Independent Monitoring Boards

Annual Report of the Independent Monitoring Board at HMP Ashfield

For reporting year
1 July 2024 to 30 June 2025

Published November 2025

national preventive mechanism

Contents

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1. Statutory role of the IMB

The Prison Act 1952 requires every prison to be monitored by an independent board appointed by the Secretary of State from members of the community in which the prison is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison and also to the prison's records.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that states designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The IMB is part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

HMP Ashfield is a privately managed prison run by Serco, located in the village of Pucklechurch in south Gloucestershire, around 10 miles from each of Bristol and Bath. It is a specialist training and treatment category C establishment (which houses prisoners who cannot be trusted in open conditions but who are not considered dangerous enough to require maximum security) for adult men, exclusively for people convicted of a sexual offence (PCoSO).

The prison has a baseline certified normal accommodation (the number of prisoners a prison can hold without being overcrowded) of 416[1], with an operational capacity (the maximum number of prisoners that can be held without serious risk to safety, security, good order and the proper running of the planned regime) of 412. Throughout the reporting period, it has typically accommodated between 400 and 416 prisoners on site at any one time, although increasingly at the upper limit of this scale.

Accommodation consists of two main residential units, Avon and Severn, each with four wings accommodating between 40 and 60 prisoners. In 2025, a new therapeutic community (TC) was set up to house a small group of 16 prisoners and dedicated staff. It will become the only TC in the UK working solely with men convicted of sexual offences. The aim of the TC is to reduce the risk of reoffending by providing an environment in which people live together as a community, with change brought about through talking therapy and interpersonal experience.

Population figures remain similar to last year, with prisoners aged 50 and over making up the majority group (over 42%), with the next biggest group (aged 30-39) at 25%.

The population has remained relatively stable in comparison with many HMPPS prisons, although last year's cap was lifted this year so that more prisoners could be housed. This was in response to the country's urgent need for prison cells. This has also made it more difficult for prisoners to transfer to category D open conditions, as these prisons are also full.

As a contracted-out prison, HMP Ashfield has a Director and HM Prison and Probation Service (HMPPS) Controller.

[1] Figures included in this report are local management information. They reflect the prison's position at the time of reporting but may be subject to change following further validation and therefore may not always tally with Official Statistics later published by the Ministry of Justice.

3. Key points

3.1 Main findings

The period covered in this report was dominated by a huge amount of change, which created some upheaval and uncertainty for prisoners and staff. Following a competitive process, a new contract was awarded to Serco in April 2024 and commenced on 1 November 2024. A new Director was also appointed midway through the reporting year. A mobilisation phase, to plan all that was promised in the new contract, dominated the first half of the year, with implementation of those plans dominating the second half. From the Board's observations, the senior management team worked hard to maintain a sense of continuity throughout this period, focusing on safety and security. The Board appreciated the efforts of all senior managers to keep us updated during a challenging year.

A major repurposing of various accommodation and work areas took place. A new therapeutic community (TC) for long-term prisoners was set up and will be the only specialist community for people convicted of a sexual offence (PCoSo) in the UK. It is not yet fully functioning but is expected to begin its specialist intervention work in late 2025/early 2026. Alongside this, a dedicated incentivised substance free living (ISFL) wing was established to encourage former drug users to live without illicit substances after release; a new early days centre (EDC), for prisoners transferred to HMP Ashfield, was relocated, and an assisted living wing for older or infirm prisoners was also set up.

Significant changes in the delivery of education, skills and work (ESW) were made throughout the reporting period, following a 'poor' grading by Ofsted in the last HM Inspectorate of Prisons' (HMIP) report at the end of 2023. A new split week between the two main residential blocks was introduced, requiring prisoners from each block to attend tier one activities, such as education classes or vocational training, for two-and-a-half days a week and tier two activities for much of the remainder of the week. An expanding list of tier two social activities evolved in the course of the year. The two tiers were linked directly to pay, which caused a good deal of confusion for prisoners with concerns about lower-than-average pay and interrupted learning. Some administrative staff responsible for pay and complaints also faced a higher workload, leading to low morale. However, efforts seem to have been made by the ESW team to improve the system as the year went on. That work continues.

Prison offender managers have reported that pressure on community probation staff has had a direct impact on their work, requiring them to pick up additional responsibilities.

As part of the new contract, the former interventions unit has increased staff numbers by over 50% and will be providing new programmes, including more one-to-one interventions.

Safety

- There has been an increase in assessment, care in custody and teamwork (ACCT) plans (used to support prisoners who are at risk of self-harm and suicide), as well as incidents of self-harm and violence. However, when compared with similar establishments, the levels continue to be low.

- Despite the increases referenced above, the Board is of the view that HMP Ashfield provides a generally safe environment. At the end of the reporting period, 94.5% of the 165 prisoners who responded (there are just over 400 prisoners) to a safer custody survey indicated that they agreed/strongly agreed with the statement 'I feel safe at HMP Ashfield'.

Fair and humane treatment

- Accommodation continues to be well maintained, clean and appropriate for prisoners' needs.
- Staffing remains challenging in terms of recruitment, retention and experience, despite an increased complement.
- The quantity of key work has increased and the quality appears adequate and stable.
- Complaints to the prison have increased substantially.

Health and wellbeing

- The Board remains concerned about the lack of social care for an ageing population.
- There is no 24-hour hospital wing facility on site.
- The healthcare provider is not commissioned to provide dementia or neurodiversity diagnoses.
- The Board is not concerned about waiting times for healthcare appointments.

Progression and resettlement

- The split-week system for providing purposeful activity appears to be detrimental to prisoners' needs.
- The Board is concerned about the accuracy of systems that record attendance at purposeful activities, as well as how pay is calculated.
- The prison capacity crisis has led to increased operational challenges for the offender management team.
- A unique therapeutic centre, for people convicted of a sexual offence, has been set up.

3.2 Main areas for development

TO THE MINISTER

- **Urgent need for a comprehensive national older prisoner related strategy**. HMP Ashfield's over 50s population sits at more than 43%. Is the Minister considering a strategy and, if not, why not? If you are thinking about a strategy paper, what is the timeline for it to be published?
- **Inadequate social care, including end-of-life and dementia care, for people convicted of sexual offences.** With an increasing older population, what additional measures will be taken to assist prisons such as HMP Ashfield?
- **Pressure on probation services inside and outside prison**. Concern about prisoners being released without appropriate accommodation. What further measures are being taken to address this problem?

TO THE PRISON SERVICE

- Last year, it was suggested that individual prisons would be provided with information about reoffending rates in the near future. Has there been any progress with this?
- How will the Prison Service improve the situation, whereby category D prisoners are being transferred to HMP Ashfield without prior adjudication or being placed on report and with no opportunity to put their case prior to transfer.

TO THE DIRECTOR

- With the introduction of the split work week and related pay structure in the new contract, what improvements are being made to simplify and make this fairer for all?
- The impact of key work reporting, providing escort staff in hospital and occasional redeployment to other Serco prisons has meant fewer wing officers available, all of which has resulted in low staff morale. What steps are being taken to relieve these pressures?
- The charity shop has been closed, initially due to building work and then staff shortages. Are there plans to re-open it?

3.3 Response to the last report

Issue raised	Response given	Progress
To the Minister In our 2022-2023 annual report, we queried why, after parole boards had recommended that life sentenced and IPP prisoners convicted of sexual offences be transferred to open conditions, it was taking such a lengthy period of time for these to be confirmed or rejected by the Secretary of State for Justice. The Minister assured us that replies should be received within 28 days, yet the average wait for a reply at HMP Ashfield is around three months. Could the Minister please explain why the delays remain and what is being done to resolve the matter?	Where a prisoner is awaiting a decision from the Secretary of State on whether a Parole Board recommendation for a move to open conditions will be accepted or rejected, it is the responsibility of the Secretary of State to respond within 28 calendar days, which is the internal target set out in the policy. In some cases, further information is required before a decision can be issued and representations from the prisoner must be sought. The Secretary of State has continued to reduce the backlog of cases requiring a decision on a move to open conditions, and it is the aim of the Secretary of State to inform prisoners of the outcome of their parole as soon as possible.	The Board is pleased to report that this year replies have been much quicker – in one case, just three weeks.
In common with other prisons, a small number of prisoners released from Ashfield in the last 12 months did not have suitable accommodation arranged prior to release. What solution is the Minister proposing to resolve this matter?	HM Prison and Probation Service (HMPPS) offers a three-tier structure of temporary accommodation known as Community Accommodation Service (CAS). This includes CAS1, which is accommodation with a public protection focus for higher-risk offenders, known as Approved Premises, CAS2 for low to medium risk offenders on Home Detention Curfew or bail, and CAS3 that provides up to 12 weeks' basic accommodation for prison leavers at risk of homelessness. HMPPS is also developing a new digitalised approach to Approved Premises referrals, through a National Central Referral Unit. This will oversee assessment for suitability and eligibility and match individuals to placements, whilst maximising occupancy and use of national capacity.	In the reporting year, two prisoners were released without accommodation. There are many points of stress in the system. See section 7.4.

