



Report on an unannounced inspection of

HMP Ranby

by HM Chief Inspector of Prisons

10–20 February 2025



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Introduction

The influx of drones bringing large amounts of contraband into this East Midlands, category C prison was affecting outcomes for prisoners in many areas. Illicit drugs were the cause of poor attendance to activities and levels of violence that were now higher than most similar prisons. This led to a fall in our healthy prison assessment for “safety” from good to not sufficiently good. With the random drug test results showing a positive rate of 23% and staggeringly, nearly a quarter of prisoners in our survey saying they had developed a drug or alcohol problem since they had been at the jail, there will need to be concerted action by the leadership and the prison service to make Ranby as safe as it was when we last inspected in 2022.

Outcomes for prisoners at Ranby depended very much on where they were housed. The 700 living on houseblocks one to three and five had a pretty bleak existence, living in accommodation that was now badly dilapidated, and with many cells lacking basic furniture and almost no self-cook facilities. By every measure things were worse for these men, the regime was much more limited, cell bells took longer to be answered and there were more drugs available. Staff were not visible on these units and behaviour was poor, with officers failing to enforce even basic rules such as allowing prisoners to vape and walk around shirtless.

This contrast was also reflected in the quality of purposeful activity. When inspectors ran a roll check, they found that only 10% of the men were in activity off the wing on houseblocks one, two and three while 35% were locked in their cells. Astonishingly, 300 men at Ranby were not in purposeful activity at all and were lucky if they got out of their cells for two hours as day. This situation is simply not acceptable for a category C training prison.

Elsewhere outcomes for prisoners were reasonable. Conditions on houseblocks four, six, seven and eight were much better, with cleaner facilities and more for prisoners to do. The quality of provision in commercial industry workshops and some teaching in education and training was better than we see elsewhere, although higher-level learners did not make enough progress in English and maths. Dilapidated equipment in some workshops had led to frequent cancellations of sessions.

Those who had been trained as mentors were used to support their fellow prisoners’ learning. The governor had got funding that would allow some prisoners to spend the whole day at work, taking their lunch breaks and replicating working practices outside the jail.

The well-regarded governor had lots of ideas for improving the prison, but she needed to introduce more disciplined planning that used data to establish benchmarks, set targets and measure progress. Apart from aspiring to move to the better wings, leaders needed to be more creative in ways to encourage prisoners to behave and progress with their sentences. The governor had recently introduced a scheme to support the many inexperienced middle leaders. She had also funded a housing worker who was getting far more prisoners accommodation on release than in similar jails.

For around a third of prisoners at Ranby outcomes were reasonable; they were housed in decent conditions and most had access to purposeful activity and some good time out of cell, but the rest lead a pretty diminished and depressing existence. The aim of the local and regional leadership must be to expand the many positives on which we report on at Ranby to cover a much larger proportion of the population. There must also be a determined focus to limit the amount of drugs getting into the jail, and to reduce demand by providing a much more positive regime and proper treatment for those who are addicted.

Charlie Taylor

HM Chief Inspector of Prisons

May 2025

What needs to improve at HMP Ranby

During this inspection we identified 14 key concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **There were too many drugs in the prison**, 24% of men said they had developed a drug or alcohol problem whilst at the prison and this was significantly worse (38%) on houseblocks one, two and three.
2. **Many of the buildings were dilapidated and dirty, and prisoners struggled to get basic items, such as bedding, cleaning materials and prison issue clothing.**
3. **The strategic health care partnership had failed to address long-standing deficiencies in service delivery.**
4. **Clinical governance of health services was weak.** Health care complaints were not confidential, there was no clinical audit schedule, and compliance with appraisal and statutory and mandatory training was poor.
5. **Too few prisoners attended education, skills and work, particularly in industries workshops.**
6. **Support from offender managers and key workers to help prisoners progress through their sentence was lacking.**

Key concerns

7. **Data analysis was often not used to improve outcomes in areas such as fair treatment and reducing reoffending.**
8. **There was little to promote positive behaviour, and persistent rule breaking by prisoners went unchallenged by many officers.**
9. **Medicine administration took too long and was poorly supervised.**
10. **Too many prisoners on houseblocks one, two and three were not engaged in meaningful and purposeful activity.**
11. **Support to help prisoners develop their employability skills in preparation for release was lacking in some work areas.**

12. **Leaders had not yet implemented the reading strategy in full and the new curriculum for personal development was not yet sufficiently benefiting a large enough number of prisoners.**
13. **The range of help to maintain family ties was limited and there were too few social visit sessions to meet demand.**
14. **Communication with prisoners about resettlement arrangements was lacking.**

About HMP Ranby

Task of the prison/establishment

HMP Ranby is a category C training and resettlement prison for adult men.

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

Prisoners held at the time of inspection: 1,087

Baseline certified normal capacity: 919

In-use certified normal capacity: 917

Operational capacity: 1,123

Population of the prison

- 174 prisoners received on average per month.
- 17.2% of the population were young adults (25 and under).
- 20.9% of prisoners were from black and ethnic minority backgrounds.
- 29 foreign national prisoners were from 11 different countries.
- 311 prisoners were receiving support for substance misuse.
- 348 prisoners had been referred for a mental health assessment in the last six months.
- 50 indeterminate sentence for public protection (IPP) prisoners and 40 licence recall IPP prisoners.

Prison status (public or private) and key providers

Public

Physical health provider: Nottinghamshire Healthcare NHS Foundation Trust

Mental health provider: Nottinghamshire Healthcare NHS Foundation Trust

Substance misuse treatment provider: Nottinghamshire Healthcare NHS Foundation Trust

Dental health provider: Time for Teeth

Prison education framework provider: PeoplePlus

Escort contractor: Amey

Prison group/Department

East Midlands

Prison Group Director

Paul Cawkwell

Brief history

Originally a World War II army camp, HMP Ranby was converted to a prison in the early 1970s. Since then, several purpose-built accommodation units have been added, including the recent installation of 25 semi-independent rooms. Building has started on two more houseblocks, which were due to open in 2027.

Short description of residential units

Houseblock one north: Induction unit

Houseblock one south: General population

Houseblock two north: General population

Houseblock two south: Substance misuse prisoners
Houseblock three north: Short stay prisoners, with a focus on resettlement needs
Houseblock three south: Creating Future Opportunities wing
Houseblock four: Incentivised Substance Free Living (ISFL) wing
Houseblock five: Full-time workers including IPP, lifer, and older prisoners
Houseblock six: General population – Full-time workers
Houseblock seven: General population – Full-time workers
Houseblock eight: General population – Full-time workers

Name of governor and date in post

Angie Petit – Jan 2023

Changes of governor since the last inspection

Andy Sleight (acting governor) November 2021 – Jan 2023

Independent Monitoring Board chair

Norma Camber

Date of last inspection

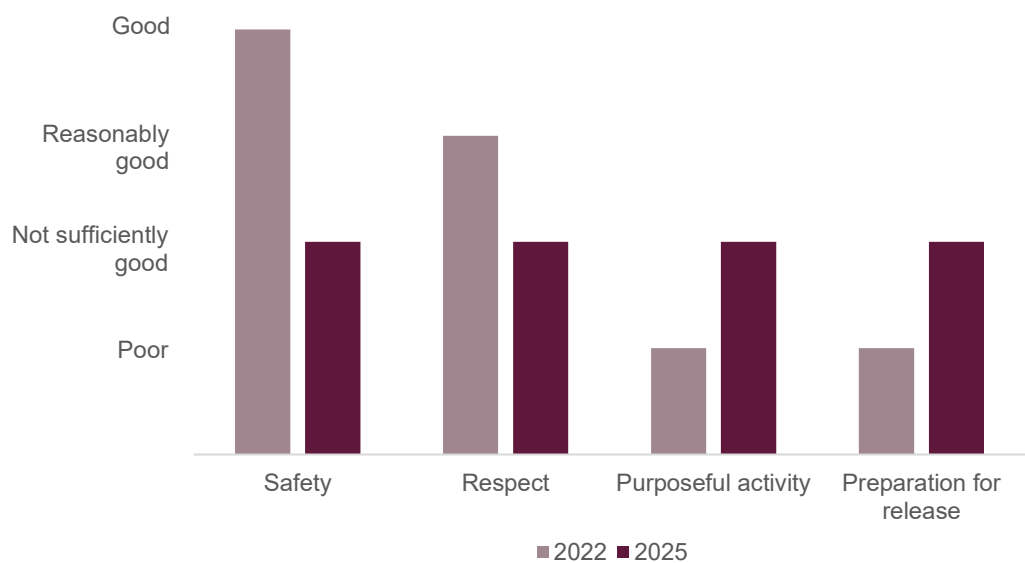
April 2022

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

Figure 1: HMP Ranby healthy prison outcomes 2022 and 2025



Progress on key concerns and recommendations

- 1.4 At our last inspection in 2022 we made 23 recommendations, 12 of which were about areas of key concern. The prison fully accepted 22 of the recommendations and partially (or subject to resources) accepted one. It did not reject any of the recommendations.
- 1.5 At this inspection we found that five of our recommendations about areas of key concern had been achieved, three had been partially achieved, three had not been achieved and one was no longer relevant. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

