Report on an unannounced inspection of

HMP Winchester

by HM Chief Inspector of Prisons

7–18 October 2024

Contents

Introduction

Built in the mid-nineteenth century, Winchester is a category B reception prison capable of holding up to 649 adult male prisoners from across southern England. While the population was made up of mostly remanded or newly convicted individuals, 129 were longer-term category C prisoners held on adjacent wings known as the West Hill and Hearn units.

This is the fourth time we have inspected Winchester since 2016, and it continues to be a persistently underachieving prison. At this inspection, it received our lowest healthy prison assessment in three of our four tests – safety, respect, and purposeful activity – with many of the concerns raised at our last inspection in 2022 still to be addressed. There was evidence that outcomes had deteriorated even further in many critical areas and this led me to write to the Secretary of State to invoke our Urgent Notification protocol.

The prison was unsafe. Violence had increased since our last inspection and was very high. Serious assaults against staff were the highest, and serious assaults against prisoners the second highest, of all reception jails. Prisoners told inspectors that violence was caused by drugs, debt, and frustrations at the failure of staff to deal reliably with even their most basic requests. The rate of self-harm had increased and was now the third highest of all reception prisons. Many prisoners were also frustrated by a lack of activity, insufficient mental health support and an inability to contact their families.

There were weaknesses in physical security which included the basic fabric of the prison and more than a third of CCTV cameras were not working. Substantial investment from His Majesty's Prison and Probation Service (HMPPS) was needed to fix the failing infrastructure across the site. In our survey, 47% of prisoners said that it was easy to get illicit drugs, yet despite the prison identifying the supply of illicit items as a serious security risk, all drug testing had been suspended for five months during 2024. Random drug testing only recommenced during August, returning a positive rate of 41%.

The prison environment was dilapidated, neglected and filthy, with the standard of accommodation very poor. Many cells had graffiti, which was often offensive, insufficient or broken furniture and damaged phone sockets. Cells were often cold or poorly ventilated, causing damp and mould which was so bad that we questioned whether some were fit for habitation. The fact that this extended to first night cells was a particular risk in a prison with a high turnover and daily new arrivals. In our survey, only a quarter of prisoners who responded said they were offered a phone call on arrival, and some men waited weeks to have their telephone numbers approved so that they could contact their family.

Most prisoners were unlocked for only 2.5 hours a day, and our checks found less than a third of men were engaging in purposeful activity during the working day. Overall effectiveness of education, skills and work was graded 'inadequate' by Ofsted, and leaders had failed to develop the prison's rehabilitative function. Only in preparation for release did we find outcomes that evidenced anything approaching capable or effective practice.

There was no denying the failings in leadership at this prison. A full complement of prison officers had been recruited and staff-prisoner relationships were benign, but too many staff lacked competence and confidence. We found some motivated middle managers, but most lacked experience. Not enough had been done by leaders to make sure processes worked consistently, that standards were enforced or that prisoners' basic needs were met. Although we acknowledged at the time of the inspection that the prison group director recognised the challenges and shortcomings of the jail and that the HMPPS Prison Performance Support Programme had very recently drawn up a delivery plan, neither had yet had any effect.

The poor outcomes at Winchester represent systemic failings under the oversight of HMPPS. If the prison is to provide decent living conditions, improve safety and security and operate effectively, it will require sustained support and investment.

Charlie Taylor
HM Deputy Chief Inspector of Prisons
November 2024

What needs to improve at HMP Winchester

During this inspection we identified 15 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. **Levels of violence, especially serious assaults, were very high.** Much of this was fuelled by drugs, debt and frustration at staff failure to deal with basic requests. Actions to reduce violence were poorly coordinated and were having little impact.

2. **The availability and use of illicit drugs posed a serious risk to the security of the prison, contributing to prisoner debt, bullying and fear.** Too many prisoners were under the influence of illicit drugs and random drug testing had only restarted during August 2024, having been suspended earlier in the year, returning a positive rate of 41%.

3. **Levels of self-harm had increased and were among the highest in the male prison estate.**

4. **Key work was too limited and relationships between staff and prisoners were not sufficiently meaningful**. Basic standards were not enforced, and prisoners were frustrated at the inability to get requests dealt with because of staff inexperience. The application process and routes to redress were not working properly, and cell call bells were left unanswered for far too long.

5. **Living conditions remained unacceptable, with many areas in a dilapidated state.** Most cells had damaged furniture and graffiti that was often offensive, and many had damp or mould. Communal and external areas were dirty and in need of repair. Prisoners struggled to maintain contact with their families because many in-cell telephones were broken, and it took too long for telephone numbers to be approved.

6. **Too many prisoners were locked in their cells for prolonged periods and not engaged in purposeful activity.** Prisoners were bored, too few had access to the gym or library and there were hardly any recreational or social activities available.

7. **There were insufficient spaces in education, skills and work, and the curriculum was not sufficiently ambitious.** Prisoners were not allocated to activities that were relevant to their educational needs and career aspirations, and attendance and punctuality were poor.

Key concerns

8. **Support for prisoners in their early days at the prison was not good enough.** First night cells were in poor condition and ill-equipped, too many new arrivals were unable to telephone their family and not all received a full induction.

9. **The amount of force used by staff on prisoners and use of unfurnished accommodation were high.** Scrutiny arrangements were not robust and we were not confident that all uses of PAVA spray, batons and unfurnished accommodation were accurately recorded.

10. **Living conditions and the regime on the segregation unit were poor.** Cells were in poor condition and had no table, chair or electricity, and prisoners could not shower each day.

11. **Work to ensure fair treatment and inclusion was inadequate.**

12. **Health services were being delivered in unsafe, dirty and unsuitable clinical environments.**

13. **Staff vacancies were compromising the delivery of health services, particularly within mental health and psychosocial care.**

14. **There was insufficient support in education, skills and work for prisoners with learning difficulties and/or disabilities.**

15. **Prisoners received insufficient advice and guidance to improve their progression into education, training or employment on release.** Many did not have appropriate access to the virtual campus.

About HMP Winchester

Task of the prison/establishment
HMP Winchester is a category B reception and resettlement prison with a separate category C unit. The establishment also holds young adults.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Prisoners held at the time of inspection: 625
Baseline certified normal capacity: 448
In-use certified normal capacity: 448
Operational capacity: 649

Population of the prison
- Approximately 3,067 prisoners received each year (around 255 per month).
- 103 foreign national prisoners.
- 19% of prisoners from ethnic minority backgrounds.
- An average of 103 prisoners released into the community each month.
- An average of 158 prisoners receiving support for substance misuse each month.
- An average of 124 prisoners referred for mental health assessment each month.
- 1,406 prisoners had arrived with a self-harm history in the last 12 months.

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: Milton Keynes College
Escort contractor: Serco

Prison group/Department
South Central

Prison Group Director
Andy Lattimore

Brief history
HMP Winchester was built in 1849 and has a radial design typical of Victorian prisons. The prison covers an area of approximately six acres. In 1908, the health care unit was built, and in 1964 another unit was added as a remand centre for young offenders. The unit, known as West Hill, continued to be used for this function until 1991, when it started housing women prisoners. In 2004, it was re-roled to a category C resettlement unit.

Short description of residential units
On the main site:

A wing – induction
B wing – remand and convicted prisoners
C wing – C1 – neurodiverse landing; C2 and C3 – remand and convicted prisoners; C4 – detoxification and incentivised substance-free living landing
D wing – remand and convicted vulnerable prisoners.

Category C site:
Two units with a population capacity of 123, accommodating category C and a small number of category D prisoners, known as West Hill and the Hearn unit.

Name of governor and date in post
Jim Bourke, September 2018

Changes of governor since the last inspection
Not applicable

Independent Monitoring Board chair
Sherrin Moss

Date of last inspection
31 January – 11 February 2022

Section 1 Summary of key findings

Outcomes for prisoners

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

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

- poor for safety
- poor for respect
- poor for purposeful activity
- reasonably good for preparation for release.

1.3 Previously, we inspected HMP Winchester reception site and category C site separately. We inspected the reception site and category C site together at this inspection and will continue to do so at future inspections.

1.4 We last inspected HMP Winchester local site in 2022. At that inspection, we found the outcomes for prisoners were:

- poor for safety
- not sufficiently good for respect
- poor for purposeful activity
- not sufficiently good for rehabilitation and release planning.

1.5 We last inspected HMP Winchester category C site in 2022. At that inspection, we found the outcomes for prisoners were:

- reasonably good for safety
- reasonably good for respect
- poor for purposeful activity
- not sufficiently good for rehabilitation and release planning.

Progress on key concerns and recommendations

1.6 At our last inspection, in 2022, we made 26 recommendations, 12 of which were about areas of key concern. The prison fully accepted 25 of the recommendations and partially (or subject to resources) accepted one. It rejected none of the recommendations.

1.7 At this inspection, we found that none of our recommendations about areas of key concern had been achieved, three had been partially achieved and nine had not been achieved. One recommendation made in the area of leadership had not been achieved and one had been

partially achieved. Two recommendations in the area of safety had not been achieved and one had been partially achieved. One recommendation in the area of respect had not been achieved and one partially achieved. No recommendations made in purposeful activity had been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.8 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.

1.9 Inspectors found three 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 new embedded practice to train officers in the delivery of naloxone (an opiate reversal agent) was saving lives.	See paragraph 4.88
b)	The Saints Restart project (associated with Southampton Football Club) was an excellent initiative which provided prisoners from the Southampton area with resettlement support after release through one-to-one mentoring and sports.	See paragraph 5.12
c)	The family services provider (Spurgeons) had sourced funding for additional staff and provided an extensive offer, particularly in supporting fathers.	See paragraphs 6.3 and 6.4

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 Since our promising review two years ago, further progress in delivering the prison's priorities and making sure that the basics of custody were in place had stalled. Most of the concerns raised at the last inspection were still to be addressed, and we found that many outcomes had, in fact, deteriorated. The prison remained one of the most unsafe in the country, and too many prisoners still lived in very poor conditions, frustrated by an inability to get things done.

2.3 Leaders told us that decency checks had been introduced shortly before the inspection, but this was too little, too late, and there was little evidence of consequences or follow up. Both cellular and communal accommodation were in a terrible state which caused us to question the rigour and usefulness of the current approach. Basic standards were not being maintained.