	Additionally, HMPPS is working closely with Local Authorities, our Strategic Housing Specialists, probation colleagues, and other partners to identify the most appropriate accommodation pathway for individuals who would otherwise be homeless.	
At present, prisons are not routinely told which prisoners released by them have reoffended, or why. Does the Minister consider such information might help prisons better assess their interventions and rehabilitation programmes?	Proven reoffending figures for offenders who were released from custody, received a non-custodial conviction at court, or received a caution or reprimand are published at the following link: Proven reoffending statistics - GOV.UK. By way of clarification, various changes were made in 2017 to the management and rehabilitation of offenders, known as Transforming Rehabilitation. Therefore, the data source was changed for compiling the statistics to better reflect the way in which offenders were now managed by the probation services. The new data source did not enable the department to break down the reoffending rate by prison, due to data quality issues. This has now been improved, and the Ministry of Justice anticipate being able to resume publication of the reoffending rates by prison in the future.	Figures are still not available by prison. The latest data (published in July 2025) relates to July to September 2023.
To the Prison Service At present, very few resettlement prisons will accept people convicted of sexual offences. No prisoner from Ashfield has been moved to a designated resettlement prison since January 2023, in part for this reason and in part because prison population pressures have overridden the earlier offender management in custody model. Are there any plans to increase the number of resettlement	HMPPS recognises the increase in the number of people convicted of sexual offences (PCoSOs) and other vulnerable prisoners (VP). Work has been taking place to expand the number of prison places offered for this group of prisoners, particularly in resettlement prisons, and since March 2024 around 1,000 additional category C PCoSO/VP places have been made available through a combination of new accommodation and reconfiguring existing main accommodation. Further projects to reconfigure around another 900 places are underway and a strategy to deliver more places in the medium to longer	In June 2025, only five spaces became available at HMP Rochester (a resettlement prison). This is the first time in 30 months that such places have been available.

prisons that will accept such prisoners?	term is in the process of being drawn up.	
To the Director In order to increase prisoner confidence in the fair application of the incentives policy, are there any plans to introduce a process of systematic monitoring and quality assurance, in particular to establish consistency amongst staff members in awarding positive comments?	*(Received 15 July 2025)* We currently have a process in place; however, we are looking at enhancements of this to ensure that any prisoner who has a double demotion applied will be automatically quality assured, and that a percentage of reviews are carried out, along with testing NOMIS [the prison's internal computer] entries, to ensure that there is a consistency approach of staff noting positive comments.	The Board looks forward to these enhancements.
Given ongoing comments to the IMB by prisoners that HMP Ashfield feels increasingly like a category B prison, can the Director provide some reassurance that movement restrictions will be reviewed in the near future and that the rationale for any changes will be clearly communicated to prisoners?	*(Received 15 July 2025)* The movements were reviewed earlier in the year, with restricted moves being relaxed following the review, with the changes this has enhanced healthcare appointments and movement around the establishment. Prisoners were consulted during the monthly PIAC [prisoner information and advice council] meetings and information was disseminated to all prisoners at the time.	This appears to be working well.
Given the good record of the equality and diversity department at Ashfield, what assurances can be given that, under the new contract, it will continue to be adequately resourced and staffed and that prisoners will be able to continue to attend the very constructive events that the forums organise?	*(Received 15 July 2025)* The events organised by the equality and diversity department have not been affected by the new contract. To date this year, we have held a number of events across the site, which have brought together a significant number of prisoners, who have celebrated these events collectively. Further events such as Black History Month, etc, will continue to be held.	This appears to be working well.

Evidence sections 4 – 7

4. Safety

Compared with the last annual report, HMP Ashfield has seen an increase in ACCTs (assessment, care in custody and teamwork) plans, self-harm and violence. However, when compared with similar establishments, the levels continue to be low. In the prisoner survey, conducted by safer custody staff at the end of the reporting year, 94.5% of prisoners indicated that they agreed/strongly agreed with the statement 'I feel safe at HMP Ashfield', with only 0.6 % disagreeing and 4.8 % not answering. This is an exceptionally high level for safety and testament to the good work of staff and prisoners alike.

4.1 Reception and induction

For the first six months of the reporting period, newly arrived prisoners were housed in the early days centre (EDC), which was a separate house block of 16 single cells for, on average, two weeks, before moving to the main house blocks. In January, Avon D wing was reassigned as the EDC.

Feedback from newly arrived prisoners generally compliments HMP Ashfield reception and induction, particularly when compared with their experiences in other establishments. For example, two prisoners from the LGBTQ+ community, both of whom had experienced serious verbal and physical intimidation at previous prisons, reported feeling safe at HMP Ashfield. One who had been at HMP Ashfield previously insisted it was the best prison he had been in. Another prisoner, with dyslexia, told the Board he was pleased that during education induction, they were made aware of support that would be in place to help them.

One arrival described their experience of reception as 'five star' compared with two other previous prisons. They reported being treated courteously and were made to feel welcome. Their property was sorted within two days (seven weeks in another establishment), as were their phone numbers (four weeks at one prison). However, there has been one occasion where staff shortages and the need to conduct mandatory drug tests (MDT) resulted in a group of four prisoners going five days without any property, so having to wear the same clothes. As one of the group summed it up, 'It's not decent to be left this long in one set of clothes.' This was the only complaint received by the IMB about reception as, generally, prisoners report very favourably about reception and induction.

4.2 Suicide and self-harm, deaths in custody

The reporting period has seen an increase in the number of open assessment, care in custody and teamwork (ACCT) plans, with 108 being open compared with 87 in last year's report, a 24% increase. Although low compared with many establishments, it is disappointing to see an increase; however, last year's total was exceptional, being the lowest since 2020-2021, of which 16 were ACCTs opened in previous establishments prior to transfer to HMP Ashfield. Post-closure ACCTs with new arrivals also count towards the overall ACCT total.

The majority of ACCTs are opened in response to an incident of self-harm.

IMB members regularly visit prisoners on an ACCT, the majority of whom report that they are receiving good support from staff. The processes and documentation, as

observed by IMB members, are generally of a good standard, and the routine assurance process conducted by senior staff does highlight issues and ensure action is put in place to address them.

Recorded self-harm incidents also increased by 28%, with 88 compared with 69 in the last report. Again, it should be noted that the figure for the previous 12 months was unusually low, although the reasons for this are unclear. The majority of incidents were by prisoners with a history of self-harm. There were no prolific self-harmers (an individual who self-harms 20-plus times in 12 months) during this period.

Most of the incidents were minor and usually involved cutting or scratching, with only two classified as serious, warranting an investigation and external attention.

Triggers for self-harm and ACCTs continue to be varied and include parole outcome, mental health issues, bereavement, challenges by staff, sexual preoccupation, incentives scheme change, new charges, cell sharing and impending release.

The safer custody staff are proactive in providing additional support through personal improvement plans (PIPs) for those with complex needs and at risk of self-harm. Also, in the Board's view, HMP Ashfield should be commended for the effective multi-agency approach to safer custody exemplified by the safety intervention meeting (SIM), which is well attended by relevant departments. Additionally, prisoners support safer custody in a variety of ways and help with violence reduction and Here to Hear (H2H), as well as being co-ordinators/representatives. These roles have been invaluable in maintaining safety.

There was one occasion of constant supervision but only for five to six hours, after which the prisoner was able to return to the normal regime.

There were five deaths in custody, all initially presumed to be from natural causes; Prisons and Probation Ombudsman (PPO) reports are awaited. Four of the deaths occurred in hospital, with just one at HMP Ashfield.

4.3 Violence and violence reduction, self-isolation

There has been an increase in reported assaults, with 15 recorded for the year in review, five of which were classified as fights. This compares with seven assaults and three fights in our last report. However, two recorded assaults, following investigation after the event, were subsequently downgraded, which would result in a lower increase to just eight assaults and five fights, compared with the previous period. For four months of the reporting period, no assaults were recorded. These are low figures compared with many other establishments.

The majority were categorised as minor assaults, with only two considered serious. Only two assaults were recorded against staff, both of which were classed as minor, with one subsequently discounted.

