



Report on an unannounced inspection of

HMP Kirkham

by HM Chief Inspector of Prisons

9–19 September 2024



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Introduction

Kirkham has had a difficult two years, with interventions to reduce the national prison population crisis having disrupted the normal running of this Lancashire open jail. The temporary presumptive recategorisation scheme (TPRS), which saw a large influx of category C prisoners with only a few months to go on their sentence (a proportion of whom were not suitable for open prison) had, in particular, contributed to the challenges we identified on this inspection.

At 25% the rate of prisoners testing positive for drug use was by far the highest in the open estate. Kirkham was, in fact, in the top third of all adult male prisons in the country and inspectors frequently smelt cannabis around the jail. Although leaders had worked hard to reduce the supply and had found large quantities of illicit items in searches, they had not done enough to reduce the demand. We were surprised that prisoners returning from work in the community were not routinely searched when they entered the prison.

The biggest incentive to behave in open prison is release on temporary licence (ROTL), as well as being allowed to spend time at home. This also gives prisoners the opportunity to work outside the jail, get into good habits, earn some money and transition smoothly back into the community. At Kirkham it was very disappointing to find that the proportion of prisoners receiving ROTL was far lower than in other open jails. For most prisoners, it was taking at least four months to be approved for ROTL, and over six months for those who were higher risk.

The provision of education was better than we often see and there was a good range of work opportunities in the prison. On the extensive land around the jail prisoners could look after the cattle and pigs or work in the market garden. It was disappointing, however, to see that much of the land was not in use and greenhouses were unused and dilapidated. Not enough use was made of the excellent timber workshop where prisoners built furniture for other prisons and made sheds to be sold in the farm shop, particularly given the limited ROTL opportunities for prisoners to go out to work.

Apart from some clubs in the welcoming, well-used library, there were few of the sorts of enrichment activities we have seen in recent inspections of other open prisons, and men frequently complained that they were bored in the evenings or weekends.

Relationships between staff and prisoners were poor and there were few opportunities to break down barriers. Prisoners frequently told inspectors that they were treated with disdain and we saw very little interaction, either positive or negative. At our last inspection, six years before, we had made similar criticism, so it was disappointing to find that, if anything, things had got worse. Leaders had allowed a culture to develop that was not supporting prisoners to prepare for their eventual release.

It was deeply depressing to find the brand new, £10 million gym was rarely full and that sessions were frequently cancelled. Similarly, the outdoor football pitch was virtually unused. Above the gym there was further space with empty

classrooms and more equipment that prisoners were not allowed to use. A risk aversion among staff meant that prisoners could not use any of the facilities unsupervised; this meant that opportunities were wasted to provide physical activity that would help prisoners to stay off drugs, get them fit, and improve their health and well-being.

Prisoners were housed in aging wings known as billets, many of which had showers in a poor state, with black mould on the walls and ceilings caused by inadequate ventilation. Although the men spent 12 hours a day unlocked, there was little for them to do on the billets in the evening, and the small, sparse recreation rooms contained little more than a dart board to help them pass the time.

Inspectors were concerned to find that the preparation for the release of higher risk prisoners was not taking place in a timely or well-organised manner. Dysfunctionality between different departments in the jail meant that bureaucratic processes were slowing prisoners' progression, particularly in the provision of ROTL for work in the community.

The new, acting governor had only been in post for a few weeks when we inspected Kirkham, but she already had a good grasp of the many challenges faced by the jail and was beginning to address some of the longstanding issues identified in this report. She will need continued support from the regional team who have helped to significantly reduce the number of absconds from the prison.

With the population falling in the next few weeks as a result of SDS40, the latest early release scheme, the prison service should give this troubled jail some space to reset, address the cultural problems among staff, reduce the demand for drugs and provide many more opportunities for work and family ROTL.

Charlie Taylor

HM Chief Inspector of Prisons

October 2024

What needs to improve at HMP Kirkham

During this inspection, we identified 11 key concerns, of which seven 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. **Illicit drugs were far too freely available.**
2. **Staff–prisoner relationships were poor and prisoners’ perception of how they were treated was overwhelmingly negative.**
3. **Living conditions were not good enough and many of the billets needed refurbishment, particularly of the shower facilities.**
4. **There was too little enrichment activity available to occupy prisoners’ time, and the gym was underused.**
5. **Too many prisoners could not access good-quality employment, voluntary work or education in the community.** Leaders and managers had not enabled enough prisoners to gain this valuable experience, to help prepare them for employment after release.
6. **A variety of strategies to manage overcrowding across the prison estate, including the temporary presumptive recategorisation, end of custody supervised licence and standard determinate sentence 40 schemes, had undermined the ethos and purpose of Kirkham as an open prison.** The prison had received far too many short-staying prisoners who were unprepared for open conditions, and its performance in delivering release on temporary licence (ROTL) was worse than for most comparators.
7. **Arrangements for ROTL were weak.** Processes were cumbersome, approvals were late and the department which organised work placements was under-resourced.

Key concerns

8. **The absence of telephones in prisoners’ rooms encouraged the use of illicit mobile phones.** This affected the security of the prison and the ability of the offender management unit to monitor calls and identify risk.

9. **The promotion of fair treatment was insufficiently prioritised across the prison.** Most departments were not identifying or exploring disproportionate outcomes.
10. **The increased need for external escorts was not resourced, resulting in delays to hospital appointments.** There was little input from the GP to determine the risk associated with such decisions.
11. **Public protection arrangements were weak.** There was no routine oversight of risk management plans for high-risk prisoners approaching release. These prisoners were not invited to ROTL boards and too few had their compliance tested on temporary licence.

About HMP Kirkham

Task of the prison

HMP Kirkham is an adult male, category D, open prison.

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

Prisoners held at the time of inspection: 672

Baseline certified normal capacity: 699

In-use certified normal capacity: 699

Operational capacity: 699

Population of the prison

- 1,032 receptions received in the last 12 months (average 86 per month).
- 21.3% were from ethnic minority backgrounds.
- 708 prisoners released into the community in the last 12 months (average of 59 per month).
- 144 prisoners were receiving support for substance misuse, 27 of whom were clinical cases.
- An average of 33 prisoners referred for mental health assessments each month.

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment provider: Practice Plus Group

Dental health provider: Time for Teeth

Prison education framework provider: Novus

Escort contractor: GEOAmey

Prison group/Department

Cumbria and Lancashire prison group

Prison Group Director

Steve Pearson (Acting)

Brief history

HMP Kirkham occupies the site of a former Royal Air Force technical training centre. The facility was taken over by the Home Office in the early 1960s and has been in use as a prison since 1962. Prisoner accommodation was built or rebuilt over the period 1990–2022, but other parts of the prison date back to the 1940s. New accommodation, in the form of temporary modular accommodation, was introduced during the COVID-19 pandemic, and a brick-built unit replacing an older structure opened in 2022.

Short description of residential units

- 27 small residential units, known as ‘billets’. These include five ‘temporary accommodation’ billets with ensuite facilities, and one ‘new concept’ building. These hold between 21 and 46 men.
- 77-bed admissions unit, which includes reception.
- Secure holding rooms and assessment building (SHRAB), which holds the only cellular accommodation on-site.

Name of governor and date in post

Kirsten Heys (Acting), September 2024

Changes of governor since the last inspection

Alli Black, January 2022 – August 2024

Derek Harrison, February 2019 – December 2021

Dan Cooper (Acting), January 2018 – January 2019

Independent Monitoring Board chair

Ruth Gili-Ross

Date of last inspection

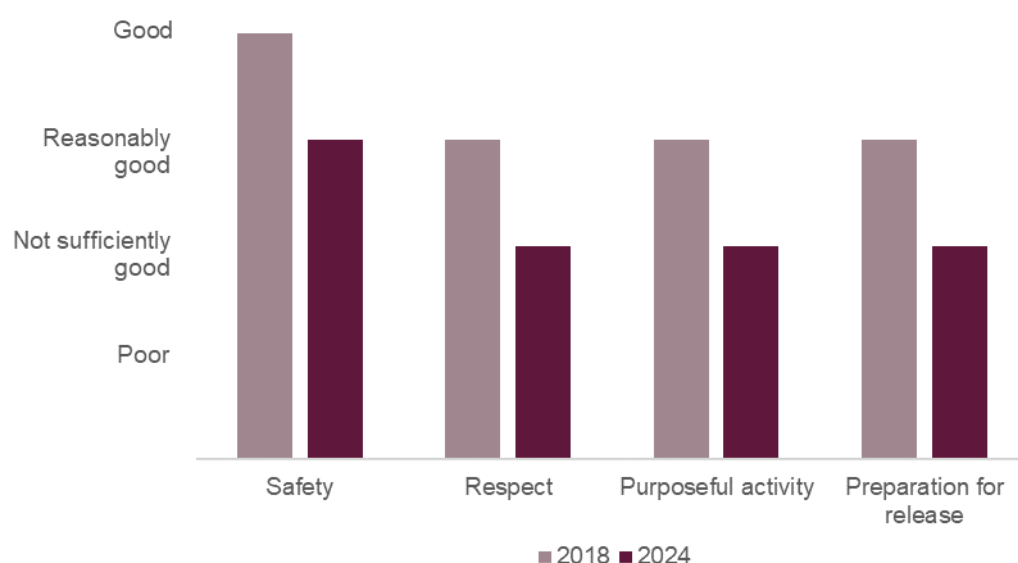
25 June – 5 July 2018

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Kirkham, we found that outcomes for prisoners were:
- reasonably good for safety
 - not sufficiently good for respect
 - not sufficiently good for purposeful activity
 - not sufficiently good for preparation for release.
- 1.3 We last inspected HMP Kirkham in 2018. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Kirkham healthy prison outcomes 2018 and 2024



