



Report on an unannounced inspection of

HMP Haverigg

by HM Chief Inspector of Prisons

31 March – 10 April 2025



Contents

Introduction.....	3
What needs to improve at HMP Haverigg	5
About HMP Haverigg.....	6
Section 1 Summary of key findings.....	8
Section 2 Leadership	11
Section 3 Safety	13
Section 4 Respect.....	20
Section 5 Purposeful activity.....	38
Section 6 Preparation for release	47
Section 7 Progress on recommendations from the last full inspection report	55
Appendix I About our inspections and reports	59
Appendix II Glossary	62
Appendix III Further resources	65

Introduction

Strong leadership by an experienced governor and his highly capable deputy meant that Haverigg, a Cumbrian open prison holding 490 prisoners convicted of sexual offences, was one of the most impressive jails in the country.

Out on a peninsular on the edge of the Irish Sea, Haverigg had a troubled history as a category C trainer prison and it was a sensible decision to re-role it as a category D jail in 2019. Supported by leaders, staff had adapted well to this new population and there was a real sense of purpose about the prison.

Most impressively the leaders and the education provider had worked together to create a curriculum that was aimed at giving prisoners the skills that would help them get work on release. This was critically important because of the limited employment opportunities for men convicted of sexual offences. As a result, the prison had some of the highest numbers of men in employment six months after leaving the jail. The prison was also building up a small but growing network of local employers who were prepared to provide work for men released on temporary licence (ROTL).

Leaders at the prison had also worked hard to address the concerns of the local population which had become much more accepting and used to prisoners out in the community. The jail organised regular litter picks and prisoners helped with gardening and maintenance jobs in nearby villages. Shops selling coffee and farm produce provided more jobs for prisoners outside the gate.

There were some frustratingly long delays for some prisoners in being assessed as suitable for ROTL due to probation services or the police not completing checks— particularly for those prisoners who were due to go on home leave.

Inside the jail prisoners worked in the extensive farms and gardens providing a good proportion of the prison's food, while others worked in the smokery and maintaining the extensive grounds and buildings. The prison still had lots of high fencing, but prisoner work parties were gradually taking this down. In the billets and wings where prisoners were housed, there had been some good improvements to the accommodation with better maintenance and more private telephones. Unlike in other jails where many prisoners are underemployed as wing cleaners, at Haverigg there was an expectation that all the men were responsible for keeping the place clean.

At Haverigg staff were aware that men convicted of sexual offences can often become isolated and withdrawn, adding to the risk that they may be drawn back into offending. There were a very wide range of enrichment activities that keep them occupied during the day and the evenings. In the Hive there was a coffee shop, health clinic, tailor's shop and listener suite where prisoners could drop in, while at the Village Hall there were quizzes, darts, carpet bowls and music. Those prisoners who were isolated were supported to get involved and there was a specialist unit being developed for prisoners with neurodiverse needs.

Staff at Haverigg worked hard to reduce the risk of those men in their care. At the excellent offender management unit (OMU) prisoners were supported in addressing their offending and planning for the future while officers had some training to help them to understand the risk posed by these prisoners and they were aware of where to take any concerns.

It was an absolute pleasure to visit this safe, decent and effective prison and I have no doubt that with the current staff and leadership team Haverigg is a jail that will continue to flourish. I hope leaders from other prisons take the trouble to visit and learn from the many achievements we describe in this report.

Charlie Taylor

HM Chief Inspector of Prisons

July 2025

What needs to improve at HMP Haverigg

During this inspection we identified four key concerns and no priority concerns. 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.

Key concerns

1. **The imposing internal and external fencing remained inappropriate for an open prison.**
2. **Some prisoners waited too long for their ROTL to be approved which impacted on their ability to progress.**
3. **The waiting time for the trauma therapy service was 40 weeks, which was too long.**
4. **Leaders and managers did not ensure that prisoners were taught routinely how to protect themselves from the risks associated with radicalisation and extremism.**

About HMP Haverigg

Task of the prison/establishment

HMP Haverigg is a category D men's open prison.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 490

Baseline certified normal capacity: 550

In-use certified normal capacity: 499

Operational capacity: 499

Population of the prison

- 371 new prisoners received in the last year.
- 95% of prisoners convicted of sexual offences (PCOSOs).
- 10% (47) are IPP prisoners (indeterminate sentences for public protection).
- 8% (37) are life sentenced prisoners.
- Around half (241) are approved for release on temporary license (ROTL; see Glossary).
- 8% of prisoners from black and minority ethnic backgrounds.
- 91 prisoners receiving support for substance misuse.
- 68 prisoners referred for mental health assessment each month.

Prison status (public or private) and key providers

Public

Physical health provider: Spectrum Community Health CIC

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

Substance misuse psychosocial service provider: Waythrough

Dental health provider: Time for Teeth

Prison education framework provider: Novus

Escort contractor: GEOAmey

Prison group/Department

Cumbria and Lancashire

Prison Group Director

Mark Livingston

Brief history

HMP Haverigg was opened in 1967 on the site of a former RAF station and is the only prison in Cumbria. Originally, 350 prisoners were accommodated in the RAF billets, but the addition of new accommodation and the rebuilding of two units following incidents of concerted indiscipline in 1988 and 1999 increased the capacity. In December 2019, HMP Haverigg was re-categorised from a category C to a category D prison.

Short description of residential units

R1 Purpose-built house block including two secure cells.

R2 Nine billets of 18 cells with specialised disability accommodation.

R3 Seven billets of 16 cells with a kitchen and dining area.

R5 Purpose-built house block becoming a developing wing that houses those on the Offender Personality Disorder (OPD) Pathway (see Glossary).

R6 Two billets of 16 cells, with a kitchen and dining area.

R4 Currently under construction and will consist of 60 Rapid Deployment Cells.

Name of governor/director and date in post

Adam Connolley, July 2021

Changes of governor/director since the last inspection

Jo Bailey, acting governor March 2021–July 2021

Independent Monitoring Board chair

Philip Bishop

Date of last inspection

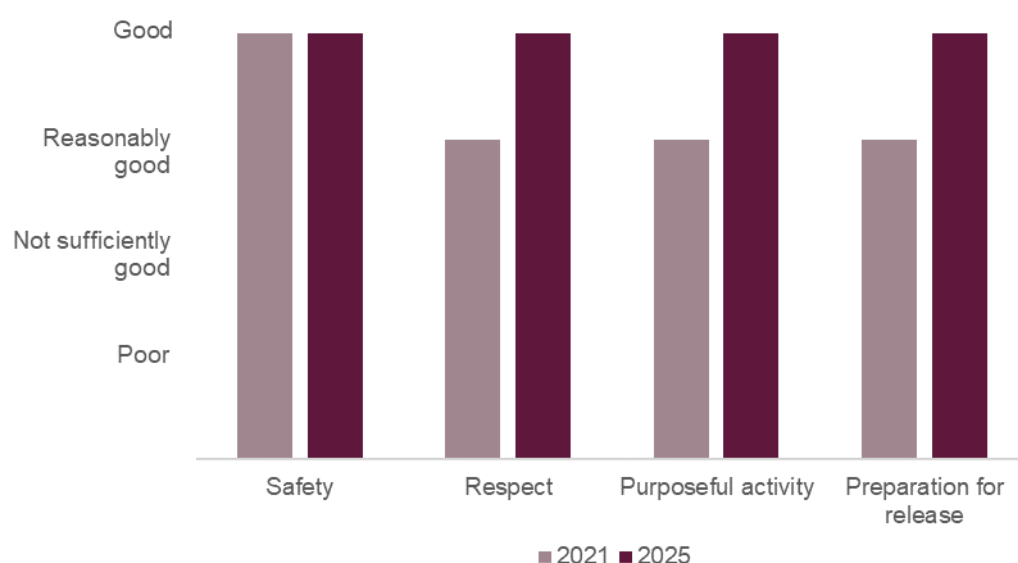
17–28 May 2021

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 Haverigg, we found that outcomes for prisoners were:
- good for safety
 - good for respect
 - good for purposeful activity
 - good for preparation for release.
- 1.3 We last inspected Haverigg in 2021. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Haverigg healthy prison outcomes 2021 and 2025



Progress on key concerns and recommendations

- 1.4 At our last inspection in 2021 we made 20 recommendations, three of which were about areas of key concern. The prison fully accepted 16 of the recommendations and partially (or subject to resources) accepted four. It rejected none of the recommendations.
- 1.5 At this inspection we found that 19 of our recommendations about areas of key concern had been achieved and one had been partially achieved. All recommendations in the areas of safety, purposeful activity and rehabilitation and release planning had been achieved. For

a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

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

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

Examples of notable positive practice		
a)	The resident support assistant (RSA) scheme provided excellent help for older prisoners and those with mobility issues.	See paragraph 4.26
b)	Prison and health care staff worked well together to monitor the well-being of prisoners requiring enhanced care and ensure that their needs were being met.	See paragraphs 4.27 and 4.66
c)	The resident information orderlies (RIOs) worked effectively to track the progress of applications and ensure that they were delivered promptly.	See paragraph 4.20
d)	The Hive and Village Hall were excellent facilities that offered prisoners free access to a range of services and activities.	See paragraph 4.14 and 5.4
e)	The prison made good use of dynamic purchasing system (DPS) resources to deliver a range of vocational training qualifications.	See paragraph 5.21
f)	The prison had organised an event for IPP sentenced prisoners to meet with parole board representatives to learn more about the parole process and what to expect during a hearing.	See paragraph 6.21
g)	Senior leaders actively engaged with families through online forums and attendance at visit sessions and open days, which build trust and reassurance for relatives.	See paragraph 6.3
h)	A bespoke pre-release anxiety course was run by mental health practitioners and offered to all prisoners 12 weeks before release. This course	See paragraphs 4.80 and 6.43

included practical anxiety management strategies in the specific context of release from prison.