2.4 Substantial investment was needed to fix failing infrastructure and weaknesses in physical security across the prison site. Some extra funding had been allocated – for example, to construct a new segregation unit and repair the gym roof – but work had been delayed for reasons that were beyond the control of local leaders. During the inspection, more than a third of closed-circuit television cameras were not working, although we were told that funding had been approved to address these failings. Some repairs reported to the maintenance provider (Gov Facility Services Limited) had been outstanding since 2022.

2.5 Leaders had not done enough to reduce the high levels of violence, self-harm and use of force, or address the supply of illicit drugs which had been identified as a serious risk.

2.6 Leaders had not provided sufficient activities for the population and the curriculum did not meet their needs. Ofsted graded leadership and management for education, skills and work as 'inadequate'.

2.7 Despite health care partnership meetings taking place, there had been no resolution to longstanding issues, including the lack of suitable rooms for clinical use, insufficient officers to escort prisoners to health care appointments and regular cancellation of hospital escorts. The physical environment of the inpatient unit also remained poor.

2.8 Leaders had not sufficiently developed the rehabilitative function of the category C site. There were no offending behaviour programmes, and education and careers information were inadequate. Key work was also poor.

2.9 However, leaders had been successful in recruiting the full quota of prison officers, and staff–prisoner relationships were generally better than at the time of the last inspection. Despite some interventions from coaching teams, there was still an urgent need to build staff competence and confidence. Almost 40% of prison officers had been in post for less than two years, and around a quarter were not currently available for operational duties, for a variety of reasons.

2.10 Although we found some motivated middle managers, most lacked experience. Two-thirds of custodial managers were temporarily promoted and not yet accredited for the role. The prison's psychology team was providing additional support to custodial managers through reflective practice sessions, which was positive.

2.11 The governor had been in post for six years, but the senior team had lacked stability. The team had recently been restructured, with new leaders in key roles.

2.12 The prison's self-assessment report lacked a meaningful analysis of the challenges it faced.

2.13 Data in relation to local performance targets were presented to the governor daily, but we found some to be inaccurate, and quality assurance measures were ineffective. Leaders had not done enough to make sure that processes worked consistently and prisoners' basic needs were met.

2.14 By contrast, the offender management unit was well managed and senior probation officers had driven improvements by holding staff accountable through regular supervision and training.

2.15 The Prison Group Director had been proactive in recognising the challenges and shortcomings of the establishment, and a delivery plan had recently been drawn up through the HM Prison and Probation Service Prison Performance Support Programme, but this was yet to have effect.

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 reception area was a busy environment, receiving on average 59 new arrivals each week, an increase of 59% since the last inspection. Staff were polite and friendly, but the area was small and unwelcoming. Holding rooms had only bench seating, and no available printed information about the prison.

Reception area

Reception holding room

3.2 Prisoners were strip-searched, and body-scanned on arrival. In our survey, 90% of respondents said that searching had been carried out respectfully and 87% said that they had been treated well in reception, both of which were better than in similar prisons.

3.3 Property was processed quickly and prisoners were given toiletries and clean clothing, and offered a hot drink and meal. However, although many prisoners had spent several hours in court and travelled long distances to the prison, the offer of a shower was not routine. In our survey, only 16% of respondents said that they had been given the opportunity to shower on their first night, which was less than in similar prisons.

3.4 An initial safety interview was carried out in private and all prisoners saw a member of the health care team, but they did not have access to a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) while in reception.

3.5 The prison did not monitor the length of time that prisoners waited in reception, but we were told that regular staff shortages meant that they often had long waits before moving to the first night and induction unit (A wing). Only 37% of our survey respondents said that they had spent less than two hours in reception.

3.6 Those who arrived without public protection concerns should have been given £2 in telephone credit so that they could make calls from their cells. However, we found several prisoners on the first night unit who had been unable to make a call because either they had not received the credit or their in-cell telephone was not working. Managers told us that more than 20 in-cell telephones were broken on the induction wing. Prisoners we spoke to also told us that it could take several weeks to get their telephone numbers approved for use. This was reflected in our survey findings. Just 24% of respondents said that they were offered a free telephone call on their first night and only 39% said that they got telephone credit approved in their first few days, both of which were much worse than at similar prisons (see also paragraph 6.1).

3.7 To avoid the risk of debt, new arrivals could buy basic items from a tuck shop, which they received on the same day, and again the following week, while waiting for full access to the prison shop. Those without money could borrow from the prison and pay back in instalments.

3.8 First night cells were in poor condition, with dirty toilets and lots of graffiti, and many were inadequately equipped. Some that we saw did not have a pillow or television, and many prisoners confirmed that they had not been issued with these items during their first few days at the prison.

Toilet in a first night cell

Graffiti in a first night cell

3.9 Induction started on the day following arrival and involved a further interview with staff and a presentation led by peer workers. However, there was no published timetable that prisoners could follow and no printed information about the prison. New arrivals told us that their first few days at the prison had been confusing.

3.10 Over the next few days, partner agencies should have seen new arrivals, but they often did not turn up. In our survey, although 80% of respondents said that they had received an induction, only 51% said that it covered everything they needed to know.

Induction room on A wing

3.11 There was insufficient first night support for foreign national prisoners who did not speak English. There were no telephone conference facilities available if induction staff needed to use the interpreting service (see also paragraph 4.31).

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

3.12 Rates of recorded violence had increased since the last inspection and were very high. Levels of serious assaults against staff were, for example, the highest of all reception prisons, and of serious assaults against prisoners were the second highest.

3.13 In our survey, 57% of respondents said that they had felt unsafe at some time at the prison, and 26% that they currently felt unsafe. Prisoners told us that violence was often the result of drug use, debt and frustrations due to staff failure to deal with basic requests (see also paragraph 4.2).

3.14 Actions to reduce violence were poorly coordinated and were having little impact. For example, a debt reduction strategy and action plan had been completed but was discussed very little in any oversight

meetings and few actions had been implemented. A monthly safety meeting was similarly ineffective.

3.15 In our survey, only 14% of respondents said that there were opportunities to motivate good behaviour. The management of poor behaviour mainly involved punitive measures rather than helping to address the reasons for the behaviour (see also paragraphs 3.21 and 3.33). There were no meaningful rewards to incentivise prisoners, and poor living conditions, widespread drug misuse and their frustrations with staff inexperience (see paragraph 4.2) left them feeling demotivated.

3.16 The number of referrals to the challenge, support and intervention plan (CSIP) process (see Glossary), in the last 12 months was more than we usually see and around 700 plans had been opened. However, plans had little impact on reducing violence and supporting victims. Some that we reviewed were supportive of the prisoner's needs, but others were too vague and did not reflect the support discussed in reviews. Not all actions agreed in the plans had been implemented and many of the longer-term issues had been left unresolved. Prisoners we spoke to did not fully understand the purpose of their plans.

3.17 Leaders were not aware of all the prisoners who were self-isolating in their cells. They told us that there were only two prisoners choosing to stay in their cells because of fears for their safety, but wing staff informed us of a further seven. Most prisoners were isolating as a result of threats, bullying or getting into debt. Some of these received a very poor regime, with little support from staff. We found two prisoners in their cell with no telephone and having been able to shower only once in two weeks.

3.18 However, we found evidence of some good work to support prisoners. Before the recent increase in time unlocked (see paragraph 5.1), the safety team had spoken to all prisoners with known conflict with peers, to attempt to resolve potential issues before they spent increased time in each other's company, and a few prisoners had attended a violent crime awareness course designed to tackle threats and assaults.

Adjudications

3.19 There had been 2,916 adjudication hearings in the last 12 months and many of these had been for acts of violence or finds of unauthorised items.

3.20 In the sample of adjudications that we reviewed, the quality of enquiry was generally good, and the awards given were appropriate, but far too many hearings (around 300 at the time of the inspection) were outstanding. Furthermore, most prisoners were suspended punitively from their workplace while their adjudication was pending and before any finding of guilt. If a prisoner was found guilty at his adjudication hearing, a further 14-day suspension of work was given. Both processes seemed inexplicable to us. (see also paragraph 3.18).

3.21 There was no quality assurance of adjudication hearings and oversight was limited. Monitoring meetings had not been held to identify or rectify problems.

Use of force

3.22 There had been 1,087 incidents of force in the last 12 months, which was the fourth highest of all reception prisons. Most incidents were spontaneous and involved the use of full control and restraint, often preventing harm by ensuring the return of non-compliant individuals to their cells.

3.23 Governance over the use of force was not robust. A weekly meeting did scrutinise body-worn camera (BWC) footage for all incidents, but prison data on the reported number of PAVA (see Glossary) and baton incidents were incorrect. We were able to find at least two deployments of PAVA and three uses of the baton that did not appear on the prisons records despite being recorded on the camera footage we reviewed. Analysis of those incidents that were recorded lacked rigour, and our assessment of one of the incidents that was missed was that the force used may have been excessive which we raised with leaders.

3.24 There was a small backlog of outstanding use of force paperwork. The quality of written records we reviewed was variable, and not all were detailed enough to give a clear account of why use of force had been necessary or provide sufficient information about efforts to de-escalate situations. However, in response to identified shortfalls, a recent use of force training week, supported by specialist teams, had been held to train staff, especially in defusing conflict, which was positive.

3.25 Supervision of unfurnished accommodation was weak. Prison records indicated that this had been used 36 times in the last 12 months, which was higher than we usually find. Some records that justify and authorise such uses were missing, and during the inspection we identified a further case that had not been documented. We reviewed a sample of available documentation and found that consideration of alternative options, or why those extreme conditions had been deemed necessary and appropriate, had not been explained sufficiently. This included for some instances where it was known that the individual was experiencing a suicide or self-harm crisis.

Segregation

3.26 In the last 12 months, there had been 476 instances of segregation with an average length of stay of 17 days. Documentation authorising segregation was generally poor; history sheets were often blank and there were gaps in hourly checks, but reintegration planning was in place for all despite targets set that were often generic and did not clearly set out actions to help individuals address their behaviour. Most prisoners did however, eventually return to the wings.

3.27 The unit was small and held up to eight prisoners, but managers told us that some prisoners were also segregated on the wings, for example,

when waiting for adjudication hearings. Oversight of this informal segregation was more limited with leaders unable to account for every occurrence or indeed tell us how often it had taken place.

3.28 Quarterly governance meetings reviewed a range of segregation data, but few actions were generated.

3.29 Living conditions on the unit were very poor. Cells had lots of graffiti and damaged flooring, with no table, chair or electricity. The exercise yard was small and austere, with no seating or exercise equipment. Communal areas on the unit were reasonably clean, but the shower was dirty and unhygienic.