Progress on key concerns and recommendations

- 1.4 At our last inspection, in 2018, we made 37 recommendations, two of which were about areas of key concern. The prison fully accepted 30 of the recommendations and partially (or subject to resources) accepted five. It rejected two of the recommendations.
- 1.5 At this inspection, we found that neither of our recommendations about areas of key concern had been achieved. Both were in the area of respect. 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 two examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice

a)	The prison's discrimination complaint quality assurance panels provided excellent feedback on investigations to both staff and prisoners, and identified learning for future responses.	See paragraph 4.38
b)	The substance misuse team provided flexible clinical treatment, including the use of long-acting intramuscular injections of buprenorphine, an opiate substitution treatment, which was enabling some patients to have sustained temporary release to maintain family ties and access work opportunities.	See paragraph 4.69

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 Leaders had been required to prioritise schemes to relieve national capacity pressures that had had a disproportionate impact on Kirkham; the prison no longer fulfilling its core purpose. Too many short-staying prisoners who were unprepared for open conditions and did not qualify for release on temporary licence (ROTL), had been received. In 2023, the temporary presumptive recategorisation scheme (TPRS; see Glossary) had brought in about 400 prisoners from category C prisons, which was more than the number received by all the other open men's prisons combined.
- 2.3 While the pressure of the TPRS, end of custody supervised licence scheme (see Glossary) and standard determinate sentence 40 (see Glossary) had been considerable, leaders had not maximised ROTL opportunities for eligible prisoners, either for work or family contact. Considerably fewer prisoners had access to ROTL compared with most other open prisons, and men told us of their frustration and boredom.
- 2.4 Although in transition, with a reshuffled senior team and a recently appointed interim governor, leaders had made an accurate assessment of the prison's strengths and challenges. The interim governor had set appropriate priorities and already had some credible plans to address concerns identified.
- 2.5 Leaders had invited support from regional change delivery teams to streamline working within the offender management unit, and restructure and improve the culture of the under-resourced 'custody to work' department responsible for arranging work for prisoners on ROTL in the community.
- 2.6 Leaders in education, skills and work were providing good-quality learning.
- 2.7 Training to improve the poor staff–prisoner relationships identified at the last inspection had been ineffective, but leaders told us of renewed plans to improve staff culture, with support from the HM Prison and Probation Service (HMPPS) Unacceptable Behaviour Change programme.
- 2.8 While fully staffed with prison officers, and almost half having more than 20 years' experience, a large proportion worked part-time. There

was not enough positive engagement with prisoners, although both staff and prisoners reported that custodial managers were generally approachable and visible around the prison.

- 2.9 Efforts to disrupt the supply of drugs were well led and had some success but work by leaders to tackle the high demand for illicit substances had been too slow. Leaders had not addressed factors contributing to prisoner boredom and fuelling demand for drugs, including poor access to ROTL and not enough physical or enrichment activity.
- 2.10 There was insufficient focus on the promotion of fair treatment and inclusion, and too little effort by senior leaders to embed this into the work of their departments.
- 2.11 Although the use of skilled prisoners to refurbish poor accommodation was encouraging, the old 'billets' needed substantial HMPPS investment. The facilities management provider (Amey) was subject to a regional performance improvement plan, but repairs – for example, to fix boilers and the water supply – remained unacceptably slow.
- 2.12 Partnership working was good overall and there were strong links with potential employers. However, the employment hub, the custody to work department and the OMU were not sufficiently well coordinated by leaders, and processes were not working well.
- 2.13 The acting prison group director had good knowledge of the prison's challenges and was coaching the new interim governor. The regional team contributed to the prison's abscond reduction strategy, which had successfully addressed a spike in absconds in the previous year.
- 2.14 Instead of another influx of short-staying prisoners, a more settled and longer-term population was needed for the prison to re-establish its core function and be able to prepare prisoners effectively for resettlement through temporary release.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 The prison received an average of 86 receptions each month, an increase since the last inspection. Transfer arrangements had improved, with most prisoners now collected from their sending prison by Kirkham staff in the prison's transportation instead of the escort contractor's cellular vehicle. This meant that they arrived at a suitable hour and the transfer of their property was timely. They were met by welcoming staff and friendly peer workers, and 87% of respondents to our survey said that they were treated very or quite well in reception.
- 3.2 The admissions unit, which included the reception, was shabby and grubby, but prison leaders had plans for refurbishment using skilled prisoner labour. There was little information for prisoners on display so that they could learn more about the prison, and there was no area on the unit available for association.



Admissions building (left) and reception corridor

- 3.3 There was also no formalised process to make sure that rooms were ready for new arrivals to move in to and we saw rubbish left in them that had not been removed. Most of the rooms were occupied by two prisoners and had ensuite facilities.
- 3.4 The prison had introduced welfare checks on the first night and there was a comprehensive assurance process to make sure that these were

completed. In our survey, 93% of respondents said that they had felt safe on their first night in the prison. Prisoners also had interviews with staff in private on their first night and first full day, and then a week later, to check on their welfare and well-being.

- 3.5 On arrival, prisoners could spend only up to £20 on basic items through the 'tuck shop', and the selection was too limited. Some prisoners had to wait up to two weeks for a full shop order and not enough was being done to prevent individuals from getting into debt.



'Tuck shop' stock

- 3.6 The induction was a well-structured, five-day programme which aimed to encourage prisoners to take responsibility for their time at the prison. Peer workers were integral to the programme and gave new arrivals a tour of the prison, as well as guiding them to each relevant department. Prisoners we spoke to about their first few days at the establishment were generally positive about the induction experience.

Promoting positive behaviour

Expected outcomes: Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

- 3.7 There had been six prisoner assaults in the previous 12 months, which was fewer than in the same period before the last inspection (14). The number of prisoner and staff assaults was now average for open prisons. In our survey, only 2% of respondents said that they currently felt unsafe, and throughout the inspection prisoners told us that there was little conflict among themselves.
- 3.8 Managers recognised the potential for bullying and coercion linked to the illicit economy around drugs and mobile phones in the prison (see section on security). A debt forum had been held earlier in 2024, although work to understand the scale of debt and how to tackle this had not yet been developed.
- 3.9 Prisoners suspected of being perpetrators of bullying were assigned a case manager from the residential team, who spoke to the prisoner and challenged them about their behaviour. The manager also created a challenge, support and intervention plan (CSIP; see Glossary), with targets designed to address the concerning behaviour. In the previous 12 months, 11 CSIPs had been opened and several of the perpetrators had been transferred back to closed conditions (see also paragraph 3.30). Details of those subject to a CSIP were circulated to all staff, but in some plans, we reviewed there were few, or no, observations recorded on the prisoner's case notes.
- 3.10 Prisoners identified as under threat or otherwise vulnerable were also referred to the safer custody team for consideration for a support plan, and those we reviewed were reasonable. The prison also investigated some of the unexplained injuries reported to the health care department, and there were a few examples of this resulting in support offered to prisoners, even when they denied having been assaulted. However, in some cases the record of investigation was superficial.
- 3.11 The approach to encouraging positive behaviour was based mainly around the incentives scheme. This included an 'ambassador' level, with some meaningful incentives, such as a later return from temporary release. However, many prisoners we spoke to felt that the scheme was used primarily as a punitive tool, with staff issuing behaviour warnings for minor infractions, and no recognition of positive behaviour. Data suggested that in the previous month, only 46% of prisoners had had a behaviour note added to their record, over three-quarters of which were negative entries.

- 3.12 At the time of the inspection, 11% of the population were on the standard level of the incentives scheme. Some of these prisoners had been on this level for up to six months without a review or an individualised plan for how they should progress, despite having accrued several positive case note entries in that time.
- 3.13 The prison had not done enough to promote positive behaviour more widely. Opportunities to contribute to the prison and external community were not promoted during the induction. In our survey, only 21% of respondents said that there were opportunities to motivate people in the prison. Many prisoners told us that the lack of things to do in their free time, compounded by what they felt were excessive waits to access temporary release (see section on reducing reoffending), meant that they resorted to taking illicit drugs (see also paragraph 3.29).

Adjudications

- 3.14 There had been an average of 120 adjudications a month over the previous year, which was an increase of a third on the year before. Most charges related to possession of mobile phones or drugs.
- 3.15 Managers reviewed data on adjudications at a quarterly meeting and had taken some action to amend the recommended sanctions for the most common offences. They were now referring more serious cases, such as testing positive for multiple drugs, to the independent adjudicator, to consider awarding additional days to serve. The prison had not yet evaluated the impact of these changes, although the drug testing positive rate remained high (see paragraph 3.24). Managers continued to refer all those who failed a drug test to the substance misuse team (see also paragraph 3.26).
- 3.16 After a proven adjudication, prisoners could not access temporary release until the circumstances had been reviewed by their prison offender manager. At the time of the inspection, there were 44 prisoners suspended from their release on temporary licence (ROTL).
- 3.17 The prison had not yet introduced rehabilitative awards such as community payback or reparation.

Use of force

- 3.18 There had been 25 uses of force in the previous 12 months, almost all of which had only involved the use of handcuffs to escort prisoners to the secure holding rooms and assessment building (SHRAB) before they were returned to a category C establishment. About 90% of prisoners escorted to the SHRAB were not handcuffed, which was a large reduction since the last inspection, when handcuffs had been used 91 times in the preceding six months. Managers attributed this reduction to improvements in scrutiny; there was a weekly meeting where every incident was reviewed, as well as regular training and communication to staff about the need to justify the use of handcuffs in every case.

- 3.19 There had also been an increase in the use of body-worn video cameras by staff in the previous year. In the footage we reviewed, we did not identify any issues or concerns.

Segregation

- 3.20 The SHRAB was used primarily as a secure holding area for prisoners who were to return to closed conditions and were waiting for transportation to their new prison. We were told that the decision to hold a prisoner in the SHRAB for this purpose was based on their individual risk and evidence of their custodial behaviour, but in the previous 12 months only around three prisoners out of 220 had been transferred to closed conditions without being held in the unit. Managers said that this was because of the increased risk of abscond.
- 3.21 In the previous 12 months, most stays in the SHRAB had been for only a few hours. Most prisoners were given the option of waiting in a cell with a sink and toilet or one that had been adapted into a more comfortable environment with carpet, beanbags and a television.



SHRAB cells

- 3.22 A member of staff was assigned to the unit while prisoners were held there. In the previous nine months, 10 prisoners had been held in the unit overnight. Records showed regular checks on their welfare, but in a small number of cases where there was a heightened risk, such as for those under the influence of illicit drugs, it was unclear whether staff had sought medical advice.