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor and his deputy's motivational and visible leadership were supported by a collaborative senior team. This had empowered both staff and prisoners in the development of a safe, decent and rehabilitative prison.
- 2.3 Outreach by leaders at prisons sending men to Haverigg had successfully maintained a high PCOSO population (95%), contributing to a psychologically safe environment which enabled a focus on social rehabilitation.
- 2.4 Leaders had effectively managed the risks of this population in open conditions through robust public protection measures, positive relationships and a well-developed understanding of risk assessment by staff. There was excellent use of technology to enable dynamic communication and information sharing.
- 2.5 Middle managers were passionate in their roles and provided very good line management and support for staff well-being. Leaders also prioritised staff development and delivery of training, including through accessible 'bite-size' sessions.
- 2.6 Leaders had made very good use of prisoners' skills to refurbish the prison and enhance the environment, although some of the fencing that remained was austere and unnecessary for a category D prison.
- 2.7 Partnership working was strong. There was also good joint working with the parole board, and leaders made efforts to engage with prisoners' families.
- 2.8 Proactive efforts by leaders had improved relationships with the local community following the prison's re-role to an open prison and, despite the challenges finding jobs for this population, there had been progress in engaging employers for work placements on ROTL and release.
- 2.9 Leaders had developed a relevant curriculum that helped prisoners gain employment. They had also made excellent use of the DPS to procure valuable vocational training but were currently limited by funding uncertainty.

- 2.10 Governance of key areas of safety had improved since our last inspection, and data was used well to assure fair treatment and monitor resettlement outcomes.
- 2.11 Only 6% of prisoners released in the past year had been recalled which was an indication that the thoughtful and creative approach by leaders was contributing to a reduction in prisoners' risk.

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 In our survey, 94% of respondents said they were treated well by reception staff. During our visit, we observed friendly and relaxed interactions with new arrivals, with peer representatives welcoming them off the transport.



Reception

- 3.2 The first night centre had rooms that contained artwork and useful information about Haverigg, including a simple map of the prison. Leaders had introduced additional peer support roles on the unit, which prisoners told us they appreciated.



First night centre

- 3.3 There was a good focus on safety with regular private interviews with staff during the prisoner's first few days. There were welfare checks on the first night and comprehensive quality assurance took place to ensure that these were completed. Leaders had also introduced further checks during the first few weeks of arrival.
- 3.4 Induction was well-structured, included a tour of the prison and encouraged prisoners to take responsibility for themselves while in open conditions. The deputy governor met with all new arrivals. In our survey, 85% of respondents said that the induction covered everything they needed to know about the prison, which was better than other open prisons. Prisoners that we spoke to were very positive about their early days experience.

Promoting positive behaviour

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

Encouraging positive behaviour

- 3.5 The prison continued to have a calm and relaxed atmosphere; in our survey, just 5% of prisoners said that they currently felt unsafe. Levels of violence remained very low with only three recorded incidents in the last 12 months, of which two were serious assaults. There had been no assaults against staff. The well attended weekly safety intervention

meeting (SIM) discussed any prisoners of concern and enabled the timely communication of concerns.

- 3.6 Most challenge, support and intervention plan (CSIP; see Glossary) referrals involved cases where feelings of vulnerability had been reported. In the last 12 months, eight CSIPs had been opened. The investigations and plans that we reviewed were completed promptly and thoroughly. We found good support for vulnerable prisoners, including regular conversations with officers and thorough CSIP investigations. The weekly SIM remained an effective forum to discuss prisoners of concern.
- 3.7 All new arrivals went on to the enhanced level of the incentives scheme, where most remained. Prisoners reported that opportunities for ROTL and being in open conditions incentivised them to behave well.
- 3.8 Engagement between staff and prisoners was good with prisoners reporting they were confident in raising any concerns or issues they may have. This was reflected in our survey, with 69% stating that they would report any incidences of victimisation or bullying compared to 34% in other open prisons.

Adjudications

- 3.9 In the last 12 months, there had only been 197 adjudications. Few involved serious charges, and most related to failure to comply with a prison rule or possession of an unauthorised item.
- 3.10 The records we reviewed evidenced that hearings were timely and there was good enquiry by adjudicating governors. The deputy governor provided quality assurance with findings communicated through a quarterly standardisation meeting. Leaders had recently introduced the opportunity for community payback as a sanction.

Use of force

- 3.11 The recorded incidents of force remained rare, with only three low-level incidents in the last 12 months. None of the incidents required full control and restraint.
- 3.12 Managerial oversight had improved since the last inspection with incidents reviewed promptly. Meetings were held quarterly and were well attended, with a focus on maintaining skills in using force. Documentation completed by staff was detailed and demonstrated de-escalation.

Segregation

- 3.13 There was no segregation unit, but two clean and furnished cells in 'res 1' were used in some cases for prisoners returning to closed conditions. These secure cells had been used 27 times in the last 12 months, with an average length of stay of 14 hours, and had been monitored when occupied.

- 3.14 Governance had improved and, from the sample of records we reviewed, the use of these secure cells was appropriate.



Secure cell

Security

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

- 3.15 Security procedures were broadly proportionate, but some of the imposing perimeter and internal fences remained which were inappropriate for the type of prison. Leaders had removed some of the internal fences and had a plan for further work.



Fencing

- 3.16 There had been no absconds since the re-role to an open prison and the level of ROTL failures in the last 12 months was similar to other open prisons, with a 99.8% success rate.
- 3.17 In the previous 12 months, 41 prisoners had been returned to closed prisons which was the lowest of all other open prisons; comprehensive multidisciplinary assessments were completed for all prisoners and, for those we reviewed, decisions were proportionate. In a further 33 assessments, the prisoner was allowed to remain in the jail with appropriate support (see paragraph 6.23).
- 3.18 A good flow of intelligence was received each month, which was collated and analysed quickly to identify emerging issues. Risk management information was effectively shared at the well-attended monthly security meeting and a daily operational security briefing.
- 3.19 Substance misuse continued to be rare, and there had been only two (0.7%) positive random mandatory drug tests in the past 12 months.

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

- 3.20 There had been two self-inflicted deaths since the last inspection and four deaths from natural causes. These had been investigated by the

Prisons and Probation Ombudsman (PPO) and the prison was awaiting the reports. Reported incidents of self-harm were very low, with only five incidents in the last 12 months, which was similar to other open prisons.

- 3.21 During our visit, many prisoners told us that this was the safest prison they had been in. We were told that the pleasant grounds, time spent out of their rooms, access to ROTL and the wide range of activities contributed to their well-being. Access to shops in the Hive and activities in the Village Hall also gave a degree of normality and provided an opportunity for prisoners to socialise (see paragraphs 5.4 and 5.5).



Allotments

- 3.22 Prisoners told us that support was available if required, and they were positive about their relationships with staff, including the mental health team, substance misuse team and chaplaincy, who they could easily approach if needed.
- 3.23 Leaders were proactive in identifying those who may require additional support and were continuously working to improve outcomes and prevent self-harm. The SIM was a productive forum to discuss any potential issues and identify risk to self or others. The monthly safety meetings also had a focus on continuous improvement.
- 3.24 In 2024, 35 prisoners had been supported by the assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm. The sample of documentation that we reviewed was completed to a good standard and demonstrated strong examples of departments working together to manage risk.

- 3.25 Peer support was well embedded, and Listeners (see Glossary) and mental health peer support could be easily accessed when needed. In our survey, 66% of respondents said that it was very/quite easy to speak to a Listener if they needed to, which was better than at the last inspection and other open prisons.