Segregation exercise yard (top), segregation cell (bottom left), shower in segregation unit (bottom right)

3.30 The regime for segregated prisoners was extremely limited and many rules were punitive and not based on an assessment of individual risk. Vapes were not allowed, prisoners could only have a shower every three days, exercise was for only 30 minutes a day and prisoners arriving on the unit had to wait 48 hours before receiving a radio and hot water flask. However, they could apply to use the telephone daily, and during the inspection leaders took action in response to the concerns we raised, including introducing daily showers and removing the ban on vapes.

3.31 Despite the poor living conditions, we saw good interactions between staff and prisoners on the unit, and residents we spoke to were generally positive about staff.

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.

3.32 There were weaknesses in physical and procedural security, including in the fabric of B wing, where a prisoner had removed his cell door, and during the inspection more than a third of closed-circuit television cameras were not working.

3.33 There was evidence that searching procedures were not following national guidelines; all prisoners were, for example, routinely strip-searched during intelligence-led cell searches and some were asked to lift their genitals without recorded justification, both of which breached policy and was inappropriate.

3.34 Despite the prison identifying the supply of illicit items as a serious risk to security, all drug testing had been suspended for five months earlier in 2024. In our survey, 47% of respondents said that it was easy to get illicit drugs within the establishment, and more than at other reception prisons said that it was easy to get alcohol (36% versus 25%) as well as medication not prescribed to them (49% versus 36%). Random drug testing had restarted in August, returning a high positive rate of 41%.

3.35 Prison data showed that there had been 280 incidents of prisoners being under the influence of illicit drugs in the last six months. Drug strategy meetings had had little impact on reducing demand. However, a dedicated drug strategy lead manager had recently been appointed and had revised the drug strategy and action plan, but it was too soon to judge the overall effectiveness of this measure.

3.36 A large number of intelligence reports was submitted, with more than 8,000 during the last year. Intelligence was used to inform the local tactical assessment of security threats, but actions to respond to threats were mostly procedural. More needed to be done to develop a

clearer intelligence picture and manage risks more effectively. Security briefings to share intelligence with the wider prison were poorly attended by staff, and wing staff we spoke to were not aware of the prison's security objectives.

3.37 However, joint working with the police was good, with two police intelligence officers working closely with the prison on crime, staff corruption and counterterrorism issues. This was helpful in view of the rising number of members of organised crime groups in the prison.

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

3.38 There had been two self-inflicted deaths since the last inspection. Recommendations from the Prisons and Probation Ombudsman investigations had, with the support of the regional safety adviser, been acted upon and kept under review.

3.39 The number of self-harm incidents had been increasing and was the third highest of all male reception prisons. There had been 823 incidents in the last 12 months, compared with 648 in the same period before the last inspection, which was an increase of 27%. Three-quarters of all incidents had, despite this, resulted in only low-level physical harm, but those that were serious had been investigated.

3.40 In the previous month, a new regime had been introduced that ensured more time unlocked (see also paragraph 5.1), and, although it was too soon to be definitive, during this first month self-harm rates had reduced by half, which was encouraging.

3.41 Leaders had improved data analysis and developed their monthly safety meeting to include prisoner representatives. A database had been introduced that collated information on triggers for self-harm and was a helpful tool in understanding causal indicators. Although leaders were now better informed, actions taken from the meeting had little discernible impact.

3.42 In the last 12 months, 270 prisoners had been supported by the ACCT process. Governance and oversight of ACCTs had improved; reviews were undertaken on time and attended by the mental health team, although quality assurance processes by managers were often not completed. Some care plans we saw were poor, with few identified activities to help prisoners reduce their harm. During the inspection, only four of the 20 prisoners being supported by ACCT case management were attending work or education.

3.43 Many prisoners we spoke to were frustrated by the lack of mental health support, insufficient activity and inability to use telephones to contact family and friends. In our survey, 66% of respondents said that they had a mental health problem, and 38% that they had a drug and alcohol problem. We found prisoners with a high level of need locked up in poor conditions for long periods with nothing to do and unable to contact family (see also paragraphs 3.6, 4.8, 5.1, 6.1and section on mental health).

3.44 The number of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) had increased since the last inspection and there were now 13. These individuals told us that they were supported well by the Samaritans, but less so by staff. Sometimes they struggled to get access to prisoners who needed them as officers were reluctant to unlock the prisoner or ignored their requests to see a Listener. Prisoners with in-cell telephones could use a free number to call the Samaritans, but those with broken telephones could not access this support while locked up (see paragraph 4.8).

3.45 Listener rooms across the prison were unwelcoming, dirty and had broken furniture.

Listener suite

3.46 There were four constant supervision cells in the prison; two were in the health care centre, but two were in the segregation unit, which was not an appropriate location for someone in crisis. All of these cells were in poor condition.

3.47 Although we were told that constant supervision cells had been used on 40 occasions in the last year, leaders did not have sufficient oversight of the use of these cells, or of anti-ligature clothing. We were not confident that either of these measures had been used appropriately.

Protection of adults at risk (see Glossary)

3.48 There was an up-to-date safeguarding policy and a manager responsible for safeguarding. Links with Hampshire Adult Safeguarding Board were good and the team shared training events and online learning that prison staff could connect with.

3.49 A recent safeguarding presentation had been delivered at a staff meeting. Despite this, not all staff we spoke to were aware of how to make a safeguarding referral.

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, 75% of respondents said that staff treated them with respect, and 70% that there was a member of staff they could turn to if they had a problem. We saw generally polite interactions across the prison and officers were generally visible on the landings, which was an improvement since the last inspection.

4.2 However, relationships between staff and prisoners were not sufficiently meaningful or purposeful. Prisoners told us that they got on with most staff, but they were frustrated at their inability to get basic requests dealt with because of, in their view, staff inexperience. This was compounded by the poor applications and complaints systems (see section on prisoner consultation, applications and redress).

4.3 Although staff had received support from both national and local coaching teams, staff lacked confidence and competence in their role and had a seeming inability to enforce even basic standards. For example, action had not been taken in response to offensive graffiti and damaged cells, and there was a lack of supervision at key regime times, such as during meal service.

4.4 In our survey, only 44% of prisoners knew who their key worker (see Glossary) was, which was worse than the comparator (62%), and there was a lack of meaningful key work. The quality assurance that was taking place was ineffective and did not accurately assess sessions. The prison had recently developed a key working improvement plan, but this had not yet had an impact (see also paragraph 6.17).

4.5 There were peer supporters in some areas, such as the violence reduction representatives, who were useful and well supervised. However, peer work was underdeveloped in some key areas, including for the promotion of health care and equality. While prisoner information representatives worked well on some wings, more oversight was needed to make sure that the role operated effectively and consistently across the prison.

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

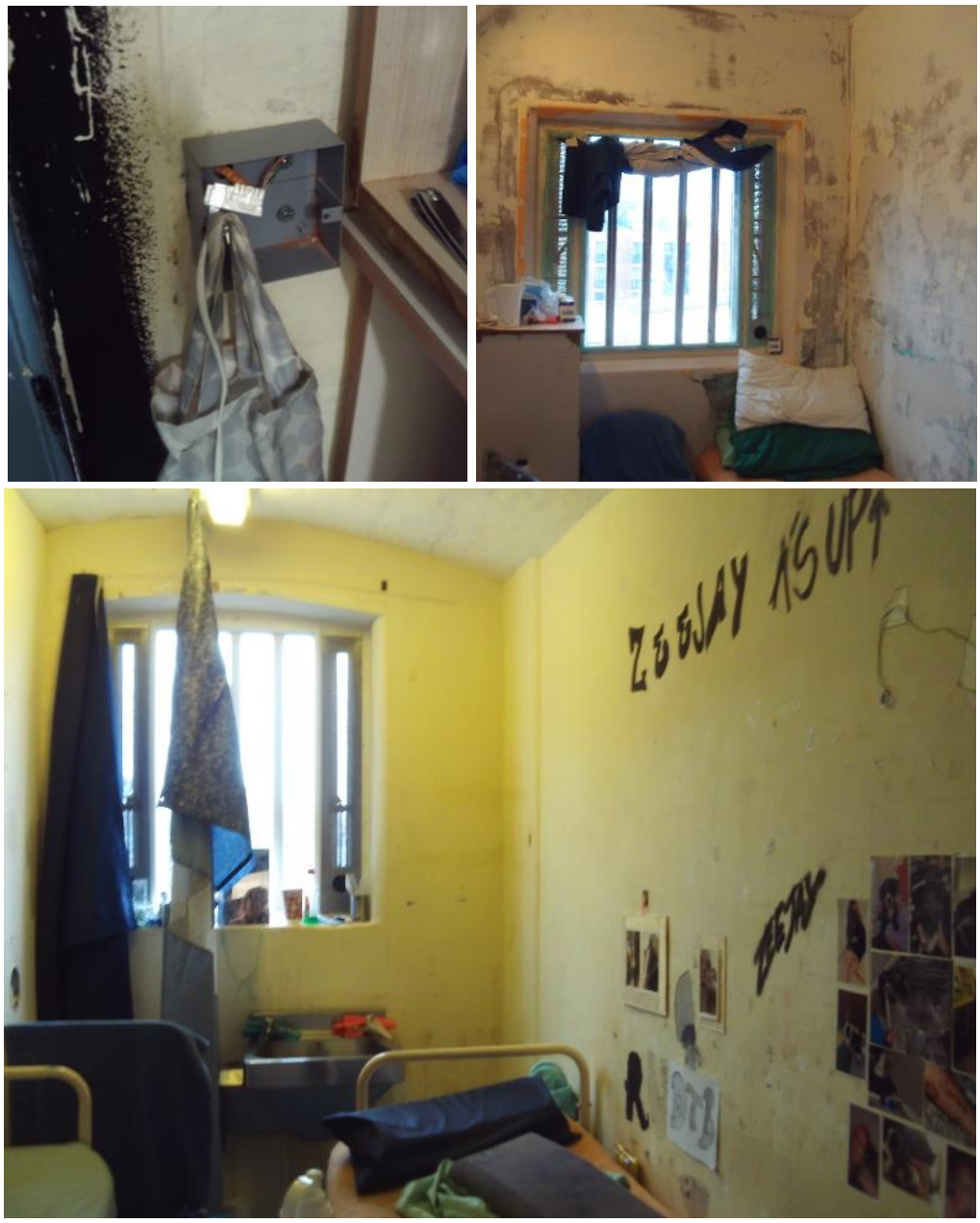
4.6 The conditions at the prison were among the worst we have seen in recent inspections. The environment was dilapidated, neglected and dirty, and standards of accommodation were very poor.