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.

- 3.23 The prison had identified the threat from illicit drugs as the greatest risk to security and stability at the establishment. About half of prisoners were serving sentences that included a charge for supplying drugs and almost a third were members of organised criminal groups.
- 3.24 The random drug testing positive rate over the previous 12 months (25.3%) had more than doubled since the last inspection. The rate had been increasing over the last year and was now the highest of all open prisons, and over the previous four months was in the top third of all adult male prisons. Test results showed that cannabis was the most frequently detected drug and we smelt this around the prison during the inspection. In our survey, far more respondents than at similar prisons said that it was easy to get drugs (41% versus 24%).
- 3.25 In addition to random drug testing, the prison had also used a more targeted approach, where specific prisoners, such as those applying for trusted jobs in the community, were tested. The positive rate for the 127 of these 'risk-based' tests completed in the previous year was over 60%. However, managers told us that they did not have enough staff to continue administering the high number of tests needed to support this programme, so it had ended. More recently, the prison had implemented a frequent testing scheme for those who had previously failed a drug test, but at the time of the inspection only six such tests had been carried out in the previous two months, despite 21 prisoners failing their drug test.
- 3.26 The approach by managers to prisoners using illicit drugs remained supportive as opposed to over-punitive. Prisoners were encouraged to engage with substance misuse services when they failed a test or told staff they had used drugs. Very few prisoners were returned to closed conditions after a single positive test, unless it indicated that the prisoner had used multiple substances.
- 3.27 Day-to-day supervision of prisoners to deter drug use was challenging because of the extensive prison grounds. We saw staff often congregated in the residential unit office and little evidence of them engaging with prisoners on the billets or in the grounds (see also paragraph 4.1). Some staff we spoke to did not have a good knowledge of prisoners at the establishment, which was likely to limit the flow of intelligence.
- 3.28 However, the prison responded promptly to intelligence when it was submitted and used targeted searches to disrupt the illicit economy.

Several operations had been carried out jointly with local and regional police. Finds of drugs over the previous 12 months were the fourth highest, and of mobile phones the highest, in the adult estate, although these were often not attributable to a single individual and had not resulted in any criminal prosecutions. Some prisoners told us that the limited number, and lack of privacy, of prison telephones on the billets encouraged the use of mobile phones to maintain family ties (see also paragraphs 4.7 and 6.2). However, searching of staff, contractors and visitors was limited, and prisoners returning from work in the community were not routinely searched on entry.

- 3.29 Work to address the factors that could cause illicit drug demand, such as prisoners being bored when not in work or education, was not well developed. The prison had recently introduced a peer-led drop-in facility at the substance misuse services building at the weekend, but many prisoners told us that there remained too little to do (see also paragraph 5.4). Their boredom was exacerbated by frustration at what they felt were unreasonably long delays in accessing ROTL (see also paragraph 6.18), increasing the temptation to use illicit drugs.
- 3.30 About 20 prisoners a month were returned to closed conditions, including some who had been linked through intelligence to supplying the illicit economy at the prison. In all instances, the decision as to whether the prisoner remained suitable to stay in open conditions was made by a senior manager. This decision was often reached with input from other staff, such as those from the substance misuse team or the offender management unit (OMU), at a risk management meeting (RMM). Since the start of 2024, over half of these meetings had resulted in a decision allowing the prisoner to remain at Kirkham, often with actions to support them, such a referral to substance misuse services. In the cases we reviewed, the decisions were proportionate, but the prison had not used this information well to dispel prisoner perceptions that they would be removed for minor misdemeanours, such as a disagreement with staff (see also paragraph 4.3).
- 3.31 Work to reduce absconds was well coordinated through a regular abscond reduction meeting, chaired by the deputy governor, and an associated action plan. The RMM process also helped to identify and address the risk of abscond associated with individual prisoners. In the previous 12 months, there had been nine absconds, compared with 22 and 23, respectively, in the two preceding years. All incidents were followed by a review to identify learning points, which were used to update the abscond reduction plan.

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

- 3.32 There had been no self-inflicted deaths since the last inspection. Recorded levels of self-harm were very low, with only three incidents in the last 12 months, which was in line with comparators.
- 3.33 Prisoners told us that the open and pleasant environment promoted their well-being, although poor staff–prisoner relationships, insufficient gym sessions and the delays in approval for ROTL were having a negative impact. Overall, however, they said that the positives of being at the prison outweighed the difficulties and helped them to cope (see also paragraphs 4.1, 5.8 and 6.18).
- 3.34 Many prisoners told us that peer support was one of the most important factors that promoted their well-being. Some units functioned as a community, and prisoners told us that they would look out for each other. There were numerous trained Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), and those we spoke to said that they were approached regularly by their peers for support. There was good supervision by the local Samaritans and the safety team, and the Listeners suites had recently been reinstated and improved.
- 3.35 Prisoners were also positive about the support they received from the mental health team (see also paragraph 4.60) and said that the safety team was approachable and easy to access. Support for prisoners was coordinated through the weekly safety intervention meeting, with a focus on helping the most vulnerable. Leaders also held multidisciplinary reviews to discuss a wide range of risks, and staff were able to refer any prisoner who they felt might need additional support. This process was led by the OMU, and staff told us that they would use it to support any prisoner who was withdrawing or showing signs of being a risk to themselves.
- 3.36 Ten prisoners had been supported by the assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm in the last 12 months. From the small sample of ACCT documents that were available for us to examine, we found good examples of multidisciplinary working. In one case, a prisoner had still been able to access ROTL while on an ACCT, which was appropriate to his risk.
- 3.37 However, in our survey only 14% of respondents who had been supported by the ACCT process said that they had felt cared for by

staff. Prisoners told us that there was generally a lack of care from staff, particularly following a return from hospital or if they had come back after a stay in a closed prison (see also paragraph 4.1).

Protection of adults at risk (see Glossary)

- 3.38 There was a safeguarding adults strategy, but not enough engagement with the local safeguarding adults board. The lead responsible for safeguarding within the prison was unclear. The staff we spoke to did not have a good understanding of safeguarding, but were able to articulate the steps they would take if they had concerns about a prisoner.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

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

- 4.1 In our survey, only 56% of respondents said that staff treated them with respect, compared with 84% at similar prisons. Prisoners were overwhelmingly negative about their experiences with prison officers and gym staff, describing them as rude and uncaring. During the inspection, we saw few instances of staff interacting with prisoners, and most of those we saw were transactional and abrupt.
- 4.2 We found prison officers congregating in the main residential office, and they were rarely visible on the units. Prisoners said that they did not often see prison officers, and many commented that they had no meaningful relationship with them. Although two officers were nominally responsible for each billet, there were days when neither was available. Coupled with the absence of a personal officer scheme, many prisoners went for long periods without meaningful contact with residential staff. Only 21% of our survey respondents had been spoken to by a member of staff in the last week to find out how they were getting on, compared with 42% at comparator sites.
- 4.3 The perception remained among prisoners that they risked a transfer back to closed conditions if they raised any issues, although we found no evidence that this was the case (see also paragraph 3.30).
- 4.4 Prisoners were far more positive about their experiences with education staff, workshop instructors and those within the offender management unit (OMU). We saw appropriate interactions within these settings, and also witnessed positive exchanges between prisoners and the admissions and reception staff (see also paragraph 3.1). Prisoners also reported more positively about their interaction with custodial managers.
- 4.5 There was a range of peer workers, who provided support and information. Many prisoners said that they would go to their peers for help in the first instance, so they valued these roles. However, not all peer workers had management oversight and some were left without guidance or direction from staff.

Daily life

Expected outcomes: Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

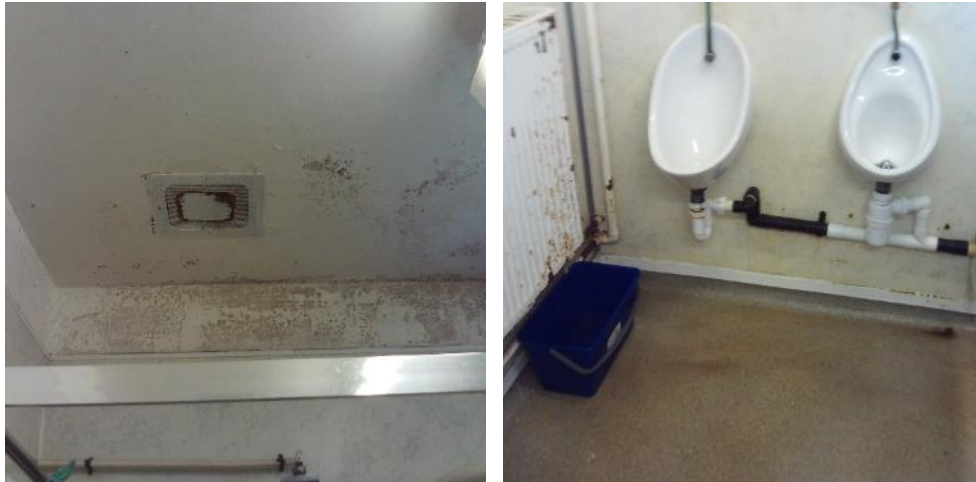
- 4.6 Most of the accommodation was in old 'billet'-style units, each of which held around 22 prisoners. At the last inspection, we found that these were shabby and in need of maintenance, and this had not improved.
- 4.7 Each billet had one telephone for prisoners to use, which was located either in a communal space or near the showers. This did not allow for privacy and meant that prisoners could not ring family or friends as regularly as they would have liked (see also paragraphs 3.28, 6.2 and 6.17). There was a lack of communal association areas, with many billets having a small room with just a dartboard to provide some activity (see also paragraph 5.3).



'Association' room

- 4.8 The lack of in-room telephones, communal space and self-catering facilities (see also paragraph 4.17) and the delays with repairs meant that many prisoners we spoke to were dissatisfied with their living conditions.

- 4.9 In our survey, only 67% of respondents said that their showers were normally clean. During the inspection, we found many of these in an unacceptable or unusable state, with extensive mould and rust. Several showers and toilets were out of order, and we were told that two billets had been without hot water or heating for several weeks.