Protection of adults at risk (see Glossary)

- 3.26 There was a safeguarding adults strategy and leaders attended local adult safeguarding board meetings. The staff we spoke to had a good understanding of safeguarding and how to raise any issues. They also had a good understanding of the particular risks presented by the population.

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 Staff-prisoner relationships were good. In our survey, 94% of prisoners said staff treated them with respect, and 91% said there were staff they could turn to if they had a problem, both of which were better than we see in other open prisons.
- 4.2 We observed respectful and positive interactions between staff and prisoners. Prisoners spoke highly of support from staff, and residential staff we spoke to demonstrated good knowledge of the men on their units. Staff were visible and approachable around the prison, including senior managers; in our survey 74% of prisoners said that they could talk to managers or governors around the prison compared to 50% at other open prisons.
- 4.3 The personal officer scheme (known locally as 'LINK') was working reasonably well. All prisoners had a designated personal officer who met them every six weeks. Sessions were regular and consistent, which was positive. While we saw some evidence of these sessions being used to monitor and discuss prisoners' progression, most entries we reviewed were more cursory.
- 4.4 A wide range of peer workers were active in the prison, and prisoners in these roles often demonstrated responsibility in important areas of prison life. Notable examples included the resident support assistants (RSAs) (see paragraph 4.26), prisoners running shops and services in the Hive, and orderlies in the resettlement hub. Peer workers demonstrated enthusiasm for their roles and were well supervised by prison staff.

Daily life

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

Living conditions

- 4.5 Most of the accommodation was in billet style units and living conditions were generally good and had improved since our last visit. There was a strong ethos of communal living. Instead of employing wing cleaners, prisoners took pride in where they lived and made sure their environment was clean and tidy. In our survey, prisoners were more positive about the cleanliness of communal areas than at other open prisons.
- 4.6 Showers had been refurbished on some billets, and there were now drying rooms as well as laundry facilities. Well-equipped association rooms had also been created.
- 4.7 Cooking facilities had been introduced in the residential areas, which was appreciated by prisoners. Toasters, microwaves, air fryers and fridges were now available in the billets, and other buildings had been converted to provide access to ovens.



Cooking facilities

- 4.8 Despite a large amount of internal fencing, external areas had been improved with flower beds and attractive murals. Prisoners could move freely and appreciated access to a nature reserve and communal areas, including the Hive and the Village Hall.



External grounds

- 4.9 Since our last inspection, phone booths had been installed on most residential units to provide more privacy.



Phone booths

Residential services

- 4.10 In our survey, 65% of prisoners said the food was very or quite good, which was better than other open prisons. Fresh produce grown on site was used in the kitchen in the prison's 'seed to plate' initiative.



Farms

- 4.11 There was a good selection of food options, including fresh soup and homemade bread, and catering staff made use of leftover food to reduce waste. Regular consultation took place with prisoners through a monthly forum led by the catering manager.
- 4.12 Meals, including breakfast, were served in the communal dining rooms at appropriate times. At lunch, prisoners could choose from a selection of hot or cold meals. The dining rooms had been updated and had a friendly atmosphere.



Dining hall

- 4.13 In our survey, 84% of respondents said that the shop sold the things they needed, which was better than at our last inspection and other open prisons.
- 4.14 In addition to the weekly canteen order, the peer-led Hive gave prisoners the opportunity to buy additional items, such as clothing from a charity shop, handmade cards, frozen food and items from the prison's smokery. There was also a popular coffee shop.

Prisoner consultation, applications and redress

- 4.15 Consultation arrangements were effective. In our survey, 72% of prisoners said they were consulted about things like food, canteen and wing issues, compared to 47% in other open prisons.
- 4.16 The prison's council met every two months and was well attended by senior leaders and prisoner representatives from each residential unit and key departments. Council meetings were well structured, and we saw evidence that prisoners' issues were being addressed following discussion. Prisoners we spoke to acknowledged staff efforts to resolve their concerns.
- 4.17 Consultation arrangements were supplemented by monthly meetings between residential unit representatives and their custodial managers to deal with day-to-day issues, along with a dedicated forum on catering and food (see paragraph 4.10).
- 4.18 The complaints system was functioning well. The number of complaints was lower than at similar prisons and, in the six months prior to our inspection, 80% had been responded to on time. Around half of late responses related to property at other prisons.
- 4.19 Complaint responses we reviewed were generally of reasonable quality and addressed the issues raised, though the tone of some was curt, and it was not always clear that prisoners had been spoken to in person. Quality assurance processes were good; 20% of responses were reviewed by the deputy governor, and the same proportion were reviewed by prisoner orderlies in an anonymised format.
- 4.20 The applications process was paper-based and was operating effectively. Applications and their responses were rigorously tracked by prisoner resident information orderlies (RIOs), who took responsibility for collecting and delivering applications and their responses. The RIOs operated a kiosk in the Hive where prisoners could find them during the day.



Resident information orderly (RIO) kiosk in the Hive

- 4.21 Local data showed that over 90% of applications had been responded to on time in the three months prior to our inspection. The effectiveness of the applications system was reflected in our survey, where 93% of prisoners said it was easy for them to make an application and 85% said they were usually dealt with within seven days, both better than at other open prisons.
- 4.22 Application and complaint forms were readily available in association areas across the prison.



Application and complaint forms

- 4.23 The prison had adequate facilities to support legal visits. In-person visits were rare, but sufficient slots were available for legal video links to meet demand. The library maintained a good supply of legal reference texts.



Video link suite

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.

- 4.24 There was good work taking place to ensure fair treatment and inclusion across the prison, supported by strong staff-prisoner relationships and effective leadership from senior managers. We heard examples of prisoners' individual needs being proactively supported by residential staff and managers.
- 4.25 The prison held a large population of older prisoners, with 49% aged over 50 at the time of our inspection. Around 10% were retired. Support for these prisoners was very good; the prison organised a range of activities for older men with different needs, including coffee mornings and activities in the Village Hall, specialised gym classes, weekly bowls sessions and an art group (see paragraph 5.4).
- 4.26 A team of prisoners, known as resident support assistants (RSAs), were tasked with providing day-to-day assistance to older prisoners or those with mobility issues. RSAs helped these individuals access appointments, delivered meals and operated the RSA hub, which hosted a weekly film afternoon, bingo and daily drop-ins aimed at preventing these prisoners from becoming isolated. Prisoners supported by RSAs spoke very highly of their services. The scheme was well supervised, and a forum of service users met every two months to discuss any issues.



RSA helping an older prisoner (left); RSA hub and equipment

- 4.27 Prisoners with disabilities were well supported by staff and the RSA team, and good use was made of mobility aids and in-cell adaptations. Departments across the prison worked very effectively to support those with greater care needs. Health care and prison staff met weekly and monthly to discuss the well-being of these prisoners and arrange additional support or social care assessments where necessary. These

meetings often included updates from RSAs and ensured that any changes in prisoners' circumstances were identified and addressed quickly. However, accessibility in some parts of the site was poor, particularly on gravel pathways and where tarmac paths were damaged.

- 4.28 The prison had been without a neurodiversity support manager for more than eight months and had only recently recruited to the post. Despite this, there were some positive initiatives in place for prisoners with neurodiverse needs, such as the library hosting a weekly neurodiversity support group, and a sensory room in the visits hall. The 'res 5' unit also provided a good environment for those with neurodiverse needs, and prisoners living there spoke very highly of the support and understanding they received from staff.



Res 5 association room

- 4.29 The prison held a range of forums for prisoners with protected characteristics, each led by a senior management team member. We saw evidence of these meetings being used effectively, and issues raised being addressed. While some forums had not been well attended, prison leaders were taking appropriate steps to encourage attendance or, in the case of younger prisoners, adopting a model of one-to-one engagement.
- 4.30 The prison held a small number of transgender prisoners, and support for these individuals was very good.
- 4.31 Around 9% of prisoners had served in the military and prison leaders had put in place some good support for them. Veterans could attend regular coffee mornings, a weekly gym session and a breakfast club every other month which was attended by outside support organisations.

- 4.32 The prison scrutinised an excellent range of data at its quarterly diversity and inclusion meetings to identify potential disproportionate outcomes. This included access to temporary release opportunities, intelligence reports, employment rates and information on prisoners being returned to closed conditions. Different departments of the prison contributed well to these meetings.
- 4.33 The prison had received 16 discrimination complaints in the year prior to our inspection. Responses to these were generally reasonable, although some did not adequately communicate investigations to the complainant. Scrutiny panels made up of senior managers reviewed all responses and made recommendations where weaknesses were identified, which was positive. There was no external organisation providing scrutiny of responses, which was a gap.