Where appropriate, challenge, support and intervention plans (CSIPs) are set up to support and manage those who are considered to pose a risk of harming others whilst in custody. CSIPs can also be established to support victims of assault or bullying. In the reporting period, 87 referrals were made but, after assessment and exploration of other measures to support prisoners, only 12 CSIPs were recorded. Four CSIPS were pre-existing, which came in with transferred prisoners. The most

common reasons for a referral were threatening/abusive behaviour, an assault perpetrator or a victim of bullying/assault.

4.4 Use of force

There was an almost 50% decrease in the incidents of use of force (UoF) in the reporting period, with only 11 incidents compared with 21 last year. Control and restraint (C&R) was only used on four occasions and rigid-bar handcuffs (RBH) were deployed on eight occasions. All use of force incidents are subject to scrutiny by senior managers and a member of the chaplaincy team. A member of the IMB also reviews incidents when the evidence is available. Of the incidents reviewed by the IMB, the use of force would appear to be well managed and proportionate.

There is strong emphasis on the use of de-escalation techniques at HMP Ashfield, with use of force seen as a last resort, which is evidenced by the statistics.

4.5 Preventing illicit items

HMP Ashfield's excellent record for the prevention of illicit items entering the establishment has continued. This record appears to be achieved mainly through robust procedures and effective intelligence gathering and analysis.

For the reporting period, a total of 280 routine cell searches have been conducted and a further 121 intelligence-led/targeted searches (a significant increase from last year, when there were 34). Finds from cells have mostly been inappropriate material, including explicit writings/pictures. However, other finds include hooch (illicitly brewed alcohol), unauthorised medication, USBs, improvised weapons, lighters, items belonging to other prisoners and excess quantities of authorised items such as bedding, etc.

Another 12 months have been recorded where no psychoactive drugs have been found. Non-authorised opiates in the first half of the year featured more often in finds and failures. The safer custody survey, conducted at the end of the reporting year, asked prisoners if they agreed with the statement: 'It is easy to get drugs into Ashfield.' Only 10.9% agreed or strongly agreed with the statement and 55.7% disagreed or strongly disagreed, with the remainder choosing either not applicable/neither agree nor disagree or no answer. During the reporting year, a total of 545 mandatory drug tests (MDT) have been conducted, with only five failures, and 39 suspicion-led drug tests were conducted, with four failures. All failures have been identified as non-authorised opiates.

HMP Ashfield reception has a body scanner that is routinely deployed to screen prisoners returning from open conditions. This is due to the risk they present for having obtained and secreted illicit items and for those prisoners where intelligence indicates risk. For the reporting period, no illicit items were identified via body scans.

Another key process in maintaining security is the routine scanning of mail by use of the Rapiscan X-ray machine. In the reporting period, only five positive indications were recorded for incoming mail.

Visitors also present a risk to the prison, but thorough searches and the use of a passive sniffer dog have minimised the risks of illicit items being smuggled in.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

The Board's monitoring reports throughout the year reflect that the overall standard and cleanliness of the accommodation is very good. The facilities are well maintained and the wings are kept clean, organised and free from rubbish. The wing orderlies (trusted prisoners who take on work to provide services that contribute to the running of the prison) are motivated and hardworking, and systems are in place to maintain the standard of cleanliness. Although there have been several changes in the configuration and purpose of the wings, the standards of overall cleanliness have not dropped during this period of change. There has been an improvement in the number of out-of-order showers compared with last year's report.

One area that has caused some upheaval and inconvenience is the lack of easy access to toilets for prisoners working in horticulture. The promised portacabin was not acquired during the reporting period.

Changes to the accommodation categories following the new Serco contract include the addition of a therapeutic community (TC) and an assisted living wing for older prisoners and people with disabilities. The assisted living wing has included some accessible adapted equipment in the yard. There is also an incentivised substance free living wing. There are plans to improve the signage and training for staff for all the specialised accommodation wings.

The TC is the early stages of development, with a deliberately gradual approach to recruiting and assessing prisoners' suitability for the community (see section 7.2). The building where this is housed has been refurbished.

Cells now have in-cell technology called PICS (prisoner in-cell system), which allows prisoners to stay in touch with their families and access all the functions of their previous 'ATMs' (digital kiosks used for general administration) available in the main area of the wings. There have been some teething problems with the PICS, although no one has been left disconnected. Staff are addressing these issues.

Staffing of residence has, on occasion, been challenging (see section 5.3).

Clothing has been provided as required, but some prisoners have not had access to their own clothes due to a delay in property following them when they had been transferred.

Prisoner feedback has suggested that the quality of food is generally considered good at HMP Ashfield. During the reporting year, 73 positive comments and 63 negative comments were received by the prison. The catering department acknowledged that it had experienced problems with ordering some items. There was a shortage of chicken and eggs, following the bird flu, but the catering department seems to make efforts to find alternatives and to communicate the changes.

5.2 Segregation

HMP Ashfield is different from many establishments in that it does not have a separate segregation unit. Prisoners who need to be segregated are usually confined to their own cell or another, single cell on a different wing.

In the reporting period, there were four occasions when prisoners were segregated under GOoD (good order or discipline) rules, compared with eight in the previous report. There were 15 occasions where prisoners were segregated under cellular confinement (CC) rules, following adjudications (disciplinary hearings when a prisoner is alleged to have broken prison rules) compared with eight in last year's report. Five of the CCs were MDT-related, with two due to prisoners failing to provide a sample and three failed MDTs (prescription medication not prescribed to the individual). Other reasons include assault, engaging in sexual activity, possessing unauthorised items (hooch) and refusing to obey a reasonable order.

Compared with other establishments, these figures are low.

IMB members regularly visit prisoners who are segregated and report consistently that their treatment is both fair and humane.

5.3 Staff and prisoner relationships, key workers

Staffing levels at HMP Ashfield have been a challenge at times. For the prison custodial officer (PCO) grade, staffing levels have exceeded the complement (which increased from 79.8 at the beginning of the period to 91 from 1 November 2024) on seven out of 12 months. For the other five months, the prison was operating with, on average, three or four fewer PCOs than complement. Additionally, three PCOs were seconded to HMP Fosse Way. At times, staffing has been stretched, particularly when there were bed-watches (when a prisoner requires hospital admission for at least one night and needs to be constantly observed by a minimum of two prison officers for security reasons), and this has affected the regime. On one occasion, two prisoners required a total of 10 officers every 24-hour period. It has been observed that when staff are redeployed to bed-watches, low morale amongst wing staff increases. This was particularly noticeable at the end of the reporting period.

A further challenge is the level of experience of PCOs. Around 52% (54% last reporting period) have three years' or less experience, with 17% (36% last reporting period) having two years' or less experience. During the reporting period, 31 new officers were recruited, none of whom had previous PCO experience. However, 21 PCOs left HMP Ashfield. Inexperience can lead to inconsistency in approach, particularly in relation to responding to behaviour, and this makes the role of the community offender managers (COMs) in managing this aspect more important.

The Boards has observed that key work at HMP Ashfield continues to be well managed. A new target of 95% of prisoners being seen each week (previously 74%) was set in October 2024. The target has been exceeded every month. A sample of 40 records of key working sessions a week is reviewed for HMPPS quality assurance. This number was chosen to represent approximately 10% of the population, so has not changed, although 30% more interviews are being conducted. A target for quality now forms part of the new contract: 95% of key work sessions should be assessed as either level 3 or 4. This target has also been achieved every month. Reaching these targets seems to have put pressure on staff.

In a few cases, prisoners have told the IMB that their key worker has helped them find solutions to their concerns, such that an application (prisoners' written representations) to the IMB has since become unnecessary. However, some prisoners have suggested that they do not always see their allocated key worker but another officer (this is known as secondary key working). This is not surprising, as

officers can be on nights or annual or sick leave. The amount of secondary key work varies week on week and is affected by bed-watches and staff turnover, as well as the usual reasons for absence. Although, as noted, headcount was increased to facilitate the operation of the new contract, the amount of secondary key working has increased. Before the new contract was implemented, 320 secondary key work sessions a month were required, on average. In June 2025, 552 secondary key worker sessions were recorded, an increase of over 70%.

5.4 Equality and diversity

The attention and care given to ensuring that the prison takes all aspects of diversity, equality and inclusion seriously continues to be a striking feature, in the Board's view. There are monthly prisoner forums (one for each of the protected characteristics, supplemented by one for armed forces veterans and another for buddies) and a selection of organised equality and diversity events. The Board has access to all DIRFs (discrimination incident reporting forms) and copies of the minutes and statistics provided for all DEAT (discrimination and equality action team) meetings, along with those produced by all the monthly forums.