Bathroom facilities

- 4.10 The prison had refurbished showers on eight of the units and these provided better conditions. It had also introduced a works party to undertake small repairs, and there were plans for refurbishment of the admissions unit (see paragraph 3.2). Decency checks by residential managers were in place, but these had not improved conditions in most areas.
- 4.11 Newer accommodation, including modular units with ensuite facilities, provided a much better environment, and those living there spoke highly of the conditions. The newest unit had its own laundry facility, although access to the central laundry facility for other prisoners was also good.
- 4.12 The outside areas were pleasant, with gardens that were well maintained by staff and prisoners. However, not all of the allotments were being cultivated, and access to the extensive farm was limited.



Outside area

Residential services

- 4.13 While the kitchen provided a reasonably varied menu and made good use of ingredients grown on-site, prisoners often spoke negatively of the quality and quantity of food they received. In our survey, only 30% of respondents said that the food provided was very or quite good, and just 35% that they usually received enough to eat, both being lower than at similar establishments. While the portions we saw were generally reasonable, some lunch options appeared meagre. The kitchen catered well for special diets, making sure that prisoners' individual needs were being met.



Farms and gardens produce (left) and special diets preparation area (right)

- 4.14 The kitchen was shabby, with damaged flooring in places. We were also told of periodic issues with vermin.
- 4.15 There were two serveries attached to the kitchens, with dining rooms where prisoners could eat together. Serveries and food preparation areas were clean, but changing rooms and some storage areas were messy, with ingrained dirt.



Damaged flooring in the kitchen (left) and servery (right)

- 4.16 Prisoners working in the kitchens received levels 1 and 2 food safety and hygiene training, and the kitchen offered good progression pathways to attaining national vocational qualifications in the staff canteen and opportunities for further work and qualifications in the community.
- 4.17 Self-catering facilities across the prison were poor. There were only toasters, microwave ovens and sandwich presses on the billets, and no communal cooking facilities elsewhere.



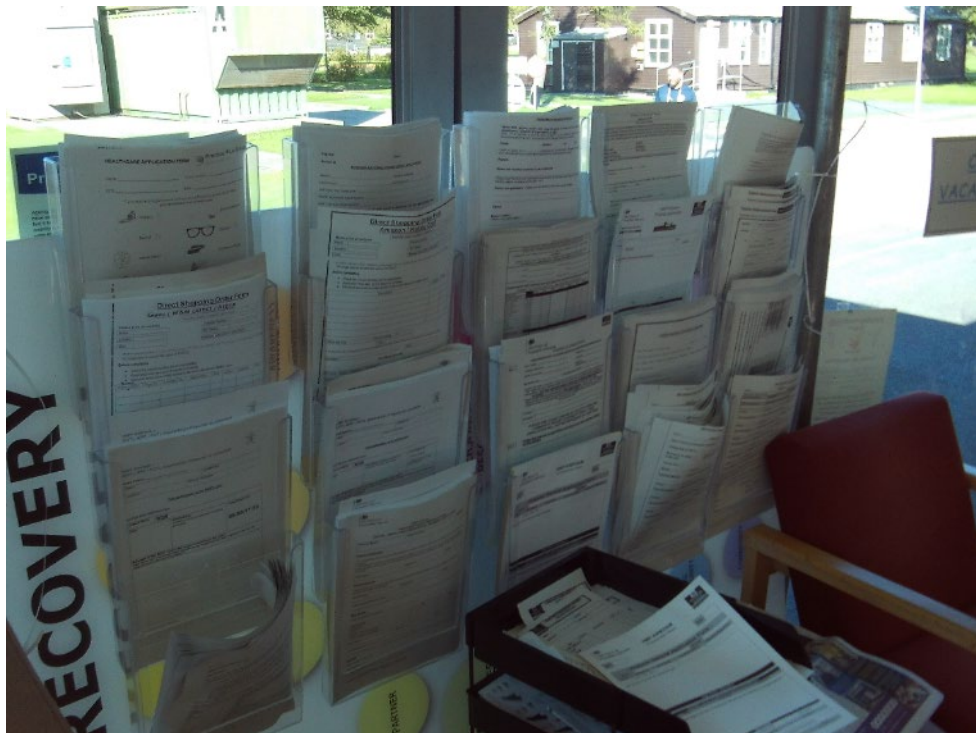
Self-catering facilities

- 4.18 The prison shop offered a reasonable range of goods, delivered weekly, and we saw evidence of the prison adding items requested by

prisoners through the prison council (see also paragraph 4.19). Refunds were processed promptly, and new arrivals could order some essential goods through the 'tuck shop' (see also paragraph 3.5).

Prisoner consultation, applications and redress

- 4.19 The prison council met monthly and was reasonably well attended by senior leaders and representatives from key departments. Typically, more than 30 prisoner representatives would attend these sessions, from the various billets.
- 4.20 While there was some evidence of issues raised at the council being addressed (see also paragraph 4.19), outcomes were not well publicised to the wider population. Prisoners we spoke to were not aware of the council addressing issues and spoke negatively of its effectiveness. The council's efficacy was also affected by a lack of structure in meetings. Some prisoners we spoke to described struggling to make their voices heard among the large number of representatives attending.
- 4.21 The 'information for prisoners and advice centre' provided a useful hub for prisoners to seek peer advice and was well supplied with forms and information which they could access freely when unlocked from their billets.



Forms in the information for prisoners and advice centre

- 4.22 Applications were paper based and responses were not tracked for timeliness, but the system appeared to be functioning reasonably well. The creation of dedicated pathways for applications to the OMU and finance department was a positive initiative to reduce bureaucracy. The business hub also held daily prisoner drop-ins for financial queries,

which were well used by prisoners and gave them a means to resolve issues quickly.

- 4.23 The prison had received 484 complaints in the last year, which was in line with other men's open prisons. Complaint forms were available in communal areas around the prison.
- 4.24 Complaint responses we reviewed were mostly courteous and thorough, and quality assurance carried out by the head of business assurance, sampling 10%, was robust and comprehensive. Complaints against staff were sent to the deputy governor for review, which was appropriate. However, in the last six months 41% of complaints had not been responded to within the required timescales and many had been several weeks overdue.
- 4.25 In-person legal visits were held twice-weekly in the visits hall (see also paragraph 6.5) and provided sufficient slots for prisoners, although the hall lacked privacy for these meetings.
- 4.26 The prison had one video-link terminal for video legal visits. There were only four slots per week, which was insufficient for the population, and we were told that there was a five-week waiting list for these sessions.
- 4.27 The prison's library (see also paragraph 5.6) had a reasonable selection of legal reference materials, but some key texts were out of date.

Fair treatment and inclusion

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary), or those who may be at risk of discrimination or unequal treatment, are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

- 4.28 While there was a range of work taking place to support fair treatment and inclusion, it was not given sufficient priority across the prison. This was reflected in prisoners' experiences and lack of confidence in the prison's interest in addressing their concerns.
- 4.29 There was very limited dedicated resource available to help drive progress on fair treatment, and this was compounded by the lack of focus on identifying and addressing disproportionate outcomes within many departments. The kitchen was a notable exception and was, for example, active in supporting and enabling the celebration of religious holidays, festivals and events.
- 4.30 Equality action team meetings were held quarterly with leaders from across the prison, but lacked focus on driving progress. Some data was scrutinised, but this was not being gathered routinely by relevant

departments and there was little evidence of issues identified in these meetings being translated into tangible actions.

- 4.31 Prisoners from ethnic minority backgrounds described a lack of confidence in the prison's willingness to address their concerns and in the mechanisms for raising issues, such as consultation forums or the complaints system. These prisoners also repeatedly told us that staff were distant and dismissive of their concerns, which reflected the poor staff-prisoner relationships we found across the prison (see paragraph 4.1). Equality awareness training was offered to new staff during their induction, but this had not been extended to cover staff who were already in post.
- 4.32 Quarterly forums were run for different protected characteristic groups to discuss concerns and issues, but many prisoners we spoke to said that these were not effective. While some forums were yielding positive outcomes, we saw examples of issues raised at these meetings not being adequately addressed for long periods. These included a lack of halal cooking facilities on billets and long-standing perceptions of inequitable access to release on temporary licence (ROTL) or access to work in the community among prisoners from ethnic minority backgrounds. In our survey, only 18% of prisoners from ethnic minority backgrounds said that they had been allocated to education, work or training that would help them on release, compared to 49% of white prisoners.
- 4.33 Support for prisoners with disabilities was reasonably good. At the time of the inspection, there were 16 prisoners with personal emergency evacuation plans, and most prisoners with disabilities that we spoke to were positive about the support they received. The prison had eight adapted rooms available for some of those with mobility issues and had made good efforts to ensure accessibility around the site. Prisoners with disabilities could also have their meals delivered from the kitchen, if necessary, which they were appreciative of.



Adapted rooms

- 4.34 There were five prisoners working as peer support orderlies, who provided support for those with disabilities. While they received good

training and demonstrated a strong knowledge of their roles, we had some concerns around gaps in their day-to-day oversight when supervising staff were not available (see also paragraph 4.60).

- 4.35 There was some good work taking place for prisoners with neurodiverse needs. Those with complex needs spoke very positively about the support they received from the neurodiversity support manager (NSM), which included personalised support plans that were provided to their workplaces. The NSM provided neurodiversity awareness training to staff and 12 prisoner orderlies working in different areas of the prison, as well as training for senior leaders on specific areas such as managing neurodiversity in adjudications.
- 4.36 Work with veterans was supportive. Prisoners spoke positively about the monthly veterans' coffee morning, which was attended by community organisations providing advice and support.
- 4.37 The prison had received eight discrimination incident reporting forms (DIRFs) in the last year. DIRF investigations we reviewed were reasonably thorough, although responses were often late.
- 4.38 DIRF quality assurance processes were good; all responses were quality assured by a senior leader, and each month senior leadership panels were held to provide further scrutiny. These panels provided extensive feedback on areas for improvement, and points of learning were fed into the establishment's equality action plan. Positively, the outcomes of this quality assurance were given to the prisoner as well as the member of staff investigating.