Faith and religion

- 4.34 The chaplaincy team provided good pastoral care to prisoners, who spoke highly of chaplaincy services and the efforts made by leaders to support their religious beliefs.
- 4.35 The chaplaincy had struggled to find visiting chaplains for some faith groups, but video-link services were being facilitated to enable regular corporate worship.
- 4.36 The chapel was a pleasant environment with space for study groups, and a small multi-faith annex was available for smaller faith groups.



Chapel

- 4.37 The prison's other multi-faith centre, known locally as the mosque, was an excellent facility. Muslim prisoners spoke very positively about the support of prison leaders in enabling its development, and the role that they were able to play in its design and construction.



The mosque

Health, well-being and social care

Expected outcomes: Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

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

Strategy, clinical governance and partnerships

- 4.39 NHS England (NHSE) commissioned Spectrum Community Health CIC to provide primary health care and substance misuse services; Tees Esk, and Wear Valleys NHS Foundation Trust (TEWV) to provide mental health services; Time for Teeth to provide dental and oral health services; and Outspoken to provide trauma therapy services. Cumberland Council was the local authority.
- 4.40 Strategic partnerships were good and there was evidence of improving collaboration with commissioners. Regional partnership boards met

quarterly. NHSE received monthly quality schedule submissions, held quarterly quality and performance meetings, and made quality visits to monitor contracts. Robust local partnership working with the prison was a strength, and health providers worked closely to ensure seamless delivery of safe patient care.

- 4.41 Several vacant key posts across services (for example, head of health care, GP, pharmacist, counsellor) demonstrated the fragility of delivering services in the remote location with a small team, where backfill was difficult. However, this was mitigated by a caring, hard working group of staff who endeavoured to cover any gaps.
- 4.42 A full health needs analysis was completed in January 2023 and reflected the current population.
- 4.43 The interim head of health care provided clear leadership and had good oversight of services. However, as he also covered his substantive role (see primary care), limited capacity had impacted on some areas of governance: local governance meetings, the patient forum and delivery of all the Spectrum audit schedule had been paused since the end of 2024. Plans were in place to recommence these when the appointed head of health care commences employment at the end of April 2025. Local delivery boards, meeting quarterly, had continued.
- 4.44 Regional Spectrum governance maintained a good overview of services, but regional support for Haverigg had limited capacity.
- 4.45 TEWV local and regional governance was robust, and included an audit schedule to drive improvement.
- 4.46 Mandatory and statutory training was mostly up to date with additional development opportunities available and appraisal compliance was good.
- 4.47 Datix (an electronic incident reporting system) was used to record clinical incidents. There was a positive incident reporting culture. Incidents, including deaths, were reviewed in a timely manner to identify lessons learned and mitigate against similar events reoccurring.
- 4.48 The risk register captured presenting risks and there was evidence of regular review.
- 4.49 A safeguarding policy was in place, there was an identified lead and staff we spoke to knew how to make a referral. Safeguarding training compliance was good across all services.
- 4.50 Patients we spoke to were complimentary about the care they received. In our survey, 85% thought the quality of health services was very or quite good.
- 4.51 There were confidential processes for patient complaints, but these were not widely advertised. Only Spectrum had received complaints (16 in total) since January 2025. Responses we sampled were

appropriate and within agreed timescales, and there was evidence of learning from complaints.

- 4.52 SystmOne (an electronic clinical record) was used across all services. The standard of documentation was generally good.
- 4.53 Treatment rooms were fit for purpose, spacious and largely complied with infection prevention standards.
- 4.54 Emergency resuscitation equipment was in good condition, and daily checks were completed. We were advised that an ambulance was promptly called in an emergency and no delays were experienced.

Promoting health and well-being

- 4.55 The health promotion link nurse role had recently been allocated, and discussions were underway to develop the health promotion offer across the prison. A regular programme of events which aligned with national and international events was in place. There was good joint working with prison departments such as the gym and kitchen to meet individual patients' needs.
- 4.56 Health promotion material was displayed in various places around the prison, including the Hive and Village Hall. Prisoner health orderlies offered weight and blood pressure checks and reported any concerns back to health care. Social prescribing was offered to some patients to provide non-pharmacological solutions to improve health and well-being.
- 4.57 All prisoners over the age of 65 were offered falls, frailty and pressure area assessments. Blood borne virus testing was carried out and eligible men were offered a bowel screening kit. Condoms and lubricant were provided discreetly, and the advance care practitioner (ACP) offered sexual health appointments. Regular vaccination clinics were provided in addition to seasonal programs such as flu and Covid vaccination.

Primary care and inpatient services

- 4.58 Prisoners could access primary health staff during the day, seven days a week. Outside of these hours prison officers would contact the national 111 service for help and advice, or 999 in an emergency.
- 4.59 There was effective initial screening when prisoners arrived within health care working hours. However, some prisoners arrived later in the evening and did not receive their reception screen until the following morning. Urgent need was identified, and referrals made to other services such as the mental health team, with secondary screening taking place soon after.
- 4.60 Prisoners could request an appointment with a health care professional by submitting paper applications, which were collected and triaged daily. In addition, a telephone triage service was available each morning and, if required, same day appointments were booked.

Appointments slips were delivered to the residential units in a timely way and prisoners had open access around the site so could easily get to the health care building.

- 4.61 There was generally prompt access to appointments with a nurse or health care support worker, as well as visiting services like the optician, physio and X-ray. The ACP also saw more complex patients and handled some prescribing tasks. However, waiting times for a routine GP appointment had increased to around four weeks. This was due to sickness and the ACP covering the head of health care role on an interim basis. However, urgent need was prioritised and managed well.
- 4.62 Patients with long-term conditions, such as diabetes, were identified appropriately and their care well managed by the ACP. Regular reviews were carried out with the patient and additional health checks took place as required, such as diabetic retinopathy and blood tests. Adequate care plans were in place and efforts made to personalise these. There was an established palliative care pathway and links with a local hospice, which included training for health care staff.
- 4.63 Clinical records were clear and easy to read, with record keeping audits carried out to ensure consistency. Patient consent was recorded and processes in place to assess mental capacity where required. Interpreting services were available in all clinic areas if needed, although they were rarely required. All patients were offered a pre-release appointment, to make sure they knew how to register with a GP in the community and ensure that ongoing treatment was transferred appropriately.
- 4.64 Hospital escorts were provided by the prison, and these were sufficient to meet the current demand, with some patients able to attend appointments without an escort while on ROTL. Appointments were rarely cancelled; the main reason for cancellation was due to the hospital cancelling a clinic or patient declining to attend. Urgent two-week wait referrals were facilitated quickly, although there were some lengthy waits for routine referrals in some hospital departments. The competent administrative team monitored referrals to ensure appointment dates were received.

Social care

- 4.65 There was a memorandum of understanding between the prison, Spectrum and local authority that identified key roles and responsibilities. Prisoners were screened for social care needs on arrival and there were numerous safety nets to identify any changing needs.
- 4.66 One prisoner was in receipt of a social care package at the time of the inspection and commented positively about their care. A care plan was in place and staff allocated each day to provide the care. There was a clear process for making social care referrals and an agreed timescale of two weeks for assessments to be carried out, although this was not always achieved.

- 4.67 Prisoners had access to information about social care through various channels. The RSAs supported some prisoners with tasks like fetching meals and pushing wheelchairs. The RSAs felt well supported and were supervised effectively by prison staff (see paragraph 4.26).

Mental health

- 4.68 TEWV delivered nurse-led secondary care services and had subcontracted primary care services to Rethink. Responsive teams were appropriately resourced and were co-located with substance misuse services. A stepped care model was delivered over five days under an overarching mental health operational policy. There were manageable caseloads across services.
- 4.69 There was a close working partnership with other health services and with prison departments. In our survey, 44% said that their mental health had improved since arriving at Haverigg.
- 4.70 Since September 2024, there had been an average of 70 referrals each month, primarily self-referral. All referrals were triaged on the same day and were seen within agreed timescales.
- 4.71 There was evidence of patient consultation including regular meetings with wing representatives and an annual TEWV patient survey, both of which drove improvement.
- 4.72 All new arrivals were seen by the prisoner mental health orderlies and a welfare letter was sent by the team which explained about services and how to self-refer. The team reviewed all clinical notes to identify those who needed support without self-referral.
- 4.73 Rethink had a motivated team and were visible throughout the prison. There had been a renewed focus on well-being to keep the population well. A comprehensive range of interventions including one-to-one and group interventions were delivered.
- 4.74 A counselling service was available, but half the full-time post was vacant, which resulted in a waiting time of 11 weeks.
- 4.75 An experienced and knowledgeable nurse consultant led on specialist pathways which met the needs of the population, including diagnostic services for dementia and attention deficit hyperactivity disorder. A consultant psychiatry service had been subcontracted to Lancashire and South Cumbria NHS Foundation Trust to provide complex case review and supervision, and attendance at the prison every three months.
- 4.76 TEWV delivered mental health awareness training to prison staff and a contract with Dementia UK delivered quarterly dementia training to prison staff, health staff and prisoner orderlies.
- 4.77 There was appropriate prescribing by the nurse consultant who was able to liaise with other clinicians for advice and support, if required. Processes were in place to deliver physical health checks for patients

prescribed antipsychotic medication. There was good evidence of care planning, risk assessments and reviews.