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

1.7 Inspectors found seven 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) | Leaders used drones to provide additional oversight of prisoners at times of movement to activities, to respond to intelligence about illicit packages that may have been dropped in the prison. | See paragraph 3.33 |
| b) | Mental health peer workers provided good emotional support to prisoners who were struggling to cope. The scheme was well supervised by the safer custody and mental health teams. It also provided meaningful development opportunities for those in the role. | See paragraphs 3.40 and 4.70 |
| c) | A group of prisoners, known as the Expectations team, engaged with staff and prisoners to report against HMI Prisons' Expectations. They produced regular reports on their findings and proposed actions to address concerns identified. This was a creative way of driving improvement and promoting engagement across the prison. | See paragraph 4.3 |
| d) | There was a workshop specifically for prisoners with neurodiversity needs. This included prisoners with complex mental health illnesses and degenerative neurological conditions. Prisoners worked together to agree aspects of the environment, such as the volume of the radio while they worked. Instructors completed specific training to support these prisoners. They set prisoners work targets which were demanding yet achievable and motivated them work. Prisoners in this workshop valued the space highly which allowed them to work and develop employability skills. | See paragraph 5.20 |
| e) | Mentors were used successfully in education, skills and work. They were trained to a high level and used their skills to make valuable contributions, including | See paragraph 5.22 |

	leading on activities with their peers, and to develop their own skills further. Mentors knew the prisoners in their classes and workshops well and provided one-to-one support to help them thrive.	
f)	Leaders had invested in a proactive prison officer who focused on resettlement and helped to support the work of the strategic housing specialist. This facilitated large numbers of telephone or video calls to local authorities and housing support services so that prisoners could complete assessments before release. As a result, the number of prisoners leaving the prison without any accommodation had reduced.	See paragraphs 6.19 and 6.20
g)	The senior probation officer had introduced interim sentence plans which set out basic targets for prisoners who did not yet have a formal plan set by their community offender manager. This was supported by the development of a small number of short courses for prisoners to complete which covered many of the key offending related problems faced by prisoners such as drug and alcohol awareness, relationships, conflict management and budgeting.	See paragraph 6.10

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor was experienced and committed, with a clear vision for meeting the changed population. For example, she had redefined the purpose of some houseblocks to provide clearer progression routes for men. She was also designating one houseblock for prisoners nearer release to make it easier to access resettlement help from services located on or near that unit. However, leaders had not addressed the poor living conditions on houseblocks one, two and three, and had not maintained some of the very basic aspects of decency such as providing prison issue clothing.
- 2.3 While the use of data to evidence strengths and areas for improvement was reasonably good in several functions, it rarely translated into action. The priorities set out in the self-assessment report were sensible and reflected many of our findings, but they were not based on data and lacked robust measures of success.
- 2.4 Leaders worked hard to stop drugs from getting into the prison, but they remained easily available and were adversely impacting many outcomes for prisoners. Good working partnerships with the police had led to some arrests and convictions but drones delivering parcels persisted.
- 2.5 The governor had enabled significant improvements across education, skills and work, but too many prisoners were not allocated and attendance was still low in industries.
- 2.6 There were clearly identified and long-standing deficiencies in health care delivery, but senior partnership leaders had failed to make meaningful progress.
- 2.7 Some middle managers were providing good oversight, but many were inexperienced. To support them in their vital role, the governor had facilitated access to a national training package. Not all middle managers were applying the absence management procedures robustly and sickness rates among their staff was too high.
- 2.8 Over a third of officers had under two years' experience. We saw many examples of poor behaviour by prisoners going unchallenged. The governor was planning to increase the number of custodial managers to provide more accountability. She had already freed up other

managers to give them more time to supervise and support officers on the wings, but the impact of this had yet to be seen. For example, our staff survey showed that, in the last year, 83% of the operational staff had not met regularly with their line manager to receive feedback on their work.

- 2.9 Due to a lack of investment over the years, some workshops and other key facilities were dilapidated. Leaders had also failed to maintain good standards of decency and cleanliness on some houseblocks.
- 2.10 Despite some local initiatives, including access to more personal money, leaders had not developed their approach to incentivising and rewarding good behaviour. They had also not sustained some of the useful safety interventions seen at our last inspection.
- 2.11 The governor had funded a resettlement officer for housing support. This was excellent and was delivering some positive outcomes. The senior probation officer was dynamic in his leadership and had a good understanding of the key challenges. Leaders had re-energised their approach to fair treatment and inclusion. There was a new manager and a developing understanding of areas of disparity.
- 2.12 Leaders supported good communication with staff, including time each month for training, development, and well-being. In our survey, around three-quarters of staff said that the governor's priorities had been communicated clearly to them. Consultation with prisoners was also positive. This included good use of peer mentors, in-cell technology, wing forums, canteen and catering forums and prisoner well-being meetings.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 The number of new arrivals in the last year had increased by 21%, compared with the year before our last inspection. The reception area was spacious and welcoming, with well thought out displays providing information to new arrivals. Staff were clear and friendly in their interactions with prisoners.



'Welcome to Ranby' sign (left) and workshop display

- 3.2 Prisoners were offered an advance to purchase items from the tuck shop. This initiative aimed to reduce the risk of debt and the prisoners we heard from spoke positively about it.
- 3.3 Peer workers welcomed new arrivals, offered them a hot drink, administered the tuck shop and set out the details of the Listener service (see Glossary). However, our survey showed that only 23% of men said they had been offered support from a peer worker before being locked up for their first night.
- 3.4 Processes for new arrivals were thorough but took too long to complete, with some prisoners spending up to four hours in reception. This was largely caused by having to wait for an induction officer to attend reception to complete the safety interview. The same officer had to escort groups of prisoners to the first night centre and then return to reception to continue their safety interviews. The safety interviews were not conducted in private. We met one prisoner who had been identified as potentially at risk of self-harm but who was not prioritised and had still not had a safety interview three hours after arrival.

- 3.5 Significantly fewer prisoners than in similar prisons said they had been able to have a shower before being locked up for the first night (24% compared to 52%) or that their first night cell had been clean (19% compared to 42%). Cells we inspected were very poorly maintained and did not always have basic items such as kettles, pillows or curtains.
- 3.6 Prisoners were still not always able to speak to their family and friends on their first night because in-cell phones did not work reliably. Of the new arrivals we spoke to, five out of 12 did not have a working phone. In addition, only 27% of survey respondents said they were offered a free call on their first night.
- 3.7 Our survey showed that three-quarters of prisoners felt safe on their first night and it was positive that staff completed overnight checks on new arrivals. Officers delivered an induction session the following morning, yet in our survey only 55% of those who had an induction said it covered everything they needed to know.
- 3.8 Prisoners on the induction wing were not able to work. These men had a poor regime, with only two hours out of cell each day. Many prisoners waited too long to be moved to another houseblock with nothing purposeful to do in the meantime.

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

- 3.9 In our survey, 24% of prisoners said they felt unsafe at the time of our inspection, compared to 15% in the last inspection, and 20% of men in similar prisons.
- 3.10 The rate of recorded violence was higher than average for similar prisons, and much higher than at our last inspection in 2022, but few incidents were deemed serious. It was positive that leaders had carried out a safety survey which identified debt as the main reason for violence between prisoners. Leaders also attributed the higher rate of violence to the less restrictive regime in place at the time of this inspection, drug use and a change in the population. There were more prisoners coming from a wider geographical area and more nearing their release date.
- 3.11 There were some initiatives to address the high rate of violence, such as the tuck shop, access to more private cash and a workbook which included a focus on managing money. However, other initiatives to help prisoners address underlying reasons for violence such as the Timewise programme and Conflict Resolution were not as established

as at our last inspection. The lack of peer mentors was also a missed opportunity.

- 3.12 It was concerning that in our survey far fewer prisoners than in similar prisons said they would report being bullied or victimised to staff. Challenge, support and intervention plans which were meant to help prisoners address their poor behaviour or support victims of bullying, were largely ineffective. This was partly because residential staff, including supervising officers, were not aware of which prisoners were on these plans.
- 3.13 At the time of our inspection, 13 prisoners were self-isolating and leaders told us this was often due to being in debt. Staff oversight of these prisoners had improved very recently, but the men's day-to-day regime remained poor and many had not had access to time in the fresh air for weeks.
- 3.14 In our survey, only 18% of prisoners said that there were opportunities in the prison to motivate people. Those prisoners we spoke to said that living on houseblocks four to eight provided various benefits including more activity opportunities, better time out of cell and a decent living environment. However, many men on houseblocks one, two and three felt that this progression was not available to them.
- 3.15 The local incentives scheme was unimaginative. While it was positive that prisoners could access more private cash, many told us they could not see many benefits between the standard and enhanced levels. During our inspection, 10% of the population were on the basic level of the scheme which meant these men had a far more limited day-to-day regime and forfeited their access to a television. Some prisoners had been subject to this for prolonged periods and the reviews we looked at were weak, failing to encourage or incentivise any signs of good behaviour.
- 3.16 Leaders' oversight of work to reduce violence was reasonable. It included the safety intervention meeting that was held twice a week, which is more often than we normally see. Residential managers also provided helpful input at monthly safety meetings, with some good examples of collaborative working. A wide range of data was analysed at this meeting to identify areas for improvement, but little immediate action was taken.

Adjudications

- 3.17 In the last 12 months there had been 3,351 adjudications. Since our last inspection, the proportion dismissed had increased and there were more prisoners arriving at the prison without paperwork or cases that had already taken too long to proceed.
- 3.18 In the sample we reviewed, the level of inquiry was too limited in many, although outcomes were not overly punitive. Cellular confinement was rarely awarded, and leaders had made good use of suspended punishments. Community work was not yet available, which was a gap,

and some adjudications could have been dealt with by using the local incentives scheme.

- 3.19 At the time of our inspection, there were 61 adjudications which had been referred to the police. Some of these had been outstanding for more than a year, but leaders met with the police regularly to monitor progress.
- 3.20 The deputy governor completed assurance checks on 10% of all adjudications and feedback was disseminated to his team.