Faith and religion

- 4.39 The chaplaincy had a team of two full-time and two part-time chaplains, supported by visiting chaplains for smaller faith groups. Prisoners could access communal worship sessions for all major faiths, as well as Bible study and prayer groups. The chaplaincy was welcoming, with a small but pleasant chapel. The multi-faith room was undergoing repairs at the time of the inspection, but a temporary space had been made available for Friday prayers.



The chapel (left) and temporary multi-faith room (right)

- 4.40 The chaplaincy was accessible to prisoners and staff and provided pastoral care and support to prisoners who had experienced a bereavement. It maintained good links with faith groups in the community. Chaplaincy staff were also present at staff and prisoner inductions.
- 4.41 Despite offering good accessibility, attendance at some chaplaincy services was low. In our survey, only 65% of respondents said that their religious beliefs were respected, which needed exploration by leaders.

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.

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

Strategy, clinical governance and partnerships

- 4.43 Practice Plus Group, Health in Justice ('PPG') had been the lead provider of health services at Kirkham since April 2024, with established local leaders providing stability and effective direction to the workforce. Partnership working with the prison and other health partners was positive, although the recent switch in provider had seen some slippage in the reporting metrics. However, the available performance data that we were able to scrutinise, as well as core governance processes, remained generally sound, although not all senior clinicians were fully engaged in these new arrangements, which needed to be resolved.

- 4.44 We saw an embedded incident reporting culture and evidence of learning being shared with staff. Patient complaints were mostly dealt with face to face, which was positive and ensured an early and effective resolution of any pressing concerns. The few complaints that required a formal response were generally well managed, but would have benefited from enhanced quality assurance to make sure that all concerns were fully addressed and that complainants received a coherent response.
- 4.45 Most nursing staff and other professionals said that they felt well supported by managers, and mandatory training standards were being met, with development opportunities generally accessible to staff. Services were not 24/7, but nurses were on-site from early morning until early evening during the week, with shorter periods at weekends, and rosters we scrutinised indicated that shifts were covered appropriately.
- 4.46 We saw evidence of approaches to engage with patients to provide information, receive feedback about care and use patient views to improve services. However, these efforts were having only a marginal impact. In our survey, only 53% of respondents said that the quality of health care support was quite or very good, compared with 78% in similar prisons. However, prisoners we spoke to were generally positive about health care. It was straightforward to get an appointment with a health care professional and waiting times for most clinics were generally short.
- 4.47 All health care provision was delivered from the health care centre. Treatment rooms were mostly fit for purpose, spacious and largely complied with infection prevention standards. Equipment available to health professionals was appropriate to need and systematically maintained.
- 4.48 There were several automated external defibrillators located in key positions around the prison and supervisory night staff were all first-aid trained. Nurses had access to specialist resuscitation equipment, which was regularly checked, and staff were trained to immediate life support level, enabling competent and timely responses to any pressing medical emergency.

Promoting health and well-being

- 4.49 A health care lead oversaw patient engagement and health promotion initiatives at the prison. A regular programme of events mirroring national initiatives had been established and there was evidence of positive working with the prison, particularly library staff, who helped facilitate several events. Engagement with and uptake of these events were variable and the service needed to explore how they could better gauge patient opinion, increase the number of health representatives and disseminate important information more effectively to prisoners.
- 4.50 There was an older person's lead and access to a range of health checks, disease prevention initiatives and screening programmes.

Additionally, the substance misuse team delivered targeted health promotion to its clients through one-to-one work and group activities, which were well received by patients. Sexual health services were available and barrier protection was readily accessible. Smoking cessation support was also provided by trained health care staff. Although not recently used, there were systems to prevent the spread of communicable disease and deal with outbreaks.

Primary care and inpatient services

- 4.51 Effective initial screening, followed by robust secondary health reviews, made sure that immediate care and treatment needs were addressed promptly by the GP or specialist nurse. However, a few transfers to the establishment had placed patients at risk because of poor communication about their clinical needs from the sending prison, resulting in some individuals being returned to closed conditions. A primary care nursing service was available from 8am to 7pm from Monday to Thursday, 8am to 4.30pm on Fridays and 8am to 1pm at weekends. Out-of-hours support for officers was accessible through the national 111 telephone line.
- 4.52 If prisoners needed an appointment with a health care professional, they had to go to the health care department in the morning, where an immediate triage could be provided or a same-day appointment booked, depending on need. Prisoners could also submit a written application, with appointments slips delivered to the billets once they had been allocated a clinic slot. Access to medical or other specialist primary care support was prompt and a routine appointment with the GP was generally available in less than a week.
- 4.53 Individuals with a long-term conditions were identified appropriately and reviewed regularly, with a weekly multidisciplinary meeting established for more complex cases. These latter cases had robust, detailed care plans, and although most other long-term condition care plans were basic, they covered essential interventions and reviews took place appropriately. In addition, there was an established palliative care pathway.
- 4.54 Clinical records were generally adequate and captured need and interventions. Consent was sought to share clinical information and arrangements to determine mental capacity were followed appropriately if deemed necessary. Interpreting services were available at all clinic areas if needed. Pre-release clinics took place, to make sure that patients had the information to register with a GP in the community.
- 4.55 The increased throughput, risk profile and complexity of the prison population meant that external escort arrangements were now inadequate and this was further exacerbated as fewer patients were approved to attend hospital appointments while on ROTL. Although no urgent appointments had been cancelled, some non-critical external appointments had been delayed, with little input from the GP to determine the risk associated with such decisions. While there was

regular dialogue with the respective hospitals, this resourcing issue could have had an impact on an individual's position on the waiting list and the situation needed to be resolved by commissioners.

Social care

- 4.56 The memorandum of understanding between the prison and Lancashire County Council to provide social care needed review, to make sure that PPG was the named care provider.
- 4.57 Prisoners were screened for social care needs on arrival. None were in receipt of a social care package (see Glossary) at the time of the inspection. Past referrals had been dealt with promptly by the local authority.
- 4.58 There was a clear process for managing social care referrals, with PPG assuming responsibility for collating information and liaising with the local authority. However, there was insufficient promotion of social care among prisoners and prison officers, to improve their awareness of the support available.
- 4.59 The peer support orderlies completed tasks such as cleaning rooms and fetching meals. They had a clear job description and completed accredited training. However, they had limited day-to-day supervision to make sure that they were working within their job description and had access to support (see also paragraph 4.34).

Mental health

- 4.60 In our survey, prisoners were less positive about access to and the quality of mental health services than at similar prisons. However, those we spoke to were mainly positive about the support they received. The service provision had increased recently with the appointment of a senior mental health nurse, who, while previously providing a satellite service from a nearby prison, was now based permanently at Kirkham.
- 4.61 An assistant psychologist had also recently started visiting one day a week and there were regular counselling sessions to support patients who had experienced trauma. PPG had plans to expand the team further in the coming months, and this would enable them to start running mental health support groups.
- 4.62 At the time of the inspection, there were seven patients on the caseload of the mental health nurse, including four supported through the care programme approach (a framework for supporting patients with a severe and enduring mental illness). No patients had been transferred to hospital under the Mental Health Act since the last inspection.
- 4.63 Referrals were received from prison and health care staff, and prisoners could self-refer. There were rarely any urgent referrals, but we were told that these would be prioritised, and routine assessments

were completed within five days. Staff attended all assessment, care in custody and teamwork (ACCT) reviews, but these rarely took place.

- 4.64 There were short waits to see a psychiatrist, who carried out prescribing reviews with patients receiving antipsychotic medicines. The senior mental health nurse was in the process of setting up physical health check appointments for these patients.
- 4.65 Prisoners with lower-intensity mental health needs could also be supported, although there was generally less demand than at other prisons. Some self-help material was available, and patients could be referred back to the mental health service at any time if their needs changed. All patients were offered a health care appointment before being released from the prison, and responsibility for any ongoing mental health treatment was transferred to community providers.

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

- 4.66 PPG delivered both clinical and psychosocial substance misuse services. The team provided an effective service, with treatment and support being flexible and patient led. There were good working relationships with the prison and a representative attended the drug strategy meeting.
- 4.67 All new arrivals were seen during their induction by a substance misuse peer mentor and recovery worker to explain what support was available. Those who needed ongoing clinical treatment to maintain their recovery were identified during the reception screen and prescriptions were processed promptly. The records we reviewed were comprehensive and clearly set out the goals for each patient, although staff told us that the templates on SystmOne (the electronic clinical record) did not meet their needs in maintaining good-quality records.
- 4.68 The team was made up of recovery workers, a recovery practitioner, the service manager and a nurse prescriber with additional substance misuse training. The GP provided occasional support with continuation prescriptions when the nurse was not available. Psychosocial staff had manageable caseloads and the workload was distributed equitably. At the time of the inspection, they were supporting 131 prisoners through a combination of group and one-to-one work focusing on harm minimisation and supporting patients to remain abstinent.
- 4.69 There were 25 patients on opiate substitution treatment. Prescribing was in line with national guidelines and patient led. Positively, 12 patients were receiving long-acting intramuscular injections of buprenorphine, which enabled them to have sustained temporary release to maintain family ties and access work opportunities. Reviews were held with all clinical patients at least every 28 days, and some were joint reviews between clinical and psychosocial staff.
- 4.70 There was open access to the service, with patients able to self-refer at any time, and we saw several prisoners walk into the substance misuse

team office to speak to staff or the peer mentor. New referrals were dealt with promptly. Various mutual aid groups, such as Narcotics Anonymous, visited regularly, with one group running each Monday.

- 4.71 All patients were offered injectable naloxone (an opiate reversal agent) on release and given training in its use, although we were told that uptake was variable. A rollout of training for prison officers in the use of nasal naloxone was planned.