- 4.78 A wide range of interventions were available, including trauma-focused cognitive behaviour therapy and eye movement desensitisation reprocessing, and when required, psychology delivered by the on-site psychologist.
- 4.79 There was clear evidence of demand for services to support the historical trauma in the prison's population. The trauma therapy service delivered by Outspoken was contracted to deliver three days each week but, due to a vacancy, was only delivering one day. The current waiting time of 40 weeks was too long.
- 4.80 There were good discharge planning arrangements in place. This included an impressive pre-release anxiety course, 'Preparing for Release', which was delivered over four weeks. All prisoners were invited to attend the course within their 12-week release window. With appropriate consent, patient's family or significant others were offered the opportunity of involvement (see paragraph 6.7).
- 4.81 There had been no transfers under the Mental Health Act in the 12 months prior to our inspection.

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

- 4.82 Spectrum delivered clinical substance misuse services and had subcontracted psychosocial substance misuse services to Waythrough. The well-resourced teams had strong, supportive leadership and were able to meet demand, against a backdrop of little evidence of current illicit drug use at the prison. For example, there had been no reports in the last 12 months of patients suspected to be under the influence. The teams were co-located with mental health services, and there were robust working relationships with other health providers and prison departments, including attendance at all key meetings.
- 4.83 In our survey, 11% said that they had a drug problem. There were 65 patients under the care of the services at the time of our inspection.
- 4.84 Clinical treatment of opiate addictions was evidence based with two patients in receipt of opioid substitution treatment (OST). Treatment was overseen by a non-medical prescriber (NMP). Prescribing was flexible, and patients could receive long-acting injections of buprenorphine as an alternative to methadone or sublingual buprenorphine. The administration of OST was delivered alongside routine medicines administration.
- 4.85 Patients in receipt of OST received routine 13-week reviews to monitor their treatment, which were held jointly with the psychosocial worker. Care plans were in place.

- 4.86 The NMP liaised closely with mental health services to support patients with co-occurring diagnoses.
- 4.87 The highly motivated psychosocial team received between five to 10 referrals each month and were all seen within agreed timescales. There was a good standard of care planning.
- 4.88 All new arrivals were seen by the prisoner substance misuse orderlies who provided information about services and harm reduction material.
- 4.89 A comprehensive range of interventions was delivered including one-to-one, groups, and workbooks and distraction packs.
- 4.90 Mutual aid, specifically AA, was available on site and delivery was supported by the prisoner orderly. Through ROTL, patients had attended the local community AA provision and a local recovery hub.
- 4.91 There were comprehensive discharge planning arrangements which ensured that all patients on caseloads were supported to engage with community services when on home leave and on release.
- 4.92 All patients were offered Naloxone (see Glossary) to take home.

Medicines optimisation and pharmacy services

- 4.93 Spectrum had subcontracted most of the pharmacy service to Rowlands, which provided an onsite presence of a pharmacy technician and/or a pharmacy assistant five days a week, and a pharmacist one day a week. However, the pharmacist post had been vacant for several months which had reduced the service; medication-use reviews had been impacted, and there had been no medicines management meetings. Spectrum's regional pharmacist had provided some oversight but had limited capacity.
- 4.94 Medicines were dispensed and supplied from Rowland's external community pharmacy. Generally, prescriptions sent to the pharmacy were returned the next day. There was a cut-off time of midday for urgent medicines. Stock control, including monitoring out-of-date medicines, was managed well. Pharmacists did not have off-site access to SystmOne when dispensing medicines.
- 4.95 Medicines were safely and conscientiously administered from one location, the main dispensary, led by Spectrum staff: a registered nurse supported by a health care support worker. Administration of medicines took approximately three hours each day, over three sessions. Patients were reminded if they did not collect their medicines.
- 4.96 Almost all medicines were prescribed in possession, following appropriate risk assessment. During our inspection, only six patients collected not in possession medicines. TRAKKA cabinets to supply in possession medicines to patients had been installed but were not yet in use.

- 4.97 The dispensary was cramped, cluttered and not fit for purpose. A new dispensary was being built.
- 4.98 A risk assessment supported the absence of prison officer supervision during medicine administration. Confidentiality was maintained during administration although the waiting area did become cramped.
- 4.99 Prescribing and administration of medicines was captured on SystemOne.
- 4.100 Medicine related incidents were shared with Rowlands when linked to dispensing. Most incidents concerned the supply of medicines on arrival at the prison, because of patients arriving when health staff were not on site. However, arrangements were in place to access a supply of critical medicines, if required.
- 4.101 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 weekly check of stock levels, undertaken by the pharmacy staff to ensure medication was available, took place.
- 4.102 A 'health bar' had been introduced by Rowlands to provide patients with a wide variety of products for purchase, including suncream and lozenges. This was available Monday to Friday during an allotted time slot.
- 4.103 Medicines, including controlled drugs, were securely stored and transported, and fridge temperature monitoring records were maintained.

Dental services and oral health

- 4.104 Time for Teeth was directly commissioned to provide dental services. The service was well managed, and staff felt supported, with mandatory training being up to date. Applications were triaged by the dental nurse and any urgent need was addressed promptly. The wait for a routine appointment was around 10 weeks and additional clinics were being provided to reduce the waiting list.
- 4.105 The standard range of NHS treatment was provided, including dentures. The dentist offered oral health promotion advice to patients during appointments and prisoners had access to a range of products such as interdental brushes and floss. Patient records were sufficiently detailed and clearly explained the treatment offered and provided.
- 4.106 The dental suite was spacious, well maintained and met infection prevention requirements. Equipment was serviced at regular intervals and emergency medicines were available.

Section 5 Purposeful activity

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

Time out of cell

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

- 5.1 Prisoners were never locked in their rooms and could move around the grounds for almost 13 hours every day of the week. Prisoners were required to remain on their residential units from 8.15pm to 7.30am unless they were working early or late shifts in the community.
- 5.2 Almost all men were engaged in full-time activity, except for around 13% of prisoners who were retired, medically unfit to work or who had recently arrived at the prison and were undergoing induction.
- 5.3 The prison offered prisoners an excellent range of enrichment activity, much of which was peer-led and encouraged by staff.
- 5.4 The Village Hall facility was overseen by PE staff and offered prisoners a dedicated space for socialising and events. The hall hosted a music room, reading room, art room and equipment for quizzes and karaoke. Local data showed that it was well used by prisoners, and those who were retired particularly benefited from a good range of activities to occupy their time (see paragraph 4.25).



Village Hall (left) and music room

- 5.5 The prison also maintained the Hive, a hub where prisoners could access prisoner-led services such as a barber, café and a range of shops. The Hive offered prisoners opportunities to socialise with their peers, access amenities and speak to orderlies. It contributed to the prison's sense of community and provided prisoners with a degree of normality as they prepared for release into the community.



The Hive

- 5.6 Association areas around the prison were well maintained and well equipped with recreational equipment such as pool tables, televisions and board games.



Association area

- 5.7 The library was run by Cumberland Council and was managed by four librarians supported by prisoner orderlies. It was a popular, welcoming facility that received around 3,000 visits each month. The library was open every day, including weekends and for two evening sessions

during the week, ensuring that those working during the day still had access.



Library

- 5.8 There was a good variety of materials, including an excellent DVD collection and a range of books, music CDs, audio books and newspapers. Prisoners could rent games consoles through the library, and facilities were available for prisoners to practise their driving theory tests. Library staff also supported prisoners to access libraries in the community during temporary release, which was positive.
- 5.9 The library offered some good activities to prisoners, including a monthly book club, quizzes, a Raising Readers programme and a weekly neurodiversity support forum (see paragraph 4.28). Reading areas were also available around the prison.



Reading area in the village hall

- 5.10 PE facilities were staffed by five PE instructors and provided a good timetable of classes. Prisoners could attend six times a week or more, and the use of 'session cards' was a sensible way to provide prisoners with the flexibility to attend without missing work commitments or other appointments. Around 59% of prisoners were active users of the gym.
- 5.11 The gymnasium team had a sports hall and weights/cardiovascular room which were both good facilities, though the prison lacked dedicated outdoor space for sports or exercise.