Use of force

- 3.21 There had been 953 incidents of force being used in the past year, which was higher than the average for category C prisons. However, around half of these were low-level, such as guiding holds, and did not involve full restraint. Leaders remained focused on improving the use of body-worn video cameras to de-escalate situations and this was now at 70%.
- 3.22 In the sample of video recordings we reviewed, there were some missed opportunities for de-escalation by staff, both prior to and during the use of force. In some incidents, particularly those where force had been used to prevent self-harm, there was a lack of sufficient communication from staff to calm the prisoner before and during the incident. We were not assured that a member of health care staff routinely attended planned use of force incidents or that prisoners were being seen by them afterwards.
- 3.23 Authorisation for the application of anti-rip clothing was not logged and there was insufficient oversight of its use. Leaders told us it had been used five times in the last 12 months but they were not able to tell us exactly who had authorised it or for how long.
- 3.24 In the year prior to our inspection, batons had not been drawn or used but PAVA (see Glossary) had been drawn 31 times and used in 20 of those incidents. The deputy governor reviewed all incidents of PAVA, and he had identified concerns and taken action to address them. While this was reassuring, incidents involving PAVA were not always discussed at the multidisciplinary scrutiny meeting and this was a missed opportunity to share learning.
- 3.25 A weekly use of force scrutiny meeting was in place. Attendance from some departments was sporadic which undermined multi-disciplinary working. There was no use of force coordinator in post and some incidents which we were told should have been discussed at the meeting had been missed.
- 3.26 A monthly meeting considered a range of data, but leaders had not used lessons learned to drive improvements.

Segregation

- 3.27 There had been 353 prisoners segregated in the last 12 months. Most uses related to those who posed a risk to the good order of the establishment, with only 5% segregated for cellular confinement following a proven adjudication. Lengths of stay were long at an average of 18.5 days, but this was inflated by 14 prisoners who had stayed there for more than 42 days. Of those segregated in the last 12 months, 11% were there for their own interest. The level of mental health need was high, and some men were acutely unwell, evidenced by 13 prisoners having been transferred to secure mental health hospitals in the last 12 months.
- 3.28 The quality of reintegration plans varied and targets set on the documentation authorising continued segregation were too generic. Despite this, around two-thirds of prisoners returned to normal location in the prison. Of the 124 prisoners transferred to other prisons, 32 men had been recategorised to category B due to security concerns.
- 3.29 Interactions between staff and prisoners were respectful and there was good involvement from specialist staff such as health care. The delivery of outreach education was good, with 31 prisoners in the last 12 months having completed courses. However, the day-to-day regime was limited to time in the fresh air and a shower. Prisoners could not collect their own meals from the servery, which leaders were reviewing in response to our feedback. It was good that one prisoner who had been segregated for months had been provided with more time unlocked to help minimise their isolation.
- 3.30 It was positive that leaders would risk assess whether prisoners could go out on the exercise yard together with other segregated prisoners. However, it was disappointing that visits to the unit by gym and library staff were no longer taking place.
- 3.31 The environment was shabby with an unpleasant smell. However, it was good that prisoners could have a laptop and an in-cell phone if supported by a risk assessment. Those prisoners who were not on the basic level of the incentives scheme could also have a television.

Security

Expected outcomes: Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse and effective drug supply reduction measures are in place.

- 3.32 In our survey, far more prisoners than in similar prisons said it was easy to get hold of illicit drugs (61%) or medication not prescribed to them (55%). The prison environment did not feel unsafe but local leaders understood the availability of drugs and other illicit items undermined prisoner well-being and posed a significant threat to the

stability of the establishment. Over the last 12 months the average positive rate from random mandatory drug testing was high (23%) and had risen to over 38% in one month.

- 3.33 The governor had appropriately set her number one priority to reduce supply and demand for drugs. Leaders were taking steps to prevent the particularly high volume of illicit items smuggled in by drones. This included robust work with the local police, which had led to some recent arrests and convictions. Leaders used their own drones to provide additional oversight of prisoners at times of movement to activities, to respond to intelligence about illicit packages that may have been dropped in the prison.
- 3.34 A high number of intelligence reports was submitted each month. They were processed promptly and generally acted on quickly, for example to target and complete searches. Relevant security objectives were set and staff we spoke to were aware of them.
- 3.35 There was good joint working to better understand the picture of substance misuse and to reduce supply but there was not enough support for prisoners to help reduce their demand (see paragraph 4.73).
- 3.36 Despite the huge challenges around the availability of illicit items, it was a credit that leaders maintained an environment where security arrangements were proportionate for a category C prison.

Safeguarding

Expected outcomes: The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- 3.37 In 2024, there had been 631 recorded self-harm incidents. This was below the average for similar prisons. Almost all incidents took place on houseblocks one, two and three where there was insufficient purposeful activity, poorer living conditions, higher rates of drug use and regular frustrations with the lack of access to some very basic items such as kettles, in-cell telephones and cleaning equipment.
- 3.38 The safety team had a very good grip on the collection and analysis of self-harm data. Some of the most common reasons for self-harm were debts relating to drug use, frustration with the basic regime and poor access to health care. However, this analysis had not led to a coherent set of actions to make improvements.
- 3.39 There was a reasonably good range of support to help prisoners cope and prevent them from getting into crisis. However, some of these

initiatives were not well promoted and awareness of the help on offer was very limited on some houseblocks.

- 3.40 The support available included mental health peer workers who offered emotional support to those struggling to cope. This scheme included training and was well supervised by the safer custody team. It provided a meaningful development opportunity for peer workers. Good links to wider mental health provision were also in place but support from the mental health team itself was far too limited (see paragraph 4.66).
- 3.41 The Listener scheme was well managed, and Listeners were well supported by local Samaritans. Listeners were available 24 hours a day, had access to private space for conversations and reported strong working relationships with the safer custody team. In 2024, over 200 prisoners had completed a bereavement counselling course, delivered by the chaplaincy. This was very good.
- 3.42 Support provided through the ACCT process (see Glossary) often included practical and appropriate actions like referrals for drug treatment. However, initiatives like the mental health peer workers or bereavement counselling rarely featured as targets in care plans. In addition, support ended without the prisoner's issues having been fully resolved. This resulted in the reopening of ACCT documents shortly afterwards, sometimes without any additional actions being added to care plans. It was good to see a team of dedicated ACCT case managers, although it was too early to see an impact of this on improving outcomes.
- 3.43 All prisoners had access to the Samaritans phone service free of charge, but this was hindered when the in-cell phone was not working.
- 3.44 Since the last inspection, the Prisons and Probation Ombudsman (PPO) had investigated two self-inflicted deaths and HMPPS had classified the cause of a third death to be self-inflicted. The PPO had identified significant concerns around slow response times to cell call bells. Records indicated this was still a persistent problem and, during this inspection, we saw them going unanswered for far too long (see paragraph 4.11).
- 3.45 In 2024, only two near miss investigations had been completed. This meant opportunities for leaders to learn from other incidents of prolific or serious self-harm had been missed.

Protection of adults at risk (see Glossary)

- 3.46 The safety intervention meeting provided good multidisciplinary oversight of some of the most vulnerable individuals, but there was no adult safeguarding lead. Leaders were not able to tell us how many prisoners had been considered to be at risk of abuse or neglect in the last year.

- 3.47 Officers had not received any formal training to spot the signs of potential exploitation or vulnerability and not all of the officers we spoke to knew which risks to look out for.

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 prisoners said staff treated them with respect and 70% said they had a member of staff they could turn to if they had a problem. However, responses from those prisoners living on houseblocks one, two and three were significantly more negative. Only 57% said staff treated them with respect, compared to 84% in the rest of the establishment. We saw examples of positive interactions and many prisoners told us that most staff were helpful. However, others raised concerns about failures by some staff to respond to their queries or help them resolve some very basic issues.
- 4.2 Many middle managers had a good level of knowledge of prisoners on their wing. However, on houseblocks one, two and three managers and their officers were not always visible enough. Even when present they allowed poor behaviour by prisoners to go unchallenged, such as vaping on the landings and not wearing appropriate clothing when out of cell. In our survey, significantly fewer prisoners on houseblocks one, two and three than in the rest of the establishment told us that a member of staff had asked them how they are getting on within the last week. In addition, only 38% of prisoners said their key worker was quite or very helpful, compared to 63% in the rest of the establishment. Leaders had recently developed a dedicated key worker group. At the time of our inspection this had only been in place a few weeks, so it was too early to see the impact on outcomes for prisoners.
- 4.3 There were a wide range of peer workers offering support to other prisoners. These included Lifer/IPP mentors, substance misuse mentors and fair treatment reps. The Expectations team was a group of peer workers who consulted with prisoners and staff to report against HMI Prisons' Expectations (documents which set out what the Inspectorate expects establishments to be doing) and had identified several areas for improvement. Some of these had been addressed by leaders through targeted communication on issues and adjustments to existing processes and procedures.

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

- 4.4 Since our last inspection, overcrowding had increased slightly. Now, 34% of prisoners were living in overcrowded conditions in cells that did not have sufficient space for all basic items, such as two chairs.
- 4.5 Much of the infrastructure across the site was in a poor state of repair. For example, many showers on houseblocks one, two, three and five were not working. This issue was raised at our last inspection. Heating in several areas of the prison, such as some workshops and the chapel, was not working effectively and the flooring in some houseblocks needed replacing. The main kitchen had some broken equipment, as did some of the wing serveries.



Floor, house block 1 (left) and showers, house block 3

- 4.6 Living conditions varied enormously between houseblocks and houseblocks one, two, three and five were dirty with rubbish and food left in communal areas, piles of dust and stained floors. In contrast, houseblocks four, six, seven and eight were generally clean and in good condition, providing a more positive environment for prisoners. Many prisoners on these houseblocks were in single cells, and all had their own in-cell shower.



House block 4 (left) and house block 8



House block 4 cell

- 4.7 Many cells were in poor condition with damaged electrical sockets, lights, sinks and toilets, many also contained graffiti and some suffered from mould. Wing assurance checks by managers were not effective and many of the issues identified were left unresolved for too long.



Sink (left) and flooring in house block 1



Cell, house block 2

- 4.8 In our survey, significantly more prisoners than at similar prisons raised concerns about their access to laundry and cleaning facilities. Only 39% of prisoners said they could get clean bedding every week, compared to 59% in other category C prisons. There was an insufficient supply of bedding and prison issue clothing on the houseblocks to ensure all prisoners could exchange them each week. Some wing laundries were struggling to keep pace with demand and many prisoners had resorted to drying their clothes over railings on the landings. Significantly fewer prisoners in our survey than at other category C prisons (50% compared to 64%) said they could get cell cleaning material. Many of the cleaning cupboards on the wings were not well stocked.
- 4.9 There were too few self-catering opportunities across the prison. Some houseblocks had kitchens to support communal cooking but houseblocks one, two and three lacked even very basic equipment, with only two microwaves available for all prisoners. This was a source of frustration for many men we spoke to, particularly those serving longer sentences.



Kitchen, house block 8

- 4.10 As at our last inspection, the areas around the houseblocks were well maintained and prisoners had access to outdoor gym equipment. Houseblocks also had a range of on-wing association equipment, including pool and table tennis tables and some limited exercise bikes and rowing machines.



House block 2

- 4.11 Many prisoners still raised concerns about lengthy waits for responses to their emergency cell bells, which had been the subject of a previous PPO recommendation (see paragraph 3.44). In our survey, only 21% of all prisoners said their call was answered within five minutes. However, this dropped to 7% for houseblocks one, two and three. During our inspection, we saw staff walking past activated cell bells. Many cell observation panels were blocked, which impacted staff ability to conduct important welfare checks.

Residential services

- 4.12 In our survey, 46% of prisoners said the food was quite or very good, which was significantly higher than similar prisons (33%). However, only 30% of men said they got enough to eat all or most of the time. The number of formal complaints about food was lower than almost all other category C prisons.
- 4.13 The menu was varied and regularly adjusted based on prisoner feedback. The catering team continued to offer hot options for lunch and dinner, additional oat packs and monthly themed food nights. Meal service was too often poorly supervised by officers. We routinely saw serverly workers not wearing personal protective equipment (PPE), food temperatures not consistently being checked, prisoners helping themselves to food and even vaping behind serveries.
- 4.14 Prisoners were able to submit feedback via their laptops about the meals provided. The catering team reviewed this each morning, which was very positive. The team also undertook monthly food consultation meetings, which provided an opportunity for discussion and communication about challenges. However, these meetings were not

always well attended and participation was limited to prisoner information desk workers.

- 4.15 The reception tuck shop continued to be an excellent initiative. In our survey, 96% of prisoners said they were able to get items from the prison shop or canteen in their first few days, which was significantly higher than at other prisons (57%).
- 4.16 At the time of our last inspection, we commented on the numbers of complaints about missing shop items and the delays for prisoners in obtaining refunds. Leaders had already taken action to address these issues, but this had not been effective and the rate of complaints remained very high.
- 4.17 In our survey, 60% of prisoners said the canteen sold the things they needed and 76% said they could use catalogues or other providers to buy additional items. Prisoners were able to access a reasonable range of catalogues and order newspapers and magazines through their laptops. Black prisoners now had access to a better range of products through a new catalogue supplier. Access to religious and hobby items was in development.

Prisoner consultation, applications and redress

- 4.18 It was positive that prisoner representatives attended some key forums, including the leaders' performance meeting. The range of other consultation opportunities was good, including well-being meetings and wing-based forums. However, most forums only involved a small group of trusted prisoners. This did not take on board the views of the wider population and there was too little evidence of improvements being made.
- 4.19 Prisoners could make applications easily using in-cell laptops and most replies were timely. However, there were some notable exceptions including health care and the offender management unit (OMU) where there were some significant delays.
- 4.20 In our survey, far fewer prisoners than in similar prisons felt it was easy to make a complaint (48% compared to 61%). Over a quarter of those complaints received in the last year had been rejected, many without good reason, and this undermined prisoners' confidence in the system. Some complaints took too long to respond to and some responses did not make sure the issues had been fully addressed.
- 4.21 The legal services provision was adequate for the type of prison. However, legal visits were still held in the main visits room. This compromised confidentiality but was mitigated by the availability of a few private facilities on request.

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.

- 4.22 The fair treatment manager was making better use of data to identify areas of disparity, which included a higher prevalence of black prisoners and young adults being subject to the lowest level of the local incentives scheme. This data was discussed at the equality, diversity and inclusion action team meeting, which was held every two months. However, at the time of the inspection, leaders had yet to take any effective action to address this and other areas of disparity in outcomes.
- 4.23 Around 20% of prisoners were from black and other ethnic minority backgrounds and they repeatedly told us they experienced racism. This included being under-represented in the most trusted and better paid jobs. Leaders were not using data to evidence outcomes in terms of access to these jobs, so they were unable to tell if the prisoners' views were accurate or not. In addition, we found some disparity in the data about access to full- and part-time activities that had not been identified by leaders.
- 4.24 Prisoners with physical disabilities were supported well by peer workers to help them in their day-to-day lives, but we came across one man who struggled to get a shower because of the lack of adaptations in the cubicle and not all staff were aware of what help was needed in the event of an emergency evacuation of the houseblocks.
- 4.25 There was very good recognition of cognitive degeneration, particularly for older prisoners. A coffee morning for those aged over 50 took place every other month. Prisoners we spoke to appreciated this, but due to demand some men could not attend every session. A new addition to the gym programme aimed at engaging older prisoners had seen some attendance but many prisoners we spoke to did not know about it.
- 4.26 Around 12% of the population was aged 25 and under. There was little targeted support for these prisoners, although there had been some positive work with a few men through a project funded by the Nottinghamshire Office of the Police and Crime Commissioner (OPCC). This provided a mentoring service to encourage younger prisoners to engage in rehabilitative activities. Outcomes for the four men who had engaged so far were positive.
- 4.27 A high number of prisoners had neurodiverse conditions. Those we spoke to felt well supported and the neurodiversity manager was making some further improvements. There was a small workshop designed to engage neurodivergent prisoners. The environment and the instructor were supportive of individual needs and worked with men who might not otherwise have been able to take in part in purposeful activity (see paragraph 5.20).

- 4.28 At the time of inspection, there were few foreign national prisoners and of those only a small number spoke little or no English. However, staff rarely, if ever, spoke to these prisoners using professional interpreting services.
- 4.29 In 2024, prisoners had submitted 88 discrimination incident report forms. While the forms were freely available, many prisoners told us they lacked confidence in the system and, as with complaints, a significant number were rejected without being investigated. The replies we reviewed were not always on time but were generally investigated thoroughly. In-house quality assurance was developing and involved some prisoner oversight, but it lacked any independent or external scrutiny.

Faith and religion

- 4.30 Since the last inspection, a good range of faith services had been restored. This was evident in our survey, with 91% of prisoners responding that they could attend religious services if they wanted to, compared with only 58% in 2022. There were, however, some competing demands around access to Sunday services. This was more acute on houseblocks two and four which shared facilities for medicines administration. This often went on too long and meant some prisoners missed the opportunity to attend their respective service.
- 4.31 The managing chaplain and his team worked hard to meet the faith needs of all prisoners, although the prison lacked a Rastafarian minister and had only recently recruited a Latter-day Saints minister. Pleasant facilities were well used for a variety of services and study groups. However, the chapel was cold and the heating had not worked for a considerable time.
- 4.32 The chaplaincy team completed their statutory duties, including speaking with new arrivals and visiting those in segregation. They also provided invaluable pastoral support which was much appreciated by prisoners. This included bereavement support and group work to help prisoners cope. Feedback from prisoners about these aspects was extremely positive (see paragraph 6.23).

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.

- 4.33 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found a breach of regulations and took enforcement action in the form a Warning Notice, served to the provider under Section 29A of the Health & Social Care Act 2008. The regulatory breaches will be

followed up with the health care provider. CQC also issued two 'action plan request' notices following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

- 4.34 NHS England (NHSE) commissioned Nottinghamshire Healthcare NHS Foundation Trust (NHFT) to provide all health services. In the absence of the NHFT's regular GP, locum cover was provided under subcontract by SMNS Limited. Time for Teeth provided dental services and Nottinghamshire County Council (NCC) were the local authority for social care.
- 4.35 In our survey, only 22% of prisoners, compared to 37% in similar prisons, thought the quality of health care was quite or very good.
- 4.36 Local partnership working was good, but it was concerning that the strategic partnership had failed to make any meaningful progress to address long-standing deficiencies in service delivery.
- 4.37 A full health needs analysis (HNA) was completed in February 2023 and a rapid assessment was undertaken in March 2024. A further HNA was completed in December 2024 to predict the impact of additional places planned in 2025. However, there was no clear plan to drive improvement and deliver the required development.
- 4.38 Commissioners held contract review meetings quarterly and performance information meetings every two months and carried out clinical quality visits. Local delivery boards were scheduled to meet every two months but had only met four times in 2024. A health care patient forum had only met for the first time during our inspection.
- 4.39 Local leaders had good oversight of services. However, the vacancy rate was 27% across services, which meant leaders covered gaps in delivery at a detriment to some essential managerial duties. Most services were stretched and heavily dependent on agency staff. Administration resources were wholly inadequate and this impacted on outcomes for patients. This included support for and oversight of the health application and appointment systems.
- 4.40 Ulysees (an incident reporting system) was used to record clinical incidents. There was a positive incident reporting culture, and incidents were reviewed in a timely manner to identify learning and opportunities for improvement.
- 4.41 There was no clinical audit programme to inform the service of areas for improvement. This was a known gap. The risk register captured most risks and had been reviewed.
- 4.42 A safeguarding policy was in place with an identified lead. Staff we spoke to knew how to make a referral. However, safeguarding training compliance was only 71%.

- 4.43 Staff we spoke to felt supported by local leaders. However, appraisal rates were low at 73%, and mandatory and statutory training compliance were poor.
- 4.44 In the last six months of 2024, only 35 informal concerns and three formal complaints had been raised. The complaints system was not confidential, it was poorly advertised and patients we spoke to did not know how to make a complaint. However, responses we sampled were generally appropriate and within the agreed timescales.
- 4.45 SystmOne (an electronic clinical record) was used across all services.
- 4.46 Emergency resuscitation equipment was in good condition, but daily checks were not always completed. If needed, an ambulance was called promptly and there were no delays in accessing the patient.

Promoting health and well-being

- 4.47 There was a joint health and well-being strategy. However, the participation of health care was highly constrained due to staff shortages. There were no trained peer health champions and this was a missed opportunity to promote health and well-being further.
- 4.48 Information about health services was displayed, with a particular focus on measles vaccination, but material was not available in languages other than English.
- 4.49 A range of age-appropriate health screens and vaccinations was offered routinely, including sexual health support and access to barrier protection. Patients had good access to visiting specialist sexual health services.
- 4.50 There were systems to deal with communicable disease outbreaks. There was a good partnership with Public Health England and, in 2024, this had been tested in an incident that was well managed.

Primary care and inpatient services

- 4.51 The primary care service was well led, with good managerial oversight. Staff told us that they felt supported by managers. It operated a seven-day, 24-hour nursing service and GP clinics. The permanent GP had not been on-site for several weeks, but the service was being supported by an enthusiastic locum GP and an out-of-hours service. In our survey, 47% of respondents said it was very difficult to see a doctor. The longest wait for a routine appointment was eight weeks. There were 129 patients on the list. The locum GP was on-site 18 hours per week, which was insufficient for the population size.
- 4.52 There were not enough clinical rooms or waiting room space and facilities were inadequate to deliver an effective service.
- 4.53 Although constrained by staff shortages, the primary care team was highly motivated and delivered an appropriate range of services.

However, health care applications were not triaged consistently by a nurse.

- 4.54 Initial health screenings for new arrivals were undertaken but the second physical health screen was not completed in a timely manner. This posed a potential risk to patient health and well-being. A recently appointed advanced care practitioner reviewed all patients with a long-term condition. We found patients with a long-term condition were well managed, with annual reviews taking place.
- 4.55 The team had a good mix of skills and there were daily handover meetings for staff to share important information about patients. Multidisciplinary meetings were also held weekly to discuss patients presenting with complex needs.
- 4.56 Clinical records, when completed, were sufficiently detailed and provided a clear plan of care. However, we identified a range of gaps in the records and could not be confident that they provided a continuous narrative of the patient experience. This was a risk to patient safety.
- 4.57 The administration and clinical oversight of external hospital appointments was not robust. A very recent tracker document had been implemented. However, we found patients who had attended hospital over three months ago without a documented outcome of their appointment on their clinical record. This posed a risk to ongoing care. Some routine appointments had been cancelled, but two-week urgent appointments were met. There were 20 slots per week for outpatient appointments but those who required an x-ray for injuries did not always go out in a timely manner, thus delaying assessment and treatment.
- 4.58 A range of allied health professionals visited. Waiting times were reasonable, with an average wait of around six weeks.
- 4.59 All patients leaving the prison were seen by a nurse and were given any medication they required along with a GP summary.

Social care

- 4.60 A memorandum of understanding (MOU) between the prison, the local authority (NCC) and the health and social care provider (NHFT) set out clear arrangements for accessing social care.
- 4.61 Prison and health care staff were proactive in identifying prisoners with potential care needs and making appropriate adjustments wherever possible and onward referrals to the local authority.
- 4.62 There were effective referral and assessment pathways in place and patients usually received an assessment within two weeks from a designated social worker or occupational therapist. NHFT staff provided social care if needed. The occupational therapist worked closely with the prison to ensure that patients received equipment such as mobility aids, shower seats and handrails in a timely manner. At the time of our inspection, there were no prisoners in receipt of a social

care package. However, several prisoners had received aids and adaptations to help them maintain their independence.

- 4.63 Prisoner support workers helped prisoners with low-level social care needs. There were two support workers available on each main wing. A prison manager had good oversight of these roles and ensured they were supervised appropriately.

Mental health

- 4.64 The integrated primary and secondary mental health service operated during the day, seven days a week. The small multi-disciplinary team worked hard to meet patients' urgent needs and manage risks. They also undertook busy key functions such as reception screening assessments, ACCT reviews and medicines administration. This was commendable.
- 4.65 The team's resources were clearly insufficient to meet the needs and demands of the population. There had been little progress in increasing the resources which meant the service was fragile and unsustainable.
- 4.66 Mental health nurses completed initial reception health screening assessments, which meant they promptly identified prisoners with mental health issues or neurodiverse needs. Referrals also came from officers, other prison staff and health care. Patients could self-refer using in-cell technology to submit applications. However, the team struggled to triage the sheer volume of referrals and applications. As a result, they relied heavily on busy and stretched weekend staff.
- 4.67 The service operated a stepped care model for mental health but, as the team had to prioritise critical activities, they could only offer a limited range of clinical and psychological interventions. While nurses had caseload days to support their patients and offer interventions, these were often cancelled. At the time of our inspection, around eight patients were receiving one-to-one psychological therapy. A 'living with distress' group and an emotional health drop-in clinic were scheduled to start in March 2025.
- 4.68 The psychiatrist offered weekly clinics and scheduled urgent appointments when needed. He led an effective weekly multi-disciplinary complex case meeting where staff shared updates on patients, discussed risks and reviewed care plans. A specialist nurse worked with the prison's neurodiversity manager to identify and support patients with ADHD, autism and learning disabilities, which was positive (see paragraph 4.27).
- 4.69 The service had waiting lists for initial assessments but managed these by cancelling other activities. This meant that patients did not usually have to wait more than a few days. There were a number of routine waiting lists. For example, 53 patients were waiting for a psychology assessment, 22 patients were waiting for a neurodiversity assessment, and around 42 patients were waiting for one-to-one or group therapies.

- 4.70 The service and prison had jointly developed an innovative and successful mental health peer support scheme and nurses provided training and supervision to the peer workers.
- 4.71 Staff ensured that acutely unwell patients were closely monitored and made prompt referrals for Mental Health Act assessments for those who needed transfer to hospital. In the six months before the inspection, only one patient out of four had waited more than 28 days for admission to hospital.

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

- 4.72 At the time of our inspection, an integrated substance misuse team was supporting approximately 190 patients. There had been an absence of team leadership for around four months. However, during our inspection, a new manager started in post. The team had a good local working relationship with the prison, including engagement with the prison's drug strategy.
- 4.73 The team was significantly under-resourced to meet the demand within the population given high levels of drug use amongst prisoners. There were not enough resources to deliver sufficient structured psychosocial interventions, and the team was frequently required to administer medicines. This further reduced the time they had to support patients on their caseload.
- 4.74 Patients could self-refer to the service using in-cell technology. All new patients were screened for substance misuse concerns and, where appropriate, their care was reviewed by a prescriber to continue opiate substitution therapy (OST). New arrivals were all offered a full assessment with the team. At the time of our inspection, 37 patients had been waiting up to 10 days for an initial assessment. All new referrals were discussed in a weekly multi-disciplinary allocation meeting, which was good practice.
- 4.75 Clinical treatment of opiate addictions was evidence-based with approximately 190 patients in receipt of OST. Treatment was overseen by an experienced non-medical prescriber (NMP). However, there was little resilience for the absence of the NMP, which created risk. Prescribing was flexible with alternatives to methadone or buprenorphine available, and OST was administered alongside routine medicines.
- 4.76 Patients in receipt of OST received routine 13-week reviews to monitor their treatment. However, psychosocial workers were not always included in these reviews, which was not good practice. There were no clinical care plans for patients in receipt of OST. This was a significant gap and created a high risk to continuity of care for patients. Those in receipt of OST were encouraged to engage in psychosocial activity, but not all did.

- 4.77 The provider should have been working to a four-tier model to deliver psychosocial interventions. Tier 1 and 2 interventions were delivered through one-to-one activity and a very limited number of groups that had recently recommenced after a significant gap. At the time of inspection, 109 patients were awaiting tier 2 group work and there were no tier 3 or 4 options available, which was poor.
- 4.78 Due to the limited psychosocial support available from health care, the prison had taken steps to provide some substance misuse support options. This included an incentivised substance free living wing (ISFL) (see Glossary) with dedicated substance misuse officers, two peer mentors and the facilitation of mutual aid from Alcoholics Anonymous and Narcotics Anonymous. The prison had purchased a SMART recovery (a programme providing support for those in recovery) licence and substance misuse officers were undergoing training to run self-help sessions.
- 4.79 The prison had adopted a new policy for patients found to be under the influence of illicit substances. Substance misuse officers and peer mentors offered support to these patients alongside a period of observation and, if working with the substance misuse team, they were seen by their case worker as well for additional support.
- 4.80 The substance misuse team referred all patients on their caseload to community substance misuse services prior to being released. All patients were offered Naloxone (a medicine used to treat opiate overdose) to take home.

Medicines optimisation and pharmacy services

- 4.81 Pharmacy services were supported by a highly skilled and experienced team of pharmacy technicians who followed written procedures. Team members provided patients with information about their medication and supported them with access to other health care services. However, additional responsibilities for this team were limited. A medicine management meeting had been held for the first time in December 2024.
- 4.82 Medicines were dispensed and supplied from an external community pharmacy. Generally, prescriptions sent to the pharmacy were returned the next day. There was a cut-off time of 11am for urgent medicines. Issues such as out-of-stock medicines were shared with the prison pharmacy team to take appropriate action.
- 4.83 Medicines administration from the pharmacy and houseblocks was led by the pharmacy technicians with support from the nursing team and health care assistants. Administration of medicines took far too long, which meant that patients were unable to arrive at their activity placement on time, if at all. There were often lengthy gaps between groups of patients collecting their medication. This also impacted on the team member's workload, as other tasks could not be completed whilst administering medicines. Prison officers supervised the queues, but small groups gathered close to the hatch in the pharmacy. This

limited confidentiality and increased the risk of diversion of medicines to another prisoner.

- 4.84 In the pharmacy, the team was disturbed by health care colleagues collecting keys or the medicines trolley. This created a distraction and, potentially, the risk of an error occurring.
- 4.85 The pharmacy was usually given advance notice of a few days when patients were being released or transferred, although occasionally this was the morning or afternoon before. This added pressure on the team to arrange prescriptions and order the medication from the external pharmacy or take prescriptions to other pharmacies.
- 4.86 78% of patients had all or some of their medication in possession (IP) and the corresponding risk assessment was captured. The pharmacy technicians contributed to completing IP risk assessment and reviews, and alerted prescribers to changes to a patient's IP status. IP medicines were appropriately labelled, but they were supplied without being concealed in a bag. This meant that patients' medicines could potentially be seen by others. Storage facilities were available in the cells. The pharmacy team completed random checks, and non-compliance resulted in a review of the patient's IP status.
- 4.87 The pharmacy team appropriately responded to incidents involving patients' medicines. They kept records of these incidents and identified opportunities to reduce the risk of errors. Following the death of a patient prescribed IP medication who had not been taking their medicines, the lead pharmacy technician updated the cell checklist to include medication for treating long-term conditions.
- 4.88 There was out-of-hours provision for medicines such as antibiotics and supplies could be made against patient group directions. A record was kept of the medicines used. Patients could receive over-the-counter medication such as paracetamol. A check of stock levels, to ensure medication was available when needed, did not always take place weekly.
- 4.89 Suitable arrangements were made for transporting medication around the prison. Fridge temperatures were regularly checked and recorded in the main pharmacy, but not in treatment rooms on houseblocks. Controlled drugs were appropriately managed and securely stored and drug safety alerts were correctly responded to.

Dental services and oral health

- 4.90 Dental services were well led. Experienced staff provided good quality care to patients. However, there was high demand, with 195 patients on the waiting list for an initial appointment for routine care and some patients waiting up to 11 weeks. This was too long. In the 12 months to September 2024, a waiting list initiative had provided additional sessions, but waiting times had risen since this finished.

- 4.91 The churn within the prison population and large volumes of applications for urgent care added pressure to the service. These were appropriately prioritised but this and high numbers of patients (25%) not attending their appointments further impacted waiting times for routine treatment.
- 4.92 A full range of NHS equivalent dental services were available to patients. Clinical records we looked at demonstrated a comprehensive oral health assessment for all patients. Patients with urgent dental care needs, such as those in pain, were able to access emergency appointments. Those patients requiring outside dental treatment were referred in good time and systems were in place to manage and facilitate their care.
- 4.93 The dental suite was clean, and there were systems to ensure the safe decontamination of equipment. All equipment was safe to use and well maintained. The dental nurse had developed a comprehensive electronic clinic schedule to monitor compliance with required standards, including infection control and radiography.

Section 5 Purposeful activity

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

Time out of cell

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

- 5.1 Almost two-thirds of prisoners were located on houseblocks one, two and three. This included new arrivals and those serving shorter sentences or with less time left to serve in prison. They had poor access to purposeful activity. Most were supposed to be allocated to part-time work, but in our roll checks only 10% of men were off the wings in work, education or training and 35% were locked in their cells. During the inspection, too many prisoners went to their activity placement only to be sent back to the wing shortly afterwards and locked in cell again as there was no available work for them. Outcomes for prisoners on the other houseblocks, where full-time work was available, were much better. We found 55% of men involved in work, education or training off the wings, and far fewer (19%) locked in their cells.
- 5.2 At the time of our inspection, almost 300 prisoners had no purposeful activity. This was typically because they were still on induction, were waiting to be allocated or had refused work. Their time out of cell was poor, at just two hours a day during the week. About 100 prisoners were on the basic level of the incentives scheme and they only had one hour a day out of cell, which was also poor.
- 5.3 The weekend regime was subject to some curtailments because of staff shortages. As a result, managers rotated these restrictions around men living on houseblocks four to eight because they had better time unlocked in the week and some benefitted from in-cell showers. Apart from some activities for a small number of men on houseblock three linked to a resettlement project (see paragraph 6.6), there were no organised activities on the houseblocks other than the usual recreational equipment. This included pool and table tennis as well as some wing-based exercise equipment.
- 5.4 The library was well staffed. The environment was one of the best we have seen, easily equivalent to a community facility. The range of stock was excellent and good outreach provision was in place for prisoners who did not visit. It was positive to see the addition of a weekly 'calm' session for neurodiverse prisoners and those who were struggling to cope.

- 5.5 Since our last inspection, access to the library had improved, although there was no weekend opening and evening sessions for full-time workers were often cancelled. Some sessions were brief as they were squeezed into the two-hour slot allocated for prisoners to exercise, complete domestic tasks and shower.
- 5.6 The gym was well staffed and sessions ran reliably, but only 43% of prisoners attended. The heating was unreliable, the roof leaked, some equipment needed replacing, and there was no outdoor space for team sports because of building work.

Education, skills and work activities



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

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

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

Overall effectiveness: requires improvement

Quality of education: requires improvement

Behaviour and attitudes: requires improvement

Personal development: requires improvement

Leadership and management: requires improvement

- 5.8 Since the previous inspection, leaders and senior leaders had made steady improvements across education, skills and work. They knew their strengths and weaknesses in this area and had made changes which were sustainable. They had addressed the recommendations in the previous inspection report, including to fulfil the role of a training prison and provide an ambitious curriculum which meets the development needs of the prison population. In many instances they

had firm plans in place to continue their journey of improvement. However, although there had been rapid improvement, at the time of inspection some strategies and initiatives were too new to see the full impact.

- 5.9 Senior leaders had a clear strategy for education, work and skills and ensured that there were sufficient suitable places for their population. Prisoners were allocated to specific houseblocks depending on their length of stay. Those with longer to serve were housed in houseblocks four to eight and given full-time training and employment. Many prisoners on houseblock three were due for release within three months and were required to do part-time training or work, with time for them to access support, such as careers guidance, to prepare for release.
- 5.10 Senior leaders prioritised education, skills and work in the prison. They were personally involved in designing the strategy and evaluating the success of improvements. For example, they included discussions about attendance in purposeful activity at daily briefings, acknowledging that this was a cross-prison issue for leaders to solve together. Senior leaders had implemented a pay policy which prioritised education, work and skills, particularly education, with the very recent introduction of an incentive based on the successful completion of functional skills qualifications.
- 5.11 Leaders had made sustained improvements in attendance and prisoners attended well in most areas, particularly in work and vocational training. There was a small proportion of prisoners who refused to participate in education and outreach tutors were used well to re-engage these prisoners. However, attendance in industries workshops was too low. Leaders had implemented new strategies to improve this, such as changing the times of access to the pharmacy and the gym. However, the full impact of this could not yet be seen.
- 5.12 There was a significant issue of equipment and facilities being worn down and malfunctioning. For example, in the week of our inspection, there was faulty heating in one of the textiles workshops and a broken extraction unit in the wood mill. Often, repairs were completed in a few days, although a few unexpected faults took much longer. Leaders mitigated the impact of this through changes to the curriculum. For example, in the wood mill, prisoners had switched from using the machinery to learning to use hand tools. However, prisoners were frustrated when equipment failure prevented their attendance or delayed their start dates in workshops, as this slowed their progress in developing valuable skills.
- 5.13 Senior leaders held leaders and managers in education, skills and work to account well. They understood and were interested in purposeful activity, and they used this knowledge to interrogate and challenge managers to bring about improvements. Senior leaders participated in quality processes, including the governor visiting classrooms and workshops, speaking with prisoners and looking at their work. From

this, they asked leaders in education, skills and work perceptive questions and ensured that improvements made a positive difference.

- 5.14 Leaders and managers provided a broad curriculum which focused on developing the knowledge and skills needed to gain employment after release. They ensured that most training and work in the prison led to qualifications which could help prisoners to gain employment. Prisoners learned in workshops which accurately reflected the real-world working environment, particularly in the engineering workshop and the construction academy. However, in a few areas of industries, leaders did not ensure that there were sufficient purposeful activities for prisoners to develop valuable knowledge and skills. For example, in the workshop packing food parcels, prisoners did monotonous work that did not develop their skills for employment. In a few houseblocks, there was not enough work on the wings to occupy prisoners for their full-time employment.
- 5.15 Managers allocated prisoners to education, training and work effectively. Most prisoners were allocated in a timely way to work and education that met their circumstances. New prisoners benefited from a prompt and comprehensive induction in education. This helped them to consider the qualifications and training that they would like to complete to work towards their future career goals. As part of their induction, teachers and tutors assessed prisoners' additional support and reading needs and their literacy and numeracy skills. As prisoners started a new activity in education or vocational training, teachers and tutors assessed their prior knowledge and skills accurately and used this to plan learning.
- 5.16 People Plus provided the education and vocational training in the prison. Experienced teachers and tutors carefully planned the curriculum to enable prisoners to develop their knowledge and skills during their courses. In English, teachers ensured that prisoners understood the building blocks of language and corrected misconceptions early. For example, teachers used discussion and questioning skilfully to teach about homophones, which prisoners then used correctly in written activities. Teachers and tutors frequently checked learning to ensure that prisoners grasped new knowledge and skills before moving on to more complex topics. Prisoners developed new knowledge and skills securely, many starting with little prior knowledge in the subject.
- 5.17 Teachers, tutors and instructors used a range of effective teaching strategies. This included practical demonstrations, discussion and useful questioning. Leaders and managers had thorough quality processes which supported consistently high-quality teaching and training. These had been implemented fully in education and vocational training and translated appropriately into industries workshops so that instructors also benefited from support to improve their practice. Leaders and managers worked collaboratively across education, vocational training and industries to share best practice, such as discussing different ways to support prisoners with neurodiversity.

- 5.18 Most teachers, tutors and instructors used assessment effectively. For example, in textiles, instructors observed and recorded prisoners demonstrating skills in using a sewing machine. Most teachers, tutors and instructors chose methods to track prisoners' development of knowledge and skills which were suitable in their particular area of education and training. For example, in the engineering workshop prisoners used reflective journals well to evaluate their learning.
- 5.19 Teachers, tutors and instructors established supportive environments in their classrooms and workshops. This enabled prisoners to focus on learning and developing skills and grow in confidence. Prisoners felt safe, demonstrated positive behaviour and were respectful to staff and each other.
- 5.20 Leaders and managers ensured that appropriate support was put in place where prisoners were identified to have additional needs. For prisoners with more complex neurodiversity and mental health needs, leaders and managers had successfully established a specific workshop. This included an instructor with training to support these prisoners, agreed levels of light and volume while working and individual targets to develop prisoners' skills. Prisoners worked together to agree aspects of the environment, such as the volume of the radio while they worked. Prisoners in this workshop valued highly the opportunity to develop skills in an environment where they could be calm and productive.
- 5.21 Leaders and managers had implemented their reading policy well, incorporating training for staff, including residential officers, to help them identify when a prisoner may have a reading need. An experienced reading specialist provided one-to-one support for prisoners with very low reading skills, using phonics to decode individual words. For prisoners who required support to learn to read independently, highly committed Shannon Trust mentors worked with individuals to build their confidence in reading. This strategy was having a significant positive impact on these individuals. For more independent readers, there was a prison-wide approach which leaders were beginning to implement, including greater use of the library, book clubs and providing reading in workshops linked to the subject. However, leaders had not yet expanded their reading strategy to increase the amount of reading for pleasure in order to have a wider impact.
- 5.22 Mentors in education, skills and work were highly valued by leaders, staff and prisoners. Mentors were trained to a level 3 qualification which included carrying out work experience which was assessed through observations by their tutors. Mentors planned their work meticulously and led on challenging aspects of teaching and training. For example, in English, mentors initiated and managed group discussions by prisoners about topics such as equality and diversity.
- 5.23 Prisoners made steady progress in their learning and training. They developed valuable new knowledge and skills which were focused on being ready for employment. Prisoners with no previous experience

gained expertise in plastic moulding and painting and decorating. In most areas of the provision, prisoners achieved their qualifications. However, achievement in higher-level English and mathematics was low. Leaders and managers had recently implemented improvements to the curriculum and teaching to address this, however it was too soon to see the full impact.

- 5.24 Leaders and managers had made improvements to their wider curriculum beyond academic, vocational and technical skills. They had increased the range of enriching activities that were available and, where these had been implemented successfully, they were having a positive effect. For example, a few prisoners took part in powerful creative writing projects in the library. However, this new curriculum was in its early stages and not yet sufficiently benefiting enough prisoners consistently.
- 5.25 Prisoners had in-cell laptops with access to the Virtual Campus. These were used to send and receive messages including making requests to change their activities and receiving messages from staff in education, skills and work and the employment hub. Prisoners could also access information on a variety of topics including healthy living such as yoga videos and developing skills such as learning to play the guitar. These were useful for those prisoners who took the initiative to use them.
- 5.26 Prisoners received effective careers information, advice and guidance through the employment hub. Typically, this was provided at induction, at a mid-point of their stay and in the three months before release. Prisoners who arrived with less time to serve were prioritised to ensure they benefited from this service. Prisoners valued the careers guidance they received which helped them to make choices, such as selecting training in the prison which could prepare them for a career after release.

Section 6 Preparation for release

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

Children and families and contact with the outside world

Expected outcomes: The prison understands the importance of family ties to resettlement and reducing the risk of reoffending. The prison promotes and supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 6.1 Help for men to make and maintain contact with their children and families lacked creativity. There was only one family engagement caseworker for over 1,000 prisoners. In six months, only 27 men had completed Storybook Dads (enabling prisoners to record a story for their children). There were no parenting courses or opportunities for prisoners to engage with their children's development, for example by attending a school parents' evening through video calling. Not all prisoners could reliably benefit from an in-cell telephone because too many were broken.
- 6.2 The number of social visits available did not meet demand as there was only space for 180 prisoners to have a weekly visit. Prisoners and their families described significant challenges with booking a visit, particularly at the weekend. We were told repeatedly about relatives having to get up at midnight to book four weeks ahead as soon as sessions became available online. Themed family events were held, but they only lasted two hours. This was particularly disappointing given that visitors often travelled long distances to get there.
- 6.3 The visits hall had a particularly welcoming play area for children. Visitors were able to order food in advance. However, it was disappointing that there were no healthy options available.
- 6.4 Video visits were offered in the evening, which was good to see. Prisoners without any social visits were offered additional phone credit, but planned events for them in the visits hall had yet to start. The official prison visitors scheme run by the chaplaincy had not been available since the pandemic; however, new visitors had just been recruited.

Reducing reoffending

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

- 6.5 Compared to our last inspection, there were now more high-risk prisoners and more releases each month. In 2024 around one in five prisoners arrived with less than three months left to serve in prison, which placed extra demand on OMU and resettlement services.
- 6.6 Leaders had taken action to respond to the changed population and were developing a designated resettlement unit on houseblock three. The pre-release team provided help to low- and medium-risk prisoners, and Nacro (a housing charity for prisoners released to the East Midlands) was based on this unit. A resettlement course, called Creating Future Opportunities, had also recently started on the unit for a small number of prisoners. This included help in developing life skills such as cooking, budgeting and exercise.
- 6.7 The increased demand on the OMU, and time spent completing assessments for early release schemes, took prison offender managers (POMs) away from regularly meeting with prisoners. This was further compounded by high caseloads of over 80 prisoners for each POM, and a lack of confidential interview space on the wings, especially on houseblocks one, two and three. As a result, the level of contact between POMs and prisoners remained limited. It was positive that prisoners could send and receive messages via their laptop, but many requests submitted to the OMU were left unanswered for too long.
- 6.8 The lack of contact meant that prisoners received insufficient support, challenge, or encouragement. This was particularly evident amongst those who were not motivated to go to work, or who had indicated that they did not want to progress.
- 6.9 While prisoners tended to have monthly sessions with key workers, these were often with a different officer each time. Key work did not focus on setting targets with prisoners to improve their behaviour, including securing and maintaining a job or undertaking an education programme.
- 6.10 We found prisoners who had waited many months for their initial sentence plan, which was a source of frustration and delayed their opportunity to make progress. Often this was due to waiting for the community offender manager to set these targets. We saw some evidence of the prison staff challenging these delays, but in our survey, only 53% of respondents said that they had a sentence plan. The senior probation officer had recently introduced a promising initiative designed to mitigate these problems. Working with the education department, they had developed short courses covering drug and alcohol awareness, relationships, conflict management and budgeting

to meet the needs of the short-term population. POMs set out these goals in an interim plan which was recorded on the prisoner's electronic record and could be viewed and updated by POMs and key workers.

- 6.11 Despite the limited support from POMs and key workers, we saw some examples of prisoners who had made good progress. Most of these self-referred to work and other interventions. In one example, a prisoner achieved qualifications in barbering and bricklaying, and completed short courses for conflict resolution and drug and alcohol awareness. He remained in full-time activity during his stay and his progress was recognised by a recommendation for open prison conditions.
- 6.12 In the last year, 184 prisoners had been assessed as suitable for an open prison and most were transferred promptly. Reviews of prisoners' security categorisations were generally timely and defensible. A written record of the decision was sent to the prisoner, but many did not include meaningful advice on areas the prisoner should focus on before the next review.
- 6.13 Just under half (48%) of the population had over 16 months left to serve in prison. Support for some of these prisoners, including those serving IPP sentences, was developing on houseblock five. The parole board had recently visited to update on changes to the IPP license and family days were due to take place soon.

Public protection

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

- 6.14 Since our last inspection, public protection arrangements had improved and were generally sound. There was a dedicated team which included a probation officer and an experienced POM. The POM screened new arrivals and arranged for appropriate restrictions around contact to be put in place, communicating the consequences of breaching these to prisoners.
- 6.15 The public protection team liaised effectively with community offender managers and social services to inform their assessments of the need for child contact restrictions. Reviews were generally on time.
- 6.16 Around 40 prisoners were having their telephone calls, emails and letters monitored. Staff in the public protection team had found some gaps in the identification of risk during telephone calls. As a result, a probation officer had recently delivered training to those listening to calls to improve the quality of their monitoring. This included how to recognise signs of coercive control and other forms of abuse.
- 6.17 Around 65% of prisoners were assessed as a high-risk of serious harm, which was an increase from 40% at the last inspection. There was only one senior probation officer working in the prison and leaders could not

be assured that the management arrangements for all these high-risk men had been reviewed before release. The interdepartmental risk management meeting was held weekly, but it was not always well attended and some departments did not always share information about prisoners to inform discussions. Leaders sought to rectify this during the inspection.

Interventions and support

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

- 6.18 Delivery of the two accredited programmes, the Thinking Skills programme (TSP) (a cognitive skills programme addressing offenders' thinking and behaviour) and Kaizen general violence (for high-risk men who have been convicted of a sexual, intimate partner or violent offence) had improved. In the last 12 months, 87 prisoners had completed one of these programmes. The team was in a good position to begin delivering the new programme, Building Choices, later in the year.
- 6.19 Leaders had invested in a proactive resettlement officer, who was a uniformed member of staff and helped to support the work of the strategic housing specialist. Since May 2024, he had made over 340 telephone or video calls to local authorities and community housing support services so that prisoners could complete housing assessments before release. He also provided help for prisoners who needed to manage their housing benefit arrears and tenancies.
- 6.20 Since the resettlement officer had been appointed there had been a reduction in the homelessness rate and, in the last 10 months, only 8% of prisoners left with no accommodation at all. However, over half (53%) of men left with only short-term accommodation, such as approved premises or Community Accommodation Service Tier 3 (CAS-3) placements, which was not judged to be sustainable accommodation.
- 6.21 Within three months of their release date, prisoners were invited to attend the employment hub where they could access a reasonable range of help. This included finance, benefit and debt advice, as well as support for obtaining a driving license or passport. Support to write CVs was also available and a prison employment lead arranged employment events. They helped prisoners to apply for jobs and interviews before release, which was good.
- 6.22 The chaplaincy team provided some useful and well-used interventions which had been delivered to over 325 prisoners in the last 12 months. A group course aimed to equip prisoners with better skills to manage their behaviour and emotions. This had helped some men to demonstrate progress and reports were sometimes used to inform security category reviews and parole board hearings. Bereavement

support was also available and included help to understand and manage grief, guilt, and anger (see paragraphs 3.41 and 4.32).

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.

- 6.23 There had been 1138 releases in the last year. A fortnightly release board had been introduced and it was attended by resettlement services in the prison and some from the community. It provided improved oversight of low- and medium-risk prisoners who were likely to be released without accommodation so that agencies could plan more effectively. This was good, but we found that more needed to be done to involve prisoners in these meetings and update them about the plans for their release.
- 6.24 Too many prisoners (43%) were released after their earliest home detention curfew (HDC) date (see Glossary), meaning they spent longer in prison than they needed to. Some men arrived at HMP Ranby very close to their eligibility date meaning there was sometimes little time left to make arrangements. However, delays were also due to a lack of suitable and safe accommodation in the community.
- 6.25 Practical support on the day of release was limited. The departure lounge had closed and there was no longer a place for prisoners to access basic items such as suitable clothing or to charge a mobile phone.

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

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

Recommendations

Prisoners should be given a free telephone call on arrival, subject to a risk assessment.

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.

Key recommendations

Prisoners should have prompt access to health services, facilitated by sufficient staff to escort them to their health care appointments, to improve attendance, reduce waiting time and optimise use of clinical time.

Partially achieved

The integrated substance misuse service should provide treatment and interventions that are in line with national guidelines. Regular face-to-face reviews with the opiate substitution treatment prescriber, and a range of psychosocial interventions to support treatment and recovery, should be provided.

Achieved

Recommendations

Managers should make sure that staff respond to cell call bells within five minutes.

Not achieved

Prisoners should have prompt access to their property and to incoming parcels.

Achieved

The prison should identify the needs of prisoners with protected characteristics and work to meet them accordingly.

Partially achieved

Prisoners should receive weekly corporate worship.

Achieved

There should be a prison-wide systematic approach to promoting prisoner well-being, outlined within a health promotion strategy which is monitored regularly.

Achieved

Officer supervision of medicine administration should enable compliance, promote confidentiality and minimise the risk of diversion.

Not achieved

Purposeful activity

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

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

Key recommendations

Leaders should urgently prioritise increasing time unlocked and the provision of regular education, skills and work activities to fulfil the role of a training prison.

Partially achieved

Leaders and managers should swiftly implement an ambitious curriculum that addresses the development needs of all the prison population, provides comprehensive support to remove barriers to learning for prisoners with LDD, and recognises and promotes all prisoners' achievements in workshops and work, with rigorous quality assurance and improvement procedures.

Achieved

Leaders and managers should make sure that activity allocation supports all prisoners' rehabilitation and resettlement needs and includes effective checks on allocation decisions. All prisoners should be allocated, and attend, purposeful activity that fully occupies them throughout the working week.

Partially achieved

Leaders and managers should provide all prisoners with effective pre-release preparation, including ready access to careers information, advice and guidance, and the use of the virtual campus, so that prisoners can research career options and apply for employment, education or employment before their release.

Achieved

Structured on-wing activity should provide purposeful and enriching extracurricular activities as intended.

Not Achieved

Recommendations

All prisoners should have weekly access to the library.

Achieved

Preparation for release

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

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

Key recommendations

Population flow to the prison should reflect its design and resourcing.

No longer relevant

A comprehensive reducing reoffending strategy, supported by a detailed action plan that is monitored and updated regularly, should be developed to improve outcomes for prisoners.

Achieved

All eligible prisoners should have a relevant, up-to-date sentence plan, and regular and meaningful contact with an appropriately trained offender manager, focused on promoting and enabling their progression.

Not achieved

Public protection assurance arrangements should make sure that all prisoners approaching release who present a high or very high risk of harm to others are managed appropriately and have a comprehensive plan in place in sufficient time to address any gaps in risk management and resettlement needs.

Achieved

Resettlement planning for all prisoners, irrespective of their release area or risk-of-harm status, should be timely, coordinated and comprehensive, to make sure that any outstanding needs are addressed.

Not achieved

Recommendations

Arrangements for the booking of visits should be improved.

Not achieved

Category D prisoners should be able to move to open conditions without delay.

Achieved

There should be sufficient offending behaviour programme places to meet need.

Not achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Preparation for release

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

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

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

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

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Sandra Fieldhouse	Team leader
Sumayyah Hassam	Inspector
Jessie Wilson	Inspector
Kellie Reeve	Inspector
Jonathan Tickner	Inspector
David Owens	Inspector
Rachel Badman	Inspector
Rebecca Stanbury	Inspector
Steve Oliver-Watts	Inspector
Tareek Deacon	Researcher
Adeoluwa Okufuwa	Researcher
Emma King	Researcher
Alicia Grassom	Researcher
Simon Newman	Lead health and social care inspector
Sarah Goodwin	Health and social care inspector
Helen Jackson	Pharmacist
Si Hussain	Care Quality Commission inspector
Karen Anderson	Lead Ofsted inspector
Jonny Wright	Ofsted inspector
Suzanne Wainwright	Ofsted inspector
Mary Devane	Ofsted inspector
Julie Ashton	Ofsted inspector

Appendix II Glossary

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

ACCT

ACCT Assessment, care in custody and teamwork – case management for prisoners at risk of suicide or self-harm.

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Family days

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

Home detention curfew eligibility date (HDCED)

Home detention curfew eligibility dates (HDCEDs) are based on set criteria. Eligible prisoners will not automatically be released on HDC on that date.

Incentivised substance-free living (ISFL)

Prison wings providing a dedicated, supportive environment for prisoners who want to live drug-free in prison.

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.

Listener

Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

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 – incapacitant spray 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).

Secure video calls

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

Social care package

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

Special purpose licence ROTL

Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

Time out of cell

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

Appendix III Care Quality Commission action plan request



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

The inspection of health services at HMP Ranby was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see [Working with partners – HM Inspectorate of Prisons \(justiceinspectorates.gov.uk\)](http://www.justiceinspectorates.gov.uk)). The Care Quality Commission makes requests for action plans following this inspection.

Regulation 12

How the regulation was not being met:

- Second reception health screenings were not completed in a timely manner which presented potential risks to new patients' health and well-being.
- There were some gaps in patients' primary care records, which provided an incomplete picture of a patient's care.
- The administration and clinical oversight of external hospital appointments was not robust enough, presenting a risk to timely care planning and ongoing care.
- There were gaps in the checks of equipment (emergency bags, defibrillators), fridge temperatures in wing treatment rooms, and the emergency drugs cupboard.
- Some staff covering weekend shifts did not have the skills and experience to deal with emergencies safely.
- Patients had to wait up to eight weeks for a routine GP appointment and there were 129 patients on the waiting list.
- A vacancy for a pharmacist meant that no medicines reviews were taking place at the time of our inspection.
- Some patients in receipt of Opioid Substitution Therapy (OST) did not have clinical care plans.

- Thirteen-week reviews for patients in receipt of OST did not always include psychosocial workers, in line with clinical guidelines.
- There were limited tier 1 and tier 2 psychosocial interventions and no tier 3 or tier 4 interventions available for patients with substance misuse issues.
- There was a lack of robust arrangements to cover any absences of the non-medical prescriber for substance misuse.
- There were insufficient psychological therapies available to meet the needs of prison population.

Regulation 16

How the regulation was not being met:

- The complaints process was not confidential. There were no complaints boxes on wings or in health care.
- Some patients we spoke with said they did not know how to complain.
- Complaints forms were not easily available to patients.

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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