Medicines optimisation and pharmacy services

- 4.72 Medicines were provided by a local pharmacy as individually labelled supplies, with most medicines being appropriately held in-possession by patients following a risk assessment, which was then reviewed routinely. Patients were expected to request their in-possession medicines by written application and could then collect them from the health care centre. Controlled drugs, and other not-in-possession medications were administered from the same location, with good supervision provided by prison officers.
- 4.73 Medicines handling, transportation and storage were all managed safely. A small stock of essential medicines was held on-site, which made sure that there were few gaps in treatment and that consistent care was delivered.
- 4.74 The service was led by a competent and well-organised pharmacy technician, supported by the nursing team. On arrival, and following the initial health screening, medicines were reconciled appropriately, enabling care to be maintained and minimising disruptions to any established prescribing regimes. There was sufficient access to prescribers, but no pharmacy advice or pharmacy-led clinics were available. Some room checks were undertaken, to ensure individual compliance with patients' in-possession supply, but there was little spare capacity to provide more qualitative support for patients, deliver robust governance oversight or ensure effective cover in the event of staff absence.
- 4.75 PPG had plans to use its established support and monitoring arrangements to ensure that medicine management systems – including trend analysis and medicine incident reviews – were effective and safe. However, this was yet to be fully mobilised. Overall, medicines were prescribed safely and reviewed regularly, with routine follow-up of failures to collect medicines. Patients had access to some over-the-counter medicines if needed and there was an appropriate range of patient group directions (which enable nurses to supply and administer prescription-only medicine) for one-off treatments and routine vaccinations.
- 4.76 Post-release treatment needs were considered effectively, with patients given an adequate supply of medication or provided with a prescription for any controlled drugs.

Dental services and oral health

- 4.77 Time for Teeth was directly commissioned to provide dental services. This was a well-governed and efficiently managed service, led by an experienced dental nurse. There was good triage and any urgent dental concerns received a timely intervention, based on need and clinical risk. Although there were waits for a routine dental check-up, access to NHS care was timely, with waiting times reducing over time to around six weeks for routine treatment at the time of the inspection.
- 4.78 The dental suite was fit for purpose and met infection prevention requirements. There was full compliance with the required standards for maintenance of equipment, staff training, health and safety provisions, cleaning schedules and disposal of waste.

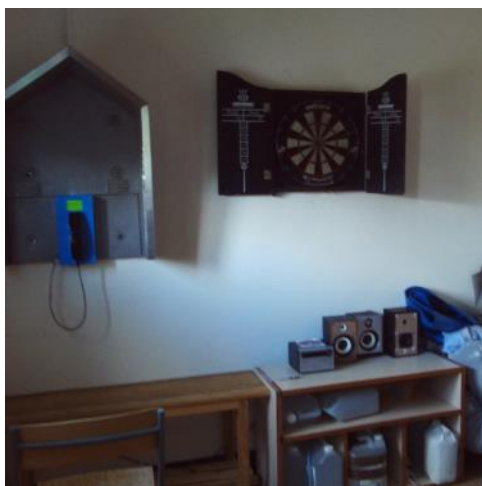
Section 5 Purposeful activity

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 Almost all prisoners were in some form of education, work or training. Local data showed that, in the previous six months, around 70% of prisoners had been occupied in full-time roles and 24% in half-time positions.
- 5.2 Prisoners were free to access the grounds for around 12 hours a day on weekdays and at weekends, although they were locked on their billets from 8pm to 8am unless they were at work on temporary release in the community.
- 5.3 Association facilities on the billets were extremely limited. Most had only a dartboard, but we were told that some billets did not have darts. A communal association building was accessible in the early evenings and during the weekend, with a wide range of recreational equipment, and prisoners spoke positively about this.



On-billet association room (left) and communal association area

- 5.4 There were limited enrichment activities available, mostly provided through the library and education department. Many prisoners spoke of boredom, particularly in the evenings and at weekends, when there was little to occupy them.

- 5.5 The library was managed by Lancashire County Council and provided a welcoming environment. It was open during weekdays, on three evenings a week and on Saturday mornings. During opening hours, it offered a range of activities, including jigsaw puzzles, chessboards, and arts and crafts. It also hosted an active Raising Readers programme which allowed prisoners to share books with their children.



The library

- 5.6 The facility was popular, with around 2,500 visitors each month, and 87% of prisoners were members. There was a wide range of books, audiobooks and DVDs, and computers were available for prisoners to access distance learning and take driving theory tests. The library was also responsible for publishing the monthly 'Kirkham Chronicle', which provided information on events, activities and news for prisoners.
- 5.7 The prison had a new gym, which had opened in October 2023. Although the facility was excellent, with a spacious weights room and sports hall, it was underused. Prisoners received three sessions each week and were not able to attend outside of these designated slots, which was a source of frustration for many we spoke to. Some gym sessions clashed with work or education periods, which affected attendance elsewhere (see also paragraph 5.34).



The gym

- 5.8 The gym offered a limited timetable, including remedial and over-55 sessions, but there were no regularly scheduled team sports. Despite the prison having a sports field, it was rarely used and prisoners were not allowed to play football unsupervised. The gym staff organised a running session around the prison grounds each Saturday morning, but this was poorly attended by prisoners, who felt that it was not an effective use of resources.
- 5.9 Only 49% of prisoners were active users of the gym, and no outreach was taking place to encourage others to attend. There were no gym qualifications beyond a level 3 first-aid course on offer.
- 5.10 There was a small running track available, along with some outdoor exercise equipment, which was well used by prisoners.



Running track

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.

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

Overall effectiveness: Requires improvement

Quality of education: Good

Behaviour and attitudes: Good

Personal development: Requires improvement

Leadership and management: Requires improvement

- 5.12 Leaders and managers had a clear and purposeful vision for education, skills and work in the prison, based on a belief that every prisoner has the capacity to achieve their goals. Senior leaders ensured that there was sufficient capacity for their population to participate purposefully within the prison with equitable pay, which encouraged self-improvement.
- 5.13 Leaders and managers provided a broad and well-planned curriculum to meet the needs of prisoners, focusing on developing skills for employment. In addition to classroom-based qualifications, they provided courses in their new construction academy, training from external providers, including road traffic management and scaffolding, and private industries such as Recycling Lives.
- 5.14 Leaders and managers had developed their curriculum effectively to respond to changes in the prison population. With the advent of prisoners arriving at Kirkham with less than six months to serve, leaders introduced more short courses to enable prisoners to complete

qualifications during their stay, such as forklift truck driving and barista skills.

- 5.15 Leaders and managers had successfully implemented new, effective processes for devising prisoners' individualised programmes. This included having a substantial careers discussion within the first few days of arriving at Kirkham, to discuss their goals for employment after release. Prisoners were allocated places in education, training and work quickly, often starting work in the prison's working farm and accessing their chosen education and training as soon as places were available.
- 5.16 Leaders and managers ensured that prisoners' additional needs were identified quickly, and appropriate support and resources put in place, such as one-to-one reading sessions, and coloured overlays and fidget tools. Staff across the prison completed training on neurodiversity, which had improved their confidence in talking to prisoners about support needs. This resulted in an increase in referrals for support from teams outside the education and skills department, such as the chaplaincy and safer custody teams.
- 5.17 Leaders and managers ensured that prisoners had well-planned individual programmes to develop skills and gain qualifications to help them achieve their career goals once released. Leaders and managers had begun to introduce well-sequenced pathways, such as in catering, which started with the development of basic skills and gaining qualifications, and then applying this learning through work experience in the prison and the community.
- 5.18 Novus provided the education and vocational training in the prison. Experienced teachers and tutors had carefully sequenced the curriculum to enable men to build their knowledge during their courses. For example, in English, prisoners learned the skills to discuss and debate topics such as capital punishment, then build on this to produce informal and formal writing. Teachers and tutors ensured that prisoners had grasped new knowledge and skills before moving on to more complex topics.
- 5.19 Teachers assessed prisoners' starting points accurately and used this in planning teaching. They ensured that their sessions met the needs of the prisoners working at different levels effectively. As a result, prisoners were able to start classroom-based courses such as English and mathematics as soon as places became available.
- 5.20 Teachers, tutors and instructors combined their subject expertise with a range of effective teaching strategies to help prisoners to build their knowledge and develop their skills. This included question and answer, discussion, individual and group activities and past examination papers. This approach enabled prisoners to consolidate their knowledge and retain information in their long-term memories. Teachers, tutors and instructors maintained their expertise through frequent training. Recently, this had included supporting prisoners with neurodiversity needs and enhanced use of questioning.

- 5.21 Teachers, tutors and instructors tracked prisoners' growing knowledge and skills well. Instructors used workbooks and diaries frequently to assess prisoners' progress, giving praise and using targets to develop learning further. Teachers, tutors and instructors used assessment effectively and most gave helpful feedback to help prisoners to improve. However, in a few instances, feedback focused more on confirming positives than identifying ways that prisoners could continue to improve.
- 5.22 Prisoners made steady progress in their learning and training. They developed valuable new skills rapidly and securely over time, many starting with little prior knowledge in the subject. For example, those in construction became confident in calculating the correct ratio of sand and cement that was required for building different types of wall. Over the previous 12 months, rates of achievement had risen significantly and now most prisoners achieved their qualifications.
- 5.23 Leaders and managers had not enabled enough prisoners to benefit from access to employment, voluntary work and education in the community. Prisoners waited too long for their approval for release on temporary licence (ROTL; see also paragraph 6.18). Although they were engaged in education and training while waiting, this curtailed their opportunities to prepare them for employment on release. These delays were also causing frustration for prisoners and diminishing their motivation to prepare for successful release.
- 5.24 The small number of prisoners who had been able to access ROTL for employment or education gained valuable and meaningful experience, often leading to employment on release. Leaders and managers developed positive relationships with a growing range of employers, increasingly with national companies so that prisoners could continue their employment if released to a different region to where the prison was located.
- 5.25 Leaders and managers had recently developed strong links with local further education colleges to expand their curriculum to subjects and levels they could not offer in the prison environment. This included subjects such as electrical installation and plumbing. Although limited by poor access to ROTL, the number of men on these courses had increased and college leaders commented positively on their motivation to learn.
- 5.26 Teachers, tutors and instructors built supportive and trusting relationships with prisoners. Prisoners developed in confidence and self-esteem, and were motivated and diligent in their learning and work. For example, prisoners in the timber workshop not only fulfilled contracts for high-quality products such as furniture, but also completed their own projects, including bird boxes and a giant chess set.
- 5.27 Prisoners in education, training and work were polite and respectful to teachers, tutors, instructors and each other. They worked diligently and purposefully in their activities and took pride in their learning. They recognised and valued the new skills they were developing and how

these would be useful to them in securing employment after their release.

