Report on an unannounced inspection of

HMP Full Sutton

by HM Chief Inspector of Prisons

11–21 March 2024

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Introduction

Full Sutton is a men's category A prison in Yorkshire that holds a long-term population, including a small number of very risky prisoners. Under a capable governor and a good leadership team the prison was doing a solid job in performing its main functions to protect the public and reduce prisoners' levels of risk. This was reflected in our reasonably good scores for the healthy prison tests of safety, respect and preparation for release. Our score for purposeful activity had, however, deteriorated to not sufficiently good.

The jail was mostly safe and although violence was fairly rare it had increased since our last inspection, as had the use of force, the scrutiny of which was not good enough. We found that the prison could not always justify the use of PAVA incapacitant spray, particularly in one very poor example when it was used on a disabled man. On the segregation unit, we were impressed with the quality of staff who took a lot of trouble with the often very challenging men in their care. The regime, however, was disappointingly limited, particularly when the unit was full, when some men could go for up to three days without a shower or access to the outside.

A new Head of Education, Skills and Work had been appointed in autumn 2023 and was beginning to make some noticeable improvements in assessing prisoners' needs and developing the provision. It was astonishing that she still had not been given direct access to HMPPS sources of data such as the CURIOUS database which covers prisoners' initial assessments, participation and achievement in courses.

A number of workshops had been closed to create a new wood workshop, but the prison service had taken far too long to complete this project which meant that many prisoners did not have full-time activities. Given this situation, it was very disappointing to find that many classrooms did not have their full quota of prisoners allocated. With high levels of need in the jail, there were not enough spaces in English and Maths, but it was good to see that the reading strategy had started to become embedded. Shannon Trust mentors told me that they often struggled to persuade officers to unlock their mentees which meant there were not as many reading sessions as we would have expected.

On the wings, too many prisoners were locked behind their doors during the day despite there being lots of officers available. Prisoners and staff told us that there was often regime slippage with men being unlocked late, and there were frequent planned lockdowns on some evenings and weekends. While this arrangement had started when there were staffing shortages, it was no longer necessary now that there was much improved recruitment and retention. The new regime, due to begin in June 2024, needed to be revised to make sure that prisoners were in full-time work, education or training.

Middle leadership was a strength at Full Sutton with both staff and prisoners telling us how much they valued the support of some excellent supervising officers and custodial managers. Many staff had been at the jail for a long time

and would benefit from opportunities to visit other prisons to broaden their perspective and expand their experience.

Although there was consultation with prisoners, both they and junior staff told us that their ideas were often dismissed without the opportunity to put them into practice. This may have contributed to the sense of frustration among many of the prisoners we met. Although there were some fairly standard mentoring and peer worker jobs available, prisoners were an underused resource in devising ways to improve the jail.

There was a lot to like about Full Sutton. Staff-prisoner relationships were generally good, and many officers were capable and experienced. With the ongoing stability at the prison there is the opportunity to be more creative in developing the provision without needing to compromise safety. I hope the governor and his team will take the learning from this inspection and use it as a springboard to generate further progress.

Charlie Taylor
HM Chief Inspector of Prisons
April 2024

What needs to improve at HMP Full Sutton

During this inspection we identified 13 key concerns, of which three should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **The number of segregated prisoners was very high and had a detrimental impact on an already limited regime on the unit.** Many had transferred in from other segregation units, leading to long periods of isolation.

2. **There had been no significant improvement in the provision of psychologically based therapeutic mental health interventions.** This meant that there was no direct support for patients with complex needs, to aid case formulation and subsequent clinical management. This gap in provision limited the mental health team's ability to deliver all elements of the expected care pathway.

3. **There were still not enough full-time activity places for the population.**

4. **Too many prisoners were locked up during the working day.** Despite there being lots of staff on residential units, around 38% of prisoners were locked behind their doors when they were not required for work or education. This was time when prisoners could have been usefully occupied, cleaning their cells, attending a key work session or engaging in an enrichment activity.

Key concerns

5. **Oversight of the use of force was not robust enough to assure leaders that the force used was always necessary and proportionate.** Scrutiny was not always multidisciplinary or effective, body-worn video cameras were not used often enough and data were not used well to drive improvement.

