy prison test.

Recommendations

All use of force incidents should be scrutinised by senior staff to ensure that force is only used as a last resort.

Achieved

Body-worn cameras should be used during all use of force incidents.

Not achieved

Risk assessments to determine if a return to closed conditions is necessary should be multidisciplinary and should show sufficient exploration of all relevant factors relating to the risks presented.

Achieved

Decisions to use handcuffs should be based on an individual risk assessment. (Repeated recommendation)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, staff-prisoner relationships were very good but some prisoners' perceptions of victimisation by staff needed to be better understood. Peer workers were used extensively. Outside areas were excellent and residential units, with the exception of Bosmere unit, were in good condition. Most prisoners were negative about the quality of the food provided. Consultation arrangements were underdeveloped. Applications were managed well but the increase in the number of complaints submitted needed to be explored. Equality and diversity work was weak but there was little evidence of negative outcomes across most of the protected characteristics. Health care and substance misuse services were good. Outcomes for prisoners were good against this healthy prison test.

Recommendations

The negative perceptions expressed by some prisoners that a small number of staff were punitive in their approach towards them should be explored and addressed.

Partially achieved

Basic living conditions on the Bosmere unit should be improved to ensure decency, including refurbished and well-maintained showers.

No longer relevant

Prisoners' views about the quality of the food should be explored in greater depth and, where possible, changes should be made to increase their level of satisfaction.

Not achieved

The issues with the prison shop should be resolved, so that prisoners receive their correct order.

Not achieved

A court video link should be available. (Repeated recommendation)

Achieved

The prison should routinely consult prisoners in the protected groups to ensure that their concerns and needs are identified and, where possible, addressed. (Repeated recommendation)

Achieved

Managers should consider both local and national equality monitoring data, and address inequitable outcomes.

Achieved

Reasonable adjustments for prisoners with disabilities should be swiftly completed. These prisoners should have access to practical support, such as a buddy scheme, which supports them in their day-to-day life at the prison.

There should be a regular health care representative forum to inform service developments and enable collective concerns to be addressed.

Achieved

There should be regular, systematic health promotion campaigns delivered in conjunction with the prison.

Achieved

Prisoners should have timely access to optician and dental services. (Repeated recommendation)

Achieved

There should be a memorandum of understanding and information sharing agreement between agencies, to outline appropriate joint service working on social care.

Not achieved.

Purposeful activity

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

At the last inspection, in in 2018, prisoners had up to 17 hours a day out of their rooms and had excellent access around the prison grounds. Library and gym provision was positive. Learning and skills provision was reasonably good, and leadership and management were strong. Ofsted identified some key areas for improvement, including the quality of teaching in vocational training, the provision of careers advice and guidance, and more robust evidence of outcomes following release. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Prison managers should ensure that they have accurate information on the education, training or employment that prisoners enter following their release, so that they can evaluate and monitor fully the impact of the curriculum on offer. **Partially achieved**

Prison managers should ensure that prisoners receive impartial careers advice and guidance when they arrive at the establishment and throughout their time in custody, so that they can plan their future after release more effectively.

Achieved

Prison and People Plus managers should ensure that vocational tutors provide detailed and constructive feedback on practical work, to help prisoners to improve.

Achieved

Prison and People Plus managers should ensure that vocational tutors challenge prisoners to achieve high standards of professional workmanship that meets commercial expectations.

Prison managers should ensure that prisoners engaged in prison industries have an opportunity to study and achieve a qualification related to their job. **Achieved**

Rehabilitation and release planning

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

At the last inspection, in 2018, the extensive use of release on temporary licence helped prisoners to maintain family ties. The strategic management of resettlement was reasonably good but the needs analysis was limited. Preparation for the arrival of prisoners convicted of sex offences was at a very early stage. Offender management had improved and prisoners experienced good levels of contact. Too many prisoners still arrived in open conditions without a full assessment of their risks, and public protection measures were very weak. Support for accommodation, and finance, benefit and debt needs was reasonably good. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

The application of national procedures to protect the public, including children, from harm should be applied robustly. This should include the prompt application of contact restrictions, where necessary, and more effective monitoring of mail and telephone calls in relevant cases. Every possible action should be taken to confirm the multi-agency public protection arrangements (MAPPA) management level with the National Probation Service in the lead-up to release, including release on temporary licence events.

Achieved

Recommendations

Visits provision should meet demand.

Achieved

Prisoners on resettlement day release to maintain family ties should not be required to be collected and returned by family members in a car unless the risk assessment suggests that this is necessary.

Achieved

The prison's needs analysis should make full use of offender assessment system (OASys) and P-NOMIS data, in order to identify and address gaps in provision.

Partially achieved

Meetings to discuss a prisoner's suitability for open conditions should be multidisciplinary. Decisions to return prisoners to closed conditions should be clearly evidenced and defensible.

For prisoners returning to closed conditions, recategorisation to C should be supported by clear evidence.

Achieved

The prison should undertake a comprehensive analysis of needs, to establish the range of offence-focused interventions required.

Achieved

The community rehabilitation company (CRC) should monitor the number of prisoners released to sustainable accommodation (12 weeks after release), to understand the effectiveness of provision.

Achieved

Prisoners should only transfer to open conditions once a full and up-to-date assessment of their risk and needs has been carried out.

Not achieved

There should be sufficient places available in Bail Accommodation and Support Service accommodation to allow prisoners to be released on home detention curfew on their eligibility date.

No longer relevant

The CRC should ensure that interviews to review resettlement plans are conducted by a trained member of staff.

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 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 6, 2023) (available on our website at

https://www.hmiprisons.justiceinspectorates.gov.uk/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:

Charlie Taylor Chief inspector Sara Pennington Team leader Ian Dickens Inspector Natalie Heeks Inspector Sally Lester Inspector Jade Richards Inspector Rick Wright Inspector Alicia Grassom Researcher Samantha Moses Researcher Samantha Rasor Researcher Jasieet Sohal Researcher

Maureen Jamieson Lead health and social care inspector Mark Griffiths Care Quality Commission inspector Janie Buchanan Care Quality Commission inspector

Noor Mohamed General Pharmaceutical Council inspector

Tony Gallagher Ofsted Inspector
Teresa Kiely Ofsted inspector
Andrea McMahan Ofsted inspector
Allan Shaw Ofsted inspector

Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find.

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.

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.

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.

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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