- 5.28 Most prisoners' attendance at education, training and work was good and they were punctual. Where prisoners were late, a swift and effective process was used successfully to motivate them to attend. However, a few prisoners in work did not attend regularly, often when their release was imminent.
- 5.29 Prisoners felt safe in education, training and work, and understood that unacceptable behaviour like harassment and bullying were not tolerated. They appreciated the quiet, well-ordered environment, walking unaccompanied to activities. Prisoners tended the vast garden areas with care and precision, showing pride in their surrounding environment.
- 5.30 Leaders and managers had increased the opportunities where prisoners received careers advice and guidance, particularly as they approached their release date. They had recently introduced a digital personalised learning plan, which was used to review goals and create new ones through one-to-one discussions. Prisoners were provided with individual support based on their goals. For example, those who wanted to be self-employed after release were provided with training in entrepreneurship.
- 5.31 Valued and well-trained peer mentors and orderlies were deployed very well throughout education, skills and work. They understood that they were role models, including to promote reading. They were encouraged to use their initiative – for example, running workshops to support prisoners to use the virtual campus (see Glossary) in searching for jobs and developing their digital skills.
- 5.32 Leaders and managers had implemented their reading strategy well, including having subject-specific books and quiet reading areas in classrooms and workshops. Prisoners' reading levels were assessed in their first few days at Kirkham, with appropriate levels of support put in place. This included one-to-one sessions with the reading specialist and working with the Shannon Trust (see Glossary). Prisoners were encouraged to read something every day, and teachers and tutors linked prisoners' learning to opportunities to read. For example, prisoners were inspired by their reading to try new recipes in the kitchens and attempt new projects in the timber workshop.
- 5.33 Leaders and managers had comprehensive oversight of education, skills and work across their provision. They used thorough and rigorous processes to assure themselves of the quality of prisoners' learning and experience, and used this information to identify where to focus their efforts to make worthwhile improvements.
- 5.34 Leaders and managers had addressed most of the recommendations made at the previous inspection. This included improving the accuracy and reliability of their quality procedures, providing useful feedback to help prisoners improve and raising the achievement rates in

mathematics. Gym sessions continued to have an impact on attendance at work (see also paragraph 5.7), and a few areas of work had not sufficiently embedded the development of English, mathematics and employability skills.

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 In our survey, only 25% of respondents, far fewer than at similar prisons, said that staff encouraged them to stay in touch with their families and friends. For reasons often beyond the control of local leaders (see paragraphs 6.6 and 6.7), release on temporary licence (ROTL) to promote family contact, a key function of an open prison, was used less well than at almost all similar establishments. Only about 150 prisoners (roughly a quarter of the population) were currently accessing overnight or day release to spend time with their family members, and there were delays in approvals for ROTL (see paragraph 6.18).
- 6.2 There were no telephones in the rooms, with prisoners on each billet having access to only one communal telephone between them, which was often located in a public space. This encouraged the widespread use of illicit mobile devices to keep in touch with families (see also paragraph 3.28). Few prisoners used secure video calls (see Glossary), with an average of just 23 calls made each month using the official prison video calling scheme.
- 6.3 Contracted work to help prisoners keep ties with their children and families was poorly resourced. There was one full-time worker, employed by Partners of Prisoners (POPS), a part-time play worker and some volunteers. The full-time worker was very experienced, completed individual casework and was easily accessible to prisoners in the 'welcome centre'. Since October 2022, she had helped 156 prisoners or family members. There were regular themed family days (see Glossary), such as a sit-down meal and an annual Christmas event. The POPS team had a good focus on socially isolated prisoners; a befriending event had been held for them at a church in the local community while they were released for the day on temporary licence.

- 6.4 Storybook Dads (in which prisoners record stories for their children) ran in the library, but only 18 prisoners had used the service in the current year to date. The lack of a parenting course was a gap in preparing prisoners for ROTL back home.
- 6.5 Prisoners could book their own social visits, and their families could also book online. The number of social visit sessions had been increased to reflect the rise in prisoners staying a short time at the establishment without accessing ROTL, and they now ran on four afternoons each week. There was good capacity, with space for 46 visits in the hall, but sessions were often still busy. The visits hall was spacious and the café offered an unusually wide range of hot food, including hot pies made on-site.



Visits hall

Reducing reoffending

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

- 6.6 In the last 18 months, various measures devised by HM Prison and Probation Service to relieve overcrowding across the prison estate had adversely affected Kirkham more than other open prisons. The establishment had been significantly underpopulated after the COVID-19 pandemic and had then received a huge influx of short-staying prisoners under the temporary presumptive recategorisation scheme (TPRS; see Glossary). In 2023, this initiative had brought in about 400 prisoners to Kirkham from category C prisons, which was more than the number received by all the other open men's prisons combined. These prisoners were not always prepared for open conditions and did not qualify for ROTL.
- 6.7 In the six months between March and September 2024, about 150 prisoners had been released early under the end of custody supervised licence (ECSL; see Glossary) scheme. A further 72 had just been released on one day in September, under the standard determinate

sentence 40 (SDS40; see Glossary) early release scheme – again, a figure higher than at any other open prison. Up to 200 more prisoners were due to be released on one day in October, leaving the prison about half full (see also paragraph 6.25).

- 6.8 All of this activity had reduced the number of prisoners eligible for ROTL and placed a considerable burden on the offender management unit (OMU), diverting them from their core work. It was not yet clear whether the prison would revert to receiving longer-term prisoners who were progressing there for ROTL opportunities.
- 6.9 In our survey, only 53% of respondents said that their experiences at the establishment had made them less likely to offend in future, which was far worse than at similar prisons. Although some prisoners with longer stays enjoyed good, well-thought-out progression opportunities involving ROTL, many others did not benefit from the chances usually associated with an open prison.
- 6.10 Access to ROTL opportunities were weaker than in most other comparable prisons. For example, there had been 25,228 instances of prisoners going out to paid work in the community in the 12 months to August 2024. Taking account of the different population sizes, Kirkham was underperforming compared with similar prisons. Early release schemes were not the only reason; ROTL processes were not well organised or resourced (see also paragraph 6.18). The efforts of the employment hub (which focused on getting prisoners jobs after release), the OMU (responsible for approving prisoners for ROTL) and the custody to work department (in charge of those prisoners going out to work placements on ROTL) were not well coordinated. However, improving access to ROTL was the governor's top priority, and there were credible improvement plans in place.
- 6.11 About 80% of the population had had an up-to-date offender assessment system (OASys) risk assessment and sentence plan completed in the last 12 months, which was positive. However, some of these had been completed while the prisoner was at a previous prison, and they were not always fully relevant to open conditions. Those written by the prison offender managers (POMs) at Kirkham were notably good and had a better focus on local opportunities and agencies that prisoners could access than at other prisons we have visited. The longer-staying prisoners we reviewed had generally made good progress against their targets, including some access to ROTL.
- 6.12 The OMU was well staffed and easily accessible to prisoners. The team's efforts in the last 18 months had been mostly channelled into making schemes like SDS40 work well. POM caseloads were reasonable. Overall, contact between POMs and prisoners was good and not just focused on events such as ROTL boards or parole reports. POMs had good knowledge of the prisoners they were supervising, and the men spoke positively about them.

Public protection

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

- 6.13 Just over a quarter of the population was assessed as presenting a high risk of serious harm to others. Risk management had been made more challenging by the large number of releases being brought forward at short notice under the ECSL and SDS40 schemes and the very short stays of prisoners transferred into the prison under the TPRS.
- 6.14 Managers had no routine oversight of risk management planning for high-risk releases; these were not discussed at the monthly interdepartmental risk management meeting. This was an especially serious gap because most prisoners had not had their compliance tested on ROTL before release.
- 6.15 ROTL board paperwork that we checked showed good consideration of potential child contact and other public protection matters. Northwest Psychology Services provided good oversight of 'restricted' (high-risk) prisoners, and it was very positive that they had prepared 92 enhanced behavioural monitoring reports in the previous six months; as a result, nine prisoners were currently subject to monitoring. However, 'restricted' prisoners were not invited to attend their ROTL boards, so there were missed opportunities to engage high-risk prisoners in risk management before they went into the community.
- 6.16 Handovers between POMs and community offender managers (COMs) ahead of release were timely and we found many examples of three-way meetings between the POM, COM and prisoner. When prisoners arrived at the establishment close to their release date, this handover meeting was prioritised. Most risk management plans we checked were at least reasonably good. Contributions to multi-agency public protection arrangements (MAPPA; see Glossary) panels from OMU staff were timely and reasonably good. However, in the cases we reviewed we found one example of a prisoner due to be released under SDS40 in October 2024 without a confirmed MAPPA management level.
- 6.17 Telephone and mail monitoring was used sensibly to understand risk. At the time of the inspection, six prisoners were being monitored and the logs were up to date. However, the wide availability of so many illicit mobile phones among the population meant that most prisoners would use these to make calls, and this made it very hard for the OMU to understand accurately the real risks presented (see also paragraph 3.28).