Despite the hard work and dedication of a group of staff actively involved in promoting equality, diversity and inclusion, the Board reported in 2023-2024 that there were, however, some growing tensions and these continued until spring 2025. Concerns were expressed by prisoners in the early months after the award of the new Serco contract about continued restrictions on movement around the site outside official movement times (particularly problematical for buddies and for the chairs and vice chairs of forums.) The introduction of a new system for prioritising education and vocational sessions as tier one, and allocating different preferential wage bands for these and other recognised forms of purposeful activity over the tier two events that forum members were going to considerable trouble to organise to promote diversity and inclusion, also raised fears that attendance at events would fall dramatically.

The Board can now report that these concerns were largely dispelled from spring 2025, with a combination of an easing up of movements on site, a recognition that forum members should be paid at tier one rates for attending the monthly meeting, and the withdrawal of a warning that special catering for events would be discontinued. Black History Month proved very successful, as have other events organised by, for example, the Gypsy, Roma and Traveller community. Only a couple of events saw markedly lower attendance than in previous years. The ability to hold events on Saturdays, to minimise clashes with tier one activities, has proved to be beneficial, although this is heavily dependent on uncertain weekend staffing levels.

The Board also reported in 2023-2024 that the equality department was facing the prospect of the loss of their office and meeting room, which was based on the main education corridor. Fortunately, though the office is cramped, it has been spared and has continued to function as before. The recent introduction of in-cell technology has been welcomed by prisoners and the opportunities afforded by HMP Ashfield's own television channel to promote equality and diversity are being actively explored. The library is also engaging positively with prisoners to develop a more extensive collection of fiction and non-fiction books, CDs and DVDs to reflect different cultures. The ongoing frustration at disappointing levels of attendance at protected

characteristic forums by prison officer ‘champions’ has been largely resolved by a greater emphasis on attendance by designated senior managers in support of the equality coordinator. The latter has been given some dedicated officer support (e.g. assisting with the management of foreign national prisoners) at certain points during the year, although not continuously.

Of the 139 applications received by the Board, only two were about equality issues. It is also encouraging that remarkably few issues or complaints of a more general nature have been raised at the different forum meetings. There continues to be a degree of frustration about the limited opportunity to purchase black hair products and some Caribbean and Asian food products from the prison shop. However, concerns raised by Muslim prisoners about inadequate training for servery workers regarding the importance of avoiding halal/non-halal cross contamination has been addressed by the recent introduction of a compulsory accredited food hygiene course. There have not been any significant concerns raised about racial or other discrimination on the part of officers or prisoners, other than those highlighted at a recent opportunity for prisoners to meet the Serco national lead on diversity and inclusion. This is when they identified an undercurrent of racism, homophobia and transphobia amongst a small minority of prisoners, expressed predominantly, as illustrated by DIRFS, in terms of inappropriate language. From the Board’s observations, DIRFS were investigated carefully and, where found to be substantiated by the available evidence, appropriate action was taken, including warnings, restorative justice sessions and sessions with key workers.

Significantly, as in previous years, statistics presented at the quarterly DEAT and other prison management meetings indicated that black, Asian and other minority ethnic prisoners were not disadvantaged or disproportionately represented in key areas such as adjudications, incentives scheme status, access to interventions programmes, use of force or segregation, or progression to open conditions. A suggestion that it took those from a minority ethnic background slightly longer to gain promotion to orderly posts was taken on board by the prison and is now being carefully monitored.

There has continued to be an average of 20 foreign national prisoners at any one time, whose needs are being adequately met by the prison and the Home Office, in the Board’s view.

One benefit of the redesignation of some wings as specialist units under the new contract has been the creation of a dedicated supported living wing on Avon C wing for older, retired or infirm prisoners, some of whom have restricted mobility. It is encouraging that, since January 2025, the charity Recoop has had a presence on site and is providing a variety of activities on the wing, Monday to Friday. It is also offering a healthy eating and living programme, in conjunction with the healthcare department, supplemented by a developing programme of other activities such as gardening, bowls and over 50s gym. In addition, the outside exercise yard has benefited from the installation of new specialist fitness equipment for the older generation. The Board continues to have some concerns about the effectiveness of the general cell alarm system, but it is at least supplemented by wrist alarms for the more vulnerable prisoners, and the prison is keeping the matter under regular review. The Board continues to have significant concerns, however, about the lack of specialist accommodation and care provided nationally for those in the more

advanced stages of dementia, as managing such prisoners on site in normal conditions places very significant demands on staff.

For those prisoners who are neurodiverse or have learning difficulties, considerable strides appear to have been made in the last 12 months, since the appointment of a neurodiversity manager, who is attached to the education, skills and work (ESW) department. In addition, prison staff have had various opportunities for training to meet the needs of this group.

5.5 Faith and pastoral support

The chaplaincy department at HMP Ashfield is central both to faith services and pastoral care, with support being provided to those of all faiths and none. The staff team is made up of permanent, sessional and voluntary chaplains.

There are also several visiting chaplains, many of whom are voluntary and travel across the UK to serve the smaller faith groups. Efforts are also made to provide online faith sessions, such as those that have been offered to Rastafarians. Faiths in the prison include Christian (Roman Catholic, Eastern Orthodox, Methodist, Anglican, Church of Scotland, Quaker, Mormon), Jewish, Pagan, Muslim, Buddhist, Rastafarian, Sikh, Hindu and spiritualist. All major religious groups meet once a week for worship.

HMP Ashfield has not been able to find a Rastafarian representative. There are five prisoners registered as Rastafarian, but they have not felt the need to meet as a group. Rastafarian representatives are low in numbers nationally and there is a plan to find a Rastafarian to visit a group of local prisons. HMP Ashfield would like to recruit a permanent Pagan representative, as there are growing numbers of Pagan prisoners.

Members of the chaplaincy team attend ACCT reviews for prisoners, where possible. They visit prisoners who are segregated and prisoners on hospital bed-watch. There are also close links with the family strategy in the prison. The chaplaincy team is involved with recruiting prison visitor volunteers and with the Mothers' Union, a Church of England initiative that offers support with hot drinks during visiting times.

The chaplaincy service runs several events for religious festivals, and they work with catering to offer suitable food for celebrations. There is a popular facility for prisoners to rent musical instruments.

The chaplaincy department has trialled over 65s coffee mornings this year, but found that they were not well attended. They also run a six-week bereavement course twice a year, which involves a group exercise offering individuals tools to manage their emotions around grief and loss. In addition, they are part of the staff care team, offering regular meditation sessions.

Outside agencies working with the chaplaincy at Ashfield include Storybook Dads (where prisoners record themselves reading a popular storybook for their children), the Angel Tree project and Partners of Prisoners (POPS), The Salvation Army and two letter writing organisations.

When an HMPPS audit of the chaplaincy department was carried out in January 2025, the initial feedback indicated a 95% performance outcome.

5.6 Incentives schemes

Throughout the reporting period, the majority of prisoners (typically 81%-85%) enjoyed the benefits of enhanced status (the top level of the prison's incentives scheme), with around 13%-17% on the standard (middle) level and rarely more than four or five prisoners on the basic (bottom) level at any one time. Each status is based on behaviour and dictates the entitlement to privileges.

HMP Ashfield reviewed and updated its own local incentives policy in April 2025. The philosophy underpinning both the national and HMP Ashfield's own policies was designed to shift the emphasis away from addressing poor behaviour by removing entitlements towards acknowledging and reinforcing good behaviour. Both HMPPS guidance notes and HMP Ashfield's policy state, for example, that there should generally be four times as many positives as negatives recorded.

Over the reporting period, 284 behaviour warnings and 'negatives' were given, an average of just over 23 a month. Some of these triggered a status review.

Prisoners have, however, told the Board that they perceive the policy is not being implemented consistently. They claim some staff too readily resort to negatives for what prisoners believe to be petty or minor breaches of rules and regulations. On inspection of the data, however, warnings were given by a wide variety of staff, with just one officer identified as giving 24 warnings over the period, notably to 20 different prisoners. Most officers have given fewer than one warning, on average, a month. The IMB has received 26 applications regarding the incentives scheme and warnings in the reporting period (30 last year).

Moreover, contrary to prisoner perceptions, the majority of warnings were for serious offences, such as threatening or abusive behaviour towards staff or other prisoners (24%), possessing unauthorised articles (20%), breaking various rules and regulations (16%), a refusal to attend work or other scheduled activities (15%) and breaches of contact bans (4%).

Prisoners have also claimed that some officers are less diligent in acknowledging particularly good behaviour, or positives, by recording it in a prisoner's case history notes. It should be noted, however, that the Board has been informed by the prison that there is no systematic quality assurance system in place to analyse the data for who is and who is not recording positive entries. Data taken from Ministry of Justice (MoJ) sources shows that, on average, 85% of behaviour entries on that system are positive. This suggests that recording of behaviour is in line with policy.

HMP Ashfield's local incentives policy includes a separate rewards system (usually in the form of £2 PIN phone credit) for exceptional contributions or for repeatedly going above and beyond in helping others. Over the reporting period, 75 rewards for positive behaviour were given, an average of between six and seven a month.

5.7 Complaints

Almost 850 formal complaints were received by the prison during this period, an increase of over 45% on the previous year, a trend that concerns the Board. In the reporting period, approximately 87% complaints were Comp 1 (an ordinary complaint); approximately 10% were Comp 1A (an appeal); and 3% were Comp 2 (a complaint about a sensitive issue, which goes directly to the Director or another senior stakeholder).

The highest number of complaints received in any month was 90 (in January 2025) and the lowest was 49 (in March 2025), with a monthly average of about 70. The most complaints received from a single prisoner in a month was nine.

During the reporting period, the majority of complaints were responded to within the stipulated timescale. Only in December did the response rate fall to less than 90% on time, due to staff absence.

The following analysis of complaints relates to the period of 1 December 2024 to 30 June 2025, as data was recorded on a different basis compared with previously.

Nearly 80% of complaints fell into one of four categories: residence 24%; education, skills and work, 22%; security ,17%; and external, 16%. A trend is noted if there are more than two complaints about the same matter during a month.

Complaints categorised as residence can vary considerably. Trends noted within the period included loud music, delivery of newspapers, queuing for medicines and bullying on the wing, but the most frequent complaint was regarding the operation of the incentives policy.

Complaints categorised as ‘education, skills and work’ reflected the change to timetabling by wing and subsequently the payment of wages. (See section 7.1.)

Security complaints were dominated by the removal of Xboxes, required to ensure HMPPS guidelines were being followed.

External complaints generally concerned missing property (51 of 80 complaints: almost 64%).

The Board appreciated the achievement of responding to complaints in a timely fashion, but would, however, value more recorded detail about all the complaints, in terms of who they are from and what has been done about them. Further breakdown would also help to uncover and, hopefully, rule out any deeper equality and diversity issues regarding different protected characteristics. As they stand, the focus in responding to complaints can seem over-quantitative rather than qualitative. It is noted that this comment is substantially unchanged from the previous reporting period.

In the previous reporting period, the Board hoped that key worker reports would note when a formal complaint had been avoided. We have not seen any evidence that this aspiration has been achieved. The Board has been told that communication, application and decency (CAD) representatives have been recruited on each wing to try to support prisoners by offering advice, guidance, and signposting, where required, and this may have meant that fewer Comp1s (ordinary complaints) have been submitted. However, their work cannot be quantified.

5.8 Property

The Board has observed that (over several years) property at HMP Ashfield has been organised efficiently by a very experienced officer and an orderly. The electronic property recording system continues to be more accurate and reliable than many of the paper versions on which prisoners’ property has been recorded at previous prisons.

Prisoners use an application to request storage changes and can expect a reply within 10 days. In practice, prisoners usually receive a response within two working days. Prisoners collect items on allocated property days.

Property lost in transfer from other prisons, including legal paperwork and other valuable or sentimental items, continues to be a regular issue. The Board has received 14 applications this reporting year (compared with 13 in the previous period) about property. This remains one of the most frequent approaches to the Board. As mentioned in section 5.7, above, of the complaints the prison received about other prisons, the majority concerned property issues.

The charity shop that was created a couple of years ago enables prisoners, when released or transferring, to donate items they don't want to take with them. Such former property is re-sold to other prisoners and the proceeds donated to charity. Unfortunately, since the beginning of 2025, this has not been able to operate, initially due to building work in its original location, but more recently because of staff being prioritised to carry out key work sessions. (See section 5.3)

6. Health and wellbeing

6.1 Healthcare general

Oxleas NHS Foundation Trust continues to provide and commission healthcare services at HMP Ashfield, using external providers for specialist care. South Gloucestershire Council provides some intimate care packages for prisoners unable to wash, go to the toilet on their own or dress themselves. The prisoner buddies, who support the oldest and most infirm prisoners, receive basic prison payment, but it is mostly their dedication and concern for less able prisoners that means there is help for the increasingly ageing population at HMP Ashfield. During the reporting year, more than 11% of the whole population was aged over 70. There has been ongoing concern amongst the buddies that they do not receive full recognition for the work they carry out and that any extra they do at the weekends is not fully compensated.

All staff positions are currently filled, with much less reliance on agency staff compared with previous years.

The wait for a GP appointment is just under four weeks. Waiting times for the dentist have varied over the year, but when the wait time started to extend, Oxleas commissioned extra sessions to meet the need. The longest non-emergency wait for one prisoner was 11 weeks. A physiotherapist can be seen in less than four weeks, as can the podiatrist and audiologist. On average, the longest wait (five weeks) would be to get an appointment with the optician.

There continues to be a bimonthly health improvement group (HIG) forum, which enables prisoner representatives to meet healthcare staff to discuss concerns and suggest improvements. This is well attended. A local delivery and quality board (LDQB), made up of healthcare professionals, including NHS England and senior prison staff, meets once a month to discuss targets and best practice.

The most common complaints made by prisoners in regular healthcare surveys include dissatisfaction with the GP service, i.e. not always being able to see the same GP, changes to medication, and medication that goes missing during transfer from another prison, although this was only observed in the case of one prisoner.

6.2 Physical healthcare

Prisoners who are transferred to HMP Ashfield are assessed by healthcare staff within 24 hours. The prison has a 100% record of hitting this target. However, occasionally, property is not immediately handed over to new prisoners, or is lost, and this can include medication. One prisoner arrived without his diabetes tablets. He waited five days for it to arrive, which caused him great anxiety.

Thirty-four prisoners have been admitted to hospital during the reporting period, including 28 for emergencies and six for planned treatment. However, compared with previous years, there have been several longer stays for older prisoners. All exceeded a month, and, in one case, the prisoner remained in hospital for four months. This impacted adversely on prison staffing levels and was a financial burden for Oxleas, which pays for the initial provision of prison officers and transport to and from hospital.

A multidisciplinary team meets regularly to decide how best to look after prisoners who require end-of-life care. HMP Ashfield does not have a hospital wing so

prisoners either remain in hospital, are moved to a prison that can provide 24-hour care or they return to their cell. The IMB at HMP Ashfield is anxiously waiting for the government's long-promised publication of its 'Ageing Population Strategy' for the care and management of prisoners with dementia and in need of end-of-life care.

GPs from the DrPA Secure service provide four clinics across the week. This is an increase from the three clinics that were held last year and has helped to reduce the waiting list. The average wait fell to just over one week at the start of 2025, but has slipped back to just under four weeks. Spreading the clinics across the week means there is usually a GP available to check on anyone who has been segregated.

For emergencies, prisoners are triaged and subsequently sent out to hospital or are seen by healthcare staff within 24 hours.

Changes have been made to a few regular prescriptions, including for prisoners with ADHD (attention deficit hyperactivity disorder). There have not been any reports of medication running out or not being available. The healthcare provider is not commissioned to diagnose ADHD.

Vaccinations for flu and Covid were taken up by most eligible prisoners this year (eligibility is the same as in the community), but 29% refused to have the flu jab and 25% declined the Covid vaccination.

A health bar is run by pharmacy staff. Prisoners can order and pay for basic headache medication, as well as toiletries. Prisoner healthcare representatives carry out basic blood pressure tests on the wings and offer other, basic healthcare advice.

The prisoner healthcare orderly has continually received praise from healthcare staff and prisoners for finding ways to cheer up those waiting for appointments and for helping to offer basic healthcare advice.

6.3 Mental health

On average, 25-30 prisoners seek help for mental health issues each month. The most common conditions treated are anxiety and depression.

A clinical psychologist is available three days a week and is supported by a full-time assistant clinical psychologist. A full-time senior mental health nurse and support worker try to ensure that all prisoners who seek help are seen as quickly as possible.

A psychiatrist visits the prison twice a month to diagnose and treat any prisoner with a mental illness, but there are very few prisoners at HMP Ashfield who have needed this specialist care during the reporting period.

At the start of the reporting year, a speech and language therapist worked one day a week to help prisoners needing support when preparing for parole hearings. She was also able to offer support to prisoners who were serving sentences for the first time and didn't understand prison language. However, since she left, in March 2025, there has been no service; Oxleas is looking to fill the post.

A senior learning disability nurse supports prisoners who are affected by conditions such as ADHD and autism spectrum disorder.

6.4 Social care

Oxleas NHS Foundation Trust is not contracted to provide any social care services or dementia care. It is also not commissioned to diagnose dementia. It relies entirely on the services of South Gloucestershire Council and whatever can be provided by other, similar prisons, but this is very limited, according to the head of healthcare. In extreme cases, an application can be made to a care home, but few homes are willing to accept prisoners, particularly those convicted of a sexual offence. This means that some elderly prisoners, with or without dementia, will spend all their time in their cell, relying on the help of buddies or daily visits from South Gloucestershire Social Services. At the end of the reporting period, only two prisoners were receiving the full package of care from South Gloucestershire Services, which includes four visits a day from a healthcare assistant.

The Board remains concerned about the lack of social care for an ageing population and the reliance on the buddy system to provide this care. This year, more than 42% of all HMP Ashfield prisoners were aged above 50. Many of those are serving long sentences and will grow old in the prison system.

6.5 Time out of cell, regime

In the reporting period, time out of cell has occasionally been restricted, due to staff shortages, notably bed-watches. Additionally, Director's lockdowns are held for one hour once a month and for a morning every three months. The other restrictions noted were for the performance of business continuity exercises and the movement of external contractors' lorries.

At the beginning of the period, there were some restrictions on movements outside scheduled movement times. However, healthcare appointment movements were facilitated by an escorting officer, generally being made available for returns to the wing.

Changes to patterns of movement were implemented during June 2025, when work by external contractors was completed.

In the Board's view, prisoners at HMP Ashfield have good access to the gym, recreational provision and the library during the week. As the new contract is being implemented, more organised activities are being scheduled for weekends (see section 7.1).

6.6 Drug and alcohol rehabilitation

Specialist contractor Change, Grow, Live (CGL) continues to provide support and advice for prisoners who entered prison addicted to drugs or alcohol. There is no evidence of an illicit substance problem at HMP Ashfield, but there are many prisoners who are concerned about returning to old habits once they are released. The Foundations of Rehabilitation eight-week course is very popular, with one prisoner saying, 'It allows time and space to make different decisions.'

A new incentivised substance free living (ISFL) wing now houses prisoners with a history of drug taking. Drug testing is carried out twice a month and prisoners are encouraged to remain drug free for future parole reviews and long-term rehabilitation. Younger prisoners make up the majority but, according to prisoners and staff, it has become the most settled and positive wing in the prison. However,

some frustration has started to be felt regarding incentives. None were in place by the end of the reporting period.

6.7 Soft skills

The introduction of a new timetable to improve the provision of education, vocational training and purposeful activities initially had some impact on the healthcare department, particularly the timetabling of specialist mental health and ‘wellman’ groups. There were concerns amongst some healthcare staff at the start of the year that linking of these activities to pay might encourage prisoners to miss their healthcare appointments, if they preferred to earn money rather than focus on their health. However, the mental health team that oversees the various therapy groups states that the number of complaints about work and group clashes dropped off by the end of this year.

The ‘wellman’ groups and other therapy sessions are run by the occupational therapist (OT), their assistant and the mental health team. The OT left in early 2025 and their replacement is expected to start work by the end of summer 2025, following security clearance. In the Board’s view, the OT assistant should receive special mention for ‘keeping the memory’ one-to-one sessions going, which include cooking classes and specialist games, whilst the mental health team runs the new rap, self-esteem and ADHD groups. The clinical psychologist organises the dialectical behaviour therapy (DBT) and ‘understanding my mental health’ groups.

By the end of the reporting period, Oxleas received no complaints about timetable clashes and the ‘did not attend’ (DNA) figures remained similar to last year.

7. Progression and resettlement

7.1 Education, library, vocational skills and work

HMP Ashfield, as a privately run prison, provides all education, skills and work (ESW) training in house. Therefore, these services, managed by one Serco manager and three course team leaders, need to be assessed as a whole.

HMPPS and Ofsted inspections in October 2023 concluded that the provision of the service was 'inadequate'. Last year, the IMB was pleased to note that, by the end of June 2024, there had been a demonstrable improvement in performance. This improvement was maintained during this reporting period. However, the Board continues to have some concerns.

In its bid for a new contract, Serco planned that all purposeful activities (except for retired prisoners), would be carried out by operating a split-week system. This meant that one house block would be required to participate in education, skills or work (tier one activities) for one half of the week, i.e. Monday, Tuesday and Wednesday mornings; and for the second half of the week, prisoners would be required to take part in social activities that enhance their wellbeing and potentially aid rehabilitation (known as tier two activities). The other house block operated this system in reverse.

The IMB is concerned that this split-week approach is flawed, based on comments received from some tutors and prisoners. These concerns focused on the impact of interrupted learning, which often meant tutors had to repeat elements of the previous week's lessons due to prisoners' forgetfulness. Also, courses took longer to complete, which meant that some prisoners might not complete it before being released or transferred to another prison, and steps had to be taken to timetable attendance so that a prisoner's learning would not be affected by having to attend an offender behaviour course. Also, those attending tier one activities in the first half of the week would be more affected by loss of learning because of bank holidays and Director lockdowns.

Another consequence appears to be the greater use by teachers of 'delivering lessons' as in-cell homework, rather than providing teaching in the classroom. There was no effective mechanism in place to ensure that this 'homework' was undertaken.

Overall, this is likely to have an adverse effect on prisoners' learning progress and pass rates. By the end of the reporting period, some steps were taken to 'relax' the split week: for example, if a prisoner moves to the other house block, they can continue to attend the same class**.** In addition, the IMB is aware that further amendments to the split-week approach will occur. We will closely monitor the outcome for our next report.

One of Ofsted's concerns in 2023 was that prisoners were not provided with a sufficient number of hours of purposeful activity. HMP Ashfield is contractually required to provide a total of 30 hours per week. As a result, it is pleasing to note that this target appears to have been achieved during the last few months of the reporting period. However, the Board still has some concerns about the accuracy of the system that records attendance at tier one and two activities, and that the balance between these activities is being achieved in accordance with contractual requirements.

HMP Ashfield has set out what is included under the definition of tier two activities. The Board has some concerns that not all can be considered 'voluntary activities that enhance their wellbeing and potentially aid rehabilitation', such as, for example, playing pool or snooker.

One of the concerns raised by Ofsted was the lack of suitable provision of maths courses. The Board was concerned that, by the end of the reporting period, there had not been an overall reduction in the waiting list for prisoners to attend courses, and that there were about 164 prisoners (all below retirement age) who had not yet achieved Level 2. Of those who completed maths courses, 35% failed to achieve a 'pass'. This also raises an issue about the quality of teaching, in the Board's view. We are aware that part of the problem was caused by the difficulty in recruiting qualified maths teachers.

As part of the new contract, the Board was disappointed that HMP Ashfield will no longer provide a barber's qualification course. It is recognised that the course would have required teacher supervision, partly because of the security issue relating to the use of barbers' tools. However, gaining these skills would help a prisoner find future employment.

The Board understands that one of Serco's contractual requirements for the provision of education, skills and work was that 'opportunities will range from developing core skills to Open University (OU) and degree level courses', and that they would 'provide a rich learning experience focused on long term employment'. At the end of the reporting period, 28 prisoners were undertaking OU courses. Several prisoners contacted the Board about difficulties they were experiencing, including contacting their tutors or submitting projects. On raising concerns, the Board was advised that HMP Ashfield is no longer contractually required to provide support to OU students, and that the post, previously offering this support, no longer existed. The Board recognises that HMP Ashfield has taken some steps to try and mitigate the effect of this loss of provision and ensure that prisoners can continue with their studies, but we remain concerned that this is not a contractual requirement. The Board is also aware that HMP Ashfield is considering the possibility of arranging for a charity to help some students undertake courses remotely at a few, specific universities. The Board will continue to closely monitor the support offered to prisoners wishing to undertake degree level courses.

The library continues to play a key role in supporting prisoners in their rehabilitation. There were two significant changes this year. The services provided by the library are now contracted to the Shannon Trust, a charity that supports reading. As well as the continuing post of librarian, which transferred from Serco to the Shannon Trust, there is an additional post whose main role is to support HMP Ashfield's reading strategy. Secondly, the library's move to the education block has facilitated closer working relationship within the service and made it easier for prisoners to drop in whilst attending other activities in the education block.

As part of the new contract, some of HMP Ashfield's IT services were contracted out to a private company. This transition provided considerable problems for the Shannon Trust, such as in recording library attendance. However, once the issues had been resolved and the initial method of recording attendance had been changed to include drop-in sessions, as well as pre-booked sessions, there was a

demonstrable increase in the number of recorded attendances, totalling 1,535 in June 2025.

The Shannon Trust has made a major contribution towards HMP Ashfield's reading strategy. For example, at the end of June 2025, there were 15 trained mentors, although not all are actively supporting learners. One of the issues affecting mentoring support to learners is the continuing problem relating to in-cell technology. Although 'Turning Pages Digital' - enabling prisoners to access library information - went live in June 2025, one of the other intended benefits, which has not yet materialised, was that mentors could monitor and support learners remotely. The Board welcomes a plan to recruit additional mentors to try and have at least two mentors on each wing, which may help to lessen the effects of the IT problem. The success of the use of mentors, although provided with comprehensive training by the Shannon Trust, would potentially be further enhanced if the prison were to meet its contractual requirements by providing mentoring courses up to Level 3. Qualified mentors would then be able to provide effective in-class support.

The Board was concerned that an initiative introduced as part of the reading strategy, to allocate a specific time for reading as part of all ESW activities, had lapsed. However, we are aware that the reading strategy is under review. This is welcomed, and progress on implementation will be closely monitored.

The gym, which is staffed by three enthusiastic qualified physical education instructors (PEIs), continues to play an important part in delivering purposeful activities for prisoners. It offers a wide range of sports facilities. There has been an increase in PE activities for the older prisoners, while a weekly induction session for recently arrived prisoners has been introduced. It is also an accredited learning centre, through the education department. It is to the credit of the gym staff that they also arrange football competitions over the lunch period for staff and prisoners. This helps develop staff and prisoner relations and introduce friendly competition.

Around 45% of prisoners at HMP Ashfield are neurodiverse, which is consistent with the general prison population in England. Consequently, the role of the neurodiversity support manager (NSM) remains very important and the willingness of prisoners to accept this support is high. The NSM provides training for staff, and the Board considers it essential that staff are released from their day-to-day duties to attend. The Board will continue to monitor the effectiveness and outcomes of training provided.

In conclusion, whilst there has been a noticeable improvement in the provision of purposeful activities during the reporting period, there are some key areas where further improvements are desirable. From the information available to the Board, it appears that HMP Ashfield is aware of this. The IMB is pleased to note that further improvements are being discussed and may be implemented if approval is granted to amend the contractual annual delivery plan.

7.2 Offender management, progression

This has been a year of further challenges and development for the offender management unit (OMU) and the psychological services team. While dealing with the ongoing prison capacity crisis, both units had to adapt to several major HMPPS policy changes and the demands of the new Serco contract.

Reducing the risk of reoffending continued to bring multidisciplinary prison teams together, with regular strategic meetings. A new head of the OMU started in September 2024.

Also new to the OMU team of 19 Serco staff were four full-time HMPPS probation staff and a probation manager, recruited from the probation community service. It followed a decision by HMPPS last year to rotate all HMP Ashfield prison probation staff into the community, because each had worked in the prison for more than three years.

The HMPPS prison capacity crisis was constant throughout the reporting year, presenting continuous operational challenges to offender management. While PCoSos were not eligible for the emergency SDS40 early release schemes (which allowed certain eligible prisoners to be released on licence at the 40% point of their standard determinate, or fixed term, sentence instead of the usual 50%), many had concurrent sentences for non-sexual offences and had to have these recalculated. A few HMP Ashfield staff were drawn in urgently to help other Serco prisons recalculate sentences. At the end of the year, further MoJ changes resulted in shorter recall times for some prisoners who also had to be identified.

During the reporting year at HM Ashfield, there were:

- 192 new admissions (222 last year)
- 56 direct releases (54 last year)
- 133 transfers to other prisons (160 last year)

These figures would have been higher had the total prison capacity of 416 not been capped at 400 for three months from 1 January to help in the setting up of a therapeutic community.

The breakdown of prisoners on determinate (fixed length of time) and indeterminate (no set end date) sentences remained the same, at 88% and 12% respectively, as did the level of multiagency public protection arrangements (MAPPA). The number of prisoners deemed a risk to children fell slightly from 85% to 81%.

In dealing with all admissions and transfers, the OMU team ensured the offender assessment system (OASys) was kept constantly up to date. This included making formal sentence plans for the rising number who arrived from reception prisons. Often, the new arrivals' high level of risk did not match the level of treatment put forward for them. Later in the year, at HMP Ashfield's instigation, prisoners needing to complete a treatment programme before release were given higher priority to transfer in than those newly sentenced.

In April, the HMPPS eligibility criteria for prisoners to move to category D (open) prisons changed from three years of remaining sentence to five. Many category D reviews are unsuccessful, mostly because the prisoner is still waiting to attend an offender behaviour programme.

In the first half of the year, prisoners who passed their category D reviews had to transfer at short notice, often less than a day, to fill empty spaces. Later, waiting time increased to a month or longer, with some prisoners complaining of gridlock. Towards the end of the year, it fell to a week or two.

In preparing prisoners for open conditions, the OMU ran two well-received workshops during the year. Each was for about 20 prisoners, with staff and a prisoner from HMP Leyhill attending. More are planned. Weekly meetings with key workers also proved helpful.

Many prisoners continued to fail in category D prisons. During the reporting year, 21 were transferred to HMP Ashfield (18 last year). Five had originally come from HMP Ashfield.

According to the Prison Service, *'While reasons for returns to closed conditions vary, they are always based on evidence and disclosable risk escalation. Returns only occur when it is considered that the risk posed by the individual can no longer be safely managed in open conditions. HMP Leyhill operates a "zero tolerance" to drug misuse, violence and anti-social/offence paralleling behaviours'. It further states that, 'No transfer back to closed conditions occurs without a documented multi-disciplinary case conference. This ensures that decisions are balanced, transparent and defensible.'*

The Prison Service also states that, 'In rare cases where there is an absence of proof, such as during an ongoing police investigation, transfers must occur due to the abscond or public protection risks. In such instances, the individual may be returned to closed conditions as a precaution, but this is always subject to review, with any prisoners being able to return to open conditions when their risk profile allows.'

Nonetheless, concerns have been raised where prisoners felt they were moved suddenly or without explanation. In response, the OMU at HMP Ashfield is working closely with HMP Leyhill to review the process and ensure that communication, documentation and fairness are upheld in every case.

Psychological services

As part of the new Serco contract, the former interventions unit was renamed 'psychological services' and divided into two teams: psychology and offender behaviour programmes (OBP). A widespread recruitment campaign across all grades increased staff from 20 to 32.

The main focus of the OBP team has been preparing for the new Building Choices programme, following a trial period since mid-2024 at some other prisons. The start date at HMP Ashfield remained uncertain throughout the reporting year, pending staff availability and training. In May, the unit heard that it would most likely be in August 2025.

Previously, assessment for a place on an OBP was based on a prisoner's risk of reoffending, with high-risk prisoners recommended to attend Kaizen and medium risk to attend Horizon (both are for adult men convicted of sexual offences). Building Choices focuses more on the treatment a prisoner needs.

At the start of the year, a new programme-needs identifier (PNI) tool proved efficient in helping to assess a prisoner's treatment need and programme pathway. Generated online, the PNI uses scores within the OASys (offender assessment system) document to quickly identify what is required, while prioritising prisoners who must attend programmes sooner because of their sentence dates. Category D review dates are excluded, but prisoners who pass the reviews are then prioritised.

Use of the PNI at HMP Ashfield showed, as at other prisons, that many prisoners formerly assessed as high risk are suitable for medium-risk ('moderate') intensity treatment programmes. Building Choices, which can also be adapted for those with neurodiversity, should, therefore, suit them better. In anticipation, Kaizen stopped running at HMP Ashfield in May 2025.

Targets for all three accredited programmes had been met or exceeded during the reporting year overall, with 20 prisoners attending Kaizen, 69 Horizon and eight the Healthy Sex Programme.

At the end of the year, 93 prisoners were on the moderate intensity waiting list and 50 on the high intensity waiting list (including six in other prisons). A waiting list for the Healthy Sex Programme is held nationally. Building Choices is expected to provide more places than the other programmes when it is rolled out.

Earlier in the year, reduced capacity for interventions had left some prisoners feeling stuck and frustrated by lack of progression. The situation improved in January 2025, when the psychology team started delivering bespoke one-to-one interventions. IPPs (imprisonment for public protection) prisoners were included, and others who were not able to access traditional treatment pathways. The need to attend was usually directed by parole boards.

Prisoners can self-refer for this service or be referred by wing staff. Once allocated to a psychologist, the treatment model used is based on the individual's risk, need and treatment aims. As the work is bespoke, the length of treatment varies, with no target time set for completion. Since January, interventions were completed for ten cases. Each was between 12-16 sessions long.

Forming a therapeutic community (TC), as specified in the new Serco contract, has been a large part of the psychology team's remit this year. Its purpose is to reduce the risk of reoffending by providing an environment in which people live together as a community, with change brought about through talking therapy and interpersonal experience.

The TC was established in the former early development centre, which moved to Avon wing. The start date for referrals from within and outside HMP Ashfield was April 2025, although there were still staff vacancies and staff had yet to be trained.

Finding the right 'residents' proved to be harder and took longer than expected. In April, only four prisoners had such status: two from other prisons and two from HMP Ashfield. Although there were more external referrals, some could not be taken forward, often because of the medication they were on. Once approved and in the TC, all residents have to go through an assessment period of several months. Twelve 'lodgers', i.e. suitable other prisoners also took up rooms temporarily, having met strict selection criteria.

Until staff received training in June, while the physical development of the wing was the focus, as well as setting up community meetings and developing the regime. While continuing their usual purposeful activities, a few prisoners complained to the IMB of boredom.

During the year, 12 prisoners chose to take medication to manage sexual arousal (MMSA). Internal research has identified a training need for prison offender managers to increase their awareness of MMSA.

Meetings on rehabilitative culture continued to run regularly, with more prisoner 'champions' recruited, and growing evidence of its presence in the prison. The aim now is to demonstrate the positive and effective social environment needed to achieve enabling environment accreditation for the whole prison. An application to register has been submitted to the Royal College of Psychiatrists.

7.3 Family contact

Family social visits are held on Friday and Saturday afternoons, and there are also morning and afternoon sessions on Sunday, in the visits hall; social video calls can be arranged. Social video calls have been extended this year in acknowledgement of the importance of connection for prisoners with families who cannot travel for visits.

Charities that support with visits include the Mothers' Union; Partners of Prisoners (POPS) and the community bus, the Big Lemon.

The Board has found that, in talking to prisoners after their social visits, they have expressed positive comments about the experience. They have reported that family members found the staff helpful and friendly, although some prisoners felt that, after they get dressed in their best clothes for visits, putting on a coloured bib can feel unhelpful.

About 37% of prisoners have no visitors. A small number receive visitors through the New Bridge Foundation. The chaplaincy team is making efforts to recruit prison visitors and is involved with two letter writing schemes.

HMP Ashfield designed and runs a programme called FACT (family at the centre of throughcare). Currently under the FACT scheme, the team maintains contact with 56 families. It has significantly helped the transition of new prisoners, whilst providing a helpline for family and friends. A voluntary initiative, the process involves prisoners signing up to their family being kept informed of their progress in custody. Each family receives an email every six to eight weeks. The information includes positive and negative entries in the prisoner's sentence management record on the national offender management information system (NOMIS). Every two months, the FACT scheme also includes a dedicated day for prisoners and their families new to HMP Ashfield. This includes a video of the prison, and speakers from key work, probation, security and interventions. There is also an orderly from the rarely days centre, who explains what HMP Ashfield is like from a prisoner's perspective.

Family days, which bring together prisoners and their families outside of their statutory entitlement to social visits, usually in more informal settings, are run at the prison for both adult and children relatives of prisoners.

7.4 Resettlement planning

Lack of capacity at resettlement prisons has required HMP Ashfield, although a training prison, to better coordinate how it prepares prisoners for direct release. Surprisingly though, in June, for the first time in 2½ years, space at a resettlement prison (HMP Rochester) became available for five prisoners.

The HMPPS emergency early release schemes have left the probation community service overstretched and under-resourced. This has resulted in HMP Ashfield prison probation staff needing to put time into relieving the workloads of their colleagues in the community, especially in support of high-risk cases pre-release.

Under the offender management in custody (OMiC) model, prisoners are still expected to be allocated a community offender manager (COM) 8½ months prior to release. COMs are mostly responsible for pre-release planning, with support from the pre-release team. A COM/POM handover then takes place. POMs have continued to report delayed actions from COMs and pressures to pick up activity they should be responsible for, such as, for example, referring those with no fixed abode on release for emergency housing. In one case, when a prisoner was due to be released, the COM was a remote worker with no experience or knowledge of the accommodation referral process.

When there are outstanding actions on release and release planning from COMs, the senior probation officer at HMP Ashfield will escalate them to senior probation officers in the community.

Seeking accommodation for prisoners before release has continued to be difficult. While the OMU does everything it can in restricted circumstances, several prisoners have complained to the IMB just a few days before release that the lack of arrangements is causing them extreme anxiety.

This year, two prisoners were released from HMP Ashfield with no accommodation. This was despite HMPPS's new three-tier structure of temporary accommodation, led by a national community accommodation service (CAS) team, which identifies opportunity for higher risk offenders (approved premises), low to medium risk offenders on home detention curfew or bail, and 12 weeks' basic accommodation for prison leavers at risk of homelessness.

In the last quarter of the reporting year, two partner agencies started offering pre-release programmes, as required in the new Serco contract:

- Circles runs one called Phoenix. This is for prisoners within six months of direct release or whose transfer to open conditions is imminent. Criteria are then assessed as very high or high risk of harm. There is a condensed one-day programme or a weekly ten-week rolling programme. The plan is for some prisoners to continue work with Circles after release.
- NACRO accepts referrals from prisoners around issues with finance, benefit and debt – an area previously covered by Citizens Advice.

The plight of IPP prisoners remains a sorry state, pending decisions on resolving it by the Ministry of Justice. HMP Ashfield had 24 IPP prisoners at the end of the year, eight of whom were recalls. Three had been transferred to category D earlier in the year, and two were refused this by the Secretary of State.

In recent years, it had taken an excessive amount of time for a decision from the Secretary of State to be received (three months last year and eight months the year before). The target set was 28 days. The Board is pleased to report that replies have been much quicker this year – in one case, just three weeks.

For IPP prisoners who are turned down, progression panels must be set up within six weeks and parole dossiers prepared for their next hearing within four months. HMP Ashfield is sensitive to the frustrations and disappointments of IPP prisoners, with key workers and the chaplaincy team providing extra support. The information, advice and guidance unit and the prisoner advice centre (manned by two prisoners) continue to offer help to all prisoners.

Public protection remains at the forefront of resettlement planning. As a first case of its kind, HMP Ashfield stopped one prisoner from being released into the community just a few days before his sentence end date because of concerns about his high risk. As a result of well-documented security information and multiagency work, an application for the power to detain him was submitted and upheld. The prisoner now has to engage in more core risk reduction work before a further parole hearing is arranged.

The fact remains that, once prisoners are released, the prison usually hears nothing more about them, which limits how resettlement planning can be measured. The Board understands from the Minister that reoffending rates will become available by prison in the future, which will be a useful step forward.

During the last reporting year, a measure has been in place under contract performance to report how many gain employment six weeks and six months after release. By the end of the year, targets were close to being met, at 12% and 21% respectively. Data, which comes centrally from the Ministry of Justice via the community probation service, lacks any further detail.

8. The work of the IMB

Board statistics

Recommended complement of Board members	12
Number of Board members at the start of the reporting period	8
Number of Board members at the end of the reporting period	8
Total number of visits to the establishment	298

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	3	10
B	Discipline, including adjudications, incentives scheme, sanctions	30	26
C	Equality	3	2
D	Purposeful activity, including education, work, training, time out of cell	10	11
E1	Letters, visits, telephones, public protection, restrictions	8	8
E2	Finance, including pay, private monies, spends	4	9
F	Food and kitchens	3	2
G	Health, including physical, mental, social care	11	12
H1	Property within the establishment	11	10
H2	Property during transfer or in another facility	13	14
H3	Canteen, facility list, catalogues	1	1
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, re-categorisation	3	12
J	Staff/prisoner concerns, including bullying	7	15
K	Transfers	7	0
L	Miscellaneous	6	7
	Total number of applications	**120**	**139**

Annex A

Main service providers

- Physical health provider: Oxleas NHS Foundation Trust
- Mental health provider: Oxleas NHS Foundation Trust
- Substance use treatment provider: Change, Grow, Live
- Prison education framework provider: Serco
- Escort contractor: Prison Escort Custodial Service

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