6. **Prisoners had limited exposure to the outside.** Many of the windowpanes in cells and communal areas had been damaged by sunlight, causing them to become opaque. For most prisoners, exercise took place in courtyards in the centre of their wings, and there was limited opportunity to play outdoor sports.

7. **The number of complaints and discrimination incident reporting forms submitted was very high.** Investigations were not consistently thorough and did not always adequately respond to the issues raised.

8. **There were too few books and DVDs available in the library for prisoners whose first language was not English.** The selection remained extremely limited, despite regular requests from prisoners to expand the material on offer.

9. **Waiting times for routine dental care and treatment were too long.** In some cases, prisoners were waiting up to two years for treatment to start.

10. **There was inadequate governance and oversight of several locally developed health care practices.** This included medication being removed from capsules and added to water outside of policy, and locally agreed arrangements to support prisoners with social care needs.

11. **There was no impartial careers information, advice and guidance provision from fully trained and experienced specialist staff.**

12. **The allocations process placed prisoners in roles which met the needs of the prison, rather than the prisoner.**

13. **Waiting lists for all programmes of learning were too long, particularly for English and mathematics.**

About HMP Full Sutton

Task of the prison/establishment
HMP Full Sutton is a high security men's establishment for category A and B prisoners.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Prisoners held at the time of inspection: 572
Baseline certified normal capacity: 659
In-use certified normal capacity: 631
Operational capacity: 594

Population of the prison
- An average of 12 new prisoners received each month.
- 66 foreign national prisoners.
- 25% category A prisoners, 75% category B.
- 30% of prisoners from black and minority ethnic backgrounds.
- 11 prisoners released into the community in 2023.
- 46 prisoners receiving support for substance misuse.
- An average of 28 prisoners referred for mental health assessment each month.

Prison status (public or private) and key providers
Public

Physical health provider: Spectrum
Mental health provider: Spectrum
Substance misuse treatment provider: Spectrum
Dental health provider: Smart Dental
Prison education framework provider: Milton Keynes College
Escort contractor: GeoAmey

Prison group/Department
Long-term and high security estate

Prison Group Director
Gavin O'Malley

Brief history
HMP Full Sutton opened in 1987 and is a high security prison within the long-term and high security estate directorate. The prison houses a complex population, predominantly compromising indeterminate-sentenced prisoners and a substantial number of longer-sentenced determinate prisoners who have category A or B status.

Short description of residential units
A unit – residential unit
B unit – vulnerable prisoners unit and the STEP unit
C unit – vulnerable prisoners unit

D unit – vulnerable prisoners unit
E unit – residential unit
F unit – residential unit
Health care unit
Segregation unit
Close supervision centre – not inspected
Separation centre – not inspected

Name of governor and date in post
Gareth Sands, February 2019

Changes of governor since the last inspection
N/A

Independent Monitoring Board chair
Richard Terry

Date of last inspection
24 February – 6 March 2020

Section 1 Summary of key findings

Outcomes for prisoners

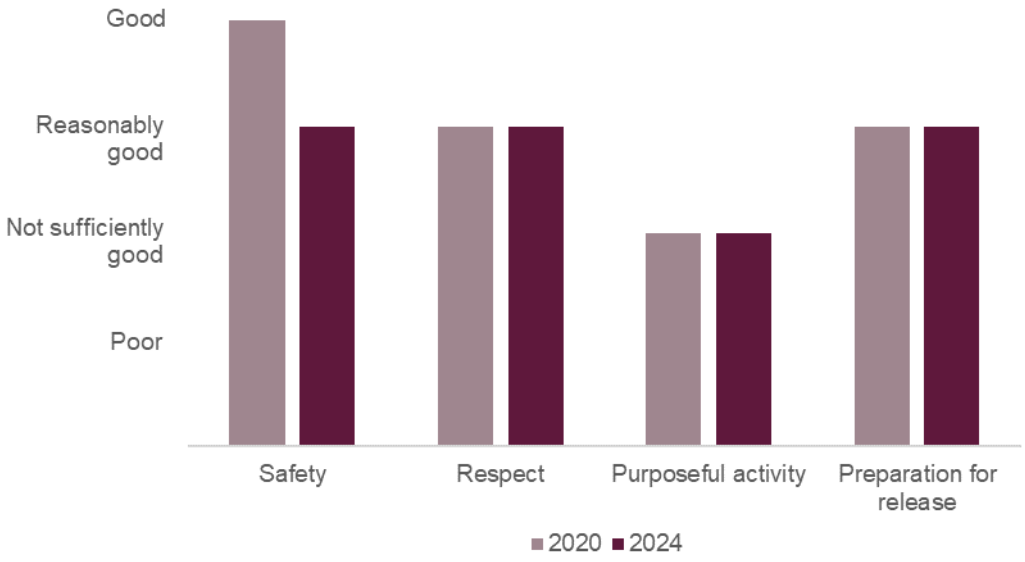
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