Interventions and support

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

- 6.18 Overall, the delivery of ROTL was poorly resourced and organised. The administration of early release schemes had been prioritised over the completion of assessments for ROTL suitability, so it took too long for prisoners to access temporary release, and during the inspection we heard many complaints from them about these delays. 'Restricted' prisoners were currently waiting about six months from arrival at the prison, and 'standard' individuals about four months. There were 23 'standard' dossiers and 16 'restricted' dossiers assessing prisoners' suitability for ROTL waiting for approval by managers at the time of the inspection. Some prisoners with complete dossiers had not been considered for approval by managers promptly because staff had decided to review cases in strict order of arrival at the prison. This meant that some dossiers sat in a pile, waiting several weeks to be actioned.
- 6.19 A ROTL audit in late 2023 had identified significant weaknesses in processes, including no checks on work placements in the community in a three-month period. The local response, which included adding many extra tasks and checks, had made administering ROTL extremely resource intensive.
- 6.20 Positively, there were occasional examples of prisoners using ROTL to complete accredited offending behaviour programmes in the community.
- 6.21 At present, just under a quarter of the population were accessing work or education opportunities in the community on temporary licence, which was a worse outcome than in similar prisons. The custody to work department was not well enough resourced to make full use of the opportunities available to get prisoners into ROTL placements. Prison officers on the team were often cross-deployed or worked nights, so basic tasks such as answering the telephone to employers on weekdays were a challenge. The custody to work department had depended on just one administrator, which constituted minimal staffing, compared with the situation at other, better performing open prisons. We were told by multiple staff and managers that the number of prisoners accessing work on ROTL was capped at an unambitious 150, and during the inspection there was a waiting list of 54 prisoners who had already been approved but needed a work placement. Self-sourced employment had been suspended, which had further limited outcomes.
- 6.22 There were some positive employer links with companies such as Booths, the supermarket chain. Despite impressive work by the prison employment lead, the limitations of the poorly staffed custody to work department meant that some opportunities to get prisoners into ROTL

placements that might have led to a permanent job were wasted. Nonetheless, employment outcomes on release were comparable to those at other open prisons. In the 12 months to July 2024, 224 prisoners released from Kirkham, representing about a third of all releases, had been in employment six months after release.

- 6.23 The pathway enhanced resettlement service supported a small number of the most complex prisoners with personality disorders to settle and manage in open conditions. There was a team of two clinical staff and two uniformed staff; most were new in post, so the service was currently ramping up delivery. At present, 10 prisoners were receiving support, but the caseload would eventually rise to 25 prisoners.
- 6.24 There were no short courses to help prisoners improve their life skills and decision making ahead of release; this was a particular gap for the many with short stays who would not access ROTL. Plans for courses such as Ready to Rent had been proposed, but lacked funding.

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.

- 6.25 Release planning had assumed a much greater focus since the last inspection, and the prison was managing this well. In our survey, respondents reported greater resettlement needs around finding accommodation, sorting out benefits and managing their finances than at the time of the last inspection. In the last year, the number of releases had increased to an average of 60 each month, and many more were due to be released during and after the inspection under the SDS40 early release scheme (see also paragraph 6.7).
- 6.26 Although ROTL was not as well used as at other open prisons, those prisoners who were seeing their families on day or overnight release or going to work or education in the community were well placed to make their own plans for resettlement. Others depended on cooperation between their POM and COM, and the handovers we checked showed that this generally worked well, even given the rushed circumstances in some cases (see section on reducing reoffending). The introduction of a fortnightly resettlement meeting to check on gaps in planning was sensible. Staff also used a tracker to monitor progress in addressing prisoners' needs.
- 6.27 A pre-release worker was currently on-site to support release planning, contacting local authorities when prisoners were likely to be street homeless and making referrals to commissioned rehabilitative services (CRS) companies for help with housing. The main CRS company supporting Kirkham prisoners was Interventions Alliance, which helped prisoners from the North-West (Cumbria, Lancashire, Merseyside and

Cheshire). Their attendance on-site had varied, but a new worker started during the inspection.

- 6.28 Outcomes for accommodation on the first night of release were good, and very similar to those at other open prisons. In the last 12 months, about three-quarters of prisoners had gone out to settled accommodation, either their own property or staying with family or friends. About 10% had been released to an approved probation hostel. Of about 700 prisoners, 21 had been released street homeless.
- 6.29 Support for prisoners to manage their finances was good. A full-time bank account and identification worker was based in the employment hub, and in the first half of the current financial year, 136 bank accounts had been opened for prisoners either working on temporary licence or approaching release. There were two work coaches from the Department for Work and Pensions, who were managing well with the huge demands brought about by the volume of early releases. A pilot to activate prisoners' benefits claims on the day of release was not currently running because of technical problems. A worker from the Wise Group (a social enterprise working to lift people out of poverty) attended the prison to help prisoners address debt, and carried a caseload of about 25 prisoners.
- 6.30 Managers had created a departure lounge near the prison gate. Support was supposed to be delivered by ex-prisoners who worked for the Release Mates charity, but after a couple of months of operation the service was currently paused. The need for a departure lounge was less crucial than at other prisons as there was already a staffed welcome centre at the gate where prisoners could wait, some prisoners were already very familiar with going into the community on ROTL, and the town of Kirkham was nearby.

Section 7 Progress on recommendations from the last full inspection

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2018, we found that outcomes for prisoners were good against this healthy prison test.

Recommendations

Prisoners should not be routinely transferred to open conditions in cellular vehicles.

Achieved

Staff should monitor and support prisoners on their first night.

Achieved

The different behaviour management approaches, including the incentives and earned privileges and Connect–Grow–Thrive schemes, should be integrated into a coherent motivational system with equal emphasis on positive and negative reinforcement.

Achieved

Decisions to hold prisoners in segregation conditions should be based on an assessment of risks to the prison and the individual.

Not achieved

Whenever prisoners are segregated, the secure holding rooms and assessment building should be adequately staffed at all times, to make sure that the prisoner's safety and immediate access to support services.

Not achieved

The governor and the local director of adult social services and the local safeguarding adults board should develop robust and effective safeguarding processes.

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

A far higher priority should be placed on improving the quality of staff–prisoner relationships across the establishment. There should be clear, measurable actions over time to address and improve prisoners’ perceptions of victimisation by staff and embed more respectful relationships, in order to promote the positive ethos of an open prison.

Not achieved

Progress in changing the staff culture should be monitored by objective means and involve external scrutiny.

Not achieved

Recommendations

Prisoners working in the kitchen should complete all mandatory training and be able to achieve national vocational qualifications.

Achieved

Prisoner applications should be tracked and answered within a reasonable time.

Not achieved

Equality and diversity meetings should be routinely attended by managers from across the prison, and progress should be measured against a current action plan. Work should be informed by regular and thorough analysis of equality data and good consultation with prisoners from protected groups.

Partially achieved

Staff training needs should be determined in relation to each protected characteristic and a continuing training programme introduced.

Not achieved

The day-to-day care needs of all prisoners with disabilities should be met.

Achieved

The prison should ensure that every prisoner with a protected characteristic is identified on arrival.

Achieved

Health reception screens should be completed in a safe and suitable environment.

Achieved

Access to nurse and GP appointments should be equivalent to that in the community.

Achieved

Formal arrangements for social care should be kept up to date, and the referral process and provision should be widely promoted to prisoners.

Partially achieved

Medication should consistently be stored at an appropriate temperature.

Achieved

Prisoners should be able to access routine dental appointments within six weeks.

Achieved

Purposeful activity

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

At the last inspection, in 2018, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Prisoners should be able to achieve gym-based qualifications to assist with employability on release.

Not achieved

College managers should improve the accuracy and reliability of their observations of teaching and learning, so that they have a better understanding of the overall quality of provision.

Achieved

Training delivered by prison staff should be subject to rigorous quality assurance, to enable managers to understand the quality of this provision and improve it where necessary.

Achieved

The virtual campus should be used to help prisoners search and apply for jobs.

Achieved

Work activities should develop prisoners' employability skills and be suitably challenging and purposeful.

Partially achieved

Teachers should promote English and mathematical skills in vocational lessons and in prison industries by linking these skills to practical and vocational tasks.

Partially achieved

Teachers should provide feedback to prisoners which enables them to build on what they do well and address their mistakes more effectively.

Achieved

Prison managers should ensure that gym sessions do not affect prisoners' attendance at work.

Not achieved

College managers should take action to improve achievement rates for level 1 mathematics.

Achieved

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.

At the last inspection, in 2018, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Multi-agency public protection arrangements (MAPPA) management levels should be confirmed before a prisoner begins ROTL.

Not achieved

All prisoners with outstanding offending behaviour needs should be able to access accredited programmes in the community through ROTL.

Achieved

New arrivals should be able to have their first visit promptly.

Achieved

ROTL processes should be monitored across time, to understand performance, identify weaknesses and develop actions for improvement. Outcomes should be communicated regularly to prisoners.

Not achieved

ROTL suspensions should be clearly linked to the prisoner's risk of harm to others in the community.

Achieved

All prisoners should have an up-to-date OASys assessment, which should be reviewed on arrival at Kirkham to ensure that risk management plans are current and appropriate.

Not achieved

Restricted ROTL boards should be multidisciplinary and, in the more complex cases, involve the prisoner.

Not achieved

Prisoners should be able to open a bank account routinely before release, unless there are exceptional circumstances.

Achieved

All resettlement plans should be reviewed 12 weeks before the earliest possible release date, in order to be effective.

No longer relevant

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
Sara Pennington	Team leader
Martyn Griffiths	Inspector
Harriet Leaver	Inspector
David Owens	Inspector
Jonathan Tickner	Inspector
Rick Wright	Inspector
Jasmin Clarke	Researcher
Emma King	Researcher
Sam Rasor	Researcher
Joe Simmonds	Researcher
Stephen Eley	Lead health and social care inspector
Matthew Tedstone	Care Quality Commission inspector
Karen Anderson	Ofsted inspector
Kim Bleasdale	Ofsted inspector
Nick Crombie	Ofsted inspector
Chris Brooker	Ofsted inspector
Steve Hailstone	Ofsted inspector

Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

End of custody supervised licence scheme

The early release scheme brought in to address capacity pressures on the prison estate. Prisoners were initially released 18 days early, but the measure has been repeatedly expanded subsequently.

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.

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.

Shannon Trust

A national charity which provides peer-mentored reading plan resources and training to prisons.

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).

Standard determinate sentence 40

A scheme that temporarily reduced the proportion of certain custodial sentences served in prison from 50% to 40%.

Temporary presumptive recategorisation scheme

An HMPPS measure designed to facilitate the presumptive recategorisation of prisoners from category C to category D to best utilise prison spaces. The scheme applies to all prisoners serving standard determinate sentences who meet certain offence and risk criteria.

Time out of cell

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

Virtual campus

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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