



Report on an unannounced inspection of

HMP Kirklevington Grange

by HM Chief Inspector of Prisons

2–12 September 2024



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Introduction

Under an experienced governor, Kirklevington Grange was a thriving and innovative open prison that held a little over 200 prisoners at the time of inspection. The focus was on getting prisoners, some of whom were coming to the end of long sentences, into good working habits and preparing them for their eventual release back into the community.

Serving a population that came mostly from the north-east of England, the prison had made good connections with local employers and about a quarter of the population was released on temporary licence (ROTL) to go out to work every day. With 60% in employment six months after release, there was a strong record in finding sustainable work for those leaving prison. Prisoners approaching the end of their sentences were also allowed home leave to reconnect with their families. We were, however, concerned that staff were not conducting any follow-up checks on those going on home leave and that this was well known among the prisoner group.

The prison was using ROTL creatively to support the progress of the men, including going to Gambling and Narcotics Anonymous meetings and having driving lessons. Prisoners also ran a successful café and car wash just outside the main gate.

Relationships between prisoners and staff were good, with many experienced officers offering authoritative care and support. There was clear motivation for prisoners to behave well, and violence was very rare.

Despite the unnecessary and imposing fences round the prison that were, we were told, too costly to remove, there was an open feel and men were given freedom to move round the jail and take advantage of the extensive, well-tended grounds. Although some accommodation was old and shabby, few prisoners complained because they were never locked in their rooms and most were not locked onto their units until 8pm every evening.

Food was well prepared and 72% of prisoners told us it was good in our survey. The men ate communally in the dining room where there was a positive, lively atmosphere. It was disappointing that prisoners had limited self-catering facilities even in the new pod accommodation, particularly as there was a very good range of vegetables grown in the greenhouses and market gardens.

Despite our rating of 'good' across each of our four healthy prison tests, leaders were keen to learn from the inspection and had taken action against almost all of the concerns we had raised at our last visit. Some areas, however, needed improvement. While use of force was rare, body-worn cameras were not routinely used and some aspects of oversight were not good enough. Management of prisoners who were segregated, most of whom were waiting to be transferred back to closed conditions, was not robust, with health care screening and regular checks not always completed.

Education, assessed as 'good' by Ofsted, took place in the New Directions Centre, which was also a hub for other services. The impressive neurodiversity lead provided support for prisoners, had arranged training for staff, and helped to increase the access to ROTL for neurodivergent prisoners. The health care provision was well led and of particularly good quality, with very good access to primary care.

Staff and prisoners were invited to come up with ideas for enrichment activities. On the day of my visit, there was a traditional sports day set up by an imaginative PE instructor in which the whole prison community competed. There were also football and basketball matches which included staff and prisoners, and guitar lessons taught by one of the officers.

Leaders and staff should be proud of their achievements at Kirklevington Grange and there was no sense that the prison would rest on its laurels after this inspection. We left confident that the prison would take on our concerns and would continue to improve.

Charlie Taylor

HM Chief Inspector of Prisons

October 2024

What needs to improve at HMP Kirklevington Grange

During this inspection we identified 11 key concerns, of which three 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. **Prisoners were routinely strip searched on entry to the transition (segregation) cells and were isolated there without normal segregation safeguards.**
2. **Some parts of the prison were run down, and cleaning was variable. Older wings were cramped, communal showers and toilets were in poor condition, and the very limited self-cook facilities were in shabby communal areas and often dirty.**
3. **There were shortcomings in risk management of release on temporary licence (ROTL): standard ROTL boards were not consistently thorough and prison staff did not complete community spot checks.**

Key concerns

4. **Oversight of the use of force was not robust enough and did not always identify or address poor practice.**
5. **The imposing external and internal fences were inappropriate for an open prison.**
6. **Illicit drug use was increasing, but the flow of intelligence was limited, and there were few actions arising from the poorly attended drug strategy meetings.**
7. **There was a lack of regular and meaningful consultation to identify and address diverse needs and potential discrimination.**
8. **Prisoners in cleaning roles were underoccupied, generally working only three hours a day.**
9. **Education, skills and work staff did not provide sufficient information and support to develop prisoners' understanding of modern life.**

10. **The quality of OASys (offender assessment system) assessments completed by prison offender managers were not of a consistently good standard.**
11. **A relatively high number of prisoners were returned to closed conditions, and documentation to authorise this did not always show defensible decision-making.**

About HMP Kirklevington Grange

Task of the prison

Category D resettlement prison for adult and young adult males.

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

Prisoners held at the time of inspection: 205

Baseline certified normal capacity: 207

In-use certified normal capacity: 207

Operational capacity: 207

Population of the prison

- 271 prisoners received over the last 12 months (around 23 per month).
- 11.2% of prisoners from ethnic minority backgrounds.
- 15 prisoners released into the community each month.
- 21 prisoners receiving support for substance misuse.
- Three prisoners a month referred for mental health assessment.

Prison status (public or private) and key providers

Public

Physical health provider: Spectrum

Mental health provider: Tees, Esk and Wear Valleys NHS Foundation Trust

Substance misuse treatment provider: Humankind

Dental health provider: Hardwick Dental Practice

Prison education framework provider: Novus

Escort contractor: GEOAmev

Prison group

North East

Prison Group Director

Simon Walters

Brief history

HMP Kirklevington Grange is an open prison near Stockton-on-Tees. A former closed detention centre for young people, the prison now holds up to 207 adult men and young adults, many serving lengthy sentences. HMPPS plans to build three more accommodation units offering an additional 152 prisoner places.

Short description of residential units

- | | |
|---|--|
| A | Standard residential unit holding 12 prisoners. |
| B | Standard residential unit holding 13 prisoners. |
| C | Standard residential unit holding 13 prisoners. |
| F | Induction and first night unit holding 36 prisoners. |
| G | Standard residential unit holding 12 prisoners. |
| H | Over-50s unit holding 14 prisoners. |
| J | Standard residential unit holding three prisoners. |
| L | Full-time workers' unit holding 60 prisoners. |

- M Full-time shiftworkers' unit holding 24 prisoners.
- R Standard residential unit holding 16 prisoners.

Name of governor and date in post

Phil Husband OBE, June 2023

Changes of governor since the last inspection

Rebecca Newby, 2019–2023

Independent Monitoring Board chair

Colin Stratton

Date of last inspection

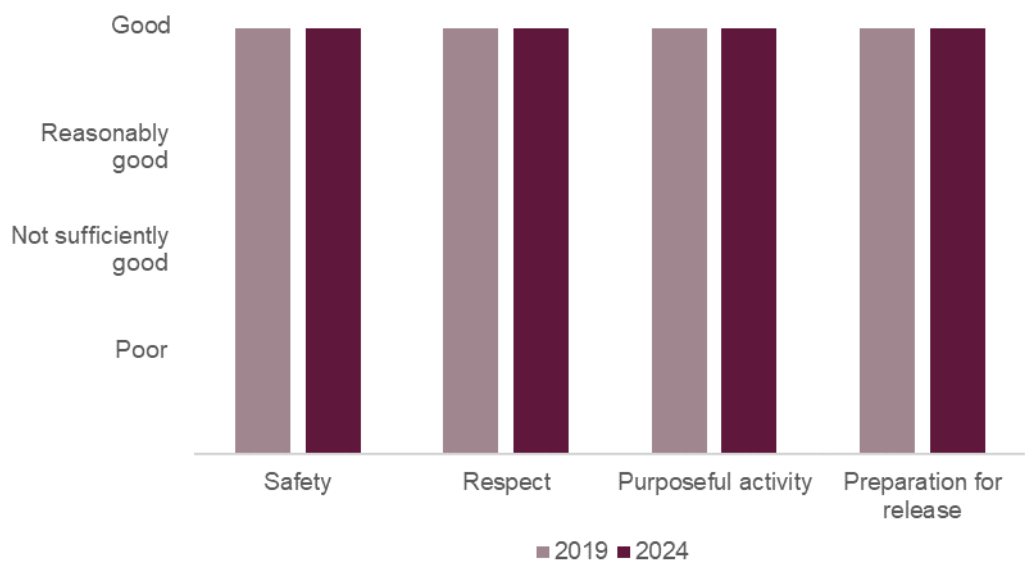
12–23 August 2019

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 Kirklevington Grange, we found that outcomes for prisoners were:
 - good for safety
 - good for respect
 - good for purposeful activity
 - good for preparation for release.
- 1.3 We last inspected HMP Kirklevington Grange in 2019. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Kirklevington Grange healthy prison outcomes 2019 and 2024



Progress on key concerns and recommendations

- 1.4 At our last inspection in 2019 we made 15 recommendations, two of which were about areas of key concern. The prison fully accepted 13 of the recommendations and partially (or subject to resources) accepted two.
- 1.5 At this inspection we found that both of our recommendations about areas of key concern in purposeful activity had been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

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

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

Examples of notable positive practice

| | | |
|----|---|--------------------------|
| a) | Prisoners ate their evening meals together in the large dining hall, reinforcing a friendly community atmosphere in the prison. The dining hall had been improved with new furniture, recipe books for prisoners, current newspapers, and a wash-up area where each person was expected to wash their own crockery and cutlery. | See paragraph 4.10 |
| b) | A committed neurodiversity manager accurately identified prisoners' additional needs and provided helpful information to staff, which they used to support prisoners well. Data on these prisoners was used well to make services more equitable, including access to employment, and projects, such as a specialist suite and garden created to engage and support prisoners with neurodivergent conditions. | See paragraph 4.22 |
| c) | Leaders carried out robust quality assurance in education, skills and work, which they used to identify weaknesses and improve the provision effectively. | See paragraph 5.14 |
| d) | Prisoners benefited from the support of experienced reading specialists who used phonics effectively to develop their reading skills from a low level. | See paragraph 5.18 |
| e) | Despite some shortcomings in management of the process, leaders used release on temporary licence (ROTL) well to encourage both employment and enrichment activity, including voluntary work with a strong social purpose and driving lessons. | See paragraphs 6.21, 5.4 |
| f) | Prisoners had very good access to the welcoming New Directions centre, which offered a range of co-located services providing support mainly for resettlement, but also education, learning and skills. | See paragraph 6.27 |

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 governor and deputy governor had a clear and well-understood vision for Kirklevington Grange, which was focused on helping prisoners into employment and breaking the cycle of reoffending. In our staff survey, nearly all staff reported that they understood and supported the prison's priorities, and in our prisoner survey, over three-quarters said they were less likely to reoffend as a result of their experiences in the prison.
- 2.3 Leaders had focused strongly on increasing release on temporary licence (ROTL) to support resettlement and family ties, with positive results. Similarly, a drive to improve personal officer work had resulted in a high level of support to prisoners working towards release. There was also good communication and partnership working across departments, which helped to create a more seamless experience for prisoners striving to improve their release prospects.
- 2.4 The education, skills and work department in the prison was well led and our previous concerns had been taken seriously, resulting in significant improvements to activities provision and quality assurance. Efforts to cultivate links with community employers had led to many prisoners working outside the establishment in meaningful jobs, and a high proportion remained in employment on release.
- 2.5 Leaders were approachable, and staff across the establishment told us that they felt they could propose and develop ideas. For example, senior leaders had supported the exceptional work by the neurodiversity lead to develop better provision for these prisoners. Prison leaders had also encouraged staff to bring their own hobbies into work (such as model making) to engage prisoners creatively in activities.
- 2.6 Some departments demonstrated a commendable focus on continuous improvement of services. For example, health care leaders were effective in using data to enhance the accessibility and quality of provision that was already good. The catering manager was also proactive and entrepreneurial in his use of proceeds from shop sales to assist other parts of the prison community, and improve the overall prisoner experience. We also found a responsive approach to feedback; during the inspection, leaders at various levels were already making changes in line with our findings.

- 2.7 This positive learning culture was supported by a staff group who felt appreciated. In our survey, staff were very positive about their morale and the support they received from managers, including the deputy governor and governor, and were motivated to deliver good-quality services. It was notable that the prison was almost fully staffed and staff retention was very good.
- 2.8 In some areas, leaders had not developed sufficiently robust assurance systems; for example, while we saw no evidence of negative outcomes to date, ROTL risk assessments were not consistently thorough. Not enough had been done to improve oversight of safety, resulting in underdeveloped governance of use of force, and use of holding cells without proper safeguards. Similarly, consultation with prisoners to ensure fair treatment was weak.
- 2.9 Leaders had also not made enough progress on improving the environment. Funding had been obtained to upgrade flooring, but standards of cleaning were too variable. Such shortcomings were likely to become more problematic over time, especially with the planned increase in population.

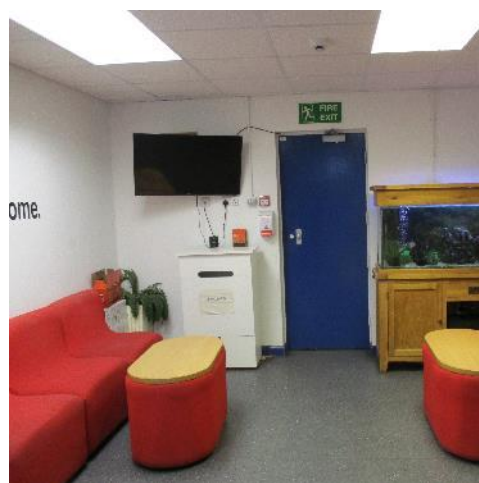
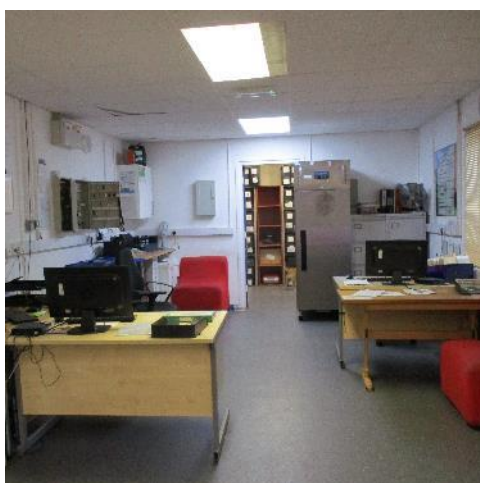
Section 3 Safety

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 An average of five new arrivals a week passed through the reception area. We saw staff being polite, informative and helpful and, in our survey, 97% of prisoners said that they were treated well. The reception area remained cramped and had little useful written information for new arrivals, but most were moved quickly to the induction unit.



Reception

- 3.2 Prisoners' property was processed immediately on their arrival and they were able to take permitted items with them to the induction unit. They could buy some basic items, including smoking materials, but only during office hours, and there could be a delay of almost two weeks before they were able to receive a prison shop order.
- 3.3 Prison staff conducted risk interviews in private, and prisoners could usually contact their families quickly from the induction unit. Staff made appropriate well-being checks for the first 48 hours, and 92% of respondents to our survey said that they had felt safe on their first night. However, first night cells were now shared (see paragraph 4.7), and in our survey, only 49% of respondents, compared with 83% at the last inspection, said that they were clean. New arrivals were routinely issued with a first night kit bag containing essential items, including bedding and toiletries.

- 3.4 Prisoners were given a detailed information booklet during induction, and peer supporters answered questions and showed them around the establishment. Prisoners were given responsibility for completing their induction programme; it included visiting departments such as the offender management unit (OMU), chaplaincy, library and job club, where their induction booklet was endorsed.

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

- 3.5 Prisoners told us that good opportunities for progression and helpful support from staff in various departments encouraged positive attitudes towards the prison community. They understood that they could follow a sequenced journey, which offered progression to opportunities for release on temporary licence and well-paid employment in the community (see paragraphs 5.15 and 6.27).
- 3.6 The prison felt safe and well ordered; in our survey, only 8% of respondents said they had ever felt unsafe in the prison, against 18% in comparable prisons. Recorded violence was low, with only four prisoner-on-prisoner assaults in the previous 12 months. One had been classed as serious, but it had not been investigated to establish the cause. There had been no serious violence against staff. A well-attended monthly safety intervention meeting (SIM) discussed any prisoners of concern.
- 3.7 Most prisoners were motivated by the opportunities in the prison; the formal incentives scheme had less influence over behaviour. All new arrivals went on to the enhanced level of the scheme and most remained on that level throughout. At the time of the inspection, two prisoners were being managed through the standard regime, but these levels had not been reviewed for some months. Staff routinely made entries in prisoner case notes to record good behaviour.

Adjudications

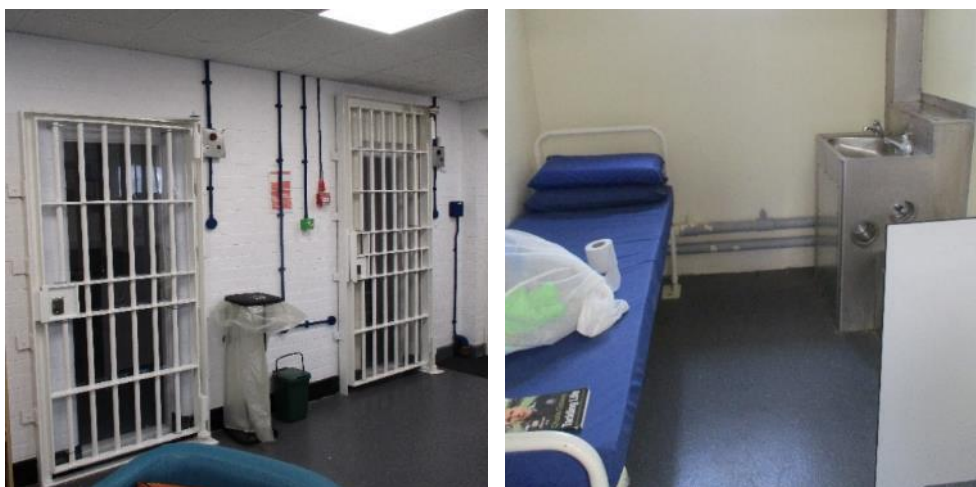
- 3.8 In the last 12 months, there had been 306 adjudication hearings; few involved serious charges, and most related to drug test failures and possession of unauthorised articles.
- 3.9 The records we reviewed evidenced that hearings were timely and there was good enquiry by adjudicating governors. There was quality assurance through a quarterly standardisation meeting chaired by the deputy governor. A new adjudications policy had only recently been published and had not yet been used.

Use of force

- 3.10 There were fewer incidents involving use of force than at most other open prisons. In the previous 12 months, there had been eight incidents, only one of which was a planned intervention. Documentation was up to date, but the statements we sampled did not always have sufficient detail or adequately demonstrate justification. PAVA (incapacitant spray) and batons were carried by night staff, but had not been used since the last inspection.
- 3.11 Oversight of force had improved since our last inspection, with well-attended scrutiny panels convened within days of an incident, but governance was still not sufficiently robust. The panels did not always identify and address poor practice, and actions were not routinely tracked. The minutes of use of force meetings did not identify opportunities for improvement or good practice. Staff did not activate body-worn video cameras routinely during incidents.
- 3.12 In the video footage we reviewed, we found one use of unfurnished accommodation, which had not been identified or documented.

Segregation

- 3.13 There was no segregation unit, but two clean and furnished cells (known as 'transition' rooms) were located next to the safer custody office and used to hold prisoners returning to closed conditions or those who needed to be held separately for their own safety. Cells were monitored when occupied and a new policy had been developed to strengthen staff oversight (see paragraph 3.19).
- 3.14 There was no monitoring of data on these cells, and leaders were unaware that they had been used 60 times in the previous year for varying periods up to, and including, 14 hours. Prisoners in these cells were routinely strip searched but without safeguards in place, such as fitness for segregation assessments.



Transition rooms

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.

- 3.15 Leaders were sighted on key security issues and the deputy governor chaired a well-attended monthly security committee, although the minutes were poor and hard to follow. Security was broadly proportionate for an open prison, except for some routine strip-searching (see paragraph 3.14) and the still-present imposing perimeter and internal fences. It was positive that some caged walkways had been removed following the demolition of older units.



Exterior of L unit (showing internal fences)

- 3.16 There was an emerging drug problem: random drug testing had returned a positive rate of 6.3% for the previous 12 months, which was higher than at our last inspection and on an upward trajectory. The approach to reducing drug supply was not yet robust enough. While there was an up-to-date drug strategy, few actions had emerged from the poorly attended strategy meetings.
- 3.17 Appropriate monthly intelligence objectives were disseminated to staff, but the flow of intelligence was limited, with only 2,186 reports submitted in the previous 12 months. There was no log to show how many suspicion tests based on intelligence had been requested in the previous year; just under half of those completed (43 out of 93 tests)

had been positive, suggesting that intelligence was of reasonable quality when received.

- 3.18 There had been no absconds from the prison in the previous year, and temporary release failures over the same period were lower than the average for open prisons (see paragraph 6.25).

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

- 3.19 Two prisoners had taken their own lives in the five years since the last inspection - in 2021 and a few months before this inspection. The investigation into the first of these found that it was not predictable, and the Probation and Prisons Ombudsman made no formal recommendations. The second was still under investigation, but leaders had identified some early learning and had taken action to make operational practice safer. This included a more rigorous policy to support safe supervision of any prisoners placed in the secure holding cells ('transition', rooms, see paragraph 3.13). A high proportion of staff had also received refresher training in assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm in the previous three months.
- 3.20 There was a generally supportive culture in the prison (see paragraphs 3.5 and 4.1), and prisoners could easily speak to a variety of staff and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). The safer custody team was especially proactive and imaginative in helping those who might be at risk of self-harm, offering practical resources and activities as well as personal support.
- 3.21 There had been only one act of self-harm in 2024 to date, and two in the previous 12 months. The safety team was vigilant in identifying evidence of self-harm risk, and checked in detail the records of every new arrival for any evidence of self-harm risk. About one ACCT document a month was opened, usually in cases of low mood to ensure additional support.
- 3.22 The six Listeners currently in post took a mature and dedicated approach to their work. They offered help and support not only in relation to self-harm, but also across a range of issues about coping in prison and handling difficult personal situations. As previously, they were very well supported by the local branch of the Samaritans.

Protection of adults at risk (see Glossary)

- 3.23 A comprehensive adult safeguarding policy had recently been issued, showing a good understanding of the whole field of safeguarding. Leaders in the establishment were linked through regional staff to the Teeswide Safeguarding Adults Board. There was a good focus on identifying those who were or might become vulnerable, for example through a history of abuse or neglect. The weekly SIM (see paragraph 3.6) also discussed and planned support for prisoners who were vulnerable, such as past victims of abuse.

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 The compact size of the prison supported good communication and a sense of community, and the prison's strong tradition of positive staff-prisoner relationships was continuing. Most prisoners spoke highly of the staff and their genuine care for prisoners.
- 4.2 In our survey, 90% of all prisoners said that there were staff to whom they could turn with a problem, compared with 81% for similar prisons, but that figure fell to 67% of ethnic minority, compared with 93% of white prisoners. A few prisoners also said that some staff used the threat of being returned to closed conditions too freely.
- 4.3 There had been a recent focus on personal officer work, and 96% of prisoners in our survey said that they had a personal officer, against the comparator of 73%. Personal officer entries in prisoners' electronic case notes were reasonably regular and supplied a clear account of the individual's journey.
- 4.4 Many staff told us, and wrote in our staff survey, that their morale was good and that they felt supported in doing the best job possible. Managers knew many of the prisoners by name, and responded to their requests, working collaboratively across departments.

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

- 4.5 Outside areas were well maintained and attractive, and prisoners had easy access to them. These areas had been improved with additional recreational equipment, and a well-kept garden area for prisoners had recently been added. Prisoners were able to move around the establishment easily and could use comfortable communal areas.



Garden area

- 4.6 The older wings were cramped and run down. They had communal toilet and shower facilities, which offered little privacy and were in poor condition. Bedbugs were a recurrent problem and, while appropriate measures were taken whenever they were found, the general condition of the older buildings meant that they could not be eradicated. A basic level of cleanliness was maintained in communal areas through daily management checks, but there was too much acceptance of ingrained dirt, particularly in the showers.



F unit showers (left) and toilets



R wing shower room

- 4.7 There was a mix of accommodation, including the prefabricated pods that comprised M wing; prisoners we spoke to were content with this accommodation. Most still had single cells, which they appreciated, but on F wing induction unit, cells were now shared and had become run down. Most prisoners kept their cells tidy and there was very little graffiti. A programme to renew some of the wing flooring was about to begin, and this was much needed given the amount of damage to it. Some areas, such as the induction wing, had been improved by involving prisoners in the design and painting of murals and other aspects of décor.



M wing (left) and L unit

- 4.8 There were some self-cook facilities on the wings, with recent additions of equipment such as grills and air-friers, but they were in shabby parts of communal areas and were not kept clean. Prisoners approaching release, often after long sentences, did not have enough opportunities to revive or learn skills in looking after themselves (see paragraph 6.21).

Residential services

- 4.9 Many prisoners appreciated the quality of the food; in our survey, 72% said it was good, against the comparator of 45%. The kitchens were well equipped and managed effectively by an entrepreneurial catering manager; he used proceeds from shop sales well, for example buying some self-catering equipment for the wings. He consulted regularly with prisoners and was constantly adapting the menus.
- 4.10 Meals were served in the large dining hall. During the evening meal all prisoners ate together and were not given the option of taking their food back to their room. The dining hall environment had been improved recently with new furniture, bookshelves with recipe books that prisoners could borrow, current newspapers, and a wash-up area where each person was expected to wash their own crockery and cutlery. The staff, including kitchen staff, fostered a friendly and upbeat atmosphere. This informal sense of community was further strengthened by the small 'Lounge' café in the heart of the prison, serving staff and prisoners alike at any time of day.
- 4.11 Prisoners could usually buy what they wanted each week through the prison shop system. Leaders were active in constantly adjusting the product list to prisoner preferences through consultation, and in our survey, 75% of prisoners, against 57% in similar prisons, said they could buy the things they needed.

Prisoner consultation, applications and redress

- 4.12 Consultation arrangements were reasonable. The prison had a monthly meeting, advertised in advance to all prisoners. Attendance varied from one prisoner to nine in the sample we reviewed. There was evidence of the meeting leading to some changes, such as the purchase of extra equipment, but the minutes did not always track these actions, making it harder to show prisoners that their concerns had been addressed effectively. Leaders also used other useful methods to understand prisoners' perspectives, including food comment books and interviews with prisoners due for release.
- 4.13 Prisoners had confidence in the complaints and application systems. In our survey, 91% said applications were usually dealt with fairly, and 76% said the same about complaints, against the comparators of 77% and 51% respectively. The free access to services like OMU and health care, as well as the positive relationships between staff and prisoners, often enabled issues to be resolved informally.
- 4.14 There were few formal complaints, with 117 in the previous 12 months, mostly about property, the prison shop and financial issues. Responses to complaints were prompt, and prison records for 2024 to date showed that 97% had been answered on time. In our sample of complaints, most answered the issues raised and were polite, but few evidenced a face-to-face discussion with the prisoner. There was good oversight with a quality assurance system and regular review of data.

- 4.15 Each week, prisoners made, on average, 250 applications through the electronic kiosk. Some applications, such as for ROTL, were still paper-based because of the detail needed. A well-situated prisoner-led information desk was available throughout the day and evening to give prisoners advice or information about the prison. Peer workers working on the desks had a good knowledge and were able to support prisoners effectively, particularly those new to open conditions.
- 4.16 There was adequate legal provision in the prison. The library had a stock of texts and prison information, and a dual-purpose private room was available for face-to-face legal meetings, and also had a video-calling facility. The room was only available on two afternoons a week, but in the records we reviewed, it was not oversubscribed.

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.

- 4.17 Kirklevington Grange fostered an inclusive culture among staff and prisoners, in which there was a commitment to meeting individual prisoners' needs. There was a strong focus on employment and a good enrichment offer that catered well for prisoners from a range of backgrounds and abilities.
- 4.18 Prisoners from an ethnic minority background were less positive than white prisoners in a few areas of our survey, including fewer saying they had a member of staff to turn to if they had a problem and more that they had been victimised by staff. Ethnic minority prisoners we spoke to did not feel there were effective forums to raise issues. We found a lack of regular meaningful consultation for most minority groups, which meant that leaders had a limited understanding of their experiences.
- 4.19 In the past year, only five discrimination incident reporting forms (DIRFs) had been submitted. Investigations were poor and, in some instances, the investigator did not speak to everyone involved. Quality assurance of the process had lapsed, with no internal or external monitoring for the previous 12 months.
- 4.20 However, the prison had shown a recent renewed focus on equality and inclusion work, with a revised strategy, improved attendance at meetings, and advertising for staff diversity champions and prison peer representatives. Leaders had improved monitoring to check any disproportionality in prisoner outcomes and were now considering data on ROTL and access to activities. In the data we reviewed,

disproportionality was infrequent, but any investigations and actions taken were not recorded.

- 4.21 The prison had held several events to affirm and celebrate diverse identities, including Pride celebrations and events for Gypsy, Roma and Traveller prisoners. They aimed to be inclusive, involving prisoners from all backgrounds in a variety of themed activities, including guest speakers, and arts and crafts.
- 4.22 Support for prisoners with a neurodivergent condition had improved very significantly and was impressive. A manager had been appointed to work on improving screening and information-sharing across the prison and, where appropriate, liaise with external employers, constructing individual support plans as necessary. Just under half of the population were now recorded as having a hidden disability, and data monitoring and subsequent action for this group were very good. For example, when it was recognised that prisoners with neurodivergent conditions were less likely to obtain paid employment in the community, there had been work with the prison employment lead and individual support strategies were put in place. This had since resulted in far more prisoners with neurodivergent conditions obtaining paid employment. A range of prison projects had also included the setting up of a specialist suite and garden created to provide supportive and therapeutic areas for prisoners with neurodivergent needs, but which could be used by all prisoners.



Therapeutic suite (left) and garden

- 4.23 An outside organisation hosted a weekly social group for older prisoners, which they found positive. Prisoners with disabilities reported that their individual needs were well met. 'Choices and Changes' interventions (see Glossary) were available to younger prisoners who were suitable.

Faith and religion

- 4.24 There was a small, comfortable multi-faith room for religious services and studies, and most prisoners practising a religion said they could attend corporate worship if they wanted to.



Multi-faith room

- 4.25 There were not enough chaplains, with the five members of the team on site for a total of only 33 hours a week. They delivered services, study groups, pastoral support and statutory duties, such as meeting all new arrivals, but had little time to attend key meetings or see prisoners individually.
- 4.26 Muslim prisoners we spoke to raised issues, including the difficulty of providing halal food in disorganised and dirty self-cooking areas, and lack of appropriate space to complete ablutions before Muslim prayers. Leaders planned to build a new ablutions unit to rectify the latter problem.

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.

- 4.27 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 4.28 NHS England commissioned Spectrum Community Health CIC to deliver health and social care services as prime provider, who subcontracted Tees, Esk and Wear Valleys NHS Foundation Trust (the

Trust) to deliver mental health services and Humankind for psychosocial services. Dental services were separately commissioned and delivered by Hardwick Dental Practice. NHS England maintained good oversight of clinical services through quality monitoring visits, and relationships were strong.

- 4.29 An exceptional 97% of respondents in our survey said health services were good, against the comparator of 77%, and all patients we spoke to during the inspection were positive about their care and treatment. The service was flexible and accessible, providing evening sessions for those who were working, and patients were encouraged to drop into the health centre as needed.



Health waiting room

- 4.30 The service was well led, risks were identified, and robust clinical governance arrangements were in place, with regular, well-attended clinical governance meetings ensuring effective oversight. Leaders used data effectively to monitor services, and there was a clear focus on service improvement enhanced by a regular cycle of clinical audit.
- 4.31 Partnership working was a strength, with providers working well together, and excellent relationships with prison leaders and staff were evident. Regular local delivery board meetings meant all services were accountable and transparent.
- 4.32 Clinical incidents were reported and leaders had oversight of themes and trends, although numbers were low. There had been one serious incident in the previous 12 months and the service was implementing the action plan that arose from this. Similarly, the number of patient complaints was very low; the service had a focus on resolving concerns face to face.

- 4.33 Services were adequately staffed, mandatory training compliance was very good, and the provider encouraged and supported staff to upskill and extend their roles. Clinical and management supervision arrangements were embedded and recorded. All staff had received an appraisal in the previous 12 months. We observed a diligent workforce delivering care with respect and kindness, and staff clearly knew their patients well.
- 4.34 Information governance was managed well, and the clinical notes we looked at met professional standards and were clear and concise. Staff we spoke to understood their role in gaining consent and their safeguarding responsibilities. The provider had robust arrangements with leaders engaging in regular safeguarding supervision.
- 4.35 The health centre was bright, welcoming and had an open-door policy, making it very accessible. Health care administrators had oversight of clinical appointments and made sure they centred on patients' needs and timetables.
- 4.36 Most clinical areas were clean and met infection-prevention standards, apart from the medicines administration point (see paragraph 4.70). Clinical equipment was kept clean and was calibrated annually.
- 4.37 Emergency medical equipment was accessible, contained the necessary kit and was checked regularly. However, during our night visit, some prison staff were unaware of the location of automated external defibrillators.

Promoting health and well-being

- 4.38 A designated health care lead organised prison-wide health promotion events which followed the national NHS calendar, and we saw health promotion material around the prison.
- 4.39 Health care staff had good links with the prison gym, and regular well-being days were held to encourage prisoners to focus on their health. The associate practitioner had undertaken smoking cessation training, and offered support to patients wanting to reduce or stop their tobacco use.
- 4.40 NHS age-related health checks and screening programmes were delivered appropriately, and screening rates for blood-borne viruses were high. A specialist nurse visited fortnightly to provide sexual health services. There were adequate procedures to manage any communicable diseases.

Primary care and inpatient services

- 4.41 New arrivals to the prison were given information about the health services available on site, and how to access them. A registered nurse conducted initial health screenings to identify any immediate health care needs or long-term medical conditions that needed support, and made any necessary referrals. All first and second reception health screens had been completed within the required timescales.

- 4.42 Nursing staff were available seven days a week, from 7.30am to 5.30pm Monday to Friday, and from 8am to 12 noon at weekends. A GP clinic ran on Wednesdays from 9am till 4.30pm, and on Thursdays from 9am till 1pm.
- 4.43 Patients could make health care appointments easily, either by attending the health care centre themselves or through the electronic kiosk. Waiting times for all health services were short, which meant that patients' needs were responded to quickly.
- 4.44 The health care records we reviewed showed that patients received regular, appropriate and good-quality health care interventions. Long-term medical conditions were managed well, and there was oversight of when health checks and reviews were due. Patients requiring more intensive health care support were discussed at a monthly multidisciplinary meeting to make sure their complex needs were reviewed.
- 4.45 Patient referrals to secondary care services were monitored closely, ensuring few were missed, and the prison worked diligently to make sure patients were escorted to outside hospital appointments.
- 4.46 All prisoners due for release were routinely booked a health care appointment 28 days before their departure to identify follow-on support and make arrangements. They were given 28 days' supply of their medicines on release.

Social care

- 4.47 A clear memorandum of understanding between the prison, Stockton-on-Tees Borough Council and Spectrum Community Health CIC outlined each organisation's responsibility in the referral, assessment and management of prisoners' social care needs. This also contained an information-sharing agreement between the three organisations.
- 4.48 Health care staff completed a social care screen for all new arrivals, and we were confident that those in need would be quickly identified and referrals made. No prisoner was in receipt of a social care package during our inspection, but there had been four referrals in the previous 12 months, three of which had resulted in the provision of equipment.
- 4.49 Stockton-on-Tees Borough Council provided regular training for both health care and prison staff to make sure they understood their responsibilities under the Care Act 2014, which was good. Representatives from the council reported that they always received appropriate, detailed and prompt social care referrals from prison staff.
- 4.50 Prisoners with any disabilities had access to a range of equipment and aids in the prison to help them.

Mental health

- 4.51 As part of the local 'Reconnected to Health' partnership, the Trust and Rethink Mental Illness delivered a comprehensive range of

interventions and support for patients with mild to moderate and more complex mental health needs through a stepped model of care. The team was based at nearby HMP Holme House, but regular clinicians attended the prison to ensure consistency. Mental health services were meeting the needs of the population.

- 4.52 The skill mix of the team was impressive and comprised skilled clinical psychologists, a psychological well-being practitioner, a counsellor, care navigators and experienced mental health nurses. The team also made good use of its speech and language therapist. Prisoners had prompt access to the psychiatrist, who attended weekly, and regular multidisciplinary team meetings ensured good oversight of care and treatment.
- 4.53 The service had a clear referral pathway, with appropriate clinical triage, and patients were seen within the required timescales. Access to the service was very good with short waits only for most pathways. The cohesive, experienced and well-led mental health team delivered a wide range of interventions, and clinical governance of the service was very good. Staff we spoke to felt supported and valued by the organisation, and clinical and managerial supervision arrangements were robust.
- 4.54 There were regular prescribing reviews and health monitoring for patients receiving mood stabilisers and antipsychotic medicines. There was a well-established care pathway for those with learning disabilities and neurodiverse needs, and the team had a very good link with the prison's neurodiversity manager. Patients we spoke to were very positive about the support they received.
- 4.55 The clinical records we sampled demonstrated regularly reviewed care plans, and there were risk assessments. Leaders and staff contributed to daily teleconferences with mental health teams in the North East prisons, which enhanced oversight of patients transferring between prisons.
- 4.56 Prison staff we spoke to valued the mental health team and knew how to make referrals. It was very positive that the team had formed a working group to provide mental health awareness sessions for prison staff, in consultation with staff and patients, which were due to be delivered.
- 4.57 Release arrangements for patients were well coordinated and based on individual need. Staff were properly focused on aftercare arrangements for patients and made good use of local 'Reconnect' services (see paragraph 4.51), which ensured effective support post-release.

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

- 4.58 Spectrum delivered clinical care of patients with addictions to substances and alcohol, while Humankind provided psychosocial support. Joint working between the providers and the wider prison was

a strong feature, with well-developed relationships working effectively to meet the needs of the population, enhanced by regular meetings.

- 4.59 During the inspection, 15 patients were in receipt of opiate substitution therapy (OST), with 14 on long-acting buprenorphine by injection and one on methadone. The clinical notes we looked at showed joint reviews taking place in line with guidance, and prescribing was generally flexible and patient centred.
- 4.60 The services saw every new arrival. Those who did not require support were given harm-reduction information and details of how to self-refer later if support were required. Patients could access services easily, with referrals made on reception, through wing-based applications, clinical referral or face to face. However, service provision had recently been affected by the lack of space; there was now access to only one room, which was not confidential.
- 4.61 The well-led psychosocial team was working creatively to meet the needs of its patients, which included evening sessions so that those who worked in the community could still access support. The busy service received on average 20 referrals per month, and all patients we spoke to were happy with their care and treatment. The recovery plans we looked at were patient-centred, reviewed regularly and linked to whichever stage of recovery the patient was experiencing.
- 4.62 Two well-trained and supported peer mentors delivered valuable support and signposting, and the service had a strong focus on patient feedback. Mutual aid was offered and encouraged, and patients could 'dip' in and out according to their needs. Sessions were facilitated during the core day and in the evenings for full inclusion. Patients could also use ROTL to access community support groups.
- 4.63 Discharge and release arrangements were coordinated and patient centred. There was appropriate planning for prisoners being released under the new early release scheme. The service had strong links with community providers and the regional Reconnect team to enhance support on release.
- 4.64 Naloxone (a medicine to reverse the effects of opiate overdose) was provided to prisoners on release if necessary, and it was positive that prison officers were trained in its use.

Medicines optimisation and pharmacy services

- 4.65 The management of medicines was safe, patient centred and effective. Medicines were supplied by an external pharmacy on time, mostly as named-patient medicines with appropriate labelling and a dispensing audit trail. Pharmacy staff told us the external pharmacy was responsive and flexible. Patients we spoke to were happy with medicines arrangements.
- 4.66 Prescribing and administration were entered on the electronic record, SystmOne, and medicines reconciliation was completed promptly for all

new arrivals. Medicines were stored and transported securely across the site.

- 4.67 The provider was funding the current associate practitioner to complete her pharmacy technician qualification, and the regional pharmacist provided robust clinical oversight of prescribing. Patients had good access to the monthly medicines use clinics provided by the pharmacist.
- 4.68 Nearly all patients (97%) received their medicines in possession and were given a locked storage box to keep them secure in their cell. The risk assessments we sampled for this were in date and reviewed regularly, and administration staff alerted clinical staff to those needing review. There were advanced plans to introduce biometric-controlled medicines lockers to allow patients greater flexibility in collecting their in-possession medicines.
- 4.69 There was a suitable stock of medicines that clinical staff could access out of hours, with good oversight of these. There was also a suitable stock of medicines to treat minor ailments without a prescription.
- 4.70 Medicines administration took place twice a day, led by the trainee pharmacy technician and nursing staff. Administration was confidential and well managed. However, the clinical area was too cramped and the lack of air conditioning meant the temperature of the room was a risk for some medicines. The handwash sink did not meet infection-prevention standards. The pharmacy managed controlled drugs suitably.
- 4.71 Regular well-attended regional medicines management meetings paid good attention to the prescribing of abusable medicines, formulary compliance and prescribing trends. The regional pharmacist facilitated a monthly virtual 'learning lunch' for all prescribers in the region with an emphasis of sharing learning.
- 4.72 There was appropriate provision of medicines for patients being transferred or released.

Dental services and oral health

- 4.73 In our survey, 71% of prisoners said it was easy to access the dental service, against the comparator of 47%, and 70%, against 35%, thought its quality was good. Oral health services ran two mornings a week, waiting times were short and there was a dedicated appointment slot for emergencies. The dentist could be contacted for remote advice and patients could access a branch of the same dental practice in the community.
- 4.74 Dental care records were satisfactory and evidenced that patients received appropriate assessment, treatment and oral health instruction. The dental treatment room and decontamination area were clean and met infection-control standards. Records showed that dental equipment

had been maintained and serviced to make sure it was safe and fit for purpose.

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 Prisoners were never locked into their rooms and had unsupervised access to the prison grounds from 6am until 8pm. However, those on L wing were locked up an hour earlier, with no clear rationale for this, which reduced their access to fresh air. Prisoners on M wing could go outside at any time.
- 5.2 The sports field and well-tended garden had been opened for unsupervised access, which was positive and appreciated by prisoners, especially those who did not yet have access to release on temporary licence (ROTL) outside the prison.
- 5.3 Leaders put a strong emphasis on prisoner employment and, at the time of the inspection, almost all prisoners were engaged in work or education, including around a quarter of the population who were in paid employment in the community. Many services had changed their opening hours to cater for prisoners who worked outside the prison, including health care, the library and information desk.
- 5.4 There was a wide range of recreational activity. Model making and a chess club were among the structured activities that could now take place in a new specialist therapeutic suite (see paragraph 4.22). The music shack provided space for prisoners to pursue musical interests. Prisoners could borrow equipment, such as footballs and golf sets, to play in the external areas of the prison grounds without supervision. They also had regular access to games, DVDs, and art and craft sessions. Leaders also used opportunities outside the prison for eligible prisoners to participate in recreational activities or organised voluntary work in the community with a strong social purpose, including beach cleaning.



Music shack

- 5.5 The prison site had an array of gym facilities, including the main gym and sports hall, a fitness suite in the main residential area, a smaller room located on L unit, a small all-weather turf pitch, and a large open sports field. The fitness suite on the main block had a range of cardiovascular and weight-training facilities, with prisoner access for over 12 hours; we frequently observed this facility being used.



Main gym

- 5.6 The main gym timetable provided a wide range of activities, including competitive sports, high-intensity training and well-being activities, which catered for a range of needs. The evening hours accommodated prisoners who worked during the day. The many other valued activities that took place included a weekly Parkrun (see Glossary), a twinning project with Sunderland Football Club, and trekking outside the prison for eligible prisoners.
- 5.7 The prison library, run by Stockton-on-Tees Borough Council, was small but well stocked, and books could be loaned from external sources if needed. In our survey, 91% of prisoners said they had access to the library at least once a week, compared with 58% at the previous inspection. An evening session enabled access to prisoners who worked outside.



Library

- 5.8 An embedded reading strategy promoted reading for pleasure through projects such as a 'book on the bed' for new arrivals and a book club. There was also good support for both new and emerging readers, from education staff (see paragraph 5.18) and Shannon Trust literacy project mentors, who were assisting four prisoners during our inspection.

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.

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

Overall effectiveness: good

Quality of education: good

Behaviour and attitudes: outstanding

Personal development: good

Leadership and management: good.

- 5.10 Leaders and managers had a clear and well-implemented strategy to provide education, skills and work (ESW) to prepare prisoners for release, leading them into employment opportunities that in turn could prevent reoffending. Leaders worked well with a range of national and local employers to provide valuable release on temporary licence (ROTL) employment opportunities in a variety of roles, which included construction, highways operations, catering, heavy goods vehicle driving, recycling and warehousing.
- 5.11 Leaders and managers had provided sufficient spaces within ESW to meet the need of the prisoner population. No prisoners were unemployed at Kirklevington Grange. A high proportion of prisoners accessed paid work as part of ROTL, including in the external coffee shop and car valeting provision. Prisoners accessed a varied range of roles, including in the prison kitchens, gyms, library and gardens. Prisoners could undertake mentoring positions in ESW and gained qualifications to carry out this role. Leaders and managers had recently opened a construction multi-skills workshop to meet the needs and interests of a high proportion of prisoners. However, wing cleaners employed at the prison were not purposefully employed, working only three hours per day.
- 5.12 Leaders and managers had designed a well-informed curriculum using the expertise of the prison employment advisory board, employment agencies and large national employers. They used local labour market information, such as local skills gaps and vacancies within the locations prisoners were released to, feedback from prisoners, prisoners' English and mathematical starting points to inform their curriculum plans. In the prisoner's first 12 weeks at the prison, staff prioritised the development of their English, mathematics, digital and employability skills to prepare them for access to ROTL.
- 5.13 The allocations process was effective. On entering the prison, prisoners completed a short induction and were then allocated to work and learning swiftly. Work and learning allocations supported prisoners well to prepare for their employment goals. Where prisoners' specific

work goals could not be directly supported in ESW, they were allocated to an activity that helped them develop wider employability skills. Prisoners developed work-related behaviours and undertook short courses, such as workplace health and safety and first aid. In the prisoner survey, 75% of prisoners said that the prison allocated them to the education, training or work that will help them when they are released.

- 5.14 Leaders and managers had in place effective processes to monitor and improve the quality of ESW provision. They conducted appropriate quality assurance activities, including audits of prisoners' learning plans, they analysed prisoner feedback and checked prisoners' progress in developing reading skills. Leaders and managers used the results of these activities to inform staff training and other improvements. Recent training provided to staff had been in target-setting, providing effective feedback, setting reading goals and neurodiversity awareness. Leaders and managers had fully addressed and rectified the concerns raised at the previous inspection.
- 5.15 A high proportion of prisoners accessed paid work outside of the prison as part of ROTL. Employers spoke highly of the calibre of prisoners who came to work. Prisoners were well prepared for the workplace with good timekeeping and communication skills. Employers provided support in partnership with prison staff for prisoners to improve their employability skills where necessary. Employers provided in-house training and qualifications relevant to their sector, such as forklift truck operations, food allergens in manufacturing, and health and safety, which greatly benefited prisoners.
- 5.16 The pay policy was fair and equitable for ESW within the prison. Prisoners attending education were paid at the same rate as those in work and were not disadvantaged by attending education. Prisoners in roles with more responsibility, including when on ROTL, were paid at a higher rate depending on their position.
- 5.17 Leaders had ensured that industry workshops were well equipped with industry-standard machinery. In construction, they provided band saws, jigsaws, nail guns and sanding machines. In recycling, prisoners used shredders and compressing machines to bundle cardboard and paper. Prisoners safely used these tools using appropriate personal protective equipment.
- 5.18 Teachers in education were well qualified and experienced. They kept their subject knowledge up to date through frequent training, and those supporting reading were experienced in using phonics. Most instructors in industries had a teaching qualification and a few were working towards achieving one. They had appropriate subject expertise in the industries that they taught. For example, recycling instructors had qualifications and experience in waste management, recycling and sustainable energy.
- 5.19 Novus provided education and vocational training in the prison. Teachers planned the curriculum logically to enable prisoners to

develop their knowledge and skills over time. In horticulture, teachers initially taught prisoners about health and safety and safe use of hand tools and machines. They then moved on to teaching about how to maintain healthy plants and growing and harvesting seasonal vegetables and fruit. Teachers presented information and content effectively. They used paired work, individual activities and demonstration. Teachers identified prisoners' misconceptions well. In digital skills, where prisoners did not have a clear understanding of National Insurance and taxation, teachers skilfully used questioning techniques to derive the correct answer from prisoners. Teachers used assessment well to check on prisoners' learning. They incorporated quizzes, question-and-answer, and starter recap activities effectively into their lessons. Prisoners were well prepared for their functional skills examinations. They completed practice papers, reading and writing exercises, and mental mathematics exercises. Teachers tracked the progress of prisoners carefully. When prisoners made swift progress, any additional support was reduced, and where prisoners made slower progress their support plan was reviewed carefully and amended appropriately.

- 5.20 Instructors taught prisoners appropriate knowledge, skills and behaviours that they needed to progress to ROTL. In the laundry workshop, prisoners learned how to deal with contaminated laundry - for example, by washing laundry at very hot temperatures in the red bags that they were delivered in to avoid contaminating the whole area. In recycling, prisoners learned how to compact materials such as cardboard professionally. They knew that if they placed too much cardboard in the compressor they would not be able to tie bales by hand, resulting in the bales breaking up.
- 5.21 Staff tailored the curriculum to meet the needs of individual prisoners. The neurodiversity manager provided staff with an overview of each prisoner with additional learning needs and the strategies needed to help them to achieve in line with their peers. For example, prisoners were taught in small group sessions and used tracking rulers to help with reading; they benefited from short-burst activities and staff slowed the delivery of instructions to allow prisoners to grasp new concepts. In the prisoner survey, 79% of prisoners said they received help and support from education staff for their learning difficulties.
- 5.22 Leaders and managers had developed and successfully implemented an effective reading strategy across the prison. Reading specialists had been put in place to support non and emerging readers with one-to-one training. Reading specialists utilised phonics effectively to develop the reading skills of prisoners. This enabled prisoners to progress swiftly with their reading and gain confidence to read books and take on additional responsibilities at work. New initiatives such as a 'book on the bed' for new arrivals at the prison had a positive impact by encouraging prisoners to read for pleasure. In the prisoner survey, 93% of prisoners with low reading abilities said they had been supported by staff at the prison to improve their skills.

- 5.23 Instructors in industries did not routinely make effective use of the 'progress in learning' booklets to track the knowledge and skills that prisoners were developing. Too often reviews were not completed in the time set by managers. Prisoners were not fully clear on the skills they were developing and what specific skills they needed to work on and improve.
- 5.24 Mentors supported their peers well as directed by teachers in lessons and instructors in workshops. This enabled prisoners to keep on track with the activities and to receive one-to-one support. They supported prisoners with attention deficit and hyperactivity disorder to keep them focused on learning, and explained concepts in both English and mathematics in a way to help prisoners understand them.
- 5.25 A high proportion of prisoners successfully completed their courses and achieved qualifications in ESW. The number of prisoners with additional learning needs who accessed paid work as part of ROTL had increased significantly in the past 12 months due to the support they received from staff to meet their individual needs. A high proportion of prisoners remained in employment six months post release.
- 5.26 Attendance in ESW was high and prisoners arrived punctually. Instructors taught prisoners about the importance of punctuality and linked this to employability skills.
- 5.27 Prisoners demonstrated a high level of respect for one another and staff. They had very positive attitudes to learning in education and in industries and workshops. They were proud of the work that they did and of their achievements. Prisoners listened to the views of others and contributed well to lessons. In the laundry, prisoners worked calmly and quietly under the supervision of a peer mentor.
- 5.28 Prisoners benefited from helpful support to move into paid ROTL and subsequent employment opportunities. Careers staff provided helpful advice and guidance to prepare prisoners for their next steps. They supported prisoners with interviews, discussed their aspirations and linked with brokers to help prisoners find work on release. However, prisoners did not use the virtual campus (giving them internet access to community education, training and employment opportunities) consistently well across the prison to support their job search activities.
- 5.29 Prisoners benefited from a wide range of enrichment activities within the prison to develop their interests beyond ESW. They made good use of the prison grounds and facilities to pursue outdoor activities, such as walking and team sports. They participated enthusiastically in clubs and societies, such as chess, reading, board games and model making.
- 5.30 Staff did not provide sufficient information and support to develop prisoners' understanding of life in modern Britain, particularly related to the risks of radicalisation and extremism. As a result, too many prisoners were unaware of the risks of being groomed or exploited given their vulnerable status.

Section 6 Preparation for release

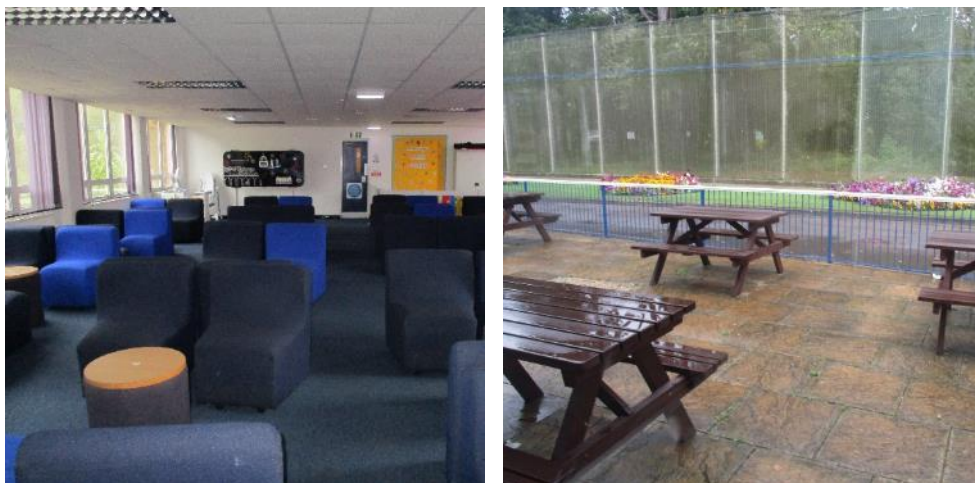
Preparation for release is understood as a core function of the prison. Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for 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 Staff in the prison understood the importance of maintaining family ties and the positive impact this could have on resettlement. In our survey, 73% of prisoners said staff encouraged them to keep in touch with family and friends, compared with 42% in similar prisons. An important element in the prison's strategy was extensive use of release on temporary licence (ROTL) to allow eligible prisoners to build relationships with family and friends before their eventual release. In the previous six months, there had been 1,176 day releases for maintaining family ties as well as some overnight releases for the same purpose.
- 6.2 NEPACS (formerly, North East Prisons After Care Society), a charity that works across the north-east region to support prisoners and their families, provided valued services in the prison. Their staff were easily accessible in the New Directions centre (see paragraph 6.27) and also attended many key prison meetings, including restricted ROTL boards (for prisoners subject to extra restrictions, including high or very high-risk prisoners and those serving indeterminate or extended sentences). A NEPACS family support worker supported a large number of prisoners individually, including those who had no current contact with their families. A group programme was also available to help prepare people for a return to their families. Prison staff were also offered 'Hidden Sentence' training, which helped to sensitise them to the common issues that prisoners' families faced.
- 6.3 NEPACS worked closely with the prison to provide six popular family days a year; the most recent had been attended by 63 people and received positive feedback. Additional 'enrichment' evenings were used for smaller scale sessions, recently including a reading group for prisoners and their families.

- 6.4 Prisoners could easily have social visits, with five sessions a week available, including weekends. Visitors we spoke to were complimentary about the staff and services and, in our prisoner survey, 96% said that their visitors were treated with respect all or most of the time. Visitors were taken through the welcome centre quickly and into the visits hall, which provided a relaxed environment. There was also an outdoor visits area. NEPACS staff were available during visits, and families could sit next to each other without hindrance, which they appreciated. The children's play area was small but had a reasonable range of activities and books for all ages. However, the food offer was inadequate and mostly limited to unhealthy sweets and snacks.



Visits hall (left) and outdoor visits area

- 6.5 All prisoners had in-cell telephones which allowed them to maintain good contact with the outside world, and there was a steady uptake of video calls (see Glossary). Staff were flexible in allowing prisoners who were unable to use the allocated video call time slots to have a call at another time.

Reducing reoffending

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

- 6.6 Preparation for a safe release that could minimise the risk of reoffending was a central stated purpose of the prison. A range of resources were available to prisoners to achieve this goal and, in our survey, 77% said their experiences in this prison had made them less likely to offend in the future.
- 6.7 The offender management unit (OMU) was well resourced and effective, and had managed new challenges effectively in collaboration with other departments, including recent early release schemes. OMU staff received good support and supervision from leaders and held manageable caseloads; probation prison offender managers (POMs) supported approximately 30 prisoners each and prison POMs between

20 and 30. Team meetings were used to upskill staff, with guest speakers providing information on topics such as serious organised crime gangs.

- 6.8 Most prisoners we met spoke highly of the support and accessibility of OMU staff. Contact between POMs and prisoners was very good and not limited to key milestones, such as parole boards. POMs completed induction with all new arrivals once a week, and the allocated POM then saw them again within their first seven days. Prisoners had access to an electronic kiosk where they could contact their POM; response times were quick, usually within hours or the next day. OMU leaders held a well-attended weekly drop-in session to answer prisoners' queries, and there was a daily duty POM on weekdays. Life sentence prisoners we spoke to felt they were getting the support they needed.
- 6.9 Prisoners also had regular contact with their personal officers; in our survey, virtually all respondents (96%, against the comparator of 73%) said they had a personal officer, of whom 80% found them helpful. Personal officer entries in prisoners' case notes reflected varied quality and depth of discussion, but most provided a useful narrative that documented progression and challenges the prisoner was facing (see paragraph 4.3). Personal officers did not regularly attend prisoner meetings, notably ROTL boards, although their documented contacts were routinely used to inform risk panels.
- 6.10 OASys (offender assessment system) assessments were up to date, but in our sample the quality varied significantly and highlighted training needs. Those completed by a community offender manager (COM) or probation POM were impressive, but prison POMs' assessments did not demonstrate sufficient analysis or defensible decision-making about important concerns, such as domestic abuse risk.
- 6.11 The sentence plans we reviewed were reasonably good and there was attention to involving prisoners their completion. Most prisoners we interviewed felt supported by staff in achieving their sentence plan objectives and were making excellent progress, particularly in education and employment. An example of the attention to specific risks was that two prisoners with gambling addiction linked to risk of serious harm had bespoke licence conditions to address this problem in the community.
- 6.12 There had been 10 parole-directed releases in the previous 12 months; only one prisoner was denied release, but he was directed to remain in open conditions. There had been 38 releases on home detention curfew (HDC) in the previous 12 months. The process for this was managed well, with appropriate support in place for release.
- 6.13 Eighty prisoners had been returned to closed conditions in the previous 12 months, which was high. While some prisoners were given opportunities to prove themselves suitable for open conditions following transgressions, this approach was not consistent. The reasons for return were not always properly documented or analysed, and it was

not always clear if there had been a discussion with the prisoner before the return.

- 6.14 There was no reducing reoffending needs analysis, strategy or action plan, and no overarching reducing reoffending meeting to help coordinate services across resettlement pathways. Although the prison's resourcing and focus on individual needs meant these gaps had not significantly undermined outcomes to date, this weakness was likely to become more evident with an increasing population.

Public protection

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

- 6.15 At the time of the inspection, over a third of the population were assessed as a high-risk of harm. There were robust systems to screen all new arrivals for public protection concerns. No prisoners were subject to mail or telephone monitoring.
- 6.16 In the cases we reviewed, management plans were robust for the majority of high-risk prisoners. In cases where prisoners were assessed as a medium risk of harm, plans were less thorough and did not always explore concerns fully.
- 6.17 The monthly interdepartmental risk management meeting (IRMM) was well attended, including on occasions by COMs, and considered a range of information about individual prisoners from different agencies. Although it had not discussed high-risk prisoners not subject to multi-agency public protection arrangements (MAPPA), leaders had identified this shortcoming and it had been rectified. While the IRMM clearly identified actions to be taken, it was not always clear from the minutes if they had been followed up.
- 6.18 Contributions to MAPPA meetings were generally of a good quality, with some particularly excellent work by the probation POMs. In our sample, recorded MAPPA management levels had been confirmed in all cases within the six-month pre-release window.
- 6.19 The OMU had good links with local victim liaison officers, who came into the prison regularly to help them understand how public protection concerns would be managed on release.

Interventions and support

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

- 6.20 Only a small number of prisoners arrived at Kirklevington Grange with outstanding offending behaviour work to complete in their sentence

plans. These prisoners could undertake the Building Better Relationships (BBR) or Thinking Skills Programme (TSP) in the community if they were eligible for ROTL. POMs also completed the Choices and Changes toolkit (see Glossary) with some young prisoners identified as having low psychosocial maturity.

- 6.21 Some prisoners had been in prison for a considerable time and were concerned about how to manage their transition to a changed outside world. The prison did not yet offer a programme to help them to understand the challenges they might face and to develop practical life skills to deal with them. However, leaders had identified this as a gap and planned to offer relevant provision. Prison staff were helping to retrieve copies of individuals' driving licences and referred prisoners to driving lessons with a local provider.
- 6.22 Finance, benefit and debt support was good. The 'Wise' debt management service was available in the New Directions centre and accessible to all prisoners (see paragraph 6.27). Identification and banking were organised quickly on arrival and before prisoners started employment on ROTL.
- 6.23 The regional psychology team had good working relationships with partners in the prison. They completed risk assessments for parole hearings and were involved in the weekly restricted ROTL boards, for which they completed enhanced behaviour monitoring reports. Two prisoners were subject to this monitoring during the inspection. Psychologists also supported staff with other prisoners who might benefit from more robust planning.
- 6.24 Arrivals to the prison were informed of the ROTL process before transfer to Kirklevington Grange through a useful pre-transfer booklet. The process started when they arrived and access was timely, with most prisoners accessing ROTL within nine to 12 weeks of arrival.
- 6.25 ROTL was used well to prepare prisoners for release: in the previous six months, there had been 14,899 ROTL instances by 216 individuals. Failure rates were low, with only 24 in the same period. However, appropriate actions were not always taken before a ROTL, such as speaking with family members in advance of a visit, and community checks only happened if undertaken by a COM. Some prisoners told us they were aware that the prison was not going to spot check them during ROTL, which could have created risks. Unlike restricted ROTL boards, standard ROTL boards were not multidisciplinary and not always thorough or focused enough on risk.

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.

- 6.26 There had been 180 releases in the previous 12 months, with the majority going to the local region. A quarter had been released through the end of custody supervised licence (ECSL) scheme and 19 prisoners were released during the inspection as a result of SDS40 (see Glossary). OMU and reception staff had managed these releases very well, working together to assess and release prisoners quickly and safely.
- 6.27 Prisoners were positive about the support they received in preparing them to be released and, in our survey, 80% of those due to be released in the next three months said they were being helped to prepare. The New Directions centre was an excellent area for prisoners to access a range of services both inside the prison and on release. It had an open-door policy and included the pre-release team, which supported low- and medium-risk prisoners with referrals and signposting to community support for areas such as housing and debt advice.



New Directions centre

- 6.28 All prisoners were employed, with some accessing ROTL to work in the prison grounds. The prison worked well with a range of employers to support sustainable employment in the community. At the time of the inspection, 49 prisoners (about a quarter of the population) were in paid

employment with 14 different providers. Almost half of prisoners who had left the prison in the last year had employment six weeks post release, increasing to 60% at the six-month point, which was good.

- 6.29 Accommodation outcomes were good, and all but one prisoner in the previous 12 months had housing to go to on release. The majority went to live with family and friends in settled accommodation, and many others moved on to supported housing, including approved premises. The long-term sustainability of housing was tracked well.
- 6.30 A new pre-release interventions meeting had recently started for staff to check that relevant support was in place for prisoners before they left the prison. Practical release arrangements, such as clothing requirements, were discussed in this meeting. The meeting took place 12 weeks before a prisoner's release, but it was not well minuted and it was unclear if it was thorough enough in assessing needs and overseeing progress towards release.

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2019, we found that outcomes for prisoners were good against this healthy prison test.

Recommendations

There should be managerial oversight of all use of force to identify any lessons to be learned.

Partially achieved

The prison should reduce the excessive physical security measures.

Partially achieved

The prison should publish its drug and alcohol strategy and support this with an action plan to reduce the drug supply.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, we found that outcomes for prisoners were good against this healthy prison test.

Recommendations

The external fabric of all residential accommodation should be maintained to an acceptable standard.

Achieved

National equality data should be provided promptly to ensure up-to-date analysis by the prison.

Achieved

The prison should collate and analyse the demographics of prisoners who access release on temporary licence to ensure that there is no disproportionate treatment of specific groups.

Achieved

Responses to medical emergencies should be routinely recorded and monitored, and there should be comprehensive checks to ensure that all emergency resuscitation equipment is in good order.

Achieved

The prison should further develop nurse-led clinics for prisoners with lifelong conditions, underpinned by evidence-based care plans, and trained and supervised staff should undertake assessment, treatment and reviews.

Achieved

There should be regular pharmacist input into the prison to ensure effective management of stock, and prisoners should have access to medicine use reviews and pharmacy advice.

Achieved

Purposeful activity

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

At the last inspection, in 2019, we found that outcomes for prisoners were good against this healthy prison test.

Key recommendations

Managers should introduce the planned vocational training programmes as soon as possible and opportunities for the accreditation of prisoners' skills in all appropriate areas. Managers should ensure that quality improvement processes are rigorous and make full use of all the data available to identify strengths and areas for improvement.

Achieved

Managers should ensure that education assessment and allocation are carried out within a short time of prisoners' arrival at the prison. Education managers should work with staff to improve the planning of learning, the range of teaching methods used and the quality of feedback to learners. Prison managers should improve communication with employers so that each prisoner's support needs are understood before he starts a work placement.

Achieved

Rehabilitation and release planning

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

At the last inspection, in 2019, we found that outcomes for prisoners were good against this healthy prison test.

Recommendations

Case recordings by all staff on the prison IT system should accurately reflect their contact with prisoners.

Achieved

P-Nomis alerts relating to MAPPA should be accurate and up to date.

Not achieved

An electronic monitoring log should be used to record information about prisoners subject to mail monitoring.

Achieved

The prison should measure sustainable accommodation outcomes for prisoners after release.

Achieved

Appendix I About our inspections and reports

HM Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, court custody and military detention.

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. For men's prisons the tests are:

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Preparation for release

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

Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by HM Prison and Probation Service (HMPPS).

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations*. *Criteria for assessing the treatment of and conditions for men in prisons* (Version 6, 2023) (available on our website at [Expectations – HM Inspectorate](#))

[of Prisons \(justiceinspectorates.gov.uk\)](https://justiceinspectorates.gov.uk)). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

| | |
|--------------------|-----------------------------------|
| Charlie Taylor | Chief inspector |
| Hindpal Singh Bhui | Team leader |
| Martin Kettle | Inspector |
| Joanna Luck | Inspector |
| Chelsey Pattison | Inspector |
| Fiona Shearlaw | Inspector |
| Donna Ward | Inspector |
| Helen Downham | Researcher |
| Adeoluwa Okufuwa | Researcher |
| Helen Ranns | Researcher |
| Alexander Scragg | Researcher |
| Shaun Thomson | Health and social care inspector |
| Janie Buchanan | Care Quality Commission inspector |
| Jonny Wright | Lead Ofsted inspector |
| Philippa Firth | Ofsted inspector |
| Ian Frear | Ofsted inspector |
| Suzanne Horner | 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.

Choices and Changes

An HMPPS resource pack for key workers or prison offender managers to use in one-to-one sessions with young adults identified as having low psychosocial maturity. The exercises in the pack aim to encourage engagement and help young adults to develop their maturity.

End of custody supervised licence (ECSL)

Scheme that allows some prisoners to be released up to 18 days before their conditional release date.

Family days

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

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.

Parkrun

A non-profit organisation that supports almost 800 communities across the country to coordinate free volunteer-led events for walkers and runners.

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Secure video calls

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

Social care package

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

SDS40 (standard determinate sentence)

A scheme intended to tackle overcrowding where prisoners serving a standard determinate sentence only spend 40% of their sentence in prison instead of 50% and their time on probation in the community is extended. Restrictions apply for certain categories of offences.

Time out of cell

Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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