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

- reasonably good for safety
- reasonably good for respect
- not sufficiently good for purposeful activity
- reasonably good for preparation for release.

1.3 We last inspected HMP Full Sutton in 2020. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Full Sutton healthy prison outcomes 2020 and 2024



Progress on key concerns and recommendations from the full inspection

1.4 At our last inspection, in 2020, we made 26 recommendations, four of which were about areas of key concern. The prison fully accepted 22 of the recommendations and partially (or subject to resources) accepted three. It rejected one of the recommendations.

1.5 At this inspection, we found that one of our recommendations about areas of key concern had been achieved, two had been partially

achieved and one had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

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

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

Examples of notable positive practice		
a)	The psychology and interventions teams devised individual engagement plans for selected prisoners on challenge, support, and intervention plans. These were shared with staff and the prisoner, and helped staff to understand prisoners' risks and manage their behaviour.	See paragraph 3.13
b)	The 'opt out' self-catering scheme provided around 100 enhanced prisoners with funds to buy their own food and then cook it, rather than order from the standard prison menu. This provided a valuable opportunity for them to develop independent and communal living skills.	See paragraph 4.16
c)	A well-presented and comprehensive prison-wide newsletter was published monthly for all staff and prisoners. As standard, this included a note from the governor, questions and answers from the prison council and updates on current events and issues.	See paragraph 4.19
d)	During Ramadan, because of the fasting requirements, some prisoners were concerned about taking medication at the usual, expected administration times. As a result, these individuals were risk assessed to determine their suitability for in-possession medicines to be taken at alternative, agreed times, using specially prepared compliance packs.	See paragraph 4.68
e)	Leaders had installed prison video-calling booths on each wing, which enabled prisoners to make calls in private. This significantly increased access as	See paragraph 6.5

	prisoners did not have to wait to be escorted and supervised in a central area of the prison.	
f)	The senior probation officer added a case note to the prisoner's record after countersigning each offender assessment system (OASys) review. This provided a helpful summary of the prisoner's risks and targets that could be used by other staff working with the prisoner.	See paragraph 6.14

Section 2 Leadership

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

2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 The establishment was well led by an experienced governor and senior team, many of whom had been in post for several years. Working with a confident and capable team of custodial managers (CMs) and supervising officers (SOs), leaders had made sure that the prison fulfilled its purpose to protect the public and maintain a safe and stable environment.

2.3 The prison had struggled with officer shortfalls in the years following the COVID-19 pandemic but was now fully staffed with prison officers. However, a failure to recruit and retain health care and clinical psychology staff was affecting the delivery of some services, including support for mental health.

2.4 Leaders demonstrated good consideration of staff welfare and well-being, and staff particularly valued the support they received from frontline CMs and SOs. Improvements had been made to staff facilities and offices. There was an established reward and recognition scheme and leaders had hosted several seasonal events to thank staff for their work.

2.5 Communication from leaders to staff and prisoners was good, including a variety of staff briefings, a good structure of prisoner consultation forums, the publication of useful newsletters and a series of engaging glossy guides. However, several staff commented that they were not always involved in work to solve problems, which was a missed opportunity for them to help drive improvement.

2.6 Work to deliver a purposeful regime, including good access to full-time work and education, had progressed at a slow pace. Until recently, a programme of planned lockdowns meant that prisoners could not attend education or work on some days. This was due to historical staffing shortfalls, but also some restrictive staff-to-prisoner ratios, which left prisoners locked up when there appeared to be ample staff on the wings. At the time of the inspection, a rota of lockdowns was still in place in the evenings and at weekends, although leaders assured us that a full regime would be in operation in the coming weeks.

