Report on an unannounced inspection of

HMP Nottingham

by HM Chief Inspector of Prisons

13–24 May 2024

Contents

Introduction 3

What needs to improve at HMP Nottingham 5

About HMP Nottingham 7

Section 1 Summary of key findings 9

Section 2 Leadership 11

Section 3 Safety 13

Section 4 Respect 22

Section 5 Purposeful activity 37

Section 6 Preparation for release 43

Section 7 Progress on concerns from the last inspection 53

Appendix I About our inspections and reports 56

Appendix II Glossary 59

Appendix III Care Quality Commission Requirement Notice 61

Appendix IV Further resources 63

Introduction

There were 924 prisoners at this busy East Midlands reception jail at the time of inspection. Nottingham is a prison that has had many challenges over the years, so it was encouraging to find stability provided by an experienced and capable governor and his team. With an enormous churn of prisoners, including those coming from as far away as North Yorkshire and County Durham, the prison was operating under considerable strain with constant pressure to accommodate new arrivals, move sentenced prisoners on and operate the early release scheme (ECSL) which was now on its 18th version since it had been introduced at the end of 2023.

Levels of violence were high, particularly assaults between prisoners. These were partly fuelled by the ingress of drugs which, although not present to the degree that we see in some prisons, were nevertheless too freely available. The prison contained a complex population, many of whom had mental health difficulties. Some of the most unwell, waiting for transfer to hospital, were stuck in the segregation unit where a capable team did their best to provide support in wholly unsuitable conditions.

The regime at Nottingham was too restricted, with many prisoners locked in their cells for 22 hours a day. On days when there was staff training, prisoners were behind their doors for 23 hours and did not even get a shower. Although there were not enough activity places in the jail, when I visited the education centre many classrooms were unoccupied or only contained a handful of prisoners, despite very high levels of need.

With such a limited regime and some very vulnerable prisoners, it was not surprising that levels of self-harm remained high and although the safer custody team had been bolstered by new staff, there was no action plan in place. However, it was good to see an evening regime being reintroduced for the better-behaved men.

Relationships between prisoners and staff were mostly good, although we received complaints about the behaviour of some officers. There were some capable middle leaders who maintained standards on the wings and offered support to the many inexperienced officers.

Despite being a priority concern at our last inspection, we were disappointed to find that arrangements for public protection were still not good enough, with not enough focus on riskier prisoners coming up to release and inadequate phone monitoring arrangements.

There had been some good improvements in provision for family visits, although there were not enough slots to give the many remanded prisoners their full entitlement.

While staff were doing their best, ECSL meant that preparation for release was often chaotic and rushed. A quarter of prisoners released on this scheme were

homeless and although data was not clear, it resulted in inevitable recalls.

Overall Nottingham is a jail that is coping with the many challenges that it faces, but it remains a fragile institution that carries a lot of risk within its constantly churning population. Although we judged it to be reasonably good in our healthy prison test of respect, safety and preparation for release remained not sufficiently good, and purposeful activity had fallen to poor. Improvements to the regime and a more comprehensive work and education offer would help to relieve much of the prisoner frustration we found at the jail. Leaders, often tied up dealing with HMPPS bureaucracy, could nevertheless do with spending more time out on the wings talking to prisoners and supporting staff.

Charlie Taylor
HM Chief Inspector of Prisons
June 2024

What needs to improve at HMP Nottingham

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

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

Priority concerns

1. **Levels of self-harm remained high and there was no bespoke local strategy to reduce them.**

2. **Time out of cell was too limited for many prisoners.** Approximately 40% were unemployed and unlocked for only two hours each day.

3. **There were insufficient activity places to meet the population's needs.** The unemployment rate was too high, and there was not enough provision to meet the needs of the 90% of the prison population whose English and mathematics was at entry-level 3 or below.

4. **The process for allocating prisoners to activities was inefficient and ineffective.** The number allocated was often well below capacity, and too many new arrivals experienced long delays between their induction and being assigned to education, skills and work.

5. **There were weaknesses in public protection arrangements.** The interdepartmental risk management meeting did not consider the risk of all the prisoners that it needed to, telephone monitoring was not adequately resourced and there were gaps in oversight for prisoners subject to child contact restrictions.

6. **There were gaps in support for prisoners approaching release.** Prisoners' immediate resettlement needs were not reliably identified and addressed. A large proportion of prisoners were excluded from getting any help. About a quarter of sentenced prisoners had been released homeless in the previous 12 months, and the outcomes for many others were largely unknown.

Key concerns

7. **New arrivals spent too long in reception and were not well supported. First night cells were bare and unwelcoming.**

8. **Levels of prisoner-on-prisoner assaults were increasing and there was no overarching action plan to reduce violence.**

9. **Too little key work was taking place.** A large percentage of sessions recorded as key work had in fact been first night interviews, and frequent staff redeployments undermined delivery.

10. **Prisoners reported negatively about the quantity and quality of the food.**

11. **Senior leaders had not identified or mitigated all the risks associated with the health care provision.** We saw issues such as delaying recruitment, gaps in critical training and risks associated with the oversight of pharmacy and prescribing of medicines.

12. **Prisoners with serious mental illnesses were waiting too long to be transferred under the Mental Health Act.** These prisoners were held in the segregation unit while waiting for transfer, despite having been assessed as unsuitable for segregation.

13. **Prisoners who were withdrawing from alcohol could not be adequately observed in the induction wing cells, where hatches were bolted shut.** The multiple occupancy of these cells added risk.

14. **The overall quality of education provision, particularly in English, was not of a good standard.**

15. **Attendance in vocational training and workshops required improvement.** Prisoners were regularly scheduled medical, legal and other appointments during activity times, resulting in low and erratic attendance.

About HMP Nottingham

Task of the prison/establishment
HMP Nottingham is a reception and resettlement prison serving the courts of Nottinghamshire and Derbyshire.

Certified normal accommodation and operational capacity (see Glossary of terms)
Prisoners held at the time of inspection: 924
Baseline certified normal capacity: 724
In-use certified normal capacity: 719
Operational capacity: 950

Population of the prison
- An average of 4,320 new prisoners received each year (around 360 per month).
- 154 foreign national prisoners.
- 36% of prisoners from black and minority ethnic backgrounds.
- An average of 2,184 prisoners released into the community each year (around 182 per month).
- 229 prisoners receiving support for substance use.
- An average of 240 prisoners referred for mental health assessment each month.

Prison status (public or private) and key providers
Public

Physical health provider: Nottinghamshire Healthcare Foundation Trust (NHFT)
Mental health provider: NHFT
Substance misuse treatment provider: NHFT
Dental health provider: Time for Teeth
Prison education framework provider: PeoplePlus Group
Escort contractor: GeoAmey

Prison group/Department
North Midlands

Brief history
HMP Nottingham opened in 1890, but the original Victorian buildings were demolished in 2008. The new prison opened in February 2010.

Short description of residential units
A, B, C and D wings: mainstream location
E wing: young adults wing
F wing: induction wing
G wing: vulnerable prisoner unit

Governor and date in post
Paul Yates, February 2022

Changes of governor/director since the last inspection
N/A

Prison Group Director
Paul Cawkwell

Independent Monitoring Board chair
Keith Jamieson

Date of last inspection
24–25 May and 6–10 June 2022

Section 1 Summary of key findings

Outcomes for prisoners

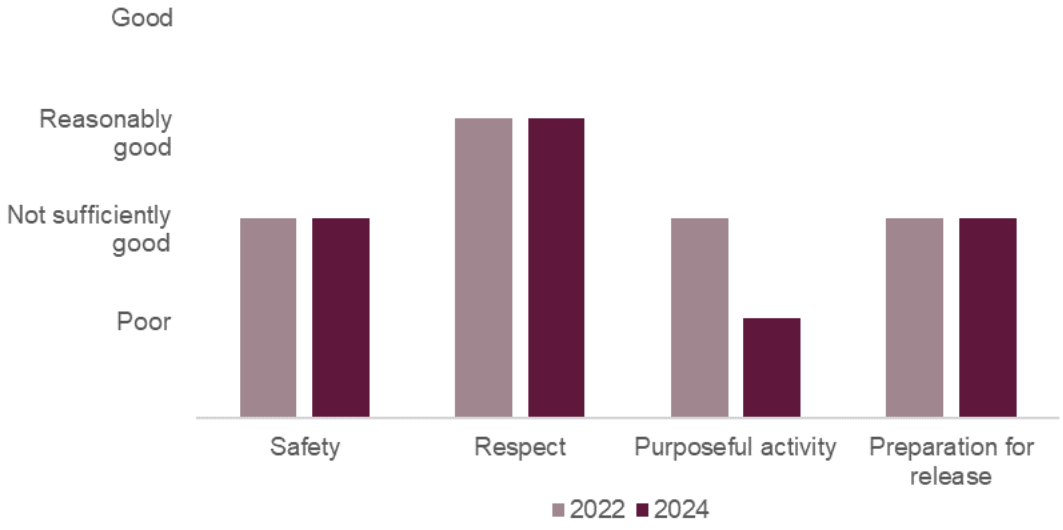
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of HMP Nottingham, we found that outcomes for prisoners were:

- not sufficiently good for safety
- reasonably good for respect
- poor for purposeful activity
- not sufficiently good for preparation for release.

1.3 We last inspected HMP Nottingham in 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Nottingham healthy prison outcomes 2022 and 2024



Progress on priority and key concerns from the last inspection

1.4 At our last inspection, in 2022 we raised 14 concerns, four of which were priority concerns.

1.5 At this inspection, we found that five of our concerns been addressed, two had been partially addressed and seven had not been addressed. Only one of the priority concerns, in the area of respect, had been addressed. For a full list of progress against the concerns, 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 two examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice		
a)	The prison had a put in place several positive initiatives supporting prisoners with neurodiverse needs, including 'low sensory load' cells, easy-read materials and 'calm' gym sessions.	See paragraphs 4.36 and 4.37
b)	As a result of the very high numbers of prisoners recalled or returning to the establishment, the dental service had a mechanism for reintroducing patients back onto the waiting list if they had only been absent for a brief period.	See paragraph 4.81

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 hard-working senior leadership team, under an experienced and dedicated governor, had a good operational grip of the extremely busy reception prison, although staff and prisoners complained that leaders were not sufficiently visible.

2.3 Recalls and national early release schemes were putting considerable pressure on leaders, the understaffed offender management unit and the pre-release team. Despite hard work by staff, preparation for prisoners' release via such schemes was often made at the last minute and chaotic – a quarter had been released homeless in the previous 12 months and it was uncertain how many had been recalled.

2.4 Leaders had prioritised work to reduce violence, and suicide and self-harm, with investment in a skilled safety team. However, good analysis of data considered at safety meetings was not being used effectively to drive action towards further progress.

2.5 Strategic management of some important areas was not well enough developed. Delivery of purposeful activity had lacked direction, and work to reduce reoffending was not sufficiently coordinated. Leadership of education, skills and work was graded as inadequate by Ofsted.

2.6 Leaders held weekly meetings to drive performance and monitored important areas, such as applications, complaints and cell bell response times, effectively. Scrutiny of use of force had also improved.

2.7 Motivated custodial managers and supervising officers had an active presence, and the environment was generally kept clean and decent.

2.8 However, leaders had not been sufficiently responsive to changes to arrival times in reception; some prisoners on recall/Operation Safeguard (whereby they were kept overnight in police cells because of insufficient spaces in prison) now arrived as early as 8am and waited far too long in reception.

2.9 Leaders faced delays in arranging secure hospital transfers and lacked an alternative therapeutic environment for the appropriate management and care of very mentally unwell prisoners held in segregation.

2.10 With a relatively high proportion of inexperienced prison officers, the governor was prioritising delivery of training. However, prisoners had only one hour unlocked and no access to activities and showers during the frequent training shutdowns, which was poor.

2.11 The new prison group director had conducted a thorough and rigorous assessment of the prison's delivery and had highlighted regime deficits as a priority for the prison to address, which reflected our inspection findings.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes: Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

3.1 The number of admissions, court appearances and releases was very high, placing considerable pressure on reception processes. There were about 100 new arrivals every week. Prisoners arrived as early as 8am from police stations (see paragraph 2.8) and continued to arrive from courts as far away as Leeds until well into the evening. During busy periods, there were not enough holding rooms for different groups and sometimes prisoners were moved from one escort vehicle to another in the sterile area outside reception, to allow vans that were needed elsewhere to depart. Prisoners were not normally handcuffed to and from vehicles unless an individual risk assessment required it. All prisoners were strip-searched and checked in the body scanner, given the ingress of drugs through reception (see paragraph 3.30).

3.2 The first night in custody process was disjointed and inefficient, and had not adapted to the new reality of morning arrivals, causing prisoners obvious frustration. They typically had unacceptably long waits of around four hours, but it was not uncommon for the process to take as long as seven or eight hours, as we witnessed during the inspection.

3.3 There were numerous reasons for the long waits; for example, first night interviews by safer custody staff were not done until the afternoon, which was hours after some men had arrived. Cell sharing risk assessments had to be completed by staff from the first night centre, who were not always available to come across to reception. Prisoners had to relocate to the health care centre for a screening, and this typically did not take place until afternoon clinics had finished. There was a further delay while they were taken back to reception to have a hot meal. In addition, first night cells were not vacated by their previous occupants until after lunch, leaving staff and prisoners with little time to prepare them.

3.4 Reception holding rooms were clean, but contained little useful information and the furniture was not comfortable enough for such long delays. There was no offer of a hot drink, even for those with the longest waits, and water was only provided on request. Prisoners could shower while they waited in reception.

Reception holding room

3.5 Peer work was not used well during first night processes; the reception orderlies were not deployed to offer any advice or support and there was no welcome from a peer worker on the first night centre. Arrival on this unit was poorly organised for new arrivals, who were left alone without any advice or support for about 45 minutes while they were assigned to a cell. The cells themselves were bare and unwelcoming, but contained essentials, such as a television, telephone and kettle. Prisoners were checked at random intervals on their first night, which was positive.

3.6 Induction took place reliably the next day, on the first night centre. A welcoming video, featuring staff from most departments, was an excellent initiative, although some information, such as the amount of time out of cell and frequency of key work (see Glossary), was out of date. Helpfully, this video had been added on a loop to in-cell televisions. Induction was overseen by an officer, and a peer worker was available at this stage to show prisoners around and coach them in using the electronic wing kiosks through which applications and appointments could be made (see also paragraph 4.23, 4.56 and 5.9). The safer custody team also identified prisoners who had never been in prison before and prioritised them for a key work session in their first few days, which was a sensible step.

3.7 There were significant challenges in accommodating the newly arrived prisoners convicted of sexual offences. As there was insufficient space on G wing (the vulnerable prisoner unit), they often remained on the first night centre for as long as one or two months. During the inspection, they made up half of the population on this unit. Although they received an induction, they could not access any work or education while they lived there, and had only about two hours out of their cells each day.

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

3.8 Overall, levels of recorded violence had increased since the last inspection. The number of prisoner-on-prisoner assaults was higher than the average for similar prisons and was increasing. However, the numbers of prisoner-on-staff and serious assaults were lower than in other reception prisons.

3.9 In our survey, 59% of respondents said that they had felt unsafe during their time at the prison, and 32% that they currently felt unsafe. The governor had made reducing violence a priority, and although leaders understood the reasons for violence, which included disagreements between prisoners, mental health issues and debt, the violence reduction strategy had not been updated since 2022. There was also no overarching action plan to reduce violence.

3.10 There were 19 challenge, support and intervention plans (CSIPs; see Glossary) open at the time of the inspection; nine were for prisoners who were self-isolating in their cell because of fears for their safety, and most of these told us that they had mental health problems. In our survey, 65% of respondents with a mental health problem said that they had felt unsafe at the prison, which was worse than for those without.

3.11 Additional resources in the safety team had improved the quality and timeliness of CSIP investigations and these staff gave good support to prisoners. All prisoners involved in violent incidents, including victims, were spoken to within 24 hours, and those on CSIPs were visited weekly. Wing staff also had some awareness of the actions needed to address the prisoner's behaviour.

3.12 However, the quality of individual plans to support and improve behaviour was still too mixed; a small number of plans were comprehensive, but others were too generic. Furthermore, prisoners we spoke to did not fully understand the purpose of their plans so the

impact of CSIPs on reducing violence and supporting victims was limited.

3.13 Evening association had been introduced for prisoners on the highest level of the local incentives scheme and for those who worked full time, and this was a good reward to encourage positive behaviour. However, many prisoners told us that gaining the highest level of the scheme was too difficult and that the incentives did not motivate them. This was reflected in our survey, where only 13% of respondents said that there were opportunities to motivate them in the prison, and just 18% that good behaviour was rewarded fairly.

3.14 We found that the electronic case notes were more likely to contain negative than positive entries on behaviour. The approach to managing prisoners reporting as too unwell to attend work was also excessively punitive; some of these prisoners were confined to their cell for up to 48 hours without access to exercise or showers.

Adjudications

3.15 There had been 4,061 adjudication hearings in the last 12 months, which was higher than we usually see. Most had been found proven and mainly related to violent incidents or disobeying lawful orders.

3.16 In the sample of adjudication records that we reviewed, awards were proportionate and not unduly punitive, and prisoners were given sufficient time to prepare for hearings. However, the level of enquiry by adjudicating governors was too limited. Quality assurance by the deputy governor had repeatedly identified this issue, but there had not been much improvement.

3.17 Few adjudications were outstanding within the prison, but the backlog of hearings that were remanded for police investigation often took too long to be resolved.

Use of force

3.18 The number of use of force incidents had continued to reduce since the previous inspection. Most incidents were spontaneous and around half did not involve full control and restraint, and were relatively low level, such as guiding holds to return prisoners to their cells. However, there had been 25 incidents involving the use of PAVA (see Glossary), which was high, but only one baton had been drawn, which was a considerable decrease since the time of the previous inspection.

3.19 Body-worn cameras had been used for most of the incidents, and footage we reviewed showed that force was applied appropriately, and that staff often tried to de-escalate situations before resorting to force. Written statements on incidents were of good quality and were generally submitted soon after force was used.

3.20 Governance and oversight were good and had improved. The use of PAVA was investigated appropriately, and a well-attended weekly scrutiny meeting reviewed a sample of documentation and footage to

address and identify learning points and good practice. A further monthly meeting looked at a range of data to identify patterns in the use of force.

3.21 We were told that unfurnished accommodation had not been used during the previous 12 months.

Segregation

3.22 Levels of segregation were about 10% lower than at the time of the last inspection, and the unit was rarely full. The average length of stay was eight days.

3.23 The lack of an alternative therapeutic environment to hold the most distressed and unwell prisoners was a significant gap in care. In the year to March 2024, nearly a quarter of all segregated prisoners had been assessed by health care staff as unsuitable for segregation, but all of these 84 individuals had been segregated anyway. Many were at risk of suicide and self-harm and subject to assessment, care in custody and teamwork (ACCT) case management when they were taken to the unit. The unit held some very mentally unwell prisoners for prolonged periods. Although it was not the right location for these prisoners, staff worked calmly and professionally with them; stays of over 42 days were appropriately reviewed; and there were thorough care and management plans for those waiting for a bed in a secure hospital.

3.24 The unit was well ordered, spacious and clean, but both yards were austere, with no exercise equipment or murals. There was too little to distract or support the welfare of mentally unwell prisoners. The regime, including access to education and PE, was too limited. It provided short, separate periods of unlock for each prisoner to exercise, shower and use the electronic kiosk, and there was no individual risk assessment to allow association where it could have been appropriate. An education tutor sometimes visited, but there was only one weekly session for segregated prisoners in the main gym, and this was for the use of just one prisoner at a time from the unit.

Segregation yard

3.25 GPs and mental health staff visited the unit regularly (see also paragraphs 4.57 and 4.67). Oversight of segregation was adequate and a quarterly meeting considered a reasonably good range of data. However, managers did not review destinations after prisoners left the unit, so we could not tell how many had successfully reintegrated onto the wings.

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.

3.26 Security procedures were proportionate for the type of prison. A substantial number of intelligence reports was received from across the prison each month and these were well managed. The security team analysed and processed reports efficiently to understand the emerging and ongoing threats to security.

3.27 New intelligence was triaged twice a day to assess and respond to immediate risks, and the weekly tasking meeting held with the security team, police liaison officer and safety analyst was a good forum to share and respond to emerging themes. This resulted in a good success rate in target-led searching.

3.28 Relationships with wider crime prevention agencies, such as the National Intelligence Unit and East Midlands Special Operations Unit, were strong, and there had been some good joint work with the police. Staff we spoke to knew about 'whistleblowing' arrangements and felt confident about using them, and corruption prevention work was well managed.

3.29 In our survey, almost a third of respondents said that it was easy to get illicit drugs at the prison. Although the random mandatory drug testing positive rate for the last 12 months was lower than the average for similar prisons and was declining, it was high, at 17.7%.

3.30 Steps had been taken to try to reduce demand, and there was good use of technology to limit the potential for drugs to enter the prison via suspected routes of ingress. However, frequent redeployment of staff hindered some aspects of security, such as the timeliness of intelligence-led searches, and in the last six months only around half of suspicion drug tests had been completed. In addition, the drug strategy was not up to date, and meetings lacked a whole-prison approach to reducing drug use and responding to the current intelligence.

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

3.31 Levels of self-harm were high; the rate in the year to the end of April 2024 was virtually identical to that in the same period before the last inspection and was the ninth highest among the 30 reception prisons for men. There had been 912 recorded incidents of self-harm in the previous year, involving 241 men. About 20 of these prisoners frequently self-harmed and accounted for about half of all incidents; however, overall, the number of individuals involved in self-harm was above the average for reception prisons.

3.32 There had been two self-inflicted deaths since the previous inspection. There was a good focus on preventing future deaths and embedding recommendations; for example, the safer custody team now aimed to check prisoners on the day before, day of and day after a known trigger date, such as the anniversary of the death of a loved one.

3.33 Although the governor had made reducing self-harm a priority and invested in the safer custody team, there was no current strategy to drive this work. This was especially disappointing because it was clear from our discussions with staff that a great deal was known about the specific causes of self-harm in the local population, and data analysis was developing well as a result of the efforts of an enthusiastic analyst.

At monthly meetings, a considerable amount of data was discussed and ad hoc actions arose, but there was no long-term action plan against which the team could measure its progress.

3.34 In our survey, only 35% of respondents who had been on an ACCT said that they had felt cared for by staff. Most care plans we checked had some appropriate actions, such as a referral to the well-being centre (see paragraph 4.66). However, the rapid turnover in the population, high levels of unemployment, very limited time out of cell for many (see Glossary and section on time out of cell) and lack of regular key work (see paragraph 4.3) fundamentally affected the broader support that prisoners could access.

3.35 The safer custody team had expanded, although redeployment to other duties (especially at weekends) still limited the scope of its work. It had developed some good processes to check on prisoners who had self-harmed within 24 hours and make sure that first night centre staff completed a key work session with prisoners who were new to custody (see paragraph 3.6). The safer custody hotline for families and friends to report concerns was checked regularly by the team and was answered promptly when we left a message.

3.36 Managers had struggled to retain enough Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners); there were only seven available during the inspection and prisoners often waited several hours to see one. Some Listener suites were well kept, but others were neglected. The Samaritans telephone number advertised during induction was incorrect, and some prisoners had tried to call it without success. However, over 4,000 prisoners had still managed to call the correct number in the last 12 months, which indicated a high level of need.

3.37 Constant supervision had been used 100 times in 2023. These cells were bleak, with little to offer comfort or distraction, and the prisoners there did not always have enough to do beyond showering and using the electronic kiosk. The two constant supervision cells on A wing were noisy and lacked privacy because they were next to the stairwell. When we visited one of these, the officer who was supposed to be watching the prisoner was reading a newspaper. The other cell was not ready for use and still held the dirty bedding of the last occupant, who had vacated a couple of days earlier.

3.38 Anti-ligature clothing had been used for some prisoners in the segregation unit, but managers had no oversight of its use. They could not reassure us that this measure was always used as a last resort, and for as short a time as possible.

Protection of adults at risk (see Glossary)

3.39 Processes to identify and protect the most vulnerable prisoners from harm, abuse or neglect were not yet fully developed. The head of safety had been in post for about nine months and had taken useful steps to reinvigorate this work, including developing some good links

with the local safeguarding adults board. A new policy was published during the inspection, but a draft joint working protocol with the council had still to be ratified. There was no oversight of how many concerns were reported, so the level of need was unclear. Staff awareness of who might need help and which processes to follow was limited and no relevant training had yet been delivered.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes: Prisoners are treated with respect by staff throughout their time in custody and are encouraged to take responsibility for their own actions and decisions.

4.1 In our survey, 67% of respondents said that staff treated them with respect, which was similar to the figure at other reception prisons. We observed mostly positive interactions between prisoners and staff, but some men told us that staff could be unhelpful, dismissive or ill-mannered.

4.2 Staff were visible on the wings and often demonstrated a good knowledge of their prisoners, although we also saw them failing to challenge low-level poor behaviour, such as vaping on landings.

4.3 While 68% of our survey respondents said that there were staff they could turn to if they had a problem, far too little formal key work (see Glossary) was taking place. At the time of the inspection, only 20% of planned sessions were being held, and a large percentage of those recorded as key work had in fact been first night interviews. While the prison had achieved higher rates of key work in the current year, compared with the previous one, persistent staff redeployment was undermining delivery.

4.4 For the key work that was taking place, prison leaders made good use of local data to monitor and quality assure the sessions. The safer custody team was delivering regular, high-quality key work to a small group of vulnerable prisoners (see also paragraph 3.35).

4.5 There were peer workers ('prisoner liaison representatives') on each wing, who received appropriate training for their roles and provided good support to other prisoners. While supervision of most peer workers was reasonable, they told us that they would benefit from more regular discussions with wing staff.

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

4.6 Prisoners lived in overcrowded accommodation. More than 40% of prisoners were sharing cells that were designed for a single occupant and prison records indicated that the figure was sometimes much higher.

4.7 Good effort had been made to improve decency on the living units. The appointment of a custodial manager responsible for driving cleanliness had led to better oversight and improved standards. An assurance tool, consisting of daily, weekly and monthly audits of communal areas and cells, had been implemented. There were also regular deep cleans, which included cell doors and railings. While these measures were positive, the standards were not yet consistent across the wings.

4.8 An initiative to minimise waste had been introduced and yielded positive results. Items such as curtains and toilet lids that prisoners had discarded were cleaned and brought back into circulation.

4.9 Outside areas were clean and reasonably well maintained. The governor had introduced a project to see 'green from every window', resulting in the planting of trees and creation of small gardens.

Miniature garden – 'green from every window'

4.10 The standard and cleanliness of the shower rooms varied. Some had been refurbished, but others lacked privacy because of missing cubicle doors. Many, including those that had been renovated, lacked ventilation, resulting in mould, mildew and insect infestation. Leaders

had challenged the contract providers about the state of shower rooms, resulting in some showers being temporarily decommissioned.

Renovated showers including some missing doors

4.11 There appeared to be too little prison-issue kit, such as underwear, socks, clothes, towels and bedding, which was a regular source of frustration for many prisoners. Although leaders told us that there were no such shortages, we found on-wing storage rooms with insufficient supplies.

Empty on-wing storage room

4.12 Cell call bells were mostly answered promptly, with robust monitoring and further exploration of the few that were not.

Residential services

4.13 In our survey, only 35% of respondents said that the food provided was very or quite good, and 26% that they got enough to eat at mealtimes. These negative views were echoed during the inspection.

4.14 Menus catered for a range of dietary requirements, including for those with allergies. A cold meal was provided for lunch, and a hot dinner from 4.15pm, which was too early. The following day's breakfast was also handed out with dinner.

4.15 Prisoners were not able to dine communally, but instead ate in their cells. The availability of self-catering equipment was limited to a microwave oven and/or toaster on some wings.

4.16 The on-wing serveries were clean and staff supervision of mealtimes usually worked well, although prisoners told us about, and we sometimes saw, inequitable food portion control which was not challenged by supervising staff.

4.17 The main prison kitchen was clean, with adequate equipment and excellent storage facilities. Prisoners serving food wore the correct personal protective clothing and wing serveries were cleaned after each meal. However, staff did not always complete daily basic food hygiene procedures, such as temperature checks, and the weekly health and safety management checks on the wings by catering staff were often incomplete.

4.18 Most prisoners could buy a reasonable range of products from the prison shop, although increased costs had made some items less affordable, particularly for those who did not receive money from family. Following feedback from prisoners, the prison had conducted a helpful review to compare these prices with those in community shops, and found that they were similar.

4.19 As many distributors preferred to advertise their products online, rather than in printed catalogues, requests could be made for items to be bought through a small range of online suppliers.

Prisoner consultation, applications and redress

4.20 Prisoners were consulted on matters relating to prison life. The prison committee meeting was held every two months. Meetings were well attended by leaders and staff, who responded openly and thoroughly to queries, and a wide range of important topics, relevant to the whole prison community, was discussed. We saw evidence of prisoners' views being listened to and changes made as a result, such as the hot meal moving from lunchtime to dinner and an increase in the number of vapes permitted.

4.21 Wing-based meetings were now held monthly and were more structured, and discussions were recorded. An action tracker provided oversight of whether agreed actions had been completed or not.

4.22 Leaders told us that records of prison committee meetings and wing forums were available on wing noticeboards, but we did not find this to be the case. Records of discussions and agreed actions were not shared more widely with prisoners on the wings.

4.23 The applications process had much improved, following a review. Prisoners could make applications conveniently through electronic kiosks on the wings and there was oversight to make sure that they were responded to on time. Prison data showed that, in the last 12 months, around 92% of applications had been responded to within seven days.

4.24 Oversight of the complaints process was also better than at the time of the previous inspection. On average, 200 complaints were made every month. These were logged and tracked, with reminders issued to ensure a timely response. Prison records showed that, from January to May 2024, there had been 1,222 complaints, of which only 20 were responded to late.

4.25 Around 10% were quality assured by a manager and feedback was provided to the respondent, which encouraged learning. A training guide had been devised to help staff understand how to investigate fairly, and step-by-step cues were incorporated into the paperwork. The sample of complaints we reviewed showed impartiality and transparency, with founded complaints upheld.

4.26 Records of prisoners' confidential complaints (submitted directly to the governor) and the responses were documented. However, these were often not replied to on time and, of the sample we reviewed, the responses did not always cover the issues raised.

4.27 There was suitable support for prisoners who needed help with legal matters, and access to legal visits and video conference facilities was good. A bail information officer supported prisoners in their applications to court, with 21 successfully bailed within the last six months. Official visits took place every weekday (except Wednesdays) in a designated area comprising 11 individual private rooms and there was capacity to meet demand. A separate suite contained 13 rooms, all of which had well-used video conference facilities for court and parole hearings.

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.

4.28 There was some good work towards ensuring fair treatment and inclusion across the prison, but this was not delivered consistently. The

prison held diversity and inclusion meetings every two months, which were reasonably well attended and made good use of data to identify disproportionate outcomes. However, it was not always clear that this resulted in thorough investigations to understand why disparities occurred.

4.29 Forums took place for protected characteristic groups, although these were infrequent and often prisoners were unaware of them. Action plans associated with work to ensure fair treatment were of variable quality; while some showed evidence of actions being identified and dealt with promptly, others lacked detail or follow-through.

4.30 Just over a quarter of prisoners were from black and minority ethnic backgrounds, and most of those we spoke to did not highlight concerns with their treatment. However, it was disappointing that, despite a persistent lack of prisoner attendance at forums on ethnicity, no consultation had been undertaken to understand the reasons for this.

4.31 Support for the 16% of prisoners who were foreign nationals was mostly reasonable, although undermined by a lack of regular key work (see paragraph 4.3), and we found evidence of prisoners who were struggling to have their needs met because of language barriers. Staff demonstrated a good knowledge of prisoners on their wings who spoke limited English, and efforts in recent months to encourage the use of professional telephone interpreting services had resulted in an increase in the use of 'Language Line' equipment, available in 'grab bags' on each wing.

Wing 'Language Line' equipment 'grab bag'

4.32 The prison provided translated induction and offender management materials for foreign national prisoners, and those we spoke to were

mostly positive about the support they received. Home Office officials attended the prison each week to speak to these prisoners, as well as joining foreign national forums to answer questions.

4.33 In our survey, 62% of respondents self-identified as having a disability. Far fewer of these prisoners than others said that they were able to lead a healthy lifestyle in the prison (21% versus 46%).

4.34 Prisoners with acute mobility issues were located in adapted cells, most of which had en-suite showers. While the provision of adaptations for prisoners was reasonably good, those we spoke to described having little to do and minimal time out of their cells. They also told us that they struggled to access facilities such as chaplaincy services and the prison's well-being centre (see paragraph 4.66).

Adapted cell (left) and en-suite shower in adapted cell

4.35 There were no formal peer support orderlies for prisoners with disabilities at the time of the inspection, but there were informal arrangements on the wings. However, although well intentioned, these had insufficient supervision and oversight (see also paragraph 4.62).

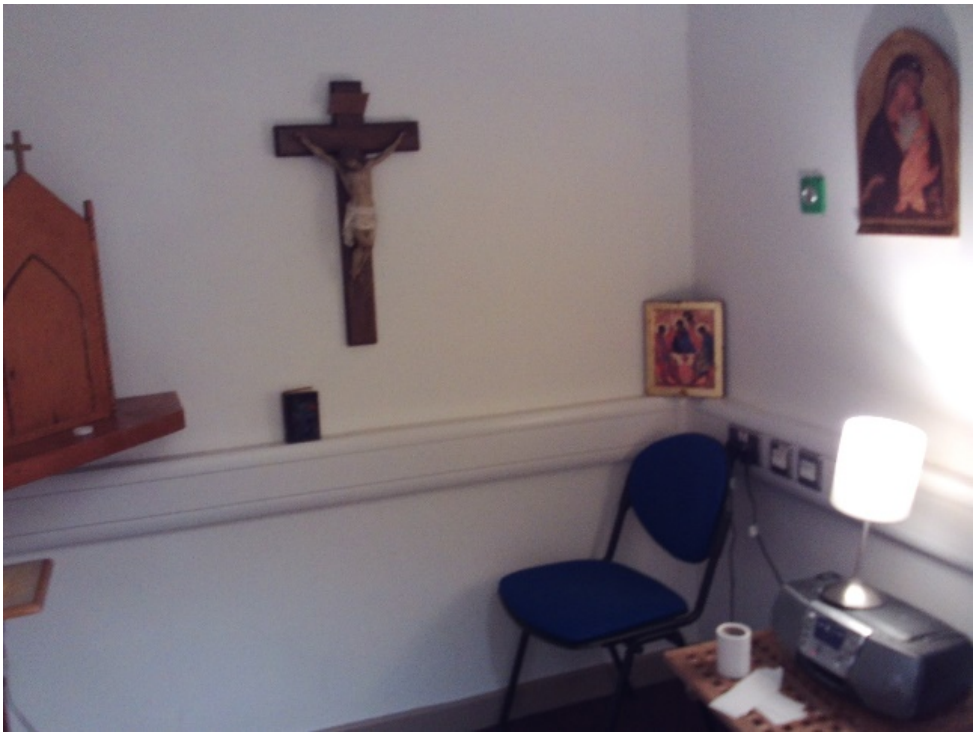
4.36 Support for prisoners with neurodiverse needs was reasonably good. The neurodiversity support manager worked well across the prison and had delivered neurodiversity awareness training to more than 170 staff members, as well as to peer workers. Information was available in easy-read formats, including daily wing routines and induction materials.

4.37 There were some positive initiatives to support neurodivergent prisoners in their day-to-day lives. These included the identification of 'low sensory load' cells on each wing, which were located in quieter areas and used to house prisoners who were sensitive to sound or disruption. 'Calm' gym sessions provided opportunities for small numbers of these prisoners to access the gym in a suitable environment, and sensory equipment was available in the visits hall. While these initiatives benefited only a limited number of prisoners, they were sensible, proactive adjustments.

4.38 The prison received a large number of discrimination incident reporting forms (DIRFs), with around 130 in the previous year. Despite this high throughput, monitoring and management were reasonably good, although responses were not always timely. Investigations were reasonable, with quality assurance provided by the head of diversity and inclusion, and the governor. All DIRF responses were also sent to the Zahid Mubarek Trust for review.

Faith and religion

4.39 The chaplaincy was welcoming, with good facilities for religious services. There were three multi-faith rooms, ablution facilities and a dedicated room for quiet contemplation.



Multi-faith rooms (top) and contemplation room

4.40 The team was well resourced, with four full-time and seven part-time chaplains, alongside visiting chaplains, covering most faith groups. A

bereavement counsellor visited the prison weekly, and the chaplaincy maintained good links with community faith groups.

4.41 Access to the chaplaincy had improved. In our survey, 82% of respondents said that they were able to attend religious services, compared with 59% at the time of the previous inspection.

4.42 The chaplaincy ran a strong programme of communal worship sessions, events and study groups, which records showed were generally well attended. Commendable work took place to support smaller faith groups, such as the recent provision of a visit from a Vietnamese Catholic chaplain for the prison's population of prisoners from this background.

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.

4.43 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued 'requirement to improve' notices following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

4.44 Nottinghamshire Healthcare Foundation Trust (NHFT) continued to provide a service in a prison that had changed in its health purpose and activity. It now had approximately 400 new arrivals each month, in addition to many court movements and releases back into the community. A recent rapid needs assessment had been undertaken and discussions were under way with commissioners to make sure that the service was adapted to meet the needs of the population.

4.45 NHFT governance structures were in place, with regular drugs and therapeutics, local delivery board and local leadership governance meetings. However, these meetings did not always meet their purpose or produce actions to provide assurance for all areas of risk and performance.

4.46 There was an established risk register and complaints were managed well for individuals, although not all risks had been identified. There was little impact analysis of complaints, incidents, gaps in staffing and safeguarding, which was a deficit. For example, regular issues with medicines diversion had not undergone a 'structured root cause analysis' to understand the risk and required resolution (see below). Patient consultation was under development.

4.47 Leadership for substance misuse, primary care and mental health was effective. Staff working in these areas felt supported by their leads and received regular supervision and annual appraisals. Although we identified some areas for improvement, and few respondents to our survey said that it was easy to see health care professionals, the outcomes for those who could access care were good. Health care professionals were identifiable and interactions with patients were respectful.

4.48 Mandatory training was not in line with NHFT's policy. We saw gaps in areas such as hospital life support and level 3 safeguarding which should have been prioritised (see above). Staff were aware of how to report incidents and felt comfortable in doing so. However, investigations were not always carried out thoroughly and learning was not always identified or embedded in practice. A recent external quality review failed to identify that not all safeguarding incidents were being reported.

4.49 Primary care and GP provision was under pressure because of the high number of arrivals, and substance misuse services had 4.6 full-time equivalent posts that they were not permitted to recruit to and two nurse vacancies. The health care environment was well equipped and clean, although some wing medication administration rooms did not meet the required standard.

4.50 Daily lunchtime staff meetings were well attended by all teams and provided a useful forum for sharing patient information. The health records we reviewed were appropriately detailed, describing patient need well, and care plans were in place where needed. Emergency resuscitation equipment was available in the health care centre and on every wing. This was in good condition and the seals were checked daily, with full contents checks every three to four days.

Promoting health and well-being

4.51 There was no prison-led health promotion plan and only 30% of respondents to our survey said that they could maintain a healthy lifestyle while at the establishment. However, the health care team provided programmes which were effective in improving health outcomes for patients.

4.52 There was a programme of events for improving knowledge on health care, but there was inadequate provision of health education advice across the prison and within the health care centre, including information in languages other than English. However, we were impressed by the success of the recent targeted MMR (measles, mumps, rubella) vaccination and screening events, which had had outstanding results.

4.53 There were no prisoners working as health peer support workers, and prison peer workers did not carry health information, which was a missed opportunity.

4.54 Sexual health clinics were run by appropriately trained and supervised staff every week, with one of the sessions being provided by a consultant every fortnight. Screening for diseases, older adult assessments, and health checks for cardiovascular disease and for those with learning disabilities were undertaken. There was an up-to-date and comprehensive disease outbreak control plan.

Primary care and inpatient services

4.55 NHFT provided a range of primary care services, 24 hours a day, via nurses, health care assistants and GPs. Staffing resource was stretched by the high turnover of prisoners and unpredictable arrival times of new receptions, which could be late in the evening (see also paragraph 3.1). However, all prisoners received an initial health screen, completed by a nurse (see also paragraph 3.3). Onward referrals were made from reception as needed, but not all secondary reception screens were completed within expected timescales.

4.56 Prisoners applied for health services using the kiosk system (see paragraphs 3.6 and 4.23) and these were reviewed by clinical staff throughout the day and allocated appropriately. There was a long wait for most patients to access nurse triage and GP clinics for routine appointments. Most prisoners who needed to see the GP had to attend nurse triage first. At the time of the inspection, there was a wait of up to two months for a nurse triage appointment, with a further 10 days' waiting time to see the GP, which was too long. However, urgent need was prioritised and dealt with quickly. There was insufficient capacity in GP clinics, and appointments often needed rescheduling to accommodate late night arrivals.

4.57 The primary care team was caring, and well led by a primary care matron. A range of services was available, such as daily wound dressing clinics, minor ailment clinics and vaccinations. GPs provided face-to-face clinics and attended the segregation unit three times each week. There were also periodic visits by an optician, physiotherapist and podiatrist. Waiting times for other primary care services were reasonable and there was good follow-up of patients after emergency callouts.

4.58 Skilled nurses provided robust oversight of the care of prisoners with long-term conditions such as diabetes and asthma. Care planning was prompt, and all new patients were offered an appointment to review their care needs, despite the short stays of many prisoners.

4.59 Secondary care appointments were well managed, with minimal cancellations by the prison or health care centre. The administration team chased local hospital departments when appointment dates had not been received. There were some long waits for some hospital departments, but urgent referrals were generally timely.

4.60 There was a weekly complex case meeting, where primary care nurses and a GP met to discuss and coordinate treatment for prisoners with more intensive needs. Most patients going to court, being released or

being transferred to another prison were seen in reception by a nurse before leaving the establishment. Arrangements for medication for those leaving the prison were variable, with most patients given a single dose before they left. Those released from court had to return to the prison to collect their medication as it was not taken to court with them.

Social care

4.61 Multi-agency working underpinned an efficient social care pathway. The NHFT nurses screened all prisoners on arrival for social support needs and, if required, provided care immediately. Following referral, Nottingham City Council promptly undertook formal social care assessment within five days. There had been 15 referrals in the last year, resulting in two social care packages (see Glossary); one recipient we spoke to was satisfied with his care.

4.62 When necessary, the prison made timely enhancements to prisoners' living environment, such as fitting handrails. Smaller equipment was available in-house and larger items, such as beds, could be obtained from the community Red Cross store, usually within two working days. There were no formal peer support orderlies to support prisoners with mobility needs, and informal peer support orderly arrangements had insufficient supervision and oversight (see also paragraph 4.35).

4.63 On release, these prisoners were assessed by NHFT and the council, and, if needed, the council liaised with the receiving local authority to arrange continuing care.

Mental health

4.64 The well-managed mental health team had strong clinical leadership, demonstrating ongoing service development. Staffing had improved substantially since 2022. There were over 18 clinical staff, who were well supported and supervised, with good administrative support and few vacancies. Staff described the working culture as having been transformed.

4.65 Around 240 patients were assessed each month. In our survey, only 21% of respondents said that access to services was easy or quite easy. However, we found that prisoners could see a nurse on the same day if urgent, and within three days if non-urgent. There was a two-week wait for a routine assessment by the psychiatrist, but the five-day wait for an urgent psychiatric assessment could be too long for very sick individuals.

4.66 A very high number of prisoners – over 300 – were in mental health care. There was a good range of short-term therapies available, but with no senior psychologist in post, there was little high-intensity therapy on offer. The well-being centre offered a mix of one-to-one and group activities and showed promise, although attendance was poor because of the lack of availability of prison officers. Valued counselling was available from the team and via the chaplaincy.

4.67 The segregation unit was strongly supported by mental health workers, with daily visits, and an allocated mental health professional could provide an urgent response and continuing case work for mental health patients in segregation. Unusually, the Trust had undertaken audits to monitor standards of documentation and support planning in segregation.

4.68 Despite close monitoring by the NHS, only six of the 12 transfers to a mental health hospital had taken place within the 28-day target in the previous year, which was unacceptable. The team had seen an increase in the need for urgent mental health sections on release from the prison. This was the result of some very unwell prisoners being released before a mental health assessment could be arranged.

4.69 The care programme approach (mental health services for individuals diagnosed with a critical or enduring mental illness) was used to ensure liaison with community teams, and patients were seen before leaving, to assess their needs. The team worked closely with the offender management unit and Reconnect (see Glossary) to make sure that these patients engaged with the required community support services.

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

4.70 NHFT provided a cohesive and well-led substance misuse service (SMS). All new arrivals with a history of drug and alcohol problems were screened and referred to specialist services, and those needing overnight prescribing and observations were picked up by the SMS team that night. However, those requiring overnight monitoring on the induction wing were accommodated in inaccessible cells, with observation hatches permanently bolted shut, despite this being identified as unsafe at our last few inspections. The multiple occupancy of these cells added to the risk.

4.71 Mental health and SMS teams shared an office, which optimised joint working and communications. Complex case and multidisciplinary team reviews were in place. The prison had no incentives for prisoners to remain drug free, but regular mutual aid groups were held.

4.72 Clinical prescribing was timely and based on effective screening on arrival. However, the prescribing options were limited to methadone and buprenorphine for opiate substitution. The GPs were heavily involved in SMS prescribing, which increased pressure on the limited resource.

4.73 There was no drug services family worker, but families were invited in to celebrate achievements with the SMS team.

4.74 The early release schemes created pressure to make sure that these prisoners had a safe transition back into the community. Approximately 150 patients each month left the prison with opiate substitution therapy prescribing needs, some of whom were transfers and releases from court. Recent national drug treatment data showed that only 47% of

patients attended appointments set up by the SMS team in the community. However, in our survey 83% of respondents with a drug or alcohol problem who were due to be released in the next month said that they knew who to contact for support on release. Naloxone (an opiate reversal agent) was available for those being released.

Medicines optimisation and pharmacy services

4.75 Medicines were supplied in a timely manner by an external provider. They were administered on the wings, led by pharmacy technicians and supported by nurses. A pharmacist was available one day a week, but did not clinically screen prescriptions, and had no regular clinical input into the prescribing strategy or medicines optimisation.

4.76 All new arrivals had a medicines reconciliation on the following day, which, considering the large number involved, was commendable. Approximately 56% of the population were prescribed medicines in possession (IP). IP risk assessments were routinely completed at reception and recorded on clinical records.

4.77 Administration of medicines was undertaken four times a day on all wings. Supervision of queues by prison officers was adequate. Secure storage facilities in cells were not available, which increased the risks of bullying and diversion of medicines. Details of prisoners failing to attend for medicines administration were recorded, and referred to a prescriber after two missed collections.

4.78 A suitable stock of medicines was available to treat minor ailments without a prescription, supplied via patient group directions (which enable nurses to supply and administer prescription-only medicine) or from a general supply list of discretionary medicines. However, team members did not always accurately record when they administered these medicines to patients. There was a stock of emergency medicines available when the pharmacy was closed, but there was no audit trail of the patients supplied with these medicines, which created risk. Prisoners could receive advice about medicines from pharmacy technicians if needed. Provision of medicines for those being transferred or released was appropriate, but there were some inconsistencies in the quantities that they were given. The prison did not have a system to provide continuity of medicines for those released directly from court.

4.79 Medicine errors were recorded and reviewed. Appropriate written procedures and local medicines protocols were in place and medicines and therapeutics meetings were attended by the pharmacy team. Abusable and high-cost medicines were discussed at these meetings, but data reporting was poor. There was no monitoring of prescribing trends, polypharmacy or the prescribing of tradeable medication, which meant that any poor practice in these areas would remain unresolved and with inadequate oversight.

4.80 Controlled drug (CD) management was robust, and CDs were stored securely.

Dental services and oral health

4.81 Time for Teeth provided an NHS-equivalent range of dental treatments, with reasonable waiting times for initial and follow-up appointments, at around eight weeks for each. There was a flexible approach to starting treatment, given the short stays of many prisoners. If a prisoner returned within a short timescale after release, they could be placed back onto the waiting list, rather than having to restart the process.

4.82 A dentist and dental nurse delivered a total of six clinics each week, with flexibility to alter the capacity in response to changes in demand. Applications to see the dentist were triaged by the dental nurse and urgent need was prioritised. Any prisoners in pain could be seen in the next available clinic. Oral health advice was provided during appointments.

4.83 The dental clinic was well equipped, with a separate decontamination area, and equipment was serviced and maintained appropriately. There were good governance arrangements and staff received appropriate support and professional development.

Section 5 Purposeful activity

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

Time out of cell

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

5.1 Time out of cell was very limited. Unemployed prisoners, who made up approximately 40% of the population, had only two hours each day unlocked (see also paragraph 5.15) for time in the open air and domestic tasks. This was similar to the situation at the time of the last inspection, and it was disappointing to see the lack of progress.

5.2 Prisoners in full-time education or work, which equated to 26% of the population, could access around 10 hours out of their cell on weekdays. Those in part-time activity made up 30% and had up to six hours unlocked on weekdays. All prisoners had just two hours out of their cell on weekends. During our roll checks, we found approximately 25% of prisoners locked up during the working day. However, the timing of these checks coincided with the two-hour unlock period for unemployed prisoners, so this figure was an underestimate. Prisoners complained that they had only one hour unlocked for outside exercise, with no access to showers, because of a staff training day that was held during the inspection (see also paragraph 5.29).

5.3 Evening association had recently been introduced for full-time workers and enhanced prisoners. The prison had invested in a range of equipment to encourage constructive use of this time, such as board games, and table tennis and miniature air hockey tables, but the use of pool tables was not currently permitted.

5.4 The gym had been short staffed for some time, which was having an impact on the provision offered. Prisoners on most wings could access the gym twice a week, which was less than at the time of the previous inspection, but there was evening access for workers and prisoners on the enhanced level of the incentives scheme. Around 39% of the population were using the gym.

5.5 The gym had good facilities, including two separate areas for cardiovascular/weight training, with a wide range of equipment; an all-weather football pitch; an indoor sports court; and a separate classroom.

5.6 The prison continued its twinning with Nottingham Forest Football Club, members of which attended twice weekly, offering a level 1 certificate

in football coaching, but there were no other PE-related qualifications offered.

5.7 The well-stocked library, run by Nottingham City Council, provided an excellent service and access to a wide range of materials, including books, DVDs, CDs, jigsaws, activity sheets, handmade greetings cards and distraction packs. The popular librarians, supported by volunteers and orderlies, also promoted reading through activities, such as Reading Ahead (a literacy scheme where prisoners pick six books to read and review them in a personal reading diary), Storytime Dads (in which detainees record stories for their children) and a neurodiversity book collection (see also paragraphs 5.25 and 6.3).

5.8 Prisoners visited the library during their induction, and we were told that 85% of the population had enrolled as members. The library timetable provided each wing with weekly access, with regular visits for those attending education classes. Library data showed that the number of visitors had increased to more than 1,000 a month.

5.9 Books were available on each wing, although the stock on these library trolleys was low during the inspection. The librarians also delivered books requested via the electronic kiosks and responded to applications for information.

Education, skills and work activities

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

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

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

Overall effectiveness: Inadequate

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Inadequate

5.11 Leaders articulated a sensible rationale for the education, skills and work provision. They had carried out a suitable curriculum needs analysis. Leaders had identified a clear and well-defined priority for the provision of English, mathematics and employability skills. They had devised an appropriate curriculum that catered for the different levels of ability among prisoners. This included the 90% of prisoners with prior attainment in English and mathematics at entry-level 3 or below.

5.12 The local pay policy was equitable and incentivised attendance at education. Prisoners opting to follow an education pathway received a higher rate of pay than for most other purposeful activities.

5.13 Vulnerable prisoners had reasonable access to English, mathematics and to library services. They could also participate in vocational training in barbering, bricklaying, and painting and decorating. However, opportunities to participate in motor vehicle courses, bicycle repair and industrial cleaning were not available to vulnerable prisoners.

5.14 Regime practices relating to the movement of vulnerable prisoners often resulted in these prisoners arriving late to activities and leaving early. This was because the movement of these prisoners to activities was staggered, to unlock all other prisoners first to get to activities on time. At the end of scheduled activity sessions, vulnerable prisoners had to finish early so as not to clash with the movement of all other prisoners at the scheduled end time. This resulted in a significant curtailment of vulnerable prisoners' time in education, skills and work.

5.15 Prison leaders and managers did not provide enough activity spaces to meet the needs of the population. Around 40% of the prisoners held were unemployed. The allocation process was ineffective and inefficient. Leaders had recently introduced procedures to allocate prisoners to appropriate activities based on their personal learning plan. However, staff vacancies in the allocations team had resulted in a backlog of prisoners awaiting allocation to activities. As a result, many prisoners had to wait for up to 10 weeks before they were allocated.

5.16 Leaders had failed to make the best use of the available capacity for purposeful activity. For example, far too many prisoners who needed English, mathematics or English for speakers of other languages (ESOL) were not allocated to these courses. Many vocational training places were simply not being allocated at all. For example, the construction workshop was capable of accommodating up to 35 prisoners. However, only eight were allocated to construction courses such as bricklaying.

5.17 The overall quality of education provided by the prison's education contractor, People Plus, required improvement.

5.18 Most education, skills and work activities were well planned and enabled prisoners to learn, and to develop their knowledge and confidence. Teachers explained topics well, demonstrated new concepts clearly and used appropriately demanding resources and tasks. This enabled prisoners gradually to build their understanding of key topics and to master new skills. For example, in mathematics, teachers made sure that prisoners had a sound grasp of definitions and calculations related to area. Only then did they move on to set more complex individual work to do. In functional skills, outreach tutors used mini wipe boards to illustrate and explain methods of division. They then set useful in-cell work that allowed prisoners to practise their skills independently.

5.19 Prisoners on vocational training courses developed useful practical and trade skills. For example, in brickwork, prisoners completed demanding activities such as block paving and cavity wall production. In barbering sessions, tutors helped prisoners learn about different types of hair, including Afro-Caribbean. In motor vehicle classes, instructors and peer mentors gave effective demonstrations and guidance on how to replace batteries and change tyres.

5.20 The curriculum in English and in a few workshops lacked ambition. English teachers did not plan carefully enough. They had low expectations of prisoners' abilities, and the pace of lessons was too slow. Teachers relied too much on the use of practice papers that prisoners worked through individually. These failed to challenge prisoners. The tea packing and textiles workshops involved mundane and repetitive work. There was no meaningful development of employability skills and no opportunity to gain a qualification.

5.21 Very few vocational training courses and workshops extended beyond level 1 to prepare prisoners better for future employment. Entry requirements for workshops to ensure prisoners had a suitable level of English and mathematics skills for these roles were not fully in place.

5.22 Many teachers, tutors and instructors used assessment effectively to check understanding and develop knowledge and skills. They carried out recap tests at the beginning of lessons and monitored work closely. They also gave helpful verbal feedback and used probing questions well. However, in English, assessment was not used effectively. Teachers were too slow to review prisoners' work during classes. They marked completed practice papers after classes, but did not always do so thoroughly. Prisoners did not always act on tutors' feedback. Many continued to make the same mistakes, such as always writing in block capitals.

5.23 Appropriate arrangements were in place for prisoners with additional needs. Inclusive support coordinators developed support plans after identifying prisoners' additional learning needs during induction. They used this information to write accurate and helpful group profiles that teachers and instructors used to meet the needs of these prisoners. Examples included the display of easy-read signage in workshops,

fidget toys (see Glossary), coloured overlays and the provision of extra help in class for prisoners who struggled with reading.

5.24 Pass rates were good in mathematics and English, and in motor vehicle and waste management. However, they were low in ESOL, bicycle maintenance and industrial cleaning.

5.25 Prison leaders had recently revised the reading strategy. This revised strategy was entirely appropriate and placed a high priority on promoting reading for pleasure. Library staff had been particularly active in promoting reading across the establishment. Leaders had recruited a reading specialist a few weeks before the inspection. The reading specialist had begun to implement initiatives to identify, assess and support prisoners whose reading ability was below entry-level 3. However, it was too soon to assess their impact.

5.26 The prison offered a calm and orderly environment for education, skills and work. In classrooms, workshops and work areas, prisoners benefited from working in quiet and well-organised spaces. This contributed well to their ability to focus and engage with their learning, training, or job role. Prisoners reported that they felt safe when participating in purposeful activity.

5.27 Prisoners' behaviour during activity sessions was good. Staff swiftly challenged the rare occasions when prisoners used inappropriate or derogatory language. Prisoners' attitudes to education, skills and work were positive. They were polite and courteous during activities and demonstrated respect for their peers, staff and visitors.

5.28 Prison leaders provided a positive and respectful culture that prisoners valued. Relationships between prisoners and teachers and instructors were mutually respectful. Prisoners commented favourably on the support and encouragement that staff provided to help them progress and achieve.

5.29 Attendance at classroom-based education courses was generally good. However, attendance in vocational training and workshops required improvement. In too many cases, prisoners did not attend because they were scheduled to have medical, legal or family appointments during the core day. On other occasions, the regime itself prevented prisoners from attending activities. This included the regular whole-prison staff training days held on a Wednesday every two to four weeks. On these days, which prisoners referred to as 'Bang-up Wednesday,' prisoners were generally confined to their cells for 23 hours.

5.30 Managers had developed an appropriate personal development curriculum. This offered prisoners opportunities to explore topics likely to help them adjust to life in custody and upon their release. Prisoners also benefited from the provision of enrichment activities designed to help them pass their time productively. These included exercise packs for in-cell work and board games. In workshops, instructors had placed posters promoting values of tolerance and respect, reading for

pleasure, mental health and Black History Month. However, not all tutors and instructors consistently aligned personal development topics to the curriculum. As a result, prisoners had only a rudimentary understanding of diversity, inclusion and values of tolerance and respect.

5.31 Staff working for the prison's recently established employment hub offered useful advice and information for prisoners approaching the end of their sentence. However, this service was still very new and only a very few prisoners had benefited from it. The prison's careers advice and guidance provider had also been established very recently. Staff helped new arrivals to the prison to develop a personal learning plan. This identified the steps they would need to take to achieve their career and learning objectives. However, at the time of the inspection, few prisoners had benefited from this service.

5.32 At the time of the inspection, a new information, advice and guidance (IAG) provider had recently been appointed. IAG staff were often overwhelmed by the number of new arrivals to the prison. This led to delays in prisoners receiving timely information about how prison staff could support them to select the most suitable activities available to them at the prison. As a result, many prisoners did not have a personal learning plan linking the assessment of their starting points to their goals and available opportunities.

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 There had been some improvements in work to encourage prisoners to build and maintain contact with their children and families.

6.2 The prison and Prison Advice & Care Trust (PACT; the family services provider) ran a programme of popular monthly and topically themed family days (see Glossary). These catered for up to 12 prisoners in each session and they could apply for these, regardless of their level on the incentives scheme.

6.3 The Storytime Dads project (where prisoners record stories to send to their children) had recently started, and the 'Come Dine With Me' experience (which allowed up to six enhanced prisoners each month to apply to have a hot meal in the prison's on-site bistro with their family) was an excellent initiative. Homework clubs took place via video link, but uptake was low.

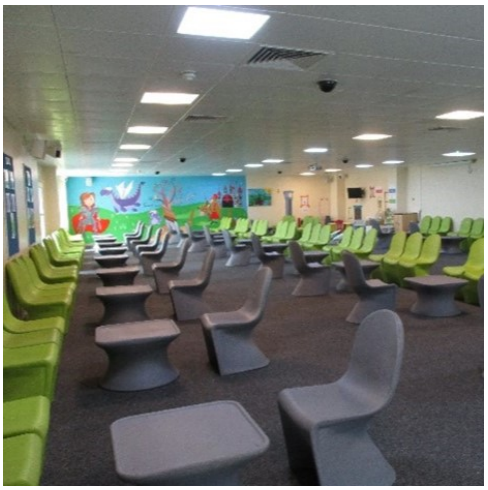
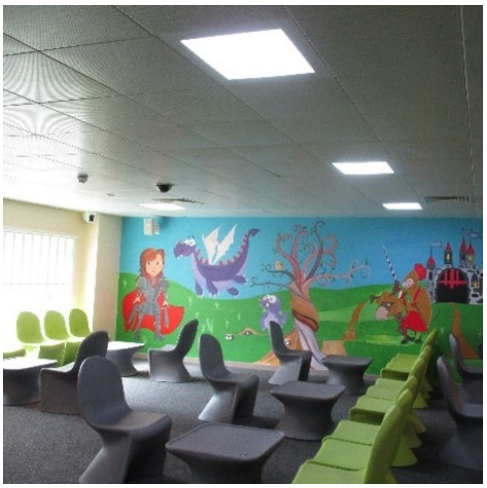
6.4 Work was developing well to identify and provide social opportunities for isolated prisoners who did not receive social visits. However, there were no parenting courses available and PACT was not funded to provide family case work, both of which were important gaps in provision to build family ties.

6.5 Social visits took place every day apart from Fridays. The number of social visits offered to each prisoner, especially for those on remand, was insufficient, despite some sessions being underused. New arrangements were due to be implemented shortly after the inspection, to increase remanded prisoners' entitlement to two 1.5-hour sessions each week, and to remove the restrictions based on incentive scheme level so that all convicted prisoners had the offer of two 1.5-hour sessions each month.

6.6 The visitors centre (which also functioned as the departure lounge; see paragraph 6.48) offered a bright and welcoming environment for visitors on their arrival, and included a well-resourced children's play area, toilets and baby changing facilities. The centre was staffed by friendly, helpful PACT workers, and visitors were assisted with their queries and supported through the visits process. The families we spoke to were complimentary about the welcome and support they received. The searching of visitors was conducted sensitively, and staff were polite.


Front of the visitors' centre (left) and children's play facilities in the visitors' centre

6.7 The main visits hall was spacious and fit for purpose. It featured a colourful mural and a well-equipped play area for young children, overseen by a PACT play worker. The small tea bar was well managed, but food choice was limited to instant noodles, instant soup, snacks and drinks.

Main visits hall (left) and colourful mural in the visits hall

Play area in the visits hall

6.8 A second, smaller visits hall had reopened and was usually used for family days, and more recently for prisoners to record stories for Storytime Dads (see above).

Second visits hall prepared for Storytime Dads recording

6.9 Telephones were available for prisoners to use in their cells, but there were delays in adding numbers for new arrivals. Prisoners' mail was managed efficiently by a dedicated and experienced team, and the

email-a-prisoner scheme was well used. Prisoners' use of secure social video calls (see Glossary) had improved, but was still relatively low.

Reducing reoffending

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

6.10 The establishment held a diverse and complex population of remanded, sentenced and unsentenced prisoners, including licence recalls, young adults, foreign nationals, prisoners convicted of sexual offences and those serving indeterminate sentences.

6.11 The primary function of the prison was to serve the local courts. The turnover of arrivals and releases was high. Many prisoners stayed for only a short time, posing significant challenges in terms of effective offender management, public protection and release planning work.

6.12 Various departments involved in resettlement (such as the OMU, DWP, probation-led pre-release team, ID and banking and accommodation support providers) worked hard to reduce prisoners' likelihood of reoffending. However, there was a lack of strategic oversight and coordinated work between some of them, which sometimes resulted in gaps and duplication of work, particularly in preparation for a prisoner's release. Monthly pathways meetings took place, but action planning tended to be more reactive to immediate needs than strategically aligned to plans.

6.13 The capacity of the offender management unit (OMU) had been hampered by fluctuating staffing shortfalls for many months. The lack of a full-time senior probation officer (SPO) since June 2023 had had a negative impact on many areas of the unit's core functions.

6.14 It was not possible for the existing part-time SPO to provide the regular risk management oversight, professional supervision and ongoing case consultation that such a busy unit needed. A newly recruited full-time SPO took up post during the inspection, but the position was only temporary.

6.15 The impact of the End of Custody Supervised Licence (ECSL) scheme and changes in policy for eligible fixed-term recalls serving sentences under 12 months had placed considerable additional pressure on the unit. For example, when prisoners' release dates changed, this needed skilled and diligent calculation by the staff trained in this area. Oversight of this work was reliant on the head of offender management services and was a laborious task. In addition, prison offender managers (POMs) had to work actively with community offender managers (COMs) and other agencies – often at the last minute – to assess whether an individual could be safely released at an earlier date than planned.

6.16 In these challenging circumstances, the continual resilience and dedication of staff and managers in the OMU were commendable. We observed a unit working hard together to keep on top of the demanding, fast pace of work.

6.17 There was valuable help offered for prisoners who were potentially eligible to apply for bail, to improve the risk information available for courts considering applications. However, help for many others who were remanded or convicted but not sentenced (which equated to over 60% of the population), and for those who had been recalled to custody following a breach of their licence conditions, was limited. Many of these prisoners we spoke to felt unsupported.

6.18 About 40% of the population needed a sentence plan and offender management. POM caseloads were reasonable, especially as most prisoners were under the main supervision of a COM or were due to transfer imminently to another prison. Some POMs held a small caseload of remanded prisoners if there were concerns about the risk they posed, which was positive and unusual to see.

6.19 Initial contact between POMs and sentenced prisoners was usually prompt. The frequency of ongoing contact was sometimes limited, but generally appropriate to need, and usually triggered by time-critical tasks such as recategorisations, upcoming parole hearings, home detention curfew (HDC) assessments and the issuing of recall and immigration paperwork. The POMs we spoke to demonstrated an impressive knowledge of their cases. However, key work delivery (see Glossary) was far too limited and did not effectively support the work of offender management (see also paragraph 4.3).

6.20 Most eligible prisoners had an assessment of their risk and needs, including a sentence plan and risk management plan, but not all were up to date. In our case sample, sentence plan objectives were sometimes too generic to be meaningful, and not all prisoners we spoke to were aware they had one. The OMU recognised that they needed to be more proactive in tracking and chasing COMs when assessments were either missing or needed updating.

6.21 The prison held 26 prisoners serving an indeterminate sentence. Most had been recalled to custody for breaking the rules of their community supervision period and were waiting for direction from the parole board before they could move. In the previous 12 months, 33 parole boards had been held, with nine prisoners directed for release.

6.22 Some prisoners eligible for HDC were released late, for reasons outside the OMU's control. For example, some serving long remand periods had already reached their conditional release date by the time they were sentenced or had too little time left in their sentence to be released. Other reasons included delays in the community, such as difficulties in verifying suitable addresses.

6.23 Prisoners were given a security categorisation soon after sentencing and most were assessed as suitable for category C conditions. In the

previous 12 months, nearly 2,500 prisoners had transferred out of the prison and moves were generally swift. However, the lack of spaces nationally meant that the OMU sometimes found it difficult to secure transfers for category C prisoners with more specific needs, such as men convicted of sexual offences and those with complex health and behavioural needs. At the time of the inspection, over 120 prisoners were waiting to transfer, many of whom needed treatment interventions to address their sexual offending behaviour (see also paragraph 6.23).

6.24 There was improved oversight of prisoners subject to a hold on their transfer. Categorisation reviews were generally timely and informed by a recent offender assessment system (OASys) assessment, and decisions were defensible.

Public protection

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

6.25 Nearly half of sentenced prisoners were assessed as presenting a high or very high risk of serious harm to others, and about 17% of the population were eligible for multi-agency public protection arrangements (MAPPA).

6.26 There were important weaknesses in public protection arrangements. The interdepartmental risk management meeting did not have sufficient oversight of all high-risk prisoners approaching release, including some of those likely to be released immediately or quickly after sentencing. This was the result of the OMU failing to include all cases for consideration, and also because of the high volume of short-sentenced prisoners and recalls passing through the prison, often very quickly. In some cases, discussion on prisoners who should have been considered was deferred to the following meeting because the POM was unable to attend, even though the prisoner was due to be released before the next meeting took place.

6.27 At the time of the inspection, 14 prisoners were subject to public protection communications monitoring. We were not confident that screening processes appropriately identified all those who should have been considered for monitoring. Staff assigned to listen to calls were often redeployed. There were delays in listening to prisoners' calls, of over a month in some cases, which meant that the prison would not be able to respond promptly if the prisoner was making prohibited calls. Telephone monitoring logs were not always sufficiently detailed, and authorisations and reviews were not always timely. Mail monitoring arrangements were more thorough.

6.28 Newly arrived prisoners were assessed for their potential risk to children based on information such as the actual or alleged offence type. There were over 160 prisoners recorded as presenting such a risk

at the time of the inspection, and a few of these had an assessed level permitting them contact with a named child.

6.29 Not all of these prisoners had their suitability for ongoing contact reviewed and we were not confident that all levels had been accurately recorded. Visits staff did not have the most up-to-date information, including photographs of children with whom prisoners were allowed contact; we raised this as a concern with the OMU at the time of the inspection.

6.30 In the cases that we examined, there was good information sharing between POMs and COMs, with appropriate risk management plans discussed and implemented, but this was often very close to the prisoner's release.

6.31 The prison's written contributions to community MAPPA meetings were mostly adequate, although some contained insufficient analysis and not all key dates were clearly recorded. Prisoners approaching release usually had a confirmed MAPPA management level and, in the cases where there was an up-to-date OASys assessment, risk management plans were generally appropriate.

Interventions and support

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

6.32 The prison offered no accredited offending behaviour courses, as appropriate to its function. However, some prisoners who needed to complete a programme waited too long to transfer and there were no interventions to address their treatment needs (see also paragraph 6.23).

6.33 There were too few interventions to help the many prisoners who had been recalled to custody, were waiting for sentencing or were serving very short sentences to think about their offending behaviour.

6.34 However, in our case sample, it was positive that some prisoners subject to MAPPA were encouraged to complete a 'thought map' as part of their preparation for release. This included reflecting on their patterns of behaviour and risk to others, the situations in which they might have been at risk of offending, and the things that would help them to change. One prisoner we interviewed had completed the substance misuse-related ABC course, which he described as helpful in teaching him about relapse prevention, and some prisoners could attend monthly Alcoholics Anonymous meetings (see also paragraph 4.70).

6.35 Support for prisoners to manage their finances, benefits and debts had improved. In the previous 12 months, over 160 sentenced prisoners had been helped to open a bank account, and over 400 birth certificates had been secured. The Department for Work and Pensions

helped sentenced prisoners to set up a benefits appointment at Jobcentre Plus for the day of release. However, prisoners who were remanded and convicted but not sentenced were generally excluded from this support. There was little specialist debt advice available and the prison was unable to apply for and secure photographic forms of personal identification, such as driving licences.

6.36 The prison's new employment hub provided a good environment to bring some resettlement services together, and provided useful careers information, advice and guidance. However, the facility had only just reopened following a protracted period of closure and it was too early to judge its effectiveness on delivering reliable outcomes for prisoners. HM Prison and Probation Service (HMPPS) data showed that, on average, 16% of prisoners had been in employment six weeks after release.

Returning to the community

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

6.37 Over 180 prisoners were released each month, which meant that demand for resettlement support was very high.

6.38 As a result of longstanding staffing shortfalls and the speed of the population turnover, not all prisoners' immediate resettlement needs were reliably or fully identified, recorded centrally and addressed, despite tenacious efforts from the pre-release team.

6.39 In the sample we reviewed, we saw evidence that POMs and COMs worked well together to prepare sentenced prisoners for release. It was positive to note that, despite pressures within the OMU, POMs played an active role in resettlement planning arrangements, even when, technically, the COM was the responsible officer.

6.40 However, in our survey, only 47% of respondents who expected to be released in the next three months said that someone was helping them to prepare for this. Support for those who were remanded or convicted but not sentenced was limited.

6.41 The introduction of the multi-agency release board had been a good initiative in efforts to check that the outstanding needs of sentenced prisoners had been identified and were being managed. However, it was not well attended, and actions were not always well coordinated, resulting in gaps and duplication of work.

6.42 Housing prisoners on release was challenging, but the prison and all accommodation support providers were proactive in their approach to improving prisoner outcomes. For example, the strategic housing specialist, along with the recently recruited accommodation officer funded by the local authority, had helped to improve links and

arrangements with local councils across the East Midlands, to troubleshoot individual cases and carry out housing assessments before a prisoner's release. Nacro, the commissioned rehabilitative services provider for the region, was due to extend its remit to support remanded prisoners soon after the inspection.

6.43 However, HMPPS data showed that, in the previous 12 months, nearly a quarter of all sentenced prisoners had had no address to go to on the first night of release. The outcomes for many others, including those released directly from court, were largely unknown.

6.44 The ECSL scheme undermined the preparation of effective, practical and safe release planning work, in spite of the prison and community probation teams' determined efforts. These arrangements often resulted in last-minute flurries of activity, only to be compromised further by updated policy changes which came into effect during the inspection. These new changes meant that eligible prisoners could now be released up to 70 days earlier than planned.

6.45 We saw some cases for which the proposed early release had been exempted, but only after considerable work to assess whether a robust risk management plan could be put in place for the new release date. In one case, as a result of poor communication about a late exemption decision, the prisoner had been taken to reception, where he spent several hours expecting release, only to be told that his release (albeit appropriately) had been delayed.

6.46 Astonishingly, about a quarter of those discharged via the ECSL scheme had been released homeless.

6.47 The inspection took place during the week before a Monday Bank Holiday. As a result, most prisoners due for release between the Friday and Monday were scheduled for release on the Thursday. We observed a very busy reception area on that day, where, as result of last-minute checks and waits for confirmation of release, prisoners' licence conditions were not fully explained to them.

6.48 The departure lounge offered valuable, practical help for prisoners on the day of release. There was a reasonable stock of clothing, shoes and basic essentials, including toiletries, available. However, disappointingly, it was not always staffed or open when prisoners needed it.

Departure lounge

Resources available in the departure lounge

Section 7 Progress on concerns from the last inspection

Concerns raised at the last inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2022, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Priority concerns

Reported incidents of self-harm remained too high a level and many prisoners at risk of self-harm felt uncared for.
Not addressed

Key concerns

Induction did not adequately prepare prisoners for prison life.
Addressed

The use of challenge, support and intervention plans (CSIPs) for victims and perpetrators of violence was not effective and was having only very limited impact.
Addressed

Use of force was very high.
Addressed

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2022, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Priority concerns

Prisoners were justifiably frustrated at the time that it took for legitimate requests to be resolved.
Addressed

Key concerns

Prisoners complained about culturally ignorant attitudes among some staff.
Partially addressed

Meals were served far too early; portions were sometimes small, and the food was unappetising.
Not addressed

Purposeful activity

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

At the last inspection, in 2022, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Priority concerns

Leaders and managers did not ensure that prisoners had timely access to education, skills and work activities relevant to their needs, or that access was properly sequenced.
Not addressed

Key concerns

Leaders and managers had not improved the quality of the education provision, in particular English, to make sure that the teaching that prisoners received was of a good standard.
Not addressed

Too many prisoners did not develop the appropriate behaviours and attitudes to work, such as arriving and starting work promptly and adhering to safe working practices.
Addressed

Prisoners did not receive enough careers information, advice and guidance to improve their progression into education, training or employment on release.
Not addressed

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 2022, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Priority concerns

Release planning was not well resourced or organised.
Not addressed

Key concerns

The promotion of good family ties, supporting effective resettlement, required improvement.
Partially addressed

Public protection arrangements were weak.
Not addressed

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 concerns 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 concerns raised at the previous inspection and our assessment of whether they have been addressed.

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
Jade Richards	Inspector
Natalie Heeks	Inspector
Rick Wright	Inspector
Jonathan Tickner	Inspector
Nadia Syed	Inspector
Sally Lester	Inspector
Emma King	Researcher
Joe Simmonds	Researcher
Sam Moses	Researcher
Jasjeet Sohal	Researcher
Tareek Deacon	Researcher
Tania Osborne	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Chris Barnes	General Pharmaceutical Council inspector
Matthew Tedstone	Care Quality Commission inspector
Jai Sharda	Ofsted inspector
Darryl Jones	Ofsted inspector
Vicki Locke	Ofsted inspector
Karen Anderson	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.

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

Fidget toys
Toys which can increase concentration and offer an outlet for restless energy for individuals – for example, with attention-deficit hyperactivity disorder.

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

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

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

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

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

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

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

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

Reconnect
An NHS England pilot programme to improve health outcomes for vulnerable prisoners through access to all the health services they need after release and an effective transfer to community services.

Secure social 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 Care Quality Commission Requirement Notice

Care Quality Commission (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

The inspection of health services at HMP Nottingham was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/working-with-partners/). The Care Quality Commission issued 'requirement to improve' notice/s following this inspection.

Breach of regulation

Provider: Nottinghamshire Healthcare NHS Foundation Trust

Location: HMP Nottingham

Location ID: RHAX1

Regulated activities:

Diagnostic and Screening Procedures

Treatment of disorder, disease or injury

Regulation 17 Good Governance

How the regulation was not being met:

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Not all risks identified during the inspection were on the service risk register or appropriate mitigations were not in place.
- The quality of incident investigations was not always sufficient and learning and improvement not embedded in the service. The trust had limited assurance and oversight of this, and actions were not always robust where repeated issues occurred.

- Data supplied during the inspection relating to staff training was not up to date.
- There was no healthcare patient forum in place. Healthcare was discussed in the prison council, however there had been no healthcare attendance at this until the last meeting prior to the inspection and no evidence of any action being taken in response to feedback.
- Staff administering medicines were crushing buprenorphine tablets in order to reduce the risk of diversion. However, this seemed a blanket decision rather dealing with individual risk and was not in line with trust's own policy.
- There was limited oversight of prescribing practice and trends due to there being minimal pharmacist input. There was limited challenge of polypharmacy or tradeable medicines prescribing.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Breach of regulation

Provider: Nottinghamshire Healthcare NHS Foundation Trust

Location: HMP Nottingham

Location ID: RHAX1

Regulated activities:

Diagnostic and Screening Procedures

Treatment of disorder, disease or injury

Regulation 18 Staffing

How the regulation was not being met:

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- There was insufficient staffing capacity to meet the demand for nurse triage and GP routine appointments. There was a 6-8 week wait for a nurse triage appointment. Most patients wishing to see a GP had to go to the nurse triage clinic first and then wait a further 1-2 weeks for a routine GP appointment, meaning for some patients a total wait of 2 or more months.
- There was no senior psychologist in post due to difficulties in recruiting which meant patients requiring higher level interventions would not receive this.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: Our reports – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)

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