Waste in the grounds (top) wing conditions (bottom left) wing recess (bottom right)

4.7 The prison was very overcrowded, with almost 60% of prisoners sharing a cell that had been designed for one person, most of whom were on the old site.

4.8 Prisoners lived in filthy, poorly equipped cells, many with extensive graffiti that was often offensive and had clearly been there for a long

time. We also found cells with broken fixtures and fittings, with much of the furniture damaged. At least 50 in-cell telephone ports were broken and had taken too long to repair. This was a huge source of frustration for prisoners, as they could not call their families (see also paragraphs 3.6, 3.46 and 6.1).



Broken telephone port (top left), cell conditions (top right and bottom)

4.9 Poor ventilation and inadequate heating created damp and mould that was so bad in some cells that we questioned whether they were fit for habitation. The condition of the showers varied across the prison; many of those that had been refurbished on the main site still had inadequate screening and lacked privacy. Some of the showers on the Westhill Unit, the adjacent category C site, were in very poor condition and contained mould.

Damp and mould in cells (top row), shower cubicle (bottom left), and bathroom in the health care department (bottom right)

4.10 Some communal and external areas were also very dirty. In our survey, only 61% of respondents said that the association areas were normally very or quite clean, compared with 77% at similar prisons.

4.11 Before our visit, the prison had introduced a system of 'decency checks' by leaders, designed to improve living conditions, but there was no evidence that action had been taken to address the issues they found.

4.12 There were many longstanding maintenance issues, including broken windows and leaking roofs, some of which had been outstanding since 2022. A small work party of skilled prisoners, supervised by a prison officer, carried out minor repairs but this was insufficient to meet the demand.

Broken window

4.13 Some prisoners told us that they did not have a change of clothes and found it difficult to get their kit washed. There was also a shortage of bedding, including pillows (see also paragraph 3.8). In our survey, only 41% of respondents said that they could get clean bedding each week, which was worse than at similar prisons. The bedding issued was inadequate for the cold conditions in some of the cells.

4.14 The use of emergency cell call bells was high, and many were left unanswered for far too long – sometimes for more than an hour. In our survey, only 18% of respondents said that their cell call bell was normally answered within five minutes, which was worse than the comparator (30%). Although the prison had a monitoring system, there was no rectification plan to improve response times.

Residential services

4.15 In our survey, prisoners reported similarly to other prisons we have inspected recently about the quality and quantity of the food provided. Only 31% said that it was very or quite good and just 22% said that they got enough to eat at mealtimes.

4.16 A recent change to the security risk assessment meant that fewer prisoners were approved to work in the kitchen, which left the catering staff with a very small workforce.

4.17 Although prisoners were given their breakfast pack each morning, the lunch and evening meals were still served too early. We saw lunch being served at around 11am and the evening meal at around 4pm.

4.18 Officers did not supervise the serving of meals adequately; many prisoners working on the serveries were not wearing the correct personal protective equipment, and we saw inconsistencies in portion sizes. There was also insufficient oversight of the handling and serving of halal food.

4.19 There were limited self-catering facilities on the category C unit, and few opportunities for communal dining throughout the prison.

4.20 Arrangements for ordering from catalogues and the prison shop were adequate and most prisoners said that the shop sold the things that they needed. However, when prisoners did not receive all of the items they had paid for, it took too long to be refunded.

Prisoner consultation, applications and redress

4.21 Consultation arrangements were ineffective; prisoners were not aware of who their council representatives were or the outcome of meetings. Only 27% of respondents to our survey said that they were consulted on issues such as food, the prison shop or wing matters. Leaders told us that they struggled to find prisoner representatives for the council because of the transient population. Some actions from the meetings had not been resolved for several months. In our survey, only 32% of respondents who said they had been consulted said that this sometimes led to change.

4.22 The prison did not have electronic kiosks on the wings and there was no in-cell technology to promote information sharing or help prisoners make applications and complete basic tasks. There were several boxes on the landings for different types of complaints and applications, which was confusing, and we found evidence that these were not all regularly checked.

4.23 There was no oversight of the application process and prisoners waited far too long to have basic requests dealt with. We found too many applications that had been left unanswered for over a month, and in some cases several months, including requests to have telephone numbers approved. We also found evidence of applications sent to the wrong department that had not been redirected promptly (see also paragraphs 3.6 and 6.1).

4.24 In our survey, only 18% of respondents to our survey said that complaints were dealt with fairly, and prison data showed that 58% of these were rejected, often for administrative reasons rather than issues of substance. With systems not operating effectively, prisoners told us of their frustration at being unable to resolve important issues.

4.25 In the sample we reviewed, too many of the responses to complaints of all types were not helpful in addressing prisoners' concerns, regardless of who responded. The current quality assurance process was ineffective, and while leaders considered some complaints data at monthly performance meetings, they had not driven improvement.

4.26 Provision for legal visits was too limited. In our survey, fewer respondents than elsewhere said that it was easy to communicate with their solicitor (26% versus 41%) or attend legal visits (33% versus 48%).

4.27 Oversight arrangements for the opening of legal mail were not robust. Staff we spoke to about the handling of this mail were inconsistent in their approach and we were not confident that logs were updated correctly. Prisoners were not always properly informed when their legal mail was opened.

4.28 There was a dedicated bail information officer based in the prison, who had helped several prisoners to apply for bail successfully.

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.

4.29 Leaders had failed to prioritise the promotion of fair treatment and inclusion. Even festivals and events had not been marked or celebrated to the same extent that they had been in previous years. A lack of data analysis and consultation had left leaders with limited insight into the experiences of prisoners from minority groups. We found several examples of unmet need, and spoke to a number of foreign national prisoners, ethnic minority prisoners and young adults, who all reported experiencing differential treatment by staff.

4.30 We received complaints from ethnic minority prisoners about unfair treatment – for example, in the allocation of work – and there was some evidence to support this. We found that there was under-representation in jobs that were perceived as more desirable; for example, all the orderlies employed at the time of the inspection were white.

4.31 Despite 17% of the population being foreign nationals, there was little support for them, particularly those who were not proficient in English. Telephone interpreting services were hardly used, and in some key areas, such as induction and legal visits, telephone conference facilities were not readily available (see also paragraph 3.11). We also found examples of staff failing to communicate clearly and fairly, sometimes resulting in prisoners for whom English was not their first language being unduly sanctioned. Although an immigration officer from the Home Office attended the prison weekly, there were no charities or other organisations coming into the prison to support foreign nationals.

4.32 Accessibility around the site was limited by a lift that broke down regularly, and adaptations for those with disabilities were insufficient. Outside of the inpatient unit, there was only one adapted cell and we saw prisoners struggling to fit their wheelchairs through narrow cell doors. There were no peer supporters to help those with mobility issues and we saw wheelchair users struggling to collect their meals from the servery, even dropping their food. Not all wings had adapted showers, which meant that some prisoners had to use those on another wing, some of which were not fit for purpose (see also paragraphs 4.71 and 4.72).

Narrow cell door

4.33 Personal emergency evacuation plans did not clearly outline the help that individual prisoners required, which left staff poorly sighted on what they would need to do in the event of a crisis.

4.34 Specific provision for older or younger prisoners had not been developed. Staff did not unlock prisoners who were past retirement age during the working day, which meant that they remained in their cells for most of the day.

4.35 Around 19% of the population were aged 25 years or under, but they had no targeted support or provision. Young prisoners we spoke to felt demoralised and were extremely bored with the lack of activity and time out of their cell. A few prisoners benefited from the Challenge for Change programme but, disappointingly, the 'Boys2Men' course was no longer offered (see also paragraph 6.28).

4.36 Nearly half the population had been identified as having neurodiverse needs, and a landing had recently been designated to support some of

these prisoners, although it was too early to gauge its effectiveness. The neurodiversity support manager provided training for staff and more general support for some individuals across the prison.

4.37 The quality of responses to discrimination complaints was variable and, despite regional oversight, there was no routine quality assurance in place. Only 16 discrimination incident reporting forms had been submitted in the last 12 months, although the complaints log recorded 53 complaints relating to discrimination being rejected in the previous five months.

4.38 A designated diversity and inclusion lead had not been in post for over eight months, and in this time all strategic meetings relating to equality had ceased. There had been little interrogation of data to investigate disproportionality of treatment for those from minority groups, and little consideration by leaders to monitor inclusion in their respective functions and ensure the fair treatment of all prisoners. A new diversity and inclusion lead had started in the last few weeks and was beginning to reinstate some of this work.

Faith and religion

4.39 The chaplaincy was stretched and understaffed. Despite this, they met their statutory duties and provided an extensive range of support. They were assisted by numerous volunteers, who also provided strong pastoral care.

4.40 In addition to corporate worship and faith-based classes, the team provided a range of non-faith-based activities. One volunteer was trained to provide bereavement support, and the chaplaincy held a regular yoga class and ran the Sycamore Tree victim awareness and Changing Tunes music-making courses. Links with charities delivering some 'through-the-gate' support for prisoners on release had also been introduced (see also paragraph 6.28).

4.41 The main chapel was pleasant, although the ceiling needed repair. New ablution facilities next to the multi-faith room had been recently installed.

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 (PPG) had been the health provider for five years, with Time for Teeth delivering dental care. The service had experienced significant leadership instability, with multiple heads of health care over this period and staff shortages. In our survey, only 32% of respondents said that the overall quality of the service was good.

4.44 Structures were in place to engage with partners at a strategic and local level, regular contract review meetings and quality visits by commissioners. Despite this, there had been no resolution to some longstanding issues, such as the lack of clinical space and the under-resourcing of officers to escort prisoners to internal health appointments and external hospital visits. The shortage of available space was affecting the safe delivery of care (see paragraph 4.59).

4.45 Some local governance structures had lapsed recently, and the current head of health care was not adequately sighted on the risks and improvement plans in place, although this was mitigated by regional oversight.

4.46 Audits were undertaken and action plans developed, but it was unclear who was responsible for progressing improvements.

4.47 The number of patient complaints and concerns was low, but responses were often late and senior leaders were not monitoring this. However, responses that we reviewed were reasonable. Staff had undertaken safeguarding training and we saw evidence of safeguarding reports submitted appropriately.

4.48 Low staffing levels were limiting service delivery. Although there had been good progress in recruitment, the service was still waiting for 22 staff to start their contracts while security and human resources processes were being completed. In addition there were a further 16 vacant posts. The most compromised services were mental health, pharmacy and substance misuse psychosocial services. Team managers were prioritising and managing risk where possible.

4.49 Staff training rates were within PPG expected levels and staff were regularly reviewed for performance standards. Clinical supervision (reflective practice) was evident but lacked consistency, particularly within the mental health team.

4.50 All health care teams used the same individual health records system for recording assessments, and interventions and standards for record keeping were good.

4.51 Medical equipment was regularly tested and calibrated. The provision for responding to unscheduled and emergency care was effective and well-equipped emergency bags were available to support medical emergencies.

Promoting health and well-being

4.52 There was no formalised prison-wide approach to promoting health and well-being, and there was no health promotion information material on the wings. There were no health care champions to promote healthy lifestyles actively to prisoners. Only 28% of prisoners we surveyed said they were able to maintain healthy lifestyle.

4.53 Health care staff had worked well with prison colleagues to provide a weekly pain management session in the gym for patients, and with kitchen staff to improve the quality of diabetic support packs.

4.54 Patients could access NHS health checks and immunisation programmes, and cessation packs had been recently introduced to support prisoners who wanted to stop vaping. We observed that some vaccinations were given in patients' cells, which compromised infection control and confidentiality.

4.55 On arrival, all prisoners were offered screening for blood-borne viruses and take-up rates were high. A consultant-led sexual health service visited the prison fortnightly and there were good links with the Hepatitis C Trust charity, which visited to support all patients with a new diagnosis. Condoms were available for prisoners via an application to the health care department, although not all health care staff were aware of this.

Primary care and inpatient services

4.56 All new arrivals to the prison were seen by a registered nurse, who conducted initial screenings to identify any immediate health care needs or long-term medical conditions that needed support. All first and secondary health screenings, and medicines reconciliation were undertaken within required timescales.

4.57 A nurse with specific responsibility for early days in custody was based in reception and had good oversight of all new prisoners and their needs.

4.58 Prisoners were able to request appointments confidentially via a paper application and these were screened each day by a senior clinician to make sure that they were managed appropriately. Waiting times for primary care appointments were reasonable and a newly introduced triage system had been effective in drastically reducing waiting times for a GP appointment.

4.59 Nursing staff were available 24 hours a day and a GP clinic was available for five sessions a week. A wide range of nurse-led clinics ran each day. There was also access to monthly podiatry appointments, weekly physiotherapy appointments and fortnightly optician appointments. However, a lack of treatment rooms meant that some patients were seen in offices on the wings, or in their cells, which was not appropriate.

4.60 Health care records we reviewed showed that patients received regular and appropriate health care interventions. Their long-term medical conditions were managed well and there was good oversight of when health checks and reviews were due. However, too many appointments were missed for prison operational reasons, including a shortage of officers to escort patients to their appointments. For example, in August 2024 27% of all long-term condition clinic appointments had been missed, and in September 2024 this rose to 36%.

4.61 Patients requiring more intensive health care support were discussed at a weekly multidisciplinary meeting to make sure that their complex needs were reviewed.

4.62 There was good administrative oversight of hospital and secondary care appointments, and the reasons why these were missed. Records showed that in August 2024, 10% of all hospital appointments had been cancelled, with a further 20% in September, because of prison operational issues.

4.63 All patients due for release were referred to the RECONNECT service, to assist them with engagement into community health and care services.

4.64 A 14-bed inpatient unit was used to manage very unwell mental health patients and a smaller number of social care patients. We saw an admissions policy, but staff working in the area were not aware of it; admissions were based mostly on health need, but there was evidence of inappropriate use of the facilities by the prison – for example, the admission of prisoners for their protection rather than for medical reasons.

4.65 There was inadequate management oversight of the inpatient unit by health care managers. The physical environment was in a poor state and we identified areas where health and safety were compromised because of the lack of leadership oversight. We saw machinery in corridors, unlocked cleaning facilities, unsafe oxygen storage, equipment deficits and items that could be used as weapons. There were no peer support workers or orderlies, and general hygiene was not good enough.

4.66 Except for those with a social care package (see Glossary and section on social care), most patients on the unit had not had a care plan or risk assessment undertaken until the start of the inspection, despite some posing a high risk to themselves and others. Mental health admissions were managed appropriately by the psychiatrist, who reviewed inpatients weekly. He documented and shared all care needs with the wider mental health team, and the system for managing admissions under the Mental Health Act was robust. This oversight mitigated some of the risks associated with the lack of nursing care plans and interventions. A care assistant had started to offer art packs and self-help books to some patients, but these interactions were often through a closed cell door, which was poor.

4.67 The health care officers knew the patients well and we saw caring interactions while they implemented the limited regime on the unit. Patients told us that relationships with officers were good, but there was not enough time out of cell. Occasionally, a patient was able to access the gym, but this was too infrequent. No remedial adaptations for physical exercises were in place and there were no therapeutic or structured interventions, despite a newly refurbished room being available.

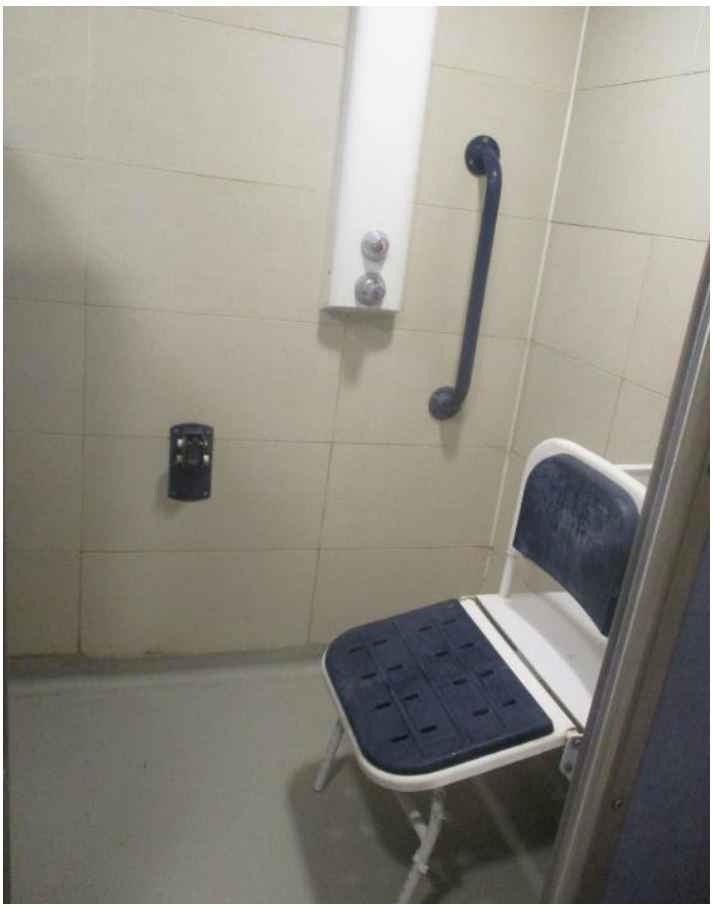
Social care

4.68 There was no memorandum of understanding to set out how social care would be accessed and delivered, but the prison advertised the process and contact details in the main administration area. Despite this, not all staff were familiar with the referral system and not all officers understood what a safeguarding risk was or how to report faulty or dangerous social care equipment.

4.69 All social care referrals were submitted by email to the social worker within the local authority, but there was no central log or oversight of waiting times by the prison. The social worker attended the safety meetings, but this did not provide adequate oversight.

4.70 PPG provided care both before and after the local authority had completed its assessment. Assessments undertaken by the local authority were not necessarily provided to PPG, but the care needed was communicated via email. The social worker had access to patients' notes on SystmOne (the electronic clinical record), but told us that they had not been trained in its use.

4.71 The process for accessing equipment was unclear, and this was not helped by the lack of a local written agreement. We also saw patients sitting in wheelchairs without footplates, very damaged shower chairs which could cause injury, and some prisoners (who did not qualify for personal care) with unassessed equipment needs.



Adapted shower on A wing with broken seat leaning downwards

4.72 There were very few adapted cells for prisoners with disabilities and they were therefore using beds on the inpatient unit. In the absence of peer supporters, we observed other prisoners providing unofficial care. We also saw individuals not getting the peer support they needed, which compromised their capacity to undertake their activities safely, and carried risks (see also paragraph 4.32).

4.73 All patients had a care plan and those we spoke to were complimentary about the care they received. A dedicated and committed carer had appropriate time allocated to complete their work and knew the patients well. We observed compassionate interactions with the patients.

Mental health

4.74 PPG had struggled to recruit staff to fulfil all the mental health roles, although this was improving; three more mental health nurses and a second assistant psychologist had been recruited, but they were not yet in post.

4.75 The referral process had improved since the last inspection. Prisoners were now referred appropriately from reception electronically and added to the next day's list for triage. All of these patients were also discussed at a 'huddle' meeting on the following day. Patients referred urgently were usually seen within 24 hours; however, routine referrals

were not seen within the specified timeframe. Some non-urgent patients were transferred or released without having been seen.

4.76 The number of referrals was high, at approximately 124 prisoners each month. There were usually three registered mental health nurses on duty on each shift, and they were allocated priority roles, such as triage duty and assessment, care in custody and teamwork (ACCT) reviews. They were highly skilled and worked exceptionally hard in trying to keep their patients safe. At the time of the inspection, there were 39 patients on the triage waiting list, with the longest wait time of three weeks, which was too long.

4.77 There were 46 patients on the nurse caseload and thresholds for acceptance were high. Planned care for those on the caseload was minimal. This had been reported through the incident reporting system, to ensure corporate oversight. The psychiatrist had a caseload of 56, and he managed his workload and booked in patients for regular reviews, along with overseeing metabolic monitoring reviews.

4.78 A minimal number of low-level psychological interventions was being delivered, and patients' changing mental health needs were not always met as the stepped-care model, which offered a good variety of interventions based on the clinical needs of the patients, was not embedded. However, we were told that the psychologist had begun training the assistant psychologist and the health care assistant to deliver some interventions from PPG's Making Sense programme (see Glossary). Patients were now being triaged for suitability to start this. For those with complex and challenging needs, there were no high-intensity therapies.

4.79 In the last year, there had been 20 hospital transfers under the Mental Health Act for specialist care and treatment, some of which had exceeded the national guidelines of 28 days, which was unacceptable. For patients returning from hospitals into the prison, aftercare meetings (Section 117) were attended by the psychiatrist, which was positive.

4.80 Pre-release arrangements were in place, and GP summaries were given to patients with known discharge dates. Community mental health teams were contacted and RECONNECT services were available for small numbers of patients. At least seven days of medication was given to patients to take away on release.

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

4.81 A drug recovery service was in place, but was significantly under-resourced because of staff vacancies. Staff were trying to make sure that risks associated with the high throughput of prisoners were mitigated. Resources were diverted to new arrivals and release planning.

4.82 There were over 130 patients under the care of 2.4 whole-time-equivalent recovery staff, which included management time. At the time

of the inspection, there were 34 prisoners waiting for an initial assessment.

4.83 A recently published drug strategy was monitored at the security meetings, but these were not consistently attended by the drug recovery team because of resourcing issues. However, there was good communication between the prison and drug recovery teams concerning suspected drug use, through daily reports.

4.84 All new arrivals were screened for drug and alcohol needs and those needing further care were allocated promptly. Many prisoners arrived with clinical prescribing needs and there were currently 90 prisoners under the clinical team, with another cohort being managed collaboratively because of complex health and social care needs. A very experienced nurse prescriber was in post and providing an excellent service, with evidenced-based prescribing plans supported by a small clinical team which monitored those arriving in an unstable condition effectively.

4.85 Psychosocial interventions were severely restricted because of capacity. Groups, induction and peer support were not in place. Harm reduction interventions were prioritised, following the many incidents of prisoners under the influence of psychoactive substances (see Glossary). Interventions available were self-reflective in-cell workbooks, which were reviewed and certificated. No comprehensive list was kept of patients who needed SMART (Self-Management and Recovery Training) recovery, so there was little evidence of how many left the prison with unmet needs.

4.86 Alcoholics Anonymous and Narcotics Anonymous groups were held every week.

4.87 Over 25% of prisoners were released directly from court unexpectedly. Staff were proactive in identifying those who did not return from court, to manage their release retrospectively, and those going to court left with some information in anticipation of this.

4.88 There was a local operating procedure for training in the use of naloxone (an opiate reversal agent) for discipline staff, and during the inspection, we saw lifesaving naloxone being administered by officers.

Medicines optimisation and pharmacy services

4.89 Medicines were dispensed outside the prison as patient-named items and were appropriately labelled. However, staff reported delays in receiving medicines due to long waits at the gate. One full-time pharmacist and two pharmacy technicians were based on-site. Pharmacy-led clinics had been halted because of staff shortages and the lack of suitable clinic rooms. The pharmacy was addressing staff shortages by using some agency pharmacy technicians, and recruitment was ongoing to employ further technicians. Staff reported and reviewed incidents on Datix (the electronic health care incident reporting system).

4.90 Medicines were stored and transported securely, and cold chain medicines (which must be stored at a particular temperature) were kept in suitable refrigerators which were monitored appropriately. A range of emergency medicines was available for out-of-hours use. Controlled drugs were generally well managed and audited at regular intervals. There were two non-medical prescribers on-site and there was a wide range of patient group directions (which enable nurses to supply and administer prescription-only medicine). The prescribing of tradeable medicines was well controlled, although, approximately 15% of patients received mirtazapine (an antidepressant).

4.91 Approximately 45% of patients received their medicines weekly or monthly in-possession, following a risk assessment. This could have been improved with the supply of lockable storage boxes, to store medicines, for all patients. In-possession risk assessments were reviewed annually. Compliance checks of in-possession medicines were intelligence led and approximately five checks were undertaken in a typical month. Supervised medicines were administered twice a day. There were limited provisions for night-time administration, which was either given in-possession or at 4pm, which negated the therapeutic benefit.

4.92 Incident monitoring indicated that prison officers were not always available at the medicines hatches to supervise administration, but they were in attendance during the inspection. However, we observed some crowding around the hatches, which compromised patient confidentiality and created opportunities for diversion of medicines. Identity cards were checked when patients presented for their medicines. Arrangements to supply medication or a prescription for those being discharged or transferred were improving, but most patients had a two-week buffer stock, which mitigated the risk of being discharged or transferred without any medication.

4.93 Multidisciplinary team meetings and drug and therapeutic meetings were held, and the pharmacy team regularly contributed to these.

Dental services and oral health

4.94 A full range of NHS dental health services was provided and appointments were available three days a week. The average waiting time for a routine appointment was 31 days and those with facial swelling or abscesses received urgent care.

4.95 Waiting times for appointments were sometimes affected by the shortage of officers to bring patients to their appointments.

4.96 Dental care records were detailed and showed that patients received appropriate assessment, treatment and oral health instruction.

4.97 Key areas of safety, such as infection control, decontamination procedures and radiography, were managed well. Records showed that dental equipment had been maintained and serviced, to make sure that it was safe for use. Regular audits of dental care records, infection

control and radiography were undertaken to make sure that recommended guidelines and standards were maintained.

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 Too many prisoners were locked in their cells for prolonged periods and not engaging in any purposeful activity. Unemployed prisoners were unlocked for only two and a half hours a day, including at weekends; this had only recently increased from around an hour.

5.2 During our roll checks, we found 35% of prisoners locked in their cells, and only around a quarter were engaging in activity during the working day. Of these, 15% were engaged in off-wing activity and the remaining 12% were underemployed as wing workers.

5.3 Leaders struggled to provide us with accurate figures for how many prisoners were in full- or part-time employment and how many were unemployed. Their data suggested that over half the population was not allocated to any activity.

5.4 Prisoners on the category C units were never locked into their cells but could be locked onto their accommodation spur. They received evening association, but this was often curtailed because of staff shortages.

5.5 Time in the fresh air was not reliably delivered to those in full-time employment. On the category C units, prisoners were scheduled for time outside during the lunch periods, but we were not confident that this happened every day. In the main prison, those who were in full-time employment spent around six to seven hours out of their cell each day, but they had no association or timetabled domestic periods on weekdays.

5.6 Even when prisoners were unlocked, there was little to occupy them during association. There was hardly any recreational equipment, and some wings had no seating areas. We saw prisoners standing around aimlessly and they told us they were bored.

5.7 In addition, too often, they had to choose between taking outdoor exercise and going on association, to the gym or library, or even attending education, skills and work (see also paragraph 5.24). Part-time workers were not offered domestic or exercise time when they returned from work.

5.8 There was little social or recreational activity on offer, although the Bearface Theatre programme, which delivered creative workshops, was a positive initiative for the few prisoners who participated.

5.9 There were two gyms – one in the main prison and one on the category C site. The main gym was not fit for purpose and had a longstanding issue of a serious leak in the roof. Staff and prisoners had to mop and clean this every day before use.

The main gym

5.10 There was a sports hall, but the small size limited the sports and team games that could be delivered, and there was no outdoor facility. There were no PE courses or qualifications being delivered.

5.11 Only around a third of the population used the gym, which was too low, and prisoners told us that they had insufficient access. There was not enough monitoring of data to help target less engaged groups.

5.12 The Saints Restart project (associated with Southampton Football Club) was an excellent initiative which provided prisoners from the Southampton area with resettlement support after release through one-to-one mentoring, physical activity and various group sessions, while in prison and then in the community.

5.13 There were two libraries, run by Milton Keynes College, one in the main prison and one in the category C unit, but these were too small and had very restricted opening times. The library in the main prison was open for only four hours a day, and never at weekends or in the evenings. A prisoner was mainly responsible for opening the library on the category C side.

The main library

5.14 In our survey, 60% of respondents said that they could access the library once a week or more, which was better than in similar prisons, but the prison's data showed that only 30% of the population were users. In the main prison, each wing was scheduled to visit the library weekly, with prison staff escorting small groups there for a quick visit, but prisoners could not book sessions to spend extended time there. There were no computers available for use. Leaders did not use library attendance data well to target or engage hard-to-reach users.

5.15 There were not enough activities to promote reading. Leaders had started a book club, but this was not running at the time of the inspection.

Education, skills and work activities

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

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This

covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: Inadequate

Quality of education: Inadequate

Behaviour and attitudes: Inadequate

Personal development: Inadequate

Leadership and management: Inadequate

5.17 Since the previous inspection, two years and eight months ago, prison leaders and managers had not made enough progress towards improving their education, skills and work provision. While they had some understanding of the key weaknesses in their provision, they did not have detailed oversight of the reasons for these. Too often, they lacked the experience and accurate information to rectify these weaknesses in a timely manner. Most of the action plans were either very new or not fully implemented. Consequently, prison leaders had not suitably resolved any of the recommendations from the previous inspection.

5.18 Prison leaders did not provide suitable training and support to new staff to help them do their job effectively. Too often, managers and staff, who were new to their roles, lacked the knowledge to tackle the weaknesses within their areas. Prison leaders, who were too overwhelmed by significant staff turnover and the high churn of the population, did not hold staff accountable sufficiently.

5.19 There were insufficient activity spaces for the entire prison population to engage in meaningful education, skills and work activities. Leaders did not focus sufficiently on allocating prisoners to these activities promptly. There were too many unemployed prisoners. There were insufficient activity spaces for prisoners who needed to study English for speakers of other languages (ESOL), English or mathematics, and there were long waiting lists.

5.20 The curriculum offer was too narrow and limited to a very small number of subjects. Leaders did not use the results of the assessment of the education and training needs of prisoners to revise the curriculum. In too many cases, the planned curriculum did not meet prisoners' individual needs or aspirations. It focused too heavily on low-level courses and on developing basic employability skills. For example, there were few opportunities for prisoners to develop a variety of skills within construction. Leaders did not provide accredited qualifications in

most curriculum areas, such as textiles and woodwork. Consequently, vocational courses did not enable prisoners to progress to a skilled tradecraft.

5.21 Prison leaders and managers did not ensure that all groups of prisoners had fair and reasonable access to the entire curriculum. For example, vulnerable prisoners could not access most of the curriculum, including painting and decorating, or cookery. Mainstream prisoners did not have access to a vocational course in tailoring.

5.22 Too many prisoners did not receive suitably detailed information, advice and guidance (IAG) when they arrived at the prison. At prison induction, information and support offered in relation to making choices was not clear enough. Too few prisoners attended the education induction and not all prisoners received IAG before being allocated to work. As a result, the vast majority of prisoners were unclear about their next steps.

5.23 The prison allocation process was ineffective. Staff did not ensure that prisoners' starting points were carefully considered. They did not allocate prisoners to activities which met their career aspirations and interests. The waiting lists for ESOL classes meant that prisoners did not develop quickly enough the basic skills they needed to access other areas of the curriculum. Too many prisoners were allocated to wing-based jobs which did not keep them fully occupied during work hours. As a result, prisoners were often not interested in the activities that they had been allocated to and did not attend these.

5.24 Overall attendance across education, skills and work was low, and it was particularly poor in education. Leaders did not have a suitable pay policy in place to incentivise attendance in education. Leaders did not have suitable action plans to tackle this, nor did they offer any clear incentives to improve attendance in education. Too often, prisoners had to choose between attending education and having a shower or using the gym (see also paragraph 5.7). Leaders had recently changed the regime to improve the timeliness of movement to activities. However, too many prisoners continued to arrive late to these.

5.25 The prison education framework provider, Milton Keynes College, made a poor contribution towards the curriculum delivered at the prison. Managers had not ensured that courses met the needs of the population. Planned pathways, such as construction skills, lacked training to support prisoners to gain the Construction Skills Certification Scheme card. Too often, staff did not use the outcomes of initial or ongoing assessments to plan teaching and work. In most subjects, curriculums were sequenced appropriately. The small number of prisoners who attended learned basic knowledge and skills before moving on to more complex topics. For example, in textiles, a few prisoners learned basic sewing skills, such as how to sew a seam correctly, before they progressed to cutting and more complex sewing skills and quality control.

5.26 Most teachers and instructors were suitably qualified and occupationally competent. Most used effective teaching techniques such as explanations and demonstrations to teach. However, across different subjects, such as in functional skills English and mathematics, teachers did not always ensure that misconceptions in learning and mistakes on work were corrected.

5.27 In too many instances, teachers and instructors did not use questions and observation of work consistently to check prisoners' understanding of what they were being taught. In most cases, teachers and instructors provided helpful feedback to prisoners. However, it was not always detailed enough and did not link sufficiently to the skills and knowledge that prisoners were developing. Too many prisoners did not achieve their accredited qualifications. Too few achieved their functional skills English and mathematics qualifications.

5.28 In too many work areas, such as in serveries, cleaning and gardening, prisoners did not receive adequate training or supervision for their roles. For the most part, wing work lacked structure, and workers, such as wing cleaners, did not have enough to do. Staff did not record or recognise a few new skills that some prisoners learned. Prisoners completed tasks that were not challenging enough for them. Consequently, they did not develop significant new knowledge, skills and behaviours essential for employment.

5.29 Leaders had been too slow in implementing an appropriate reading strategy. This strategy was underdeveloped and lacked structure and a detailed implementation plan. While teaching staff had received training on how to use phonics to support reading, they did not use it consistently across education, skills and work to support prisoners to improve their reading skills. Too few prisoners had received targeted support for improving their reading skills. Prisoners did not know about their 'reading plan' and did not yet benefit from wider reading activities, such as Shannon Trust (see Glossary) reading mentors.

5.30 Across education, skills and work, too many prisoners with a learning difficulty and/or disability did not receive sufficient and effective additional support specific to their needs. Too few prisoners benefited from timely assessments of their learning needs in education, skills and work. In-depth screening was not completed in a timely manner. Teachers and instructors did not always receive information on prisoners' needs and their support plans. In too many cases, prisoners did not know of their support plans or were not advised of strategies they could use to manage their needs.

5.31 Leaders had not ensured that all prisoners had regular access to the virtual campus (see Glossary). At the time of this inspection, there were no prisoners on Open University or distance learning courses. Most prisoners, including those who were preparing for release, did not have sufficient access to the virtual campus to support their search for employment.

5.32 For the minority of prisoners who attended their activities regularly, they generally produced work of an expected standard. For example, in arts, prisoners exhibited their work in local galleries and they won prizes in external competitions. However, the standards of work produced in other areas were not as high.

5.33 Staff did not record or monitor prisoners' progress consistently well across education, skills and work. This was particularly poor on non-accredited courses. Too many prisoners did not complete progress-to-work workbooks as they did not see their relevance. Consequently, it was not clear how prisoners benefited from these courses. They had no way to recognise or capture learning, reflect on the transferrable skills they were developing or demonstrate these when seeking future employment.

5.34 Prisoners felt safe in lessons and workshops. In most cases, the learning and work environment was calm, orderly and respectful. However, too many prisoners across education, skills and work did not demonstrate the high standards of behaviour expected of them. They lacked engagement, motivation and enthusiasm, which inhibited their progress. They openly vaped when moving around the prison and in lessons, with little or no challenge from staff, including prison officers.

5.35 Leaders had not planned a broad range of personal development and enrichment activities that met the diverse needs of their population. They had established a few suitable partnerships with a local theatre group and football club to offer some enrichment (see also paragraphs 5.8and 5.12). However, only a small minority of prisoners benefited from these activities. These opportunities were not equitable between vulnerable prisoners and the main population.

5.36 Staff did not routinely embed wider topics such as fundamental British values, and equality and diversity within the curriculum. For example, across education, skills and work, staff did not encourage prisoners consistently to recognise and explore fundamental British values and their importance through discussion. Consequently, too many prisoners did not have a broad enough understanding of these values. Prisoners did not know how these topics linked to their lives inside or outside prison.

5.37 Most prisoners did not benefit from timely or helpful careers information, advice and guidance (CIAG). A small minority of prisoners who attended CIAG sessions received suitable advice that supported them in their job search and application activities. Leaders and managers had started to engage with employers in construction, logistics and hospitality sectors. A small number of prisoners who attended employer events were motivated to seek jobs in these sectors. However, too few prisoners gained employment on release and, of those employed, few sustained employment six months post-release.

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 The difficulty in maintaining contact with their family via telephone because of broken telephones and delays in getting numbers approved was a huge source of frustration for many prisoners (see also paragraphs 3.6 and 4.23).

6.2 Secure video calls (see Glossary) were available, but many prisoners told us that these often started late, and the slots were only 30 minutes in duration, which discouraged their use. Neither face-to-face visits nor video calls were offered during the evening, which was a missed opportunity.

6.3 More positively, the family services provider (Spurgeons) provided an extensive offer and had been proactive in sourcing funding for four additional staff, over and above their contracted employees. They were also supported by a large group of 68 volunteers.

6.4 Much of Spurgeons' work involved supporting fathers in prison, holding two family days (see Glossary) every month, facilitating homework clubs, recording videos for Storybook Dads (whereby prisoners record stories for their children), and a number of other initiatives, such as providing gifts for children.

6.5 Visitors were met by staff and volunteers from Spurgeons in the visitors centre outside the prison, where they could have some light refreshments. The fixed furniture in the visits hall limited the number of visitors that an individual could receive. Prisoners could not go to the toilet during a visit without it being terminated, which was unreasonable. There was no fresh hot food on sale in the visits hall, but visitors could buy a variety of snacks and instant noodles.

Visits hall

6.6 The team also worked with individual prisoners to help with family contact and delivered courses and in-cell work for prisoners relating to fatherhood or family ties. This was mainly targeted at the prisoners in the category C units. Two of the additional staff (see above) were specifically in post to support prisoners with family resettlement.

6.7 Around half of the population did not receive social visits. Leaders had introduced a quarterly social event in the visits hall for these prisoners to meet staff from various departments, which was a welcome initiative.

6.8 However, beyond this, leaders had not carried out any analysis to identify the specific needs of the population. For example, although there was a relatively large number of foreign national prisoners, leaders did not know how many international video calls were taking place and whether these were underused among these individuals. Some foreign national prisoners we spoke to did not know about this provision.

Reducing reoffending

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

6.9 Only around a third of the population had been sentenced, and most of these stayed only a short time for assessment before being transferred. This group formed the majority of the more than 3,000 prisoners who passed through the prison each year. However, a smaller group of

around 113 category C sentenced prisoners were held in the West Hill unit, and they generally remained at the establishment for the duration of their sentences.

6.10 At the time of the inspection, around 57% of the population were unsentenced, of whom around half were remand prisoners and half convicted but not yet sentenced. Very few of these prisoners (13%) were held for more than six months.

6.11 For much of the time since the last inspection, there had been little management focus on improving resettlement work, and there was still no up-to-date strategy or action plan for reducing reoffending. However, a new head of function, appointed a few months earlier, had identified and acted on a number of key priorities. Multidisciplinary meetings to oversee reducing reoffending work had restarted and were well attended. A comprehensive analysis of prisoners' needs was being carried out, to form the basis of a strategy and action plan. Managers had begun to collect data on resettlement outcomes, although analysis of these remained weak.

6.12 The offender management unit (OMU) had consistently been fully staffed, with a strong leadership group. Cross-deployment of operational prison-employed prison offender managers (POMs) had much reduced since the previous inspection, and their caseloads were manageable. The level of recorded contact between POMs and prisoners had also improved and was now good. POMs valued the regular supervision that leaders had introduced, which provided support, professional development and performance monitoring.

6.13 In addition to offender management work, one of the senior probation officers (SPOs) also managed the pre-release team. This was an innovative arrangement, designed to improve coordination and communication about offenders' needs, risks and progress.

6.14 The prison continued to perform well in keeping up to date with offender assessment system (OASys) assessments. Almost all prisoners had an assessment, with a backlog of only five individual cases at the time of the inspection. Although only a third of respondents to our survey said that they had a sentence plan, most (15/20) of the cases we sampled had up-to-date plans. The quality of these was reasonably good, with clear links between criminogenic factors in OASys reports and targets for prisoners.

6.15 Progress and achievement were reasonably good for targets related to education, skills and work behaviour and mental health. However, achievement of targets connected with offence-related work was weak. Longer-stay prisoners had little opportunity to undertake risk reduction work, so relied on a limited range of non-accredited interventions or one-to-one work with POMs.

6.16 Prisoners' first contact with their POM was generally made within a couple of weeks of arrival, although in some cases this comprised only a written note. Most prisoners we spoke to were able to name their

POM and most reported positively about the relationship. However, in a few cases they told us that they had not met their POM, despite repeated requests. Prisoners relied on the POM being proactive, as the applications and key worker (see Glossary) systems were not effective (see also paragraphs 4.4 and 4.23).

6.17 In the cases we examined, prisoners were recorded as receiving an average of just five key worker sessions in the previous six months. In fact, the actual number of effective key work sessions was even lower, as the records often showed that first night interviews and sessions declined by prisoners were wrongly included in these figures (see also paragraph 4.4).

6.18 We found that almost all prisoners who had been assessed as presenting a risk of serious harm had a risk management plan within their OASys report. These were of mixed quality; many had been produced at other establishments, but those produced at Winchester were of a good standard, with well-formulated sentence and risk management plans.

6.19 The OMU provision for remand prisoners was limited. These prisoners were seen by a resettlement worker on arrival, in the same way as for newly sentenced prisoners, but they were not formally allocated to a POM until the point of sentence. However, for complex cases, a duty POM would cover specific tasks, such as multi-agency public protection arrangements (MAPPA; see Glossary) reports.

6.20 The number of prisoners eligible for home detention curfew (HDC) release had reduced from 48 in 2023 to only 16 in the current year, mainly because of the impact of early release schemes, such as the end of custody supervised licence scheme (see Glossary). Administration of HDC was efficient, and almost all prisoners had been released within three days of their HDC eligibility date.

6.21 Facilities for OMU and resettlement staff to speak to prisoners were inadequate, except on the West Hill site. There were too few rooms available for private conversations, so interviews were often held in non-private areas on the wings.

Public protection

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

6.22 Public protection measures were reasonably good. High-risk cases were monitored through monthly interdepartmental meetings, from six months before their release date. We found the liaison between POMs and community offender managers to be generally effective, with timely discussion of risk management measures and setting of MAPPA management levels. The attendance of POMs and SPOs at local MAPPA meetings was good and their written contributions were mainly prompt and of a good standard.

6.23 A public protection steering group, chaired by the governor, met quarterly to provide senior management oversight of multi-agency arrangements. Managers used an action log to monitor this area, and records showed that progress was continuing in matters such as liaison between OMU and security staff on MAPPA cases, and training for staff carrying out monitoring.

6.24 Procedures for identifying prisoners who presented a risk of harm were good. Public protection unit staff screened all prisoners on arrival to determine their risk. Where appropriate, cases were referred to POMs and the head of OMU to authorise monitoring of communications. Monitoring procedures were generally good, although in a small number of cases full monitoring did not take place because of staffing constraints.

6.25 There was appropriate oversight of prisoners subject to child contact restrictions, including annual review. A safeguarding board, chaired by the head of offender management delivery, was held weekly to monitor safeguarding and child protection issues. There were good links between the OMU and children's services departments in the community.

Interventions and support

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

6.26 There were no accredited offending behaviour programmes (OBPs) offered. This was appropriate in most cases, as the majority of prisoners stayed for only a short time at the establishment, but the lack of a needs analysis meant that managers could not determine whether there was unmet need among the longer-staying category C population.

6.27 When individuals were identified as needing to access an OBP, transfers to other prisons took a long time to arrange because of national population pressures.

6.28 However, some prisoners were able to access non-accredited programmes offered by charitable providers, addressing issues such as anger management and healthy relationships. The chaplaincy delivered the Sycamore Tree restorative justice programme, which targeted violent offenders (see also paragraph 4.40). Offender managers used workbook-based programmes, such as the Choices and Changes resource pack, in interventions with a small number of mainly younger prisoners.

6.29 There was a small forensic psychology team on-site, whose work was mainly focused on support for managers and staff – for example, by providing reflective practice sessions for custodial managers and addressing staff culture issues. However, the team's work with

individual prisoners was limited to interventions to support a small number of complex cases.

6.30 All prisoners were screened on arrival by the resettlement team, which offered some support for immediate problems such as finance, housing and employment issues. Initial screening reports were produced quickly, followed by a more detailed interview a few days later to identify resettlement needs. Progress with these was reviewed 12 weeks before release. The team had links with outside agencies, such as Catch-22, which supported former prisoners to reintegrate with their communities, and Ingeus, which was responsible for finding accommodation for prisoners after release. However, many of the prisoners we spoke to were not aware that this support was available.

6.31 Category C prisoners approaching release were invited to attend the employment hub. This was a good facility, providing a range of resettlement services, including careers and benefits advice, obtaining lost identity documents and compiling CVs. Prisoners judged to be 'work ready' were signposted to employment opportunities in their home area. The prisoner employment lead was developing links with a range of employers. She arranged regular employment events where prisoners could meet employers and learn about the opportunities available to them, and a small number of job outcomes had resulted.

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.

6.32 The prison released an average of 80 prisoners each month and, in addition, many were released directly from court. Some of these court releases were not expected, so prisoners were discharged with no supervision or assistance. However, managers had developed links with court clerks and were generally able to issue release paperwork within an hour, minimising delays for these prisoners.

6.33 Prison staff made considerable efforts to make sure that prisoners had accommodation to go to on release, but overall outcomes were poor. Of 988 prisoners released in the last 12 months, only 304 (31%) had gone to sustainable accommodation and 216 (21%) had been released homeless. An accommodation board met regularly, attended by the resettlement team, POMs and the local homelessness taskforce, to address the most difficult accommodation cases, but lack of available housing in the community meant that too often they were unsuccessful. The agency commissioned to obtain accommodation (Ingeus) had insufficient staff to meet demand.

6.34 The education and work provision did not prepare prisoners adequately for employment on release, and lack of work readiness was identified by managers as a barrier to employment. Managers were planning a

programme to develop self-employment training pathways for prisoners.

6.35 Arrangements on the day of release were reasonable. Release packs detailing licence conditions, accommodation and travel arrangements were prepared, and checked two days before the release date. On the day, prisoners were offered clothing and shoes if they needed them, and a suitable bag for their possessions. However, there was no facility for them to call their family or charge mobile phones, and it was disappointing that some of the prisoners we observed were not aware of their licence conditions until the day of release.

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for prisoners.

Key recommendations

Leaders should ensure that the basics of custody are delivered consistently and to a high standard.
Not achieved

Staffing at all levels should be sufficient to deliver a full regime, support constructive relationships and facilitate leaders to carry out their line management duties.
Partially achieved

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2022, we found that outcomes for prisoners were poor on the local site and reasonably good at the category C site against this healthy prison test.

Key recommendations

A thorough analysis of the causes of violence should be used to devise a safety strategy that addresses deep-seated cultural issues to reduce the high levels of violence and make the prison safe.
Not achieved

Prison leaders should provide rigorous oversight of the use of force, ensuring appropriate accountability through accurate reporting, activating body-worn cameras and retaining footage as evidence and to inform learning.
Partially achieved

Data analysis should be used to understand the root causes of self-harm, and the results should inform an effective action plan to reduce incidents and support prisoners at times of crisis.
Not achieved

Recommendations

All prisoners should be provided with basic services, such as access to showers and telephone calls, on their first day and an adequate induction programme in their first few days at the prison.
Not achieved

Senior leaders and managers should create an environment that motivates, rewards and promotes positive behaviour.
Not achieved

All segregation cells should be adequately equipped and include cell furniture as standard.
Not achieved

The prison should take robust action to reduce the availability of illicit drugs and alcohol.
Not achieved

Safer custody staff should be given sufficient time to provide essential care for those at risk of self-harm.
Partially achieved

All staff should receive sufficient guidance on local safeguarding reporting procedures that includes how to identify and protect any prisoner whose vulnerability places them at risk of harm, abuse or neglect.
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2022, we found that outcomes for prisoners were not sufficiently good on the local site and reasonably good at the category C site against this healthy prison test.

Key recommendations

All prisoners should have access to the basics of custody, including in-cell furniture, daily showers, cleaning materials, clean bedding and clothing, and their own stored property.
Not achieved

The partnership board should assure itself that patient care is not compromised as a result of inadequate staffing; that there is appropriate support, training and clinical supervision of staff; and that delays in accessing services are prioritised, and that, where necessary, services are applying duty of candour where deficits are identified.
Partially achieved

Recommendations

Cell bells should be answered within five minutes, with any delays being investigated and remedied.
Not achieved

The specific requirements of prisoners with protected characteristics should be identified and met.
Not achieved

All clinical areas should be fully compliant with infection control guidelines.
Not achieved

Prisoners requiring treatment in hospital under the Mental Health Act should be transferred within the timescales established by the Department of Health.
Not achieved

Prisoners' mental health needs should be appropriately identified and progressed on arrival as a priority.
Achieved

Interim pharmacy arrangement should be in place to ensure robust governance and oversight of the service, prescribing and monitoring of medicines, and supervision of technicians.
Achieved

Purposeful activity

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

At the last inspection, in 2022, we found that outcomes for prisoners were poor on the local site and at the category C site against this healthy prison test.

Key recommendations

All prisoners should have adequate time out of cell to conduct domestic tasks, engage in purposeful activities and socialise with peers.
Not achieved

Leaders should make sure that they evaluate fully the quality of teaching and assessment. They should identify and implement actions that will improve teachers' and instructors' teaching practices.
Not achieved

Leaders should maximise prisoners' opportunities to access education and work, and enable them to attend their allocated activities on time.
Not achieved

Leaders should allocate prisoners to activities fairly, taking into account their needs and aspirations, and give them equal access to essential services, including induction and careers advice and guidance.
Not achieved

Leaders should make sure that teachers and instructors adapt their teaching practices to take account of prisoners' known learning needs. Support staff should make sure that they identify appropriate support strategies, which they share with teachers and instructors, so that prisoners make good Report on an unannounced inspection of HMP Winchester 66 progress in their learning and training.
Not achieved

Rehabilitation and release planning

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

At the last inspection, in 2022, we found that outcomes for prisoners were not sufficiently good on the local site and at the category C site against this healthy prison test.

Recommendations

The reducing reoffending strategy should be based on a comprehensive needs analysis of the different types of prisoner held at the establishment, and be supported by a detailed action plan which is regularly reviewed to demonstrate the progress made.
Achieved

Prisoners eligible and approved for home detention curfew should be released on their eligibility date.
Achieved

Appendix I About our inspections and reports

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

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

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

Safety
Prisoners, particularly the most vulnerable, are held safely.

Respect
Prisoners are treated with respect for their human dignity.

Purposeful activity
Prisoners are able, and expected, to engage in activity that is likely to 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)). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

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Sam Moses	Researcher
Adeoluwa Okufuwa	Researcher
Sophie Riley	Researcher
Tania Osborne	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Noor Mohamed	Pharmacist
Janie Buchanan	Care Quality Commission inspector
Saher Nijabat	Ofsted inspector
Sarah Alexander	Ofsted inspector
Matt Hann	Ofsted inspector
Carolyn Brownsea	Ofsted inspector
Martyn Griffiths	Offender management 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 normal visits, arrange ‘family days’ throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

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

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

Making Sense
A trauma and psychologically informed programme with a wide range of offers, including group work.

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

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

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

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

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

Psychoactive substances
These are either naturally occurring, semi-synthetic or fully synthetic compounds. When taken they affect thought processes or individuals' emotional state. In prisons, these substances are commonly referred to as 'spice'.

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).

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 call.

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.

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

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