2.7 Responsibility for the failure to open a long-awaited wood workshop sat at a national level, with contract delays and escalating costs levied by the contractor. This had resulted in a substantial reduction in workshop

capacity and too many unemployed prisoners. Additional work places were opened up during the inspection.

2.8 Relationships with key partners were positive, but not always effective in delivering good outcomes for all prisoners. Weaknesses in health care provision were predicted to improve under a new contract due to start in June 2024. The recently employed head of education and work was making important inroads, but it was too early to see the full impact of this. The facilities management contract delivered on most small repairs, but had not been able to deliver some projects at the pace needed. Fortunately, the governor had been proactive and solution focused, using internal skills and resources to make improvements in the prison.

2.9 There were several examples demonstrating leaders' commitment to learn good practice from other prisons. During the inspection, there was a prompt response to address some shortfalls highlighted by inspectors. However, leaders' self-assessment of outcomes was over-positive in some areas and this was a potential barrier to making the improvements needed.

2.10 There was evidence of some robust leadership at prison group director level to encourage local leaders to maximise capacity in workshops and offer a fuller regime. However, no one from the LTHSE regional team attended our final debrief, which was a missed opportunity to provide leadership and support to the local team.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

3.1 An average of three new arrivals a week passed through the reception area, which remained small and functional. All prisoners were subject to a strip-search and body-scan, during which time we observed courteous interactions with staff. Holding rooms were small, gloomy and contained little material to occupy new arrivals or inform them about life at the establishment but were only used for a short period as most were taken swiftly to residential units.

3.2 There was no dedicated induction unit, so prisoners were allocated to available spaces on the residential units, where unit supervising officers (SOs) were responsible for helping them to settle in. There was no effective central oversight of the first night or induction processes, so prisoners' experiences varied depending on which unit they were allocated to. In addition, leaders did not monitor whether prisoners had completed all aspects of induction. Although we found no evidence of outcomes being affected at the time of the inspection, unnecessary risk was introduced, as leaders could not be confident that all first night safety processes were always completed to a reasonable standard.

3.3 SOs conducted initial safety interviews with new arrivals, identifying risks and vulnerability, and assisting with issues that prisoners had, such as chasing up property due to be sent on from their previous prison.

3.4 Prisoners arriving in the evening did not always get a safety interview or a shower on their first night, but we saw evidence that these took place as early as possible the following day. The prisoners affected told us that staff had explained this to them and that they had felt settled on their first night. On most wings, officers conducted additional welfare checks on prisoners throughout their first night.

3.5 It was positive that most new arrivals were quickly allocated a key worker (see Glossary) and had their first session within a week of arrival, which provided a further valuable opportunity to explore any concerns (see also paragraph 4.4).

3.6 Peer workers did not play a formal role in prisoners' early days at the prison, which was a missed opportunity to help them settle in and

understand the support on offer. However, staff on some wings had taken the initiative to ask prisoners to show new arrivals round, or to 'buddy up' prisoners with similar characteristics.

3.7 Induction consisted of representatives from key departments, such as programmes, education and the chaplaincy, coming to speak to prisoners over a period of a couple of weeks. Although there was a useful and engaging induction booklet available in reception, prisoners were not routinely provided with their own copy.

Promoting positive behaviour

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

Encouraging positive behaviour

3.8 The prison held a high-risk and complex population, where nearly all prisoners were serving sentences over 10 years, many for violent offences. Despite this, the prison was calm and well ordered.

3.9 Annual levels of recorded violence had remained relatively low since the last inspection and were lower than at most similar prisons. However, there had been an increase in violence over the previous 12 months, with HM Prison and Probation Service (HMPPS) data recording 53 incidents of violence between prisoners and 70 assaults on staff in this period. Leaders were able to demonstrate that this increase, in part, was attributable to a small number of challenging prisoners located in the segregation unit. Nevertheless, it was clear that violence between prisoners and against staff was increasing. In our survey, 29% of respondents said that they currently felt unsafe.

3.10 Leaders responsible for safety made good use of data to understand the drivers of violence. A range of metrics was collated on a local data platform and an information log, both of which informed an understanding of the severity of violence. While there was no formal strategic safety meeting, data were considered in other forums, such as the senior leaders meeting and quarterly performance reviews.

3.11 Challenge, support and intervention plans (CSIPs; see Glossary) were used to manage violent behaviour and support victims. There were also examples of these being used proactively to support prisoners at risk of isolation or to manage those whose behaviour was mirroring previous offending.

3.12 There were several weaknesses in the CSIP process, ranging from long delays between referral and the opening of a plan to poor-quality investigation in some cases. Targets did not seek to understand or address the underlying issues that had led to referral and there was little consideration for referral to other interventions, such as the Facing

up to Conflict course (see paragraph 6.33). There were many examples where previous CSIPs had not been reviewed following a further incident of violence by a repeat offender.

3.13 Improvements were being made to the CSIP process. The psychology and interventions teams had introduced a local threshold to identify prisoners who presented the most risk when they were referred for CSIP case management. The psychology team provided dedicated support to these prisoners and, in selected cases, then produced a detailed engagement plan which was shared with staff and the prisoner. CSIP engagement plans helped staff to understand prisoners' risks, so that they could manage their behaviour. The process was relatively new and had only benefited a small number of prisoners so far, but it had the potential to reduce violence.

3.14 Some of the shortfalls in the CSIP process were also mitigated, to an extent, by effective multidisciplinary work at the weekly safety intervention meeting (SIM). This was very well attended and provided targeted support for prisoners with complex cases. We were confident that case managers had good knowledge of the prisoners in their care.

3.15 During the inspection, we observed good behaviour. Most prisoners were motivated to behave because they lived in well-equipped single cells (see also paragraph 4.7), relationships with staff were broadly positive (see also section on staff–prisoner relationships) and they received good support from several departments across the prison. The local incentives policy was based on the HMPPS national framework model, and most prisoners were on the enhanced level of the scheme.

3.16 There was a range of enrichment activities available, and a small coffee shop in the activities area, all of which encouraged prisoners to behave and engage in the regime. The most popular incentive for prisoners on the enhanced level of the incentives scheme was the option to opt out of the standard menu, to buy and cook their own food (see paragraph 4.16). At the other end of the scale, some prisoners who struggled to behave and repeatedly spent time in segregation were located on the supporting transition enabling progression (STEP) unit, where they received additional multidisciplinary support (see paragraph 3.33).

3.17 Despite the incentives described above, in our survey only 11% of respondents said that the prison rewarded good behaviour fairly. Over the previous 12 months, around two-thirds of electronic case note entries about behaviour were negative warnings rather than recognition of good work and behaviour. Prisoners also told us that limited education and work opportunities, and regular regime shutdowns, were demotivating.

Adjudications

3.18 Around 240 new disciplinary hearings were heard during each quarter, which was comparable to the figure at other high security prisons. A

robust response to rising violence and a zero-tolerance approach to abusive language against staff had led to an increase in the number of adjudications over the previous two quarters.

3.19 At the time of the inspection, around 62 hearings were adjourned. A further nine cases, for more serious charges, had been referred to the police. In the cases that we reviewed, charges had been appropriate, and prisoners were given sufficient opportunity to present their case. Where charges were proven, most punishments were proportionate and involved a loss of privileges rather than long periods of cellular confinement in the segregation unit.

3.20 Regular standardisation meetings and quality assurance processes were overseen by the deputy governor, and records of meetings showed some useful discussion. However, some of the data reports presented, including those showing outcomes for different ethnic groups, were cut and pasted from meeting to meeting and therefore were not used effectively to drive improvement.

Use of force

3.21 The number of recorded uses of force was higher than at the time of the previous inspection, but remained lower than at most similar prisons, which was broadly in line with lower levels of violence and disorder at the establishment (see also paragraph 3.9).

3.22 Batons had not been drawn or used in the last year. PAVA (see Glossary) had been used only three times by prison staff, but we were not confident that these uses had been sufficiently justified or proportionate. In one case, staff had discharged PAVA into the face of a mentally unwell individual who had recently had his leg amputated. The prisoner had to hold on to the frame of his door to keep his balance and was presenting little threat to the officers challenging him. On being struck by the PAVA, he inevitably lost his balance and fell to the floor, at which point officers dragged him into his cell by his healthy leg and left him alone in the cell. Internal scrutiny had not judged this use of force to be unreasonable or disproportionate.

3.23 Almost all staff carried body-worn cameras, but they were not used effectively. Footage was available for fewer than half of incidents, and cameras were often switched on too late. Written statements designed to record why force was necessary often lacked detail and, in some cases, did not accurately reflect the footage we saw.

3.24 There were weaknesses in the oversight of the use of force. Scrutiny of body-worn camera footage had been too limited. Only one person had routinely viewed this, and some poor practice we observed in the footage we reviewed had not been identified and addressed. A new weekly scrutiny panel had started one month before the inspection and had already started to identify some issues, such as one occasion when PAVA had been drawn but not recorded as a use of force. However, attendance at the meeting had been low and it was not yet sufficiently multidisciplinary.

3.25 Leaders did not use data well to identify these weaknesses or drive improvement. For example, the records of two-monthly strategic use of force meetings showed no discussion about the recent monthly increase in the use of force, and narrative was copied over from one meeting to the next, sometimes referring to data over one year old. They also failed to set out any plans to address weaknesses in camera use.

Segregation

3.26 The segregation unit was large, with the potential to hold up to 48 prisoners. Its use had increased since the last inspection and often operated near to full capacity. Some prisoners had transferred in from other segregation units within the long-term and high security estate (LTHSE), which often led to long periods of isolation with no meaningful progress for some prisoners.

3.27 Prison data over the previous 12 months indicated that an average of 33 prisoners had been segregated at any one time. The continuously high roll had an impact on the regime on the unit as the staffing arrangements were based on a maximum of 25 prisoners. This meant that the regime was often inadequate, and prisoners could only shower every three days. There was no evidence of a risk assessment to see if prisoners could mix on exercise, to create more time in the regime.

3.28 A dedicated psychologist had been appointed to the unit and provided good support to segregation staff and prisoners. This included the development of high-quality one-page plans that drew information from several key areas, including health care and the offender management unit, to help staff understand prisoners' behaviour and manage individuals based on their risk.

3.29 Unit staff clearly understood the needs of individual prisoners and we observed a friendly and approachable team who engaged confidently with some challenging prisoners. Staff received regular supervision from chartered psychologists.

3.30 All cells in the unit now had telephones, and some had televisions. A new health care suite had been opened, which was a welcome improvement. There was some limited gym equipment, which we were told was available to prisoners segregated for their own protection, although we did not see it being used during the inspection. Despite several recent applications to attend religious services, there was no evidence of any prisoner being permitted to attend.

3.31 There were some weaknesses in the governance arrangements relating to segregation, including gaps in health care assessments and other documentation necessary to authorise the segregation of prisoners. Most prisoners were given similar, generic targets to improve their behaviour which did not seek to address the underlying issues that had led to segregation.

3.32 Reintegration plans did not always refer to the positive work done to manage the risks presented by some prisoners. At the time of the inspection, over two-thirds of segregated prisoners had targets that were limited to a transfer out of the establishment, often to other segregation units within the LTHSE, again prolonging their periods of isolation. Segregation management and review group meetings did not routinely consider these risks.

3.33 For some prisoners, the STEP unit (see also paragraph 3.16) offered a viable opportunity to transition safely from segregation to normal location. This was an 18-bed residential unit which formed part of a wider LTHSE strategy to manage and help prisoners with complex needs to make progress through their sentence. Staff set prisoners manageable goals, motivating them to progress through a behaviour management model consisting of five tiers. A multidisciplinary team, including psychologists, supported prisoners and provided good oversight of work on the unit. We were provided with some excellent examples of prisoners making good progress following an intervention on the STEP unit.

Security

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

3.34 The establishment held some of the most serious offenders in the country, with around 25% classified as category A prisoners and over 60% serving life sentences. The prison had successfully passed an internal security audit the week before the inspection. Leaders described security as an enabler and not a blocker to prisoners' progression and we found most security arrangements to be proportionate. However, we found too many prisoners locked up during the working day, usually because there was not enough work available to them, even though there were sufficient staff on the residential units to supervise them if unlocked (see section on time out of cell).

3.35 There were effective systems to make sure that staff were informed about current intelligence and associated threats. At a national level, procedures had been revised to make sure that intelligence was appropriately sanitised by removing any details that could identify and endanger the person who provided the information. This had led to a backlog of intelligence reports, which was unusual for a prison in the LTHSE. Leaders had responded promptly when this arose, to make sure that immediate risks were identified and addