



Report on an unannounced inspection of

HMP Parc

by HM Chief Inspector of Prisons

6–17 January 2025



Contents

| | |
|---|----|
| Introduction..... | 3 |
| What needs to improve at HMP Parc | 5 |
| About HMP Parc..... | 7 |
| Section 1 Summary of key findings..... | 9 |
| Section 2 Leadership | 11 |
| Section 3 Safety | 13 |
| Section 4 Respect..... | 22 |
| Section 5 Purposeful activity..... | 37 |
| Section 6 Preparation for release | 45 |
| Section 7 Progress on concerns from the last inspection | 53 |
| Appendix I About our inspections and reports | 56 |
| Appendix II Glossary | 59 |
| Appendix III Further resources | 61 |

Introduction

While this report exposes a serious deterioration in standards at this large category C prison in South Wales, it also highlights some more positive, early signs of recovery under the determined leadership of the director, who was appointed in June 2024.

For many years Parc had been one of the most successful prisons in England and Wales, with a population of more than 1,600 men, with high levels of mental health difficulties and addiction to drugs or alcohol. At our last inspection in 2022, the prison was rated reasonably good in our tests for 'safety', 'respect' and 'rehabilitation and release planning', and good for 'purposeful activity'.

The highly effective and longstanding governor and her well-respected deputy had both retired at the same time as the contract to run the prison had transferred to a new provider. The replacement governor did not stay for long and the leadership team was less stable than it had been. Staff turnover also increased and the prison began to struggle to fill vacancies.

Parc was also severely troubled by the ingress of drugs, with a particular risk posed by the incursion of drones. This led to a cluster of deaths between February and May 2024, likely caused by synthetic opioids. Around the same time, there were also three self-inflicted deaths. The prison was rocked by these tragedies, which deeply affected staff and prisoners alike.

Understandably, there was much public interest in the situation at Parc and lots of political interest both in Wales and Westminster.

With staff morale low, and higher levels of sickness and more staff leaving than could be recruited, the effects of poor supervision and a thriving drug market contributed to high levels of violence. Prisoners told us that frustration with a lack of consistency in the daily regime, boredom, long periods locked up and not having enough to eat were also contributory factors. Fifty-seven per cent of prisoners said it was easy to get illicit drugs, with availability far higher on the main A and B wings than in the rest of the jail. Depressingly, in our survey, 34% of prisoners on these wings said they had developed a drug or alcohol problem since they had arrived at Parc.

The new director arrived in June 2024 and since then had set about resetting the jail. He had stabilised the leadership team, and improved the recruitment, retention and morale of officers. At the time of our inspection, there had been no more drug-related or self-inflicted deaths since his arrival.

He and his team were in no doubt about the challenges that they faced. The prison had become far too violent; levels of self-harm (already too high at our last inspection) had increased by 60%. Despite the impressive commitment of the security team, which had made nearly 900 drugs finds in the last year, there were far too many drugs getting into the jail.

The regime had begun to improve, and prisoners who were working could expect to be unlocked for up to 10 hours a day. However, a failure to make timely allocations to work, training or education meant many willing prisoners were stuck in their cells for up to 21 hours a day waiting for someone to find them something to do.

At our last inspection, we praised specialist units for veterans and young prisoners, those with learning difficulties, and for fathers, which were providing impressive care and opportunities for the needs of prisoners. Disappointingly, we found that quality had dropped and, with the population diluted, they were no longer able to provide the same sort of bespoke care that they were administering three years ago, despite some dedicated staff. The independent substance-free living unit was not offering any meaningful recovery opportunities for prisoners and needed to develop a much stronger identity.

There is no doubt that having won the contract, G4S failed to maintain the high standards for which Parc was renowned, but it has now put plans in place to rectify the situation.

The staff team, which was used to being proud of the place at which they worked, had been through a very difficult two years, but there were signs that things were beginning to turn around. Rates of violence had begun to fall in the last year and the regime had begun to improve.

Inspectors left the jail with some assurance that Parc had begun to recover, morale was better, and pride was beginning to return. Practically, if G4S and the prison service are able to expedite the replacement of windows which are vulnerable to drone deliveries and to provide enhanced gate security, that will help to reduce supply of drugs. If the current director remains in place and he receives the support he needs from the provider and the prison service, then there can be optimism that the early signs of improvement at this important prison can begin to be consolidated and sustained.

Charlie Taylor

HM Chief Inspector of Prisons

April 2025

What needs to improve at HMP Parc

During this inspection, we identified 14 key concerns, of which eight 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. **The number of violent incidents was high.** Leaders' understanding of the causes was limited and their response was yet to have an effect.
2. **The availability and use of illicit drugs were widespread.** Nearly a third of all random drug test results were positive and, in our survey, over half of prisoners said that it was easy to get drugs in the prison.
3. **Levels of recorded self-harm remained high, and not enough was being done to address the causes of this.**
4. **Actions by leaders to resolve and mitigate identified risks to health outcomes had been too slow.** There was a shortage of suitable clinical space, particularly for dentistry, and insufficient prison staff to facilitate hospital escorts.
5. **Mental health and substance misuse services were under-resourced and did not meet the needs of the population.**
6. **Too few prisoners attended education, skills or work sessions, in part because of weaknesses in allocations and inconsistencies in the regime, and data on attendance were not used effectively across the prison to identify trends and address poor attendance.**
7. **Not enough was being done to support prisoners to reduce their risk or progress in their sentence.** Contact with offender managers was infrequent, and key work delivery did not support offender management.
8. **There were gaps in public protection arrangements.** Checks of new arrivals were delayed, arrangements for offence-related monitoring were inadequate and oversight before the release of prisoners who presented the greatest risk was insufficient.

Key concerns

9. **The quality of key work sessions was not good enough, and allocation of key workers was inconsistent.**

10. **Food served at mealtimes was not always adequate, and the prison shop did not sell sufficient healthy items, including fresh fruit and vegetables.**
11. **The application process did not function effectively, and forms to make a complaint were not always available.**
12. **Access to the library remained too limited, particularly for those not attending education classes.**
13. **Some teaching was weak and did not challenge all learners or plan for their progression.**
14. **Self-evaluation of the education, skills and work provision was neither precise nor comprehensive, failing to prioritise the areas of most importance to securing progress.**

About HMP Parc

Task of the prison/establishment

HMP Parc is a category C resettlement prison holding convicted male adult and young offenders, and convicted and remand sex offenders. The prison also has a small unit for children, which we inspect separately.

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

Prisoners held at the time of inspection: 1,700

Baseline certified normal capacity: 1,498

In-use certified normal capacity: 1,498

Operational capacity: 1,788

Population of the prison

- 2,614 prisoners are received each year.
- An average of 135 prisoners are released into the community each month.
- There are 89 foreign national prisoners.
- Approximately 13.6% of prisoners are from ethnic minority backgrounds.
- 549 prisoners are receiving support for substance misuse.
- 597 prisoners had been referred to the mental health team during the previous three months (538 primary, 59 secondary).

Prison status (public or private) and key providers

Private, G4S

Physical health provider: NHS – Cwm Taf Morgannwg University Health Board

Mental health provider: NHS – Cwm Taf Morgannwg University Health Board

Substance misuse treatment provider: NHS – Cwm Taf Morgannwg University Health Board and Dyfodol

Dental health provider: Time for Teeth

Prison education provider: Novus Gower

Escort contractor: GeoAmey

Prison group/Department

Wales

Prison Group Director

Sian Hibbs

Brief history

Located in Bridgend, South Wales, HMP Parc was the first prison to be built in the UK under the private finance initiative, and opened in November 1997. The operating contract to manage the prison was previously held with Bridgend Custodial Services Limited (BCSL) on behalf of HM Prison and Probation Service. BCSL subcontracted operational delivery at the prison to G4S when the prison opened. In 2022 following a procurement G4S was awarded a 10-year contract to operate and maintain the prison. Parc holds a complex

population, including young adults, life-sentenced prisoners and those who have committed sexual offences.

Short description of residential units

A1: substance misuse recovery unit

A2: induction/early days in custody unit

A3: substance misuse recovery unit

A4: substance misuse recovery unit

B unit: main population, with one unit for mixed young adults and a veterans unit

Cynnwys unit: additional learning needs and neurodiverse unit

D unit: prisoners convicted of sexual offences (including remand)

T1: incentivised substance-free living unit

T2: long-termers/lifers unit

T3: resettlement unit

T4: family unit

T5: enhanced unit

T6: currently being used as the safer custody unit pending the refurbishment of the E1 children's unit

G1: children's unit

H1: currently being used as a children's unit pending the refurbishment of the E1 unit

X unit: prisoners convicted of sexual offences (including remand)

E2: Phoenix reintegration unit (segregation)

Name of director and date in post

Will Styles, June 2024

Changes of director since the last inspection

Janet Wallsgrove, July 2006 – August 2023

Heather Whitehead, August 2023 – June 2024

Independent Monitoring Board chair

Julian Harcourt-Williams

Date of last inspection

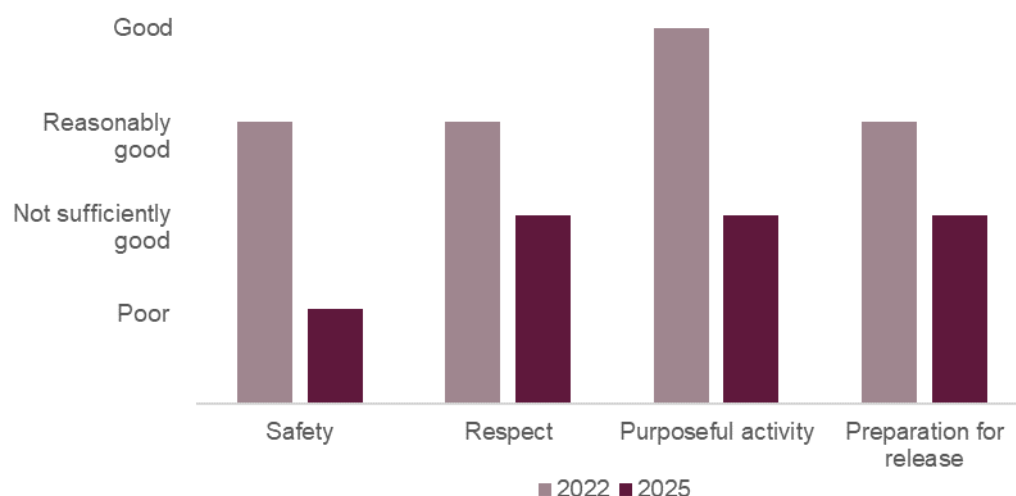
21–22 June and 4–8 July 2022

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 Parc, we found that outcomes for prisoners were:
- poor for safety
 - not sufficiently good for respect
 - not sufficiently good for purposeful activity
 - not sufficiently good for preparation for release.
- 1.3 We last inspected HMP Parc in 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Parc healthy prison outcomes 2022 and 2025



Progress on priority and key concerns from the last inspection

- 1.4 At our last inspection, in 2022, we raised 10 concerns, three of which were priority concerns.
- 1.5 At this inspection, we found that all three of our priority concerns, in the areas of safety, purposeful activity and preparation for release, had not been addressed. For a full list of progress against the concerns, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

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

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

| Examples of notable positive practice | | |
|---------------------------------------|--|--------------------|
| a) | The prison worked with Bath University to provide innovative drug detection technology in efforts to tackle the ingress of illicit substances. | See paragraph 3.31 |
| b) | 'Parc Tank' was an excellent initiative for those who were due for release and interested in starting their own businesses. Prisoners were supported to develop a business plan and pitch their ideas to a panel, resulting in prizes to invest into their ideas on release. | See paragraph 6.44 |

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The transition to the new contract, which was awarded to G4S in 2022 (held previously by BCSL and subcontracted to G4S), had been allowed to destabilise the prison and standards had declined significantly as a consequence. The longstanding and highly capable director had retired, and other experienced senior leaders had left, soon after the change of contract. The replacement director had only remained in post for a short period. A large number of deaths in custody at the start of 2024, including some that were associated with synthetic opioid drug use, had had a considerable impact. There had been intense external scrutiny of prison leaders by the local community, media and politicians. Morale amongst staff deteriorated, and staff attrition and sickness absence had increased.
- 2.3 A new and experienced director, who started in June 2024, had implemented a well-communicated plan to tackle the basic failings at the prison and prevent further deaths. His honest self-assessment report was consistent with our findings at this inspection, and a two-year improvement plan was now being developed.
- 2.4 Following a recruitment drive, the prison now had its full quota of officers, and leaders had put extra support in place for the large number that were inexperienced. Around half of the officers had been in post for less than two years, and almost 30% had less than one year's experience. Both sickness absence rates and staff attrition had recently decreased.
- 2.5 Despite considerable efforts that included the use of innovative drug detection technology by leaders to prevent ingress, illicit drugs were still widely available. Installation of new windows that would restrict trafficking via drones had started only recently and facilities for enhanced gate security were still not in place.
- 2.6 Leaders were passionate in their roles and eager to deliver the director's plan for improvement, but relatively inexperienced functional heads did not yet have sufficient focus on governance and oversight. For example, management grip on processes, including adjudications and the assessment, care in custody and teamwork (ACCT) case management, were not yet sufficiently robust. Data were still not used effectively to measure progress and drive improvement.

- 2.7 Although overall rates of violence had seen a reduction over the past year, leaders had not tackled the high levels of violence and self-harm, which had increased significantly since the last inspection.
- 2.8 The specialist units, designed to meet the needs of the complex and challenging population, were not as effective or well-resourced as at the time of the last inspection, but wings were mostly led by motivated operational managers.
- 2.9 Although partnership working and governance had been strengthened following the switch to the local health board (NHS), gaps in health services, including dentistry, mental health and substance misuse, had still not been addressed. Leaders had yet to commit to sufficient hospital escorts and increase clinical space.
- 2.10 Partnership working between prison leaders and the new education provider (Novus Gower) had also improved, but delivery of purposeful activity was limited by poor allocation and attendance, and almost a fifth of the population were unemployed.
- 2.11 Prison leaders had been slow to respond to prisoners' frustration at the poor quality and quantity of the food, provided by Aramark.
- 2.12 The strategic planning, coordination and governance of work to reduce reoffending had not been prioritised, but practical release planning arrangements had improved considerably.
- 2.13 HM Prison and Probation Service contract managers had been supportive of prison leaders through recent challenges, while still holding them to account. However, some contractual measures, such as for key work (see Glossary), needed greater focus on quality, and not just the quantity of delivery, to promote meaningful progress.

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 establishment received an average of 225 new arrivals each month, mostly from nearby Swansea and Cardiff prisons, so journeys were relatively short. A small, dedicated team of early-days case workers screened each prisoner before arrival and shared information on risks and need with other departments.
- 3.2 The external area of reception remained austere, resembling a factory unloading bay. While the internal areas were clean, the holding rooms, with the exception of one for vulnerable prisoners, were bare, with no information displayed. Many prisoners had long waits in reception, with only 21% of respondents to our survey saying that they had spent less than two hours there.



Reception holding room

- 3.3 There were two induction units; one for the main population and another for vulnerable prisoners. The units were clean and, overall, cells were reasonable. On arrival, prisoners were provided with a good

supply of essentials, including a duvet and pillow, eating utensils and toiletries, and respondents to our survey were much more positive than at similar prisons about the provision of these items. However, far fewer said that they had been offered a shower on their first night, and those we spoke to told us that they had not been offered one either in reception or on the induction units.



Cell for new arrivals (left) and essentials pack

- 3.4 Safety interviews were conducted on arrival on the unit. However, although staff were knowledgeable about the purpose of these and the sensitive issues that might need to be raised, they were held on the wing, so lacked confidentiality.
- 3.5 Peer workers were available to give support in reception and throughout prisoners' first few days at the prison.
- 3.6 A week-long induction began on the day after arrival and included a session delivered by peer workers. New arrivals also had an opportunity to spend time with a member of the early days team, addressing individual concerns. Throughout this initial week, prisoners met staff from a range of departments, including the chaplaincy and substance misuse services. However, in our survey, only 45% of respondents said that the induction covered everything they needed to know about the prison, which was less than at similar prisons. The system for overseeing the induction process was unwieldy, with staff having to check two computer systems and a paper file to verify if an individual's induction had been completed, so this did not take place systematically.
- 3.7 After induction, there were delays in prisoners being allocated to education or work; at the time of the inspection, there were over 180 prisoners who had completed induction and were waiting for allocation, which was delaying them from settling into the routine of the prison (see also paragraph 5.47).

Promoting positive behaviour

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

Encouraging positive behaviour

- 3.8 In our survey, 54% of respondents said that they had felt unsafe at some point during their time at the prison, which was worse than in similar prisons, and almost a quarter said that they currently felt unsafe. In addition, 41% said that they had been bullied or victimised by other prisoners, and 44% by staff, both of which were worse than elsewhere.
- 3.9 Overall numbers of violent incidents had increased by 60% since the last inspection and remained higher than in similar prisons. There had been a total of 722 assaults in the previous 12 months, of which 110 were deemed serious. Encouragingly overall rates had seen a reduction over the past year, but there had also been an uptick in incidents in the last three months.
- 3.10 Prisoners told us that a lack of consistency in the daily regime, boredom from not having a job, long periods spent in their cells (see section on time out of cell), the widespread availability of drugs (see section on security) and not having enough to eat (see paragraph 4.9) were all contributing to the high level of violence.
- 3.11 Most of the safety team were new to their role and a full-time data analyst had only recently been appointed. Oversight of safety was weak and leaders' understanding of the causes of violence was limited and failing to inform actions that might improve outcomes. Furthermore, meetings to consider the safety of prisoners were poorly attended by staff from across the prison, which limited discussion and information sharing.
- 3.12 For all violent incidents, the safety team made prompt and comprehensive referrals as part of the challenge, support and intervention plan process (see Glossary). However, subsequent plans to support and challenge poor behaviour were ineffective. For example, those we examined did not always include specific or meaningful targets for the prisoner to achieve and not all were regularly reviewed. Most prisoners and staff we spoke to were not aware of the plans or their purpose. In addition, most staff on the units did not know how they could support these prisoners, many believing it was not their responsibility, but that of the safety team.
- 3.13 Incentives to encourage positive behaviour were too limited. Overall, the specialist units, such as the veterans and young people unit, and Cwynnys unit for those with neurodiverse needs (see also paragraph 4.30), were not as effective in motivating good behaviour and providing support for individuals as at the time of the last inspection. In addition,

the poor quality of key work (see paragraph 4.3 and Glossary), delays in adjudications (see paragraph 3.15) and limited entries about prisoners' behaviour recorded on the electronic system undermined effective behaviour management. In our survey, only 14% of respondents said that there were opportunities to motivate people to behave well, and just 10% said that good behaviour was rewarded fairly.

Adjudications

- 3.14 The adjudication process was in disarray. In the last 12 months, there had been 5,315 adjudications, which was high, having increased significantly since the last inspection. Many of these were for possession of unauthorised items, such as drugs or alcohol.
- 3.15 Around 24% of hearings had not been proceeded with because they had not been completed in time – around 280 were adjourned, and 73 were outstanding with the police, with some dating back almost two years – all of which undermined the credibility and effectiveness of the disciplinary process. The near-25 adjudications which currently took place each day, was too much, and having a negative impact on the quality of enquiry.
- 3.16 Quality assurance of adjudication hearings and oversight were ineffective. Meetings were poorly attended, with limited data provided. Weaknesses were not identified to drive improvements.

Use of force

- 3.17 Use of force had reduced since the previous inspection and was continuing on a downward trend. Over the previous 12 months, there had been 809 recorded incidents, which was lower than in similar prisons.
- 3.18 The recorded use of unfurnished accommodation was low, with only two incidents in the last 12 months, and officers did not carry PAVA spray (see Glossary) or batons.
- 3.19 Despite this reduction, governance was weak. Only 54% of incidents were captured on body-worn camera footage and over 200 staff statements, following incidents, were missing. The quality of written records we reviewed was variable. Too many lacked detail and failed to give a clear account explaining why use of force had been necessary. Similarly, information that recorded any attempts at de-escalation was also lacking in too many cases.
- 3.20 In the sample of body-held camera footage we reviewed, we found that force was used proportionately, but there had, perhaps, been missed opportunities to de-escalate situations. Monthly meetings to discuss incidents of force and identify opportunities for learning were too limited, with insufficient monitoring of trends or disproportionality (see also paragraph 4.25).

- 3.21 However, leaders scrutinised incidents within 24 hours, if there was footage available, and robust action was taken with individual staff members when needed.

Segregation

- 3.22 A total of 420 prisoners had been placed in the segregation unit in the last 12 months, which was similar to the number at the last inspection. Violence, escalating concerns over behaviour and involvement in disruptive incidents were the most common reasons for segregation. The average length of stay was 17 days and reintegration planning was weak.
- 3.23 The unit was clean and tidy, and, overall, cells were in reasonably good condition. Leaders had plans to install in-cell telephones.



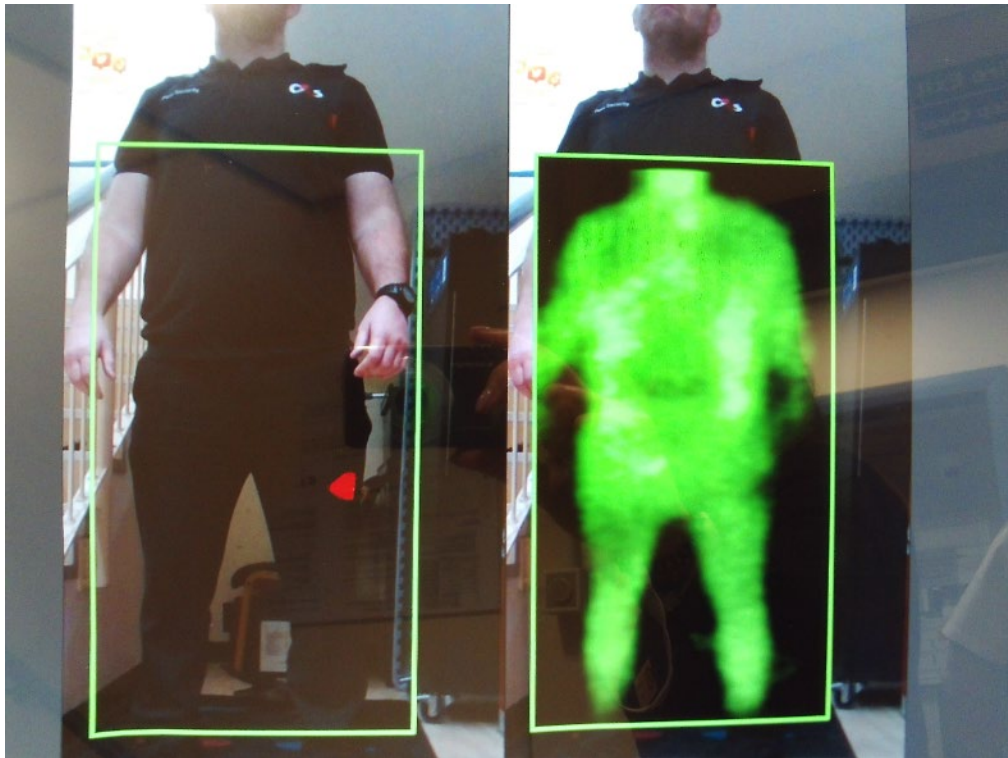
Typical segregation cell (left), the segregation unit

- 3.24 The overall culture of the unit was positive; most prisoners needed only one officer to unlock their door, optimising the quality of contact. Prisoners we spoke to were positive about staff on the unit, and staff knew the prisoners in their care well.
- 3.25 The daily routine for prisoners was too limited. They had only an hour out of their cell a day, with half an hour on the exercise yard and half an hour to use the telephone and shower, as well as collect their meals.
- 3.26 In addition to those placed in segregation, over the past year, 276 prisoners had been separated on the main residential units, pending an adjudication. These prisoners were isolated without appropriate safeguards, such as a safety assessment prior to segregation or daily statutory visits from staff.
- 3.27 Oversight meetings for segregation were poorly attended and only limited data were considered.

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 use and effective drug supply reduction measures are in place.

- 3.28 Since our last inspection, there had been seven non-natural deaths, of which three were confirmed as being associated with a synthetic opioid drug.
- 3.29 Illicit drugs were widely available and the proportion of prisoners testing positive for drug use was high, at 30.7%. In our survey, 57% and 41% of respondents, respectively, said that it was easy to get illicit drugs and alcohol in the prison.
- 3.30 Drugs were far more available on the main A and B units than elsewhere in the prison. In our survey, more respondents on these units than elsewhere said that it was easy to get illicit drugs (70% versus 47%), and that they had developed a drug or alcohol problem since being in the prison (34% versus 10%).
- 3.31 There was no enhanced gate security for staff, which was a gap in the physical security of the prison. Although the replacement of cell windows to restrict the ingress of drones had recently started, this was taking too long to complete. However, some innovative drug detection technology was used well. Effective hand-held substance detectors, developed and evaluated by Bath University were an excellent initiative. They were kept updated with the latest drug ingredients found in the prison. Additionally, a mobile device was used on prisoners, staff and visitors to detect concealed items on the person. Leaders had taken some other steps to reduce the supply of drugs into the prison, such as increasing the resources in the security team, but not enough was being done to address the substantial demand for illicit substances (see also section on support and treatment for prisoners with addictions and those who misuse substances).



Concealed items detector

- 3.32 A large amount of intelligence was submitted, providing a clear picture of the security threats, including organised criminal activity, violence, drug misuse and staff corruption. Intelligence reports were well managed and immediate action was taken when needed. In the previous year, there had been 894 drug finds, the highest of all similar prisons. However, there was a backlog of searches and intelligence-led drug tests for those deemed to be a lower priority.
- 3.33 Staff corruption was managed robustly, and three former staff members had received custodial sentences. Leaders had also introduced random drug testing for staff, which we have not seen elsewhere.

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

- 3.34 The number of deaths in custody at the prison was high. Since the last inspection, there had been four self-inflicted deaths, eight either suspected or confirmed as being attributed to drug misuse, and a further two that were waiting for classification at the time of the inspection. A large proportion of these (three of the self-inflicted deaths and five of the non-natural deaths relating to illegal substances) had

occurred between February and May 2024, which had had a considerable impact across the prison including on prisoners, staff and leaders. A staff member described it as “a very traumatic time for everyone”. The wider community had also been impacted, with protests relating to these deaths held outside the prison.

- 3.35 There had been an early learning review for all deaths from non-natural causes, and these were of good quality, enabling leaders to take immediate action when needed. However, while it was clear that leaders were responding to both these reviews and the Prisons and Probation Ombudsman’s recommendations, there were no systems in place to review recommendations to make sure action taken was embedded. For example, the deficit we found in ACCT case management was highlighted in learning reviews but, despite staff training, these issues were still commonplace. Acts of serious self-harm were also not routinely investigated for further learning.
- 3.36 There was a high level of need among the population at Parc; in our survey 54% of respondents said that they had felt depressed, and 25% suicidal, on arrival, both figures being higher than in similar prisons. Furthermore, two-thirds of respondents said that they had a mental health condition.
- 3.37 The recorded rate of self-harm had increased by 58% since the last inspection. There had been 1,962 incidents in the last 12 months, which was higher than in similar prisons, although this was on an overall downward trend since April 2024.
- 3.38 Prisoners we spoke to, and the prison’s own data, showed that issues relating to mental health, medication, limited daily routines and general frustrations were the causes of much of the self-harm.
- 3.39 The dedicated safer custody unit was used well to support prisoners in acute crisis. We observed some good interactions between prisoners and staff, and most prisoners we spoke to were positive about the care they received. However, the daily routine of the unit was too limited at the time of the inspection, with prisoners only spending a few hours out of their cell each day, in part because it was in a temporary location. Leaders had plans to improve this.
- 3.40 There were other positive initiatives to support prisoners in crisis including safer custody officers who offered bespoke support for a small number of prisoners. Therapy dogs were used to support individuals and attended residential units frequently.



Therapy dogs

- 3.41 Leaders had taken some steps to improve the overall quality of assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm, including delivering training to over 400 staff in the last year. While assessments and daily entries by staff were generally reasonable in the documents we reviewed, the care planning was poor, reviews were not always multidisciplinary and case management lacked consistency. Prisoners we spoke to who were on an ACCT gave varied responses about the care they received; while those on specialist or vulnerable prisoners units were positive, those on the main residential units were less so.
- 3.42 Leaders had improved the data collected, now including the methods used and reasons for self-harm. Although the use of this information in monthly meetings was also better, it was not yet driving improvements.

Protection of adults at risk (see Glossary)

- 3.43 Safeguarding processes were robust, and much better than we usually see. There was a dedicated and knowledgeable manager, who had built good links within the prison and with the local authority.
- 3.44 There was a good internal referral system and there had been 32 referrals out to the community in the last year. A well-attended monthly safeguarding meeting took place, which included external agencies. The meeting had good oversight of referrals and monitored any prisoners of potential concern.

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, 69% of respondents said that staff treated them with respect, and 67% that there was a member of staff they could turn to if they had a problem, both of which were in line with comparable prisons. During the inspection, we saw polite interactions between staff and prisoners, and some examples of caring working relationships. Some officers clearly demonstrated knowledge of the prisoners on their units and of how best to support them.
- 4.2 Despite this, prisoners told us that they found it frustrating that they could not always get their basic requests dealt with because of the inexperience of staff. In our survey, those from ethnic groups other than white, Muslim prisoners and those aged under 25 reported more negative perceptions concerning their treatment by staff (see section on fair treatment).
- 4.3 Our survey also found that only 58% of respondents knew who their key worker was, compared with 74% at similar sites. The prison was delivering its contracted number of key work sessions, but records suggested the quality of sessions was inconsistent and links to offender management were tenuous (see also paragraph 6.14). Some sessions were too brief and did not have engagement from the prisoner, and the same issues were raised repeatedly but unaddressed.
- 4.4 There were some positive examples of peer working; the early days mentors on the induction unit were supportive, and education mentors provided help to learners and were suitably trained (see also paragraphs 5.28 and 5.30). Leaders were developing other peer-led initiatives around the prison, including wing-based community peer support.

Daily life

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

Living conditions

- 4.5 Overall, living conditions were reasonable and most of the wings were clean. Some of the exterior areas were well maintained and there was a large garden area in the middle of the prison.
- 4.6 Although a window replacement programme had recently started (see paragraph 3.31), the design of the old windows made it easy for prisoners to throw litter into the exercise yards and grounds. Although some prisoners worked as litter pickers, the amount of rubbish in these areas remained unacceptable.



Exercise yard

- 4.7 Cells were in reasonably good condition and most prisoners had the basic items they needed. However, in our survey, fewer respondents on A and B units than elsewhere in the prison said that they could get hold of clean bedding and cell cleaning materials each week. Leaders had recently completed an audit of all the cells and were replacing missing items.

- 4.8 The best accommodation could be found on the newer units, which included in-cell showers. Those on D and X units were far more positive than on other units about the cleanliness of their living space, with 86% saying that their showers were very or quite clean, compared with 56% in the rest of the prison. The showers on the larger units (A, B and D) lacked privacy and, in our survey, only 35% of respondents on A and B units said that their showers were very or quite clean.



D unit shower facilities

Residential services

- 4.9 Only 25% of respondents to our survey said that the food provided was very or quite good, and just 23% said that they had enough to eat at mealtimes. Many prisoners told us that both the quality and quantity of the food were unacceptable; they said that the menu did not provide sufficient healthy options and complained about a lack of fruit and vegetables. Leaders explained that the main kitchen was too small to cater for the population, and that a shortage of storage space limited fresh fruit and vegetable options.
- 4.10 We observed a lack of supervision by officers at mealtimes, which led to inconsistencies in the portions of food being served. We also saw some prisoners on the serveries using gloved hands rather than utensils to handle food, including halal and vegan options, which caused cross-contamination and was inappropriate. Some meals appeared insufficient, and prisoners told us that they were often hungry.



Evening meal during the inspection

- 4.11 On arrival, prisoners were offered an advance of £30 to make an initial purchase from a small range of products and received the items the next day. This was a good initiative as there were sometimes delays in prisoner finances transferring from their previous prison, and the advance could reduce their likelihood of getting into debt. However, this scheme often failed to have its intended impact because of delays in allocating work to new arrivals (see paragraphs 3.7 and 5.47), meaning they did not have sufficient funds to pay back the loan.
- 4.12 Prisoners complained about the absence of fresh fruit, vegetables and healthy food available to buy from the prison shop. Only 31% of our survey respondents said that the shop provided them with the items that they needed, which was much lower than in similar prisons (62%). In addition, prisoners from ethnic minority groups told us that they were unable to buy the items they needed; for example, for skin care (see also section on fair treatment). There were restrictions on the quantity of certain items that prisoners could buy, and we were told that some were regularly out of stock.
- 4.13 Leaders told us that the prison shop was too small and did not have the facilities to store fresh food.

Prisoner consultation, applications and redress

- 4.14 Many prisoners we spoke to expressed a lack of confidence in the consultation, complaints and applications processes.
- 4.15 Although prisoner council meetings had recently been held each month, leaders restricted discussions to three topics per meeting,

which disrupted continuity and prevented actions from being followed up. Additionally, not all units were represented, making it difficult for prisoners to track progress on the issues they raised.

- 4.16 Many prisoners we spoke to said that responses to complaints were often delayed and/or unhelpful. Over the past 12 months, 3,113 complaints had been submitted, which was similar to the number at comparable prisons, but only 374 had been upheld. Prisoners told us that complaint forms were difficult to access, and that even when they managed to submit a complaint, responses often failed to address the issues raised.
- 4.17 During the inspection, we found some wings without complaint forms that were readily accessible. On some units, staff tried to mitigate this by storing forms in offices or allowing peer workers to hold a small stock.
- 4.18 Our review of complaints found that some responses had been late and inadequately investigated. However, there had been recent improvements in the tone, timeliness and quality of replies, driven by senior leadership efforts.
- 4.19 The application system was in disarray and senior leaders had lost oversight of its management. Only 58% of respondents to our survey said that they could easily make an application, which was worse than at similar prisons. Two systems operated in parallel: a paper-based process and an electronic kiosk system. The kiosk system was more reliable, in terms of logging and tracking applications, but many kiosks were out of service and faulty keyboards made it difficult to type requests.
- 4.20 Over the last 12 months, more than 120,000 applications had been submitted through the kiosks. At the time of the inspection, 1,300 were being processed, with 466 overdue, which was a key source of frustration for prisoners. Responses to applications were often curt, abrupt, dismissive and unhelpful. Unlike the complaints process, senior leaders had not applied sufficient oversight or quality assurance to the application system. This lack of attention prompted many prisoners to submit repeated applications in the hope of resolution.
- 4.21 In our survey, only 34% of respondents said that it was easy to communicate with their solicitor or legal representative, which was worse than at similar prisons. However, there was enough provision for prisoners to have legal visits, conducted in private, and there were video links to courts when needed.
- 4.22 Processes to minimise the risk of legal letters being opened in error were effective, with good record-keeping for the few occasions when this had occurred. Additionally, the library maintained an up-to-date supply of legal textbooks for prisoners who could access it (see also section on time out of cell).

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.

- 4.23 The strategic management of fair treatment and inclusion had deteriorated since the last inspection, although there had been some improvements over the last six months, with meetings held and some limited consultation with prisoners.
- 4.24 However, the last three equality prisoner council meetings had been poorly attended by senior leaders, resulting in minimal progress. Many actions from previous meetings were left unaddressed, frustrating prisoners. With over 1,700 prisoners, relying on just two or three representatives to voice collective concerns was unrealistic. This lack of meaningful representation and leadership engagement rendered the meetings largely ineffective.
- 4.25 Senior leaders had begun reviewing data which showed disproportionality in the use of force, segregation and the incentives scheme system for prisoners from ethnic minority backgrounds. While these data were monitored, no further analysis or actions had been taken to address these issues.
- 4.26 We observed excellent one-to-one support from the equality manager, particularly for transgender prisoners and those from the Gypsy, Roma and Traveller communities. There was also a rich calendar to celebrate cultural festivals. However, broader support for prisoners with protected characteristics was limited. Forums to address their specific needs were inconsistent, and leaders lacked oversight and a plan to support them.
- 4.27 Overall, prisoners from ethnic minority groups reported more negatively about their treatment. For example, in our survey, only 32% of respondents from ethnic groups other than white said that staff treated them with respect, and just 14% said that the shop stocked the items they needed (see also paragraphs 4.2 and 4.12).
- 4.28 No Muslim respondents to our survey said that the shop provided the items they needed, and none rated the quality of the food as good or quite good, both figures being worse than for non-Muslims, and only 21% said that staff treated them with respect (see also paragraph 4.2).
- 4.29 There were 89 foreign national prisoners at the time of the inspection. Support for this group had diminished. There was no longer a foreign nationals coordinator to identify and support individual needs and professional interpreting services were not used. Immigration officers

visited twice a week to conduct interviews, but prisoners found it difficult to raise concerns because of the dysfunctional application system (see paragraph 4.19) and the lack of immigration surgeries where they could drop in to ask urgent questions.

- 4.30 Support for veterans and younger prisoners had deteriorated. The specialist units previously providing targeted help for younger prisoners no longer operated and the positive veterans landing observed at the last inspection was much diminished. Many veterans had opted to move away from younger prisoners and, while some support remained, the community-focused approach of veterans helping one another was no longer present.
- 4.31 In our survey, only 30% of respondents under 25 said that most staff treated them with respect. Alarming, 74% said that they had been bullied or victimised by staff, and only 41% that they had a staff member they could turn to if they had a problem, both figures being worse than for older prisoners. Leaders were unable to explain these concerns and there was no tailored approach to identifying or meeting the specific needs of younger prisoners, who made up about a fifth of the population.
- 4.32 Support for prisoners with neurodiverse needs on Cynnwys unit had declined since the last inspection. While the education classes there were held in a calm environment for a small group of prisoners, there was little bespoke support overall. Most staff on the unit had not been trained to work with neurodivergent prisoners and we found no personalised plans to address their needs.
- 4.33 The Welsh language provision continued to be excellent. A full-time Welsh language support worker championed the language through online radio tutorials and one-to-one engagement with other Welsh-speaking staff and prisoners. Most documents – including notices, religious texts and adjudications – were available in Welsh. The prison also actively participated in the Eisteddfod annual cultural celebration, winning with creative activities such as arts and crafts.
- 4.34 Over the previous 12 months, 220 discrimination incident reporting forms had been submitted. While response times had improved, the quality of responses remained inconsistent. Leaders had not analysed the content of the discrimination complaints to identify patterns or recurring issues needing action.

Faith and religion

- 4.35 The chaplaincy provided a warm, welcoming space for quiet reflection, prayer or bereavement support. Most faiths were represented, with sessional chaplains brought in to fill gaps. However, despite the team being nearly fully staffed, some prisoners told us that they rarely had opportunities to speak to chaplains and struggled to attend weekend worship services. In our survey, only 54% of respondents said that they could speak to a chaplain in private, which was less than in other

prisons. We observed no prisoners using the chaplaincy facilities for help and support during the inspection, which was unusual.



The chapel

- 4.36 Friday prayers were well attended, with around 60 prisoners participating regularly, but they did not always begin on time. Weekend Christian services often faced delays, and fewer prisoners were allowed to attend.
- 4.37 Faith forums had not been taking place, leaving leaders unaware of key issues, such as inequitable access to Christian services on weekends. Chaplains we spoke to said that they were committed to restarting these forums and addressing the barriers preventing prisoners from accessing weekend worship.

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.

- 4.38 The inspection of health services was jointly undertaken by HM Inspectorate of Prisons and Healthcare Inspectorate Wales (see Glossary), which inspected dental services under a memorandum of understanding agreement between the agencies.

Strategy, clinical governance and partnerships

- 4.39 Health services were now delivered by Cwm Taf Morgannwg University Health Board (CTM UHB). GP services were subcontracted to Marnell Medical Services Ltd. Dentistry services were subcontracted to Time for Teeth, and psychosocial substance misuse services to Dyfodol. A new health needs analysis had been undertaken, with recommendations for service development.
- 4.40 The transfer of health services from G4S to the local health board had resulted in an improvement in governance and oversight structures. Partnership working was in place. Although all services were either provided by or commissioned by CTM UHB, not all oversight and governance processes were aligned. For example, risks were well understood but not all were reflected on a single comprehensive risk register. The main risk register did not contain the dental service risks or the issues with the lack of clinical space (see below), both compromising the provision of care.
- 4.41 Service improvements that required a partner agreement to progress were taking too long, particularly a commitment by G4S to provide an adequate number of hospital escorts each day. The current amount of clinical space available to treat the current population of 1,700 prisoners was well below that expected and limited the potential of current staffing and any increase in patient numbers required. The lack of progress on increasing dental surgery space was inexcusable, given the timeframe and the poor outcomes for dental health.
- 4.42 A new leadership team was now in place, and this had created considerable change for health care staff. However, most felt supported and were excited about the potential service improvements. Clinical staff were visible around the prison and were well trained, and supervision was at 100%. Vacancies were covered by agency staff, but no clear plans had been agreed on the required staffing model.
- 4.43 Except for Dyfodol workers, most staff used the same clinical health records and made comprehensive entries. However, many did not have adequate training on how to use the system to optimise oversight of care. Not all patients had an appropriate plan of care, which carried risks.
- 4.44 Incidents and independent complaints were reported and investigated, and learning was used to inform future practice, although some Prisons and Probation Ombudsman recommendations had not been implemented or embedded. Additional work was needed to make sure that reported trends and themes were being analysed for risk and that actions were taken to tackle repeated concerns. A patient advice and liaison service (PALS) was in place, allowing for face-to-face contact with the health provider.
- 4.45 Not all health care areas were clean enough and management checks were not embedded to make sure that standards were met. The large waiting area in the health centre was bare and cold, and lacked

opportunistic health promotion information in the form of leaflets or interactive learning.

Promoting health and well-being

- 4.46 A health promotion plan had been developed recently with support from the chaplaincy, education department and catering staff.
- 4.47 Extensive work had been undertaken to eliminate hepatitis C. Screening for all blood-borne viruses and vaccination clinics were in place. Additional screening, such as bowel and retinal screening, also took place, but some of these services were oversubscribed. Sexual health services were provided by suitably trained health care professionals.
- 4.48 New arrivals were given an easy-read leaflet on the health services available and how to access them, but there was limited general opportunistic health information on the wings. Health champions (prisoners facilitating access to health services) were on the wings and were supervised by the PALS team. There was an up-to-date outbreak plan. Additional work had started to upskill and train officers and peer support orderlies in dementia awareness.

Primary care and inpatient services

- 4.49 Primary care services were delivered by a well-trained and motivated staff group. Staffing numbers in this area had improved and vacancies were covered by agency staff. This was reflected in our survey, where 43% of respondents said that it was easy to see a nurse, which was comparable with similar prisons. Access to a GP had improved and this was reflected in our survey. Although there were some longer waits, most face-to-face appointments were undertaken promptly and those we scrutinised took place between three and five days after application. GPs and primary care nurses delivered a wide range of care.
- 4.50 Although the initial reception screening was undertaken by a qualified nurse, not all secondary screenings were, which carried risk.
- 4.51 Health service staff had good oversight and management of hospital escorts, but the commissioned number of escorts did not meet the needs of the population, creating delays in care.
- 4.52 There were several practice nurses who were responsible for long-term conditions, but there were some gaps. For example, the clinical information system was not set up to make sure that care could be reviewed chronologically and not everyone who needed a care plan had one. Despite having 11 patients with cancer, none had a named nurse and not all had a comprehensive care plan. Those with palliative care needs were managed well through collaboration with community services.
- 4.53 Emergency response equipment was available across the prison and all clinicians were trained in life support and on-site 24/7. Health care

staff told us that there were no delays in ambulance calls for emergencies, and resuscitation equipment was checked regularly.

Social care

- 4.54 Social care provision was effective and well managed, informed by an up-to-date and comprehensive memorandum of understanding. However, the prison did not have oversight of the process, as set out in this document.
- 4.55 A well-resourced social care team was based in the prison, which created good visibility and accessibility. At the time of the inspection, 12 patients were in receipt of a social care package (see Glossary), all of whom had corresponding and thorough care plans. A dedicated mental health nurse and psychiatrist from CTM UHB attended to assess and support those with memory problems.
- 4.56 Patients could apply for a social care assessment via an electronic application. There were some delays in transferring the electronic referrals to the social care team, although the latter held a log of all referrals. The current logs had gaps in timelines, so it was unclear how long patients were waiting.
- 4.57 Equipment to assist with activities of daily living was sourced by the occupational therapist in the team. Disabled patients had access to a personal alarm in their cells, to summon emergency assistance.
- 4.58 Selected prisoners provided peer support to others. The peer support orderlies we spoke to understood their roles and their boundaries. A specific staff member provided daily supervision, and peer support orderlies told us that they felt supported, but there was no training in areas where we would expect to see this, such as safeguarding. Dementia training was scheduled in February 2025 for these individuals. Feedback from service users in relation to the social care workers and the peer support orderlies was very positive. There were good processes for continuity of care following release and transfers.

Mental health

- 4.59 There were two mental health teams; the primary care mental health team (PCMHT) and mental health in-reach team (MHIT). These services were under-resourced and not integrated. This was having an impact on the capacity to meet the needs of many patients. In our survey, only 16% of respondents said that it was easy to see a mental health worker.
- 4.60 The PCMHT received approximately 180 referrals per month, and patients could self-refer, but the process was long. Urgent cases were usually seen within two days and routine referrals within 24 days, which was too long for some who would benefit from early intervention. The MHIT had a separate weekly referral meeting, with 15 patients waiting for an assessment at the time of the inspection. Very few patients were

accepted onto either caseload as thresholds for acceptance were too high.

- 4.61 The mental health nurses were highly skilled and worked exceptionally hard in trying to keep those they saw safe, but this was challenging as there was no option to refer into psychological therapies. Waiting times to see the psychiatrist were too long (approximately 22 weeks for a routine follow-up). A newly appointed psychiatrist was now in place and the team was reviewing procedures.
- 4.62 Learning disability services were just being re-established, with a focus initially on reintegrating into the neurodiversity unit. However, there was no assessment pathway for patients with attention-deficit hyperactivity disorder or autism, which resulted in some patients' needs not being met.
- 4.63 For all patients on the MHIT caseload, we saw good documentation. Patients were supported under the Mental Health Measure Wales. Those under the care of the local mental health team maintained contact with their community care worker for up to one year from arrival in the prison.
- 4.64 Staff told us that their working relationship with the prison was a strength and we saw good evidence of multidisciplinary working during assessment, care in custody and teamwork (ACCT) reviews. Officers received mental health awareness training on induction, but 55% of officers had not undertaken the required e-learning refresher package.
- 4.65 Patients assessed as needing a transfer to hospital for treatment under the Mental Health Act were not always transferred within the required timeframe. At the time of the inspection, there were three patients waiting for transfer; one of whom had been waiting 68 days, which was unacceptable.
- 4.66 Pre-release arrangements were in place for MHIT patients. Community mental health teams were notified in advance of release and at the point of release, and care of the patient was then transferred to them. This was followed up with a telephone call from MHIT to community workers two weeks after release for an overall update, ensuring the safe transfer of care; this was an excellent initiative and improved outcomes for patients.

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

- 4.67 The drug strategy document was up to date and the prison had trained 757 staff in the administration of Nyxoid (a nasal spray to reverse the effects of opiate overdose), which was a positive initiative. In addition, a substance misuse observation record process had been introduced, to raise awareness and support for patients who were found under the influence of substances. However, drug misuse continued to have a negative effect on the safety of patients (see also section on security).

- 4.68 A suitably qualified part-time pharmacist independent prescriber, supported by the GPs, prescribed for the 313 patients receiving opiate substitution therapy. Prescribing options also included Buvidal (an injectable opiate treatment). There was insufficient prescribing time to see all patients regularly or undertake the expected review at 13 weeks. The prescribers documented decisions in the main health records, but did not support their prescribing with care plans.
- 4.69 Prescribers and psychosocial services worked well together, but the lack of dedicated substance misuse nurses meant that Dyfodol managed the appointments, prioritising newly arrived prisoners, and requested prescription changes. Some clinical observations, withdrawal assessments and urine testing were undertaken by primary care nurses, but the absence of 13-week reviews and care plans gave us concerns about the oversight of patients.
- 4.70 Dyfodol staff saw all new arrivals during their induction, provided them with harm minimisation advice and informed them of how to access the psychosocial service. They supported approximately 31% of the prison population, through assessment, one-to-one work, guided self-help and brief interventions, including self-management and recovery training (SMART) and drug education groups every week. Each case worker had a caseload of more than 100, which they told us felt overwhelming and resulted in inconsistent planned interventions, as patients with higher risks were prioritised. Psychosocial support was not documented in the main health care records, which risked key information not being shared.
- 4.71 An incentivised substance-free living unit was in the early stages of development. There were six peer mentors, trained by Dyfodol. Those we spoke to were highly motivated, demonstrated a good understanding of their roles and felt fully supported by Dyfodol staff, who supervised them.
- 4.72 Before release, community referrals were made. Harm minimisation advice was given, and also a supply of naloxone (an opiate reversal agent) and training in its use, where appropriate. For some patients, Dyfodol would also escort patients to appointments or to their accommodation on release, which was impressive.

Medicines optimisation and pharmacy services

- 4.73 Medicines were supplied by an in-house provider in a timely manner. There was an in-possession policy and risk assessments undertaken were recorded on the electronic clinical record. Six-month reviews were not always completed. Around 50% of the population received their medicines as in-possession, most of whom were given a 28-day supply. Not-in-possession medicines were supplied on a named-patient basis, with appropriate labelling and a dispensing audit trail. Prescribing and administration were recorded on the electronic clinical record.

- 4.74 Medicines were administered by pharmacy technicians and nurses from the wings three times a day, with provision for the supply of night-time medicines when needed. There was inconsistent supervision of the medicine queues by officers and there was not always a confidential space for patients while taking their medicines. When attending the hatch, prisoners were given advice about their medicines by the pharmacy technicians and their identity cards were checked. Staff followed up those who did not attend for their medicines.
- 4.75 Medicines management on the wings was variable. The treatment rooms were too small, with insufficient cupboard space to store medicines safely. Cupboards were often damaged and did not have locks. Routine checks to remove medicines that were not needed were not carried out regularly. Controlled drug (CD) cabinets were left open during administration, even when these drugs were not being supplied. In addition, opening and closing balances of CDs were not always recorded. Medicines needing refrigeration were stored appropriately and refrigerator temperatures were monitored daily. Cells did not have locked cupboards for storing medicines and there were few clinical concordance appointments.
- 4.76 The pharmacists clinically reviewed all medicines to provide support and oversight. However, there were no pharmacy-led clinics or services such as medicine reviews. There was limited provision for the supply of medicines without the need to see a doctor and there was no policy for over-the-counter medicines or any patient group directions (which authorise appropriate health care professionals to supply and administer prescription-only medicine). The out-of-hours cupboard did not have any over-labelled medicines, and out-of-hours medicine boxes were left in the treatment room rather than being returned to the pharmacy.
- 4.77 Errors were recorded on Datix (the electronic incident reporting system) and reviewed. Written procedures and protocols were in place. There were regular medicines management meetings, but pharmacy safe operating procedures needed review. The prescribing of abusable medicines was monitored and a strategy had reduced the prescribing of gabapentin (an antiepileptic medication). There was appropriate provision for patients who left the prison.

Dental services and oral health

- 4.78 Access to routine dental care was now worse than at the time of the previous inspection. At that time, waits for routine care were around 18 months, but now the service was only providing treatment for urgent cases, which had been agreed by CTM UHB. One dental surgery was not adequate for the number of prisoners it served and, although there was a plan to add an additional surgery, this was not expected to be in place until 2028. We were told that an additional weekend service was being considered to help reduce waiting times for those in pain, but senior prison and health partners had not progressed this. A secondary mobile dental surgery would have had the potential to improve the capacity for care greatly, but this had not been initiated.

- 4.79 This meant that routine examinations and treatment plans were not being provided, which was a deficit, and having a serious impact on prisoners, particularly those with extended sentences. The lack of routine care had resulted in a deterioration in patient dental health, leading to the need for more urgent care and a reliance on pain relief and antibiotics to manage conditions, which was poor.
- 4.80 Waiting lists were maintained for both urgent and new patients, with 96 and 327 patients, respectively, on these. Neither new nor returning patients received a full assessment. The team did not include a therapist or hygienist because of the lack of clinical space.
- 4.81 Prisoners knew that the only way to access dental care was to report pain, which created situations where those trying to access routine or restorative care were rejected during the appointment, creating potential for conflict and delaying the wait for those in acute pain.
- 4.82 Oral health and dental hygiene advice were offered during treatment, with information available in the surgery. However, dental health care information was unavailable on the wings, which meant that those who could not access care were unable to obtain self-care information, which was a missed opportunity.
- 4.83 Governance arrangements were good. Autoclaves and ultrasonic baths were appropriately serviced and maintained. The dental surgery and adjoining decontamination room were clean and well organised, with furniture and cupboards in good repair. However, we considered ventilation to both to be inadequate, with the surgery uncomfortably warm. In addition, the decontamination room airflow was not in accordance with the Welsh Health Technical Memorandum guidelines. Some further areas that needed resolution included clinical waste being found stored in cages along with domestic waste, and the absence of an accessible fire extinguisher.

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 In our roll checks, we found 38% of the population locked up during the working day. Only 22% of the population were off the wings at work or education. Almost a fifth of prisoners were unemployed; they were unlocked for only up to an hour and a half a day for domestic tasks and association, and for some additional time to collect and eat their meals. Full-time workers could spend up to 10 hours a day out of their cell during the week.
- 5.2 In our survey, only 41% of respondents said that regime times were usually kept to, and just 80% said that they knew what the unlock and lock-up times were supposed to be. With the specialist wings, there were many regime variations, which created some confusion among prisoners and staff. Prisoners also expressed frustration that regime changes were not always well communicated and that unlock times sometimes changed, depending on the prison officers working. In our survey, more respondents than at similar prisons said that they spent less than two hours out of their cell on Saturdays and Sundays (45% versus 31%).
- 5.3 Residential units had some recreational equipment available, which included table tennis tables, dart boards and some board games. However, there were few enrichment activities, either on the wings or in other areas, such as the library.
- 5.4 Time in the fresh air had increased to an hour a day, and all prisoners could access this. However, many of the exercise yards remained bare and had excessive litter (see paragraph 4.6).
- 5.5 Prison data showed that 52% of the population regularly used the gym, and prisoners could have up to four sessions a week. They spoke very highly of the PE provision, and particularly of the gym staff.
- 5.6 There were two gyms available, including one for vulnerable prisoners, and the sports field was well used. There was a wide range of equipment, and staff had consulted prisoners about new items that they wanted. However, there were still several pieces of equipment that were out of order, which was a source of frustration.

- 5.7 The gym timetable included a variety of sessions to meet the needs of the population, including for LGBT+ and older prisoners. A local rugby team regularly attended and provided coaching to prisoners.
- 5.8 The two libraries were underused. Only 39% of respondents to our survey said that they could access a library once a week or more, compared with 54% at similar prisons.
- 5.9 The main library was located within the education building and was only accessible to those who attended classes during the week. Prisoners who did not attend education classes only had the opportunity to visit on alternate Saturdays. The library for vulnerable prisoners was often closed because of shortfalls in officer staffing, and a trolley service operated instead.
- 5.10 Both of the libraries were pleasant spaces, which were well stocked and had a range of resources, including books for emergent readers, audio books and a section in the Welsh language. The service was run by an enthusiastic team, which had introduced a scheme to promote reading involving fathers and children. The prison also had a 'reader in residence', who supported activities to promote reading, including book clubs (see also paragraph 5.41).

Education, skills and work activities



Arolygiaeth Ei Fawrhydi dros Addysg a Hyfforddiant yng Nghymru
His Majesty's Inspectorate for Education and Training in Wales

This part of the inspection is conducted by Estyn inspectors using Estyn's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

Expected outcomes: All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

- 5.11 Estyn made the following assessment about the learning and skills and work provision:

Outcomes for prisoners were not sufficiently good.

Standards

- 5.12 Across the prison's education and training provision, the majority of learners who attended sessions made suitable progress in developing their literacy, numeracy or vocational skills from their start points. However, a minority of prisoners made insufficient progress overall, which was in part due to poor attendance.
- 5.13 During the calendar year of 2024, there were many disruptions to learners' opportunities to attend or complete their education and training courses. Despite this, those learners who did attend usually completed their courses and attained their qualifications successfully. However, the achievement of a few ethnic minority learner groups was not as strong as that of white British or white Irish learners.
- 5.14 In essential skills classes for literacy and numeracy, the majority of learners made suitable progress in developing their skills from their start points. In sessions, nearly all learners listened and responded well to others. Many asked thoughtful questions. However, only a minority made connections between different aspects of their work. According to their ability, nearly all learners' handwriting was clear, and most were successful in communicating their meaning through their writing.
- 5.15 The extensive use of workbooks and lack of directed teaching meant that learners in essential skills focused on completing assessment tasks or preparation for assessment. For a minority of learners, this resulted in a lack of challenge and slow progress.
- 5.16 While a very few learners developed useful digital skills in contexts such as the prison radio, learners did not systematically develop their digital skills. They had limited opportunities to use digital tools.
- 5.17 Most learners who attended vocational programmes such as carpentry, brickwork, painting and decorating, and multi-skills, developed worthwhile trade and tool skills. For example, they constructed accurate woodwork joints using standard hand tools, hung wallpaper, developed painting and decorating techniques, and built sound brick walls with accurate pointing and spacing. They made sound progress towards achieving entry-level, or level 1 or 2 qualifications.
- 5.18 In these and other vocational and applied sessions, such as sports and health and well-being courses, learners applied numeracy skills well in their vocational contexts. For example, they measured, worked with angles and mixed the ingredients for mortar using ratios. They calculated the optimal heart rate for exercise to burn fat or train aerobically.
- 5.19 Most of the prison's education courses had a roll-on, roll-off delivery model and, in the main, this approach allowed learners to develop their skills and knowledge suitably. However, in a few courses, this model meant that learners who attended at later stages of the programme struggled to develop solid foundations, and these gaps in their learning slowed their progress.

- 5.20 Learners who attended the prison's forklift truck driving simulator gained valuable accreditations. A few learners nearing their release attained the accreditation for the basic Construction Skills Certification Scheme card, which gave them valuable opportunities to enter employment on release.
- 5.21 The very few learners undertaking higher-level learning made sound progress towards studying for diplomas, degrees or higher-level qualifications.
- 5.22 A few learners who were not in formal education and training but worked in the prison's manufacturing, cleaning and recycling operations completed useful vocational qualifications through a work-based learning training provider.

Well-being and attitudes to learning

- 5.23 Attendance in education and training sessions was poor overall, and nearly a third of prisoners who did not attend did not benefit fully from learning.
- 5.24 Many learners felt that inconsistencies in the regime, and the inequity of allocations or access to provisions, disincentivised them from attending education sessions or using the library. For example, they frequently arrived back to their wing late for lunch due to delayed movement around the prison at the end of a session, they had fewer opportunities to access the gym than those not allocated to education, and access to the library clashed with visitation time.
- 5.25 Nearly all learners felt safe, supported and cared for in education and training activities. They valued the support of education staff highly. They behaved well during lessons and treated staff and peers with respect.
- 5.26 Most learners settled quickly at the start of sessions and continued their ongoing work or activities with minimal direction or support. They followed established routines, such as attempting starter activities promptly, and caring for resources and using tools, equipment and digital technologies responsibly. The majority of learners had a clear understanding of the requirements and learning objectives of their courses and how these would support them upon their release.
- 5.27 Within lessons, many learners responded positively to verbal feedback from staff and used this to improve their work. They actively participated in planned activities for extended periods, demonstrating suitable focus and commitment, and a minority of learners reviewed their work and corrected their mistakes successfully. However, a few learners were passive during extended or repetitive group work activities or when allocated to courses they did not choose.
- 5.28 Peer mentors in education were a notable strength and took pride in their roles. They provided highly effective one-to-one support for learners in a variety of tasks and activities, including completing written

assessments, navigating technology and supporting learners to make progress if they had difficulties. As a result, learners highly valued peer mentors' support in their classes. Similarly, Shannon Trust (see Glossary) mentors played a significant role in outreach learning, and prisoners frequently sought assistance from them.

- 5.29 Nearly all learners and prisoners were polite to visitors and readily engaged in discussions about their work-based or educational experiences. The majority of learners valued their opportunities for learning. They shared their work and explained their tasks enthusiastically. When activities provided the opportunity, most learners readily participated in class discussions and collaborated respectfully during group activities. They listened carefully while others spoke and successfully built upon these ideas with their contributions.

Teaching and learning experiences

- 5.30 The training provided for learners to become peer mentors in education and work alongside the teachers to support learning was strong. Learners were highly engaged and motivated to develop in this role.
- 5.31 Teachers had created a welcoming atmosphere, built on respect. Nearly all staff managed learners' behaviour effectively and used a range of techniques to keep them engaged in tasks.
- 5.32 Teachers demonstrated suitable subject knowledge. In the majority of sessions, learning had a clear purpose, and teachers planned lessons with activities that supported the progression of learning suitably.
- 5.33 In the strongest sessions, teachers used questioning effectively to recall prior learning to support learners in making progress and move learning forward. However, this was not consistent across the various areas of learning. There were insufficient opportunities in literacy and numeracy sessions to apply what had been learnt to meaningful real-life contexts, and outside of essential skills sessions, teachers were not developing learners' literacy and numeracy skills well enough. In a few cases, learners had split timetables between essential skills classes and vocational workshops. As a result, they did not have the opportunity to engage in both courses' learning fully.
- 5.34 In a minority of sessions, teachers did not structure the learning well enough to secure strong learner progress. Similarly, in a minority of sessions, teaching did not always meet learners' needs. For example, teachers did not always know or consider starting points well enough or provide challenging activities to move learning along. As a result, progress and the pace of learning were slow. The approach of roll-on, roll-off prisoners with fluid cohorts had impacted the ability of some teachers in specific subject areas to meet the needs of all learners effectively. In a few lessons, an over-reliance on teaching using a narrow methodology inhibited learners' independence and ability to develop higher-level thinking skills. Although some teachers in these sessions supported learners appropriately to progress, they provided too little teaching to support a suitable pace of learning. In addition, the

challenges and unreliability of the digital infrastructure negatively impacted assessment, teaching and learning.

- 5.35 In nearly all lessons, teachers supported learners effectively with timely and supportive verbal feedback. In the majority of lessons, teachers were proactive in circulating the room, overseeing learners' progress and engagement effectively. Where appropriate, they provided suitable formative feedback linked to assessment tasks. Overall, teachers and learners took good advantage of the support offered by peer mentors in education, who added significant value to the quality of support available to other learners. They worked one-to-one to help prisoners develop their understanding and were proactive in aiding learners' engagement in tasks.

Care, support and guidance

- 5.36 The prison collected helpful information during induction to support prisoners in developing individual learning and work plans. This included information about learners' additional learning needs and any vulnerabilities. Induction activity was also available in Welsh. However, the provider did not track progress against these plans. Further, there was a significant period when this induction activity did not occur for some learners. These factors continued to have a negative impact on these prisoners' understanding of, and engagement in, education, training and preparation for release.
- 5.37 The provider used a helpful range of interventions and support for learners to overcome barriers to learning. For example, the prison had recently reintroduced on-wing outreach to deliver essential skills and reading champions to promote reading across the prison. However, this was negatively impacted too often by the inconsistency of regime delivery.
- 5.38 Staff and learners valued the role of the peer mentors in supporting learners, both on the wing and in sessions. These peer mentors offered highly effective support to their peers with their learning and well-being. Further, they acted as positive role models and successfully supported them to understand the value of education and training.
- 5.39 Most staff knew their learners well, developed positive relationships with them and worked flexibly to meet their individual needs. The provider had strengthened provision for neurodivergent learners on Cynnwys wing; for example, introducing new qualifications with an appropriate focus on life skills and strengthening resources to meet the sensory needs of learners. The prison supported English for speakers of other languages (ESOL) learners through targeted sessions and on-wing support from the Shannon Trust. However, although staff developed positive relationships with their learners, their understanding of, and support for, their additional learning needs was variable. This was partly due to the constraints of information-sharing systems across the prison. Further, there was limited evaluation of the quality of support for these learners.

- 5.40 The prison offered suitable advice and guidance for prisoners to prepare for release. For example, there were sessions with Careers Wales to write CVs and specific courses to prepare for work, such as roofing. Further, learners were invited to job fairs before release or supported to access funding and guidance to set up their own businesses. This was enhanced by beneficial facilities such as a simulator to help learners gain forklift accreditation. However, too many learners were unaware of opportunities, advice and guidance to prepare them for release. Over the last 12 months, the prison had not used release on temporary licence to prepare learners for their next steps.
- 5.41 Due to the impact of staffing challenges and operational changes since the last inspection, many changes were newly established. For example, the prison had recently reintroduced outreach education on the wings, and the reader in residence (see also paragraph 5.10).

Leadership and management

- 5.42 Over the last year, a dedicated team of senior leaders had worked diligently to address many of the challenges brought about by the changes in the contractual arrangements for the delivery of education and training. They had worked well with staff to instil a team ethos and a shared sense of purpose, despite significant challenges in staffing and changes to working practices since the last inspection.
- 5.43 Leaders had introduced helpful quality assurance processes that drew on first-hand evidence to identify broad areas for improvement. Their review had led to a suitable long-term plan and vision for education, skills, work and actions to address the professional learning needs of staff. All new teaching staff received a comprehensive induction to education in prisons.
- 5.44 The contracted delivery partner (Novus Gower) for education provided valuable support to staff at all levels in developing the provision offer, delivering professional learning opportunities for staff, such as developing the use of Welsh in classrooms, and facilitating opportunities to share practice. There were suitable performance management arrangements in place.
- 5.45 Leaders had adjusted the curriculum offer, taking appropriate account of labour market information, the outcomes of self-evaluation and learner interests. Staff had undertaken a significant amount of valuable work to make sure that courses had suitable schemes of learning and to improve the systems for delivering accredited courses. This work was beginning to have a positive impact on learners' outcomes.
- 5.46 A comprehensive reading strategy was in place, including extensive and regular support from an author to encourage the men on the wings to read for pleasure. Leaders analysed data on attainment effectively to identify and implement improvement actions to address the underperformance of specific groups of learners. However, it was too

soon to evaluate the impact of this work. Access to the prison libraries was limited for the majority of learners (see also paragraph 5.8).

- 5.47 At the time of the inspection, significant challenges and shortcomings in processes remained that hindered progress towards identified priorities, including improving the quality of teaching and provision. There were weaknesses in the allocation of prisoners to pathways and courses. Too often, prisoners were allocated to courses they had not opted for. This contributed to shortcomings in learner engagement, attendance and the pace of their progress. Many education pathways were not full to capacity. Prisoners not in education, skills and work activities were not informed of the full range of vocational accreditations and support available to them as part of resettlement planning. Leaders did not have sufficient oversight of a few aspects of the work and training offered, and as a result, the outcomes of these learners were not included in the providers' overall evaluation of the provision.
- 5.48 Frequent changes to the regime and weaknesses in moving prisoners to and from activities affected the continuity of provision, including prisoners' access to outreach provision, and had a negative impact on learner engagement. Regular interruptions to the digital infrastructure affected assessments, teachers' delivery of lessons and learners' access to digital resources. Issues with information-sharing protocols and systems hindered leaders' ability to track the outcomes of prisoners who were released and not on licence, and, therefore, evaluate fully the impact of their provision. Staff did not apply the policy for withdrawing prisoners from education consistently. Attendance was not tracked and monitored consistently across the prison. This hindered leaders' ability to identify and address trends in the data accurately and plan for improvement. The challenges in information sharing across the various systems used across the prison and with external partners hindered joined-up working and evaluation of practice.
- 5.49 Despite the range of helpful partnership meetings and self-evaluation processes, leaders were limited in their strategic impact because of the many operational matters that required attention and had not been prioritised well enough. There was a lack of oversight of a few aspects of training provision delivered by other parties.

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 visitors centre and visits hall were bright and welcoming, with well-equipped play areas offering a wide range of activities to keep young children entertained.



Visits hall

- 6.2 However, the process for booking social visits created inequitable access. Prisoners on some enhanced or specialist units were often unlocked earlier, allowing them to access the self-booking kiosk before others. As a result, many remaining slots did not align with the needs of

other prisoners' families, leaving the visits hall often under-capacity. Unusually, prisoners were responsible for booking social visits, rather than their families, which resulted in numerous visits being cancelled.

- 6.3 Most social visits were limited to just one hour, which was too short for families travelling long distances. Additionally, sessions often failed to start on time, further reducing valuable contact time. While managers occasionally extended visit end-times to compensate, this was not always possible. We observed visitors being turned away for arriving 10 minutes late, even when the visit session had not yet started, which appeared unreasonable.
- 6.4 The family interventions unit continued to provide excellent support, offering a broad timetable of activities for fathers and their children. Children's visits, supported by Invisible Walls (an organisation dedicated to keeping parents in prison connected with their families), were still exceptional. These included engaging activities for children of all ages and bespoke sessions for babies, helping fathers maintain meaningful connections with their children.
- 6.5 Monthly family days (see Glossary) were also outstanding, but access was unfairly restricted to prisoners on enhanced status or those without recent behaviour warnings, significantly limiting the opportunity for participation. Leaders acknowledged this issue and committed to addressing it after we raised it with them.
- 6.6 Although the number of family workers had decreased, the small team continued to deliver high-quality support.
- 6.7 While there was adequate provision for secure video calls (see Glossary), uptake was low. Prisoners we spoke to expressed a clear preference for face-to-face interaction with family and friends, which was understandable.

Reducing reoffending

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

- 6.8 The establishment held a complex population of remanded, unsentenced and sentenced prisoners, including licence recalls, young adults, foreign nationals, prisoners convicted of sexual offences and those serving indeterminate sentences. About 60% of prisoners were serving four years or more.
- 6.9 There was no tailored strategy setting out the work that needed to be done. Data were not used effectively to identify and measure progress and lead to improvement across all the resettlement pathways. Multidisciplinary meetings to drive reducing reoffending work only restarted during the inspection, following a gap in oversight of over a year.

- 6.10 Staffing levels in the offender management unit (OMU) had improved since the last inspection. However, there were some deficits in terms of capacity, skills and experience which affected some of the unit's core functions. There had been a longstanding vacancy for the head of offender management services, there were still prison offender manager (POM) staffing shortfalls and many case administrators were new and inexperienced.
- 6.11 Leaders acknowledged that the OMU was not functioning as they would wish and was going through a period of transition. However, with the arrival of a new senior probation officer (SPO) in November 2024, there were now three SPOs working at the prison. All three demonstrated a commitment to their work and had clear plans to drive improvement, resetting the expectations and standards of offender management delivery.
- 6.12 Prisoners were promptly and appropriately allocated to POMs on arrival. However, despite overall improvements in POM staffing levels, caseloads were still high, especially given the complexity and risk of the cases they managed. As a result, ongoing contact with prisoners was often infrequent, usually reactive to timebound tasks and insufficient in driving sentence progression.
- 6.13 The absence of regular effective contact with POMs remained a considerable source of frustration for prisoners. They told us that applications were not always responded to, and many could not name their POM. For some prisoners we spoke to, our conversation with them was the first time they had talked about their targets since being at the prison.
- 6.14 The deficiency in POM contact might have been mitigated by consistent contributions from key workers (see Glossary), but key work delivery was inadequate and not at all supportive of sentence progression (see also paragraph 4.3).
- 6.15 The vital task of sharing information about prisoners across different departments and between prisons was hindered by the use of separate recording systems that not all staff had access to, and the failure to record the contacts between POMs and prisoners on P-Nomis (the prison national offender management system).
- 6.16 In the previous 12 months, over 500 prisoners had arrived without an initial assessment of their risk and needs, placing an immediate pressure on an already busy unit. At the time of the inspection, most prisoners had an offender assessment system (OASys) assessment, but assessments and reviews were not always timely. Our expectation is that reviews should take place annually, but this had been achieved in only just over three-quarters of all cases in the past year.
- 6.17 The assessments and reviews we examined were mostly of reasonable quality and sentence plan objectives were relevant. However, many prisoners we spoke to were not aware of their plans. In our survey, fewer respondents than at similar prisons said that they had a plan

(50% versus 63%). Of those that knew of their objectives, only 38% said that someone was helping them to achieve them.

- 6.18 Most prisoners in our case sample had not made sufficient progress towards their offence-related targets and far too little structured one-to-one offending behaviour work took place to challenge prisoners' attitudes, thinking and behaviour robustly (see also paragraph 6.40). However, progress in other areas, such as regime compliance and engagement with education, training and employment and substance misuse provision, was more positive.
- 6.19 The prison held 131 prisoners serving indeterminate sentences. These included 70 serving indeterminate sentences for public protection (IPP), most of whom had been recalled to custody following a breach of licence conditions.
- 6.20 There were some examples of good support for this group. The prison had won a bid, alongside Wales Restorative Approaches Partnership, to deliver a two-year project to help improve the well-being of IPP prisoners (particularly those affected by trauma) through restorative practices, one-to-one support and group work. Since the start of the project, in April 2024 (following a three-month design test phase), more than 20 of these prisoners had engaged with the programme.
- 6.21 The forensic psychology team undertook case file reviews of those under the national IPP project. However, community offender manager (COM)-led progression panels were not held consistently, which meant that these prisoners were not receiving all the help they were entitled to.
- 6.22 In the previous 12 months, over 360 parole hearings had taken place. This high number had placed considerable strain on staff in the OMU and the forensic psychology team. However, the prison worked hard to make sure that all necessary documentation was available for parole hearings, to avoid delays.
- 6.23 Recategorisation decisions we examined were defensible, and in most cases informed by a recently reviewed OASys assessment, which we do not always see. However, prisoners were not routinely involved in the process, which was a missed opportunity to encourage, support and motivate them.
- 6.24 In the previous 12 months, over 250 prisoners had moved to the open estate, usually within a month after being re-categorised, typically within two-to-four weeks. Transfers of category C prisoners for progressive or resettlement purposes were generally much slower.
- 6.25 Prison-led oversight of home detention curfew (HDC) processes had been affected both by staffing shortfalls in the case administration team and competing priorities (such as the high volume of work required for the standard determinate sentence 40 scheme (SDS40; see Glossary). This had resulted in some prisoners being assessed late; however, oversight of arrangements was improving.

- 6.26 In the previous 12 months, 144 prisoners assessed as eligible for HDC had been released beyond their eligibility date; the longest having waited 109 days because of delays in verification of suitable accommodation.

Public protection

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

- 6.27 Nearly two-thirds of the population were assessed as presenting a high or very high risk of serious harm. Over half of all prisoners (57%) were subject to multi-agency public protection arrangements (MAPPA; see Glossary) on release and about 45% were registered on the violent and sexual offenders register because of the serious nature of their offences.
- 6.28 There were important gaps in public protection arrangements. The interdepartmental risk management team meeting (IRMT) still did not provide sufficient, timely and collaborative oversight of all high-risk prisoners due for release. Attendance at the IRMT was limited, with POMs rarely attending, and record keeping was not robust.
- 6.29 A public protection steering group, designed to provide senior management governance of multi-agency arrangements, had not met for many months.
- 6.30 Shortfalls in staffing and capacity among the OMU case administration team had resulted in long delays in checks for new arrivals. This meant that risk factors and alerts were not always known, recorded, applied or shared in a timely way.
- 6.31 We were not confident that screening processes appropriately identified all those who should have been considered for offence-related communications monitoring. Oversight arrangements between the OMU and security department were disjointed. The reasons to place prisoners on monitoring were not always clear. Authorisations and reviews were not always timely and decisions were not always adequately informed by contributions from relevant departments, such as the OMU.
- 6.32 Staff in the OMU told us that there were sometimes delays in calls being listened to, and that those assigned to listen to calls often had to operate a waiting list. However, at the time of the inspection there were no delays.
- 6.33 More positively, we saw evidence of effective information sharing at timely intervals between individual POMs and COMs on a case-by-case basis as prisoners approached release.
- 6.34 Risk management plans were generally of good quality, but we found three examples of plans that had not been updated by the COM

following a significant event (including one prisoner who had been recalled to custody, and another who had returned to closed conditions).

- 6.35 MAPPA management levels were usually confirmed in good time, but they were not always clearly and centrally recorded. The quality of contributions to community MAPPA panels were sufficiently detailed and meaningful.

Interventions and support

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

- 6.36 The range of offending-related programmes was appropriate to meet most of the known risk and needs of the population. These included the Thinking Skills Programme (designed to help prisoners develop cognitive skills to manage their risks), Pillars of Recovery (for those with substance misuse offending behavioural needs) and Building Better Relationships (for perpetrators of intimate partner violence).
- 6.37 Interventions for medium- and high-risk prisoners with learning disabilities or learning challenges, and for those convicted of general violent offences, had been introduced since the last inspection. However, the gap in interventions for prisoners convicted of sexual offences remained.
- 6.38 Managers were sensibly prioritising waiting lists and the allocation of prisoners onto programmes based on the known risks, needs and imminence of release of the population. There were good completion rates against planned targets and, since April 2024, 187 prisoners had completed a programme.
- 6.39 Work had recently started to review the treatment needs of the population in preparation for the full rollout of the new HM Prison and Probation Service (HMPPS) offending behaviour intervention, Building Choices, that aims to help participants develop skills for change and support in building a crime free life.
- 6.40 The prison also delivered Timewise (a non-accredited one-to-one programme addressing violence) and 14 prisoners had completed this intervention since April 2024. However, unlike at the previous inspection, we saw little evidence of any other lower-level or non-accredited initiatives for prisoners to engage in offence-related work (see also paragraph 6.18).
- 6.41 The forensic psychology team worked well to manage some prisoners with very complex and challenging needs, including those who were unable or unwilling to engage and some serving indeterminate sentences.

- 6.42 Prisoners could get help to open a bank account and to apply for a recognised form of personal identification before release. Those on remand could also apply for a birth certificate. The Department for Work and Pensions provided support for benefits entitlements and claims, and Citizens Advice offered help for those needing specialist debt advice.
- 6.43 There were examples of some good initiatives to help prisoners improve their employment prospects when released. A prison employment lead took the lead in this work and 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 (see also section on education, skills and work activities).
- 6.44 'Parc Tank' was an excellent initiative for those who were due for release and interested in starting their own business. Prisoners were supported to develop a business plan and pitch their ideas to a panel, resulting in those winning first, second and third prize securing funding to invest into their ideas on release.
- 6.45 There was suitable advice and guidance for prisoners approaching release, which included help to develop CVs and disclosure letters, and support for interview preparation.

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.

- 6.46 Around 135 prisoners were released each month, which meant that demand for resettlement support was high.
- 6.47 Since the previous inspection, release planning had improved considerably. A well-resourced team of dedicated HMPPS staff worked hard to make sure that the resettlement needs of all new arrivals (including those remanded to custody) were identified and, where necessary, acted on.
- 6.48 The resettlement team also offered good support for sentenced prisoners due for release (irrespective of their sentence length, risk level or release area) at timely intervals (usually at around eight months, three months and one month before release).
- 6.49 We saw effective communication, information sharing and joint meetings taking place, involving the prisoner, POM, COM and resettlement team, resulting in generally positive outcomes across all resettlement needs. The prisoners we spoke to reported positively about the support they received.

- 6.50 Staff in the OMU and resettlement team had worked collaboratively and commendably in the management of the early release of prisoners under the SDS40 arrangements.
- 6.51 There were gaps in the data provided by the prison about accommodation outcomes. Information about accommodation on the day of release was not available for 11% of prisoners released between December 2023 and November 2024. Eight per cent of those recorded had had nowhere confirmed to sleep on the first night of release, including 11 prisoners released under the SDS40 scheme. More positively, 45% had been released to sustainable housing, but 46% had gone to transient accommodation.
- 6.52 Practical release arrangements were basic but efficient. There was no facility for prisoners to charge their mobile phones and, disappointingly, some prisoners we observed were not fully aware of their licence conditions until the day of release. Prisoners could obtain discreet black holdalls for carrying their possessions and there was a limited supply of clothing for those who might need it.
- 6.53 Prisoners engaging with Dyfodol for substance use support were given appointments in the community to help with the continuity of their care after release (see also paragraph 4.72). However, links with other community-based 'through-the-gate' services were limited.

Section 7 Progress on concerns from the last inspection

Concerns raised at the last inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

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

Priority concerns

Levels of recorded self-harm remained too high.

Not achieved

Key concerns

Overall rates of violence were too high.

Not achieved

The availability of illicit drugs remained a significant threat.

Not achieved

There were gaps in the strategic oversight of important areas, including safety and rehabilitation. Data were not always used effectively to measure progress and drive improvement.

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

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

Priority concerns

Mental health and learning disability services did not provide accessible, evidence-based care and treatment. There were not enough resources to make sure that all referred prisoners received a timely assessment of their needs and subsequent treatment.

Not achieved

Key concerns

Opportunities to progress for some prisoners on A and B wings were more limited than for other prisoners at Parc. Black and minority ethnic prisoners were under-represented on the more progressive units.

Not achieved

A significant shortfall in health care staff across many grades created a risk to patient safety.

Not achieved

Governance and oversight of medicines management were poor and ineffective. Systems and procedures did not meet the robust standards required for safe and effective medicines management.

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 good against this healthy prison test.

Key concerns

Access to the library was poor.

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 reasonably good against this healthy prison test.

Priority concerns

The shortage of staff in offender management and resettlement roles had led to a deterioration in rehabilitation and release planning for prisoners.

Partially achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Preparation for release

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

Inspections of prisons in Wales are conducted jointly with Estyn and Healthcare Inspectorate Wales. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations*.

Criteria for assessing the treatment of and conditions for men in prisons (Version 6, 2023) (available on our website at [Expectations – HM Inspectorate of Prisons \(justiceinspectorates.gov.uk\)](https://www.justiceinspectorates.gov.uk/hmip/expectations/)). Section 7 lists the concerns raised at

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

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

Inspection team

This inspection was carried out by:

| | |
|------------------|--|
| Charlie Taylor | Chief Inspector |
| Sara Pennington | Team leader |
| Natalie Heeks | Inspector |
| Donna Ward | Inspector |
| Esra Sari | Inspector |
| Jade Richards | Inspector |
| Harriet Leaver | Inspector |
| Joe Simmonds | Researcher |
| Tareek Deacon | Researcher |
| Samantha Rasor | Researcher |
| Jasmin Clarke | Researcher |
| Tania Osborne | Lead health and social care inspector |
| Lynn Glassup | Health and social care inspector |
| Sarah Campbell | Health and social care inspector |
| Richard Chapman | General Pharmaceutical Council inspector |
| Mamta Arnott | Estyn inspector |
| Steve Bell | Estyn inspector |
| Rachel Hackling | Estyn inspector |
| Richard Murray | Estyn inspector |
| Jennifer Weeks | Estyn inspector |
| Mark Cull | Healthcare Inspectorate Wales inspector |
| Dr Ali Jahanfar | Health Inspectorate Wales – Dentist |
| 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.

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Family days

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

Healthcare Inspectorate Wales

The independent inspectorate and regulator of health care in Wales. It inspects NHS services and regulates independent health care providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement.

Key worker scheme

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

Leader

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

MAPPA

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

Offender management in custody (OMiC)

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

PAVA

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

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Standard determinate sentence 40 (SDS40)

A scheme intended to tackle overcrowding where prisoners serving a standard determinate sentence only spend 40% of their sentence in prison instead of 50% and their time on probation in the community is extended. Restrictions apply for certain categories of offences. SDS40 replaces ECSL and releases commenced in September 2024.

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 calls.

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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