The gym: main gymnasium (left) and weights room

- 5.12 Gym staff promoted inclusivity through weekly 'sporting memories' sessions for older prisoners, as well as remedial classes and sessions for those referred by health care. The prison Parkrun was popular with prisoners and attended by members of the community, and the 'Litter Fitter' scheme was a positive initiative that took prisoners on ROTL to pick up litter in the community.

- 5.13 The gym offered several qualifications, including a level 3 first aid course, that had been appropriately tailored to the needs of the prison population.

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.

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

Overall effectiveness: good

Quality of education: good

Behaviour and attitudes: outstanding

Personal development: good

Leadership and management: good.

- 5.15 Leaders and managers had developed ambitious and well-designed curriculums. These focused on helping prisoners to train for jobs and achieve qualifications in sectors that would be appropriate, given the nature of their offence. Leaders and managers complemented their provision through their DPS subcontractors with courses in heavy goods vehicle driving, welding, barista skills and sustainability and solar panel technology. Most prisoners gained relevant qualifications and secured employment after release, particularly in construction, logistics and retail.

- 5.16 Since the previous inspection, leaders had been relentless in developing strong relationships with a variety of employers. These supported a much-increased number of prisoners to participate in work, volunteering and community activities while on ROTL. Leaders had

established an effective employment advisory board to help to secure suitable ROTL work and paid work after prisoners' release.

- 5.17 Leaders and managers ensured that there were sufficient activity places for all prisoners to be fully occupied. Almost all prisoners were actively engaged in activities that were purposeful and appropriate for their needs and future career options. Prisoners who were retired or medically unfit to work were required to attend enrichment sessions to maintain or improve their mental health and well-being.
- 5.18 The pay policy was fair. It incentivised prisoners to progress to trusted positions where pay was higher, such as orderly roles. The policy rewarded prisoners for their successes through a bonus scheme. The few prisoners whose privileges were reduced because of poor behaviour were not penalised further through a reduction in their pay. Those who were retired or medically unfit to work also received payment due to the requirement for them to attend activities.
- 5.19 Prisoners received comprehensive information on arrival at the prison about the education, skills and work activities available to them. They benefited from a structured induction programme that helped them to negotiate an activities plan suitable for their needs. Experienced and qualified information, advice and guidance staff helped prisoners to identify new careers when they could not return to their previous job roles because of their offence. They reviewed prisoners' plans frequently to ensure they remained suitable for their needs. As prisoners approached their release date, staff supported them with their resettlement needs, including high-quality careers advice. Prisoners created CVs, undertook job searches and agreed disclosure letters for future employers.
- 5.20 Novus provided relevant education and personal development curriculums. These covered core subjects such as English, mathematics and digital skills, as well as art, customer service, life skills and money management. Most teachers taught their courses in a sensible order. Teachers used a range of assessment strategies effectively to identify gaps in learning and to consolidate what prisoners knew and could do. They used quizzes, activities and worksheets to ensure that prisoners developed a secure understanding of topics and could remember the new knowledge they learned. A high proportion of prisoners achieved their qualification.
- 5.21 Prisoners had access to a range of high-quality and realistic working environments where they developed vocational skills to a high standard. Most prisoners on the construction courses provided by Fusion 21 had access to well-equipped and spacious workshops where they developed a wide range of highly valued construction skills.
- 5.22 Teachers and instructors assessed what prisoners already knew and could do at the start of their course/prison work. They used this information to plan effective learning and training that was tailored to prisoners' individual needs. Teachers frequently monitored the progress that prisoners made from their starting points and took

appropriate opportunities to reinforce key factors and concepts. However, in too many instances, instructors did not utilise individual learning plans well enough to identify the progress that prisoners made over time. This meant that a few prisoners did not progress as quickly as they could.

- 5.23 Teachers and instructors mostly provided prisoners with clear oral and written developmental feedback. This helped prisoners to understand what they had done well and where they needed to improve the quality of their work. However, in a few instances, instructors did not provide sufficient feedback on prisoners' written work to help them to avoid making the same mistakes in the future.
- 5.24 Teachers and instructors supported prisoners to develop their English and mathematical skills further. In plastering, prisoners learned how to set walls out to the correct square using Pythagoras's theorem and measure quantities of plaster for skimming walls so as not to waste excess materials.
- 5.25 In most cases, staff accurately assessed any special educational needs and disabilities (SEND) that prisoners had upon arrival. They provided further in-depth SEND assessments for those who later demonstrated that they had more complex needs. Staff provided the support prisoners needed to succeed. This included specialist equipment, such as reading pens, as well as coloured overlays for those with dyslexia, and extra time in examinations.
- 5.26 Most prisoners used the Virtual Campus (VC) frequently. Leaders had recently doubled the number of university and distance-learning places to around 40. Prisoners on these programmes had specific times available when they could use the VC exclusively for their studies. Other prisoners had regular access for activities, such as job searches.
- 5.27 Prisoners benefited from qualified mentors to support their learning. All sessions had a mentor who supported prisoners on an individual basis. This helped prisoners to understand key concepts and to catch up if they fell behind. Prisoners valued the support that they received from their teachers, instructors and mentors.
- 5.28 Leaders had implemented an effective reading strategy across the prison. They had employed a qualified reading specialist and had trained peer mentors in how to support prisoners to learn to read. Leaders worked closely with the Shannon Trust (see Glossary) to help non- and low-level readers develop a love of reading. Many prisoners who could not previously read proficiently had completed the 'six-book challenge'. Others enjoyed the 'don't judge a book by its cover' initiative where staff wrapped books and wrote simple clues on the wrapping paper to develop prisoners' curiosity in what the book might be about. Prisoners took part in a successful day-long reading festival. They benefited from listening to a guest author and took part in poetry competitions that led to entries to the Koestler awards, a creative writing workshop and word quizzes. Most prisoners made significant progress in developing their reading skills. Their new skills helped

many to move from not being able to read to achieving qualifications that they had not thought possible, such as entry 3 in functional skills English.

- 5.29 Teachers and instructors were well-qualified and experienced in their subjects. Teachers in education routinely updated their subject knowledge by attending appropriate development activities, including training to improve their teaching skills. Instructors maintained their industry skills through update qualifications. However, not all instructors received regular training on how to improve their training practices.
- 5.30 Prisoners benefited from calm and respectful environments across all education, skills and work activities. They took responsibility for their own behaviour, were respectful of each other, polite to staff and keen to build positive relationships with others. In prison industries, prisoners often formed teams on their own initiative so that they could carry out work more effectively. Prisoners thrived in education and worked with minimal supervision.
- 5.31 Attendance across education, skills and work activities was high. Very few prisoners missed sessions. Absences related mostly to medical appointments. Prisoners arrived on time to their activities and returned from breaks punctually.
- 5.32 Many prisoners took part in a range of competitions. In art, staff nominated prisoners to enter comic book competitions. A few had been successful in winning prestigious international marmalade competitions. Others took part in charity events, often for charities of their choosing. Charity fell run, the 'Litter Fitter', incorporated litter picking to keep community and tourist areas clean and tidy. Prisoners raised significant amounts of money to support their causes.
- 5.33 Prisoners benefited from a wide range of interesting and motivating extra-curricular activities. Prisoners designed and led most activities themselves which meant they met the broad needs and interests of the prison population. Activities improved prisoners' teamwork, resilience, and social and employability skills. Participation was high. Activities took place daily, many in the Village Hall. Prisoners developed their confidence, self-reliance and self-esteem because of the training and activities they undertook.
- 5.34 Prisoners attended therapeutic sessions to improve their mental health and well-being. These included art and equine therapy. Prisoners explained how these supported them to reduce their feelings of anxiety and to integrate better into prison life by building confidence to communicate with others.
- 5.35 Managers celebrated prisoners' achievements through quarterly celebration events. These helped prisoners to feel valued and provided them with evidence of their achievements that they could share with future employers.

- 5.36 Prisoners demonstrated they were active and responsible citizens in the prison community. They ran the Hive where prisoners recreated a high street so that they could shop for themselves and access peer-led services, such as tailoring and barbering. Leaders ensured that all activities were inclusive. They held focus group meetings linked to the nine protected characteristics and ensured that there were prisoner representatives on key prison forums.
- 5.37 Staff prepared prisoners sensitively for life in modern Britain. Prisoners had a clear understanding of how fundamental values of tolerance and respect related to their lives in prison and upon their release. Prisoners across education, skills and work activities felt safe and knew who to report any concerns to. However, too many prisoners had an insufficient understanding of how to identify and protect themselves from the risks associated with radicalisation and extremism, including those who were shortly due for release into the community.
- 5.38 Leaders had established effective quality assurance and improvement processes that helped them to identify the strengths and rectify most areas for improvement swiftly. Prison and education managers worked collaboratively to ensure that education and training activities were of a high quality to enable prisoners' successful reintegration and resettlement upon release. However, a few quality improvement processes were not as rigorous across the whole of education, skills and work activities, particularly in prison industries. This meant that leaders had not yet identified all weaknesses in the education, skills and work provision.

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 Provision for prisoners to restore, build, and maintain family ties was impressive.
- 6.2 Partners of Prisoners (POPs) staff attended all social visits, and delivered a programme of family services, including one-to-one case work and family days. These included open days that offered the opportunity for relatives to tour the prison, which received very positive feedback.
- 6.3 Senior leaders actively engaged with families through online forums and attendance at visit sessions and open days, which built trust and reassurance for relatives.
- 6.4 In our survey, far more prisoners than at other open prisons said staff encouraged them to keep in touch with their family and friends. There was good consultation with prisoners, with improvements made as a result.
- 6.5 Partly due to the distance from home for many prisoners, only around 35% had received any in-person social visits in the past month. However, some good work took place to engage prisoners without any family contact, and those who were very far from home. This included an event run six times a year for those without any visits, called 'Have a Gather' days. These included a range of activities as well as a POPs surgery for men wishing to reconnect with family. Secure video calls were also well used, with a much higher proportion reporting in our survey that they had one in the last month, compared with other open prisons.
- 6.6 There was reasonable use of ROTL to allow eligible prisoners to spend time with family and friends.

- 6.7 It was positive to see some early examples of families involved in practical release planning meetings as well as a family engagement element of the pre-anxiety release course (see paragraph 4.80).
- 6.8 The visits hall had recently been refurbished and was well equipped with a prayer room and a sensory room, and there were enough social visit slots to meet demand. In our survey, 100% felt that their visitors were treated with respect during visits, which was better than in other open prisons. The visitors centre was in the process of being upgraded by skilled prisoners.



Visits hall

Reducing reoffending

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

- 6.9 The whole prison had a strong, well-developed focus on risk management and reducing reoffending. Oversight of this work was well coordinated and was effective in helping prisoners to prepare for release.
- 6.10 A tailored strategy set out the vision and priorities, and was based on a good understanding of the population needs. Regular meetings offered meaningful opportunities for collaboration and information sharing, leading to improved outcomes for prisoners across all the areas important to resettlement.
- 6.11 In our survey, about two thirds of respondents (68%) said that their experience at the prison made them less likely to reoffend, and most

prisoners we interviewed said that the prison provided a rehabilitative environment.

- 6.12 The offender management unit (OMU; see Glossary) played a prominent role in the lives of prisoners. The unit was well led and adequately resourced following protracted and challenging periods of staffing shortfalls.
- 6.13 There were eight full-time equivalent probation-employed prison offender managers (POMs) and 6.65 full-time equivalent prison-employed POMs. The OMU was split across three locations but had made good use of technology, and day-to-day working arrangements were effective. The culture within the unit was supportive, enabling and committed to helping prisoners.
- 6.14 The allocation of individual cases to POMs was timely and appropriate, and caseloads were manageable, typically averaging about 30 each. POMs usually saw prisoners in person within a couple of weeks following allocation. We found ongoing contact to be proportionate to the individual needs of prisoners, effectively focused and good overall.
- 6.15 In addition to the good levels of planned contact, a range of weekly and monthly drop-in sessions gave prisoners increased access to OMU staff to help with any ad hoc problems or queries.
- 6.16 The prisoners we spoke to fully understood what they needed to do to achieve their targets and were motivated to achieve them. They were all able to name their POM and almost all reported positively about the support they received. Many expressed pride and ownership in the work they had undertaken, and they were keen to share with us evidence of 'Progression Passports' containing certificates and other documents demonstrating their progress.
- 6.17 One prisoner told us: "...I came to Haverigg at the right time. Haverigg gave me the tools to be rehabilitated...".
- 6.18 In the cases we looked at in detail, nearly all prisoners had been transferred with an up-to-date offender assessment system (OASys; see Glossary) assessment of their risk and need, and most of the POM-responsible cases had been reviewed again within three months of arrival, which was good practice given that a change of prison was a significant event. At the time of the inspection, it was positive that the majority of prisoners had an OASys assessment that had been reviewed within the previous 12 months.
- 6.19 The quality of sentence plans that we examined was reasonably good. Consistent with the nature of the prison, they had a clear focus on progression, ROTL and preparation for release. Progress against these targets was good for most prisoners. In our survey, more respondents than at other open prisons said someone was helping them to achieve their objectives; 79% versus 64%.

- 6.20 At the time of the inspection, the prison held 83 prisoners serving indeterminate sentences. Forty-six of these were serving sentences for IPP, nearly all of whom were beyond their minimum tariff. There had been renewed focus, providing improved prison-wide oversight of this group, including the development of a local steering group. The recent introduction of additional local 'progression panels' to assess individual IPP prisoners' needs, share expertise and trouble-shoot complex cases was positive. Engagement sessions led by the deputy governor and OMU offered good opportunities for these prisoners to share their views and experiences.
- 6.21 The prison had recently organised an information event for some IPP prisoners to meet with representatives from the parole board. They had been able to submit questions and learn more about the parole process and what to expect during a hearing which was excellent practice.
- 6.22 Prison-led parole arrangements were managed very well. There was good joint working between the OMU and parole board which included oversight of upcoming scheduled hearings. In the previous 12 months, 108 parole boards had been held, resulting in 38 prisoners being directed for release, including 12 IPP prisoners.
- 6.23 Decisions to return prisoners to closed conditions were multidisciplinary, clearly evidenced, balanced and defensible (see paragraph 3.17). Good support was given for those where it was deemed appropriate to remain in open conditions following transgression, which illustrated the prison's determination to help prisoners progress and reduce their chances of reoffending.

Public protection

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

- 6.24 About 80% of prisoners were assessed as posing a high or very high risk of harm. The majority of the population were eligible for multi-agency public protection arrangements (MAPPA; see Glossary) and were registered on ViSOR (the multi-agency public protection database) because of the serious nature of their offences. Most prisoners were subject to some form of child contact restriction.
- 6.25 Public protection arrangements were robust. The prison benefitted from a dedicated and knowledgeable public protection team which included a senior leader who also led the OMU.
- 6.26 Interdepartmental risk management meetings, together with case conferences, monthly release management planning meetings, enhanced behaviour monitoring reviews and ROTL boards ensured comprehensive oversight of prisoners' risk and needs. Quarterly strategic meetings ensured suitable governance (see paragraph 6.34).

- 6.27 All new arrivals were screened promptly and thoroughly for potential risks to the public, and restrictions were applied, shared, and reviewed appropriately.
- 6.28 In most of the cases we looked at in detail, we saw evidence of good liaison between the prison and community probation teams – particularly in preparation for a prisoner’s parole hearing or imminent release (see paragraph 6.48). However, in instances where the community offender manager (COM) had not yet been allocated, there were some delays in information sharing which impacted on the timeliness of ROTL approvals (see paragraph 6.35).
- 6.29 The quality of risk management plans contained within OASys were of at least a sufficiently good standard. The minority of weaker examples tended to be written by community probation teams and gave insufficient attention to custodial risk. The prison’s contributions to community MAPPA meetings were usually meaningful and comprehensive.

Interventions and support

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

- 6.30 Access to ROTL was the main priority for most prisoners. In the previous 12 months, over 18,600 ROTL events had taken place for a variety of reasons, including work, compassionate and resettlement purposes and to maintain family ties. Failure rates were low (see paragraph 3.16).
- 6.31 About half the population were accessing some form of ROTL, and a fifth of the population were using temporary release for outside work or training.
- 6.32 Around 50 prisoners had paid work in the community, and the prison had developed good links with a range of employers to expand the variety of work available. Work placements were purposeful and contributed towards realistic employment prospects upon release. Prisoners we spoke to reported positively about their work experience (see paragraphs 5.15).
- 6.33 Most prisoners required an especially high level of input and assessment before being granted approval for ROTL. This was because they were subject to ‘restricted ROTL’, which places additional requirements on certain categories of prisoners, including those assessed as being at high or very high risk of serious harm, and those with indeterminate or extended determinate sentences.
- 6.34 ROTL processes were well governed. The ROTL assessments and files we reviewed were comprehensive, and risk management oversight was thorough. Careful consideration was given to victim issues and

safeguarding and the implementation of restrictions to manage and monitor risks.

- 6.35 Some prisoners waited too long for their assessments to be completed. At the time of the inspection, half of the population had not been approved for ROTL. Many of these were still within their initial assessment stage, but others were experiencing delays, sometimes for months. Some delays appeared justified for reasons such as an increase in risk or low-level poor behaviour. However, other factors included waits for probation reports or police checks in the community, which created unnecessary delays in prisoners' ability to progress.
- 6.36 The prison did not offer any accredited behaviour programmes as prisoners were expected to have completed such work before they arrived at Haverigg.
- 6.37 In a small number of cases where unmet offending behaviour treatment needs had been identified, we saw examples of prisoners being able to access such interventions in the community as part of their licence conditions.
- 6.38 There was a good range of support for prisoners to consolidate previous learning and promote positive thinking. This included: support delivered by the substance misuse team to prevent relapse and promote harm reduction; strength-based interventions to foster growth and well-being; and structured one-to-one work with POMs focusing on victim awareness. The regional psychology team also provided valuable support and case consultancy for some very complex prisoners, including those requiring enhanced behaviour monitoring, and some serving IPP sentences who were struggling to progress.
- 6.39 Work to engage potential employers was a constant challenge. However, good work took place to equip prisoners with the skills they needed to improve their employment prospects and outcomes were encouraging. Many eligible prisoners progressed into paid employment following release in areas related to the knowledge and skills they had learned in prison, such as logistics and construction (see paragraph 5.16).
- 6.40 HMPPS data showed (YTD April 2024 – February 2025) about 37% of eligible prisoners were in employment six weeks after release. This increased to about 72% at six months. The prison employment lead undertook a significant amount of work to ensure the accuracy of these data recorded by community probation teams. We were provided with compelling evidence that not all positive outcomes were always captured.

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.

- 6.41 On average, 27 prisoners had been released each month in the previous year. Nearly all of these were from outside of the prison catchment area, which posed some challenges. However, arrangements to help prisoners prepare for release were good.
- 6.42 The well used resettlement hub provided an excellent environment for prisoners to access a wide range of staff and resources to help with their practical resettlement planning needs. This included support for prisoners to prepare CVs and criminal record disclosure statements, apply for jobs and to prepare for interviews (see paragraph 6.39).



Resettlement hub

- 6.43 A bespoke pre-release anxiety course was run by mental health practitioners and offered to all prisoners 12 weeks before release. This course included practical anxiety management strategies in the specific context of release from prison and had been completed by 113 men in the last 12 months (see paragraph 4.80).
- 6.44 Release management meetings and discharge boards were frequently held and well run. This ensured that outstanding resettlement needs were identified and addressed, with effective escalation strategies where solutions could not be immediately found.

- 6.45 In our survey, 97% of respondents due to be released in the next three months were receiving help to prepare them for release; considerably higher than the average for open prisons.
- 6.46 There was good support to help prisoners with their financial needs. Staff assisted prisoners to apply for bank accounts and recognised forms of personal identification such as national insurance numbers, birth certificates, provisional and renewal driving licences and adoption certificates. These staff could also help facilitate telephone calls to banks and other community services to set up appointments for prisoners to attend while on ROTL. The Department of Work and Pensions helped prisoners with their benefits entitlement and claims, and the 'Wise Group' attended the prison weekly to provide valuable specialist debt advice.
- 6.47 Almost all prisoners released in the previous 12 months (April 2024 – March 2025) had an address to go to. Nearly half of these went to probation-approved premises as part of the licence conditions, and about one third went to sustainable accommodation (accommodation that is intended to be in place for 13 weeks or more after release). HMPPS data showed six prisoners had been released homeless; however, we were provided with additional information to evidence that five of these prisoners had an address to go to.
- 6.48 In our case sample of those due for release, we saw effective and prompt handover to the community, and ongoing contact between prisoners and their COM was good (see paragraph 6.28).
- 6.49 Appropriate support was offered to prisoners on the day of release including access to the 'departure lounge' and transport to the station for those who needed it.

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 and an additional recommendation regarding leadership.

Leadership

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

Key recommendations

Leaders should implement robust governance of key areas of safety, including use of force, secure accommodation and safeguarding of the most vulnerable prisoners.

Achieved

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2021, we found that outcomes for prisoners were good against this healthy prison test.

Recommendations

All violent incidents should be accurately recorded on the incident reporting system.

Achieved

The local policy on the application of the incentives scheme should be followed consistently.

Achieved

Adjudicators should fully investigate all charges before a finding of guilt and ensure that prisoners are able to access legal advice if requested.

Achieved

All use of force should be fully justified and proportionate and should only be applied following the use of de-escalation techniques.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2021, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

The prison should complete its transition to an open prison environment with proportionate physical security, and the living areas and main kitchen should be repaired and refurbished to provide consistently decent living and working conditions.

Partially achieved

Recommendations

Leaders should ensure that staff are confident to work in open category D conditions and with prisoners convicted of sexual offences.

Achieved

Telephones should be screened to afford adequate privacy when prisoners are making calls.

Achieved

Self-cook facilities should be installed in the living areas so that prisoners can prepare meals for themselves.

Achieved

Prison leaders should ensure rigorous tracking and analysis of applications, including through the development and promotion of the work of the resident information orderlies.

Achieved

Complaints monitoring data should be collected systematically and analysed thoroughly to identify trends and help learn lessons.

Achieved

Purposeful activity

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

At the last inspection, in 2021, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Leaders and managers should increase prisoners' access to classroom facilities, such as ICT suites, as soon as practically possible so that prisoners can practise the skills they have learned on their courses.

Achieved

Leaders and managers should ensure that those prisoners who have not been able to complete all components of a vocational qualification are given the opportunity to do so as soon as practically possible.

Achieved

Leaders and managers should develop and apply consistently methods of recording the full range of knowledge, skills and behaviours that prisoners acquire in vocational workshops.

Achieved

Rehabilitation and release planning

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

At the last inspection, in 2021, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Prison leaders should expand the range of paid and voluntary work opportunities available to prisoners undertaking ROTL in the community.

Achieved

Recommendations

Prison leaders should have a plan, with suitable timescales, to encourage and enable community agencies to re-enter the establishment to provide comprehensive and in-person family services to prisoners as soon as possible.

Achieved

The reducing reoffending strategy should include all resettlement pathways and be underpinned by a comprehensive and up-to-date needs analysis and prison-wide action plan.

Achieved

All prisoners should have a review of their sentence plans and risk of harm assessments following their move to open conditions.

Achieved

Interdepartmental risk management team meetings should have oversight of prisoners six months before their scheduled release date to ensure that actions are identified and addressed in adequate time.

Achieved

Monitoring of prisoners' telephone calls should be timely, and records should contain a summary of conversations, with key points highlighted.

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
Sara Pennington	Team leader
Natalie Heeks	Inspector
Harriet Leaver	Inspector
Jade Richards	Inspector
Rick Wright	Inspector
Jessie Wilson	Inspector
John Wharton	Inspector
Joe Simmonds	Researcher
Helen Ranns	Researcher
Tareek Deacon	Researcher
Emma Crook	Researcher
Simon Newman	Lead health and social care inspector
Gift Kapswara	Health and social care inspector
Matthew Tedstone	Care Quality Commission inspector
Suzanne Wainwright	Ofsted inspector
Helen Whelan	Ofsted inspector
Suzanne Horner	Ofsted inspector
Alison Humphreys	Ofsted inspector
Ian Frear	Ofsted inspector
Martyn Griffiths	Offender management inspector

Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

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.

Indeterminate sentence for public protection (IPP)

Given to offenders who posed a significant risk of serious harm to the public. Although the IPP sentence was abolished in 2012, thousands of people subject to such a sentence are still in prison.

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.

MAPPA

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

Naloxone

A drug that rapidly reverses the effects of an opioid overdose and therefore can help to prevent overdose deaths.

Offender assessment system (OASys)

Assessment system for both prisons and probation, providing a framework for assessing the likelihood of reoffending and the risk of harm to others.

Offender management unit (OMU)

The aim of offender management units in prisons is to try to rehabilitate people so they are less likely to offend in the future.

Offender Personality Disorder (OPD) Pathway

A jointly funded partnership between HMPPS and NHS England that provides a network of services for some of the most complex offenders with personality disorders.

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).

Release on temporary licence (ROTL)

Being able to leave the prison for a short time for specific activities.

Shannon Trust

Charity that supports people in prison to learn to read.

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 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.

Crown copyright 2025

This publication, excluding logos, is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

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

This publication is available for download at: [Our reports – HM Inspectorate of Prisons \(justiceinspectors.gov.uk\)](https://justiceinspectors.gov.uk)

Printed and published by:
HM Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England

All images copyright of HM Inspectorate of Prisons unless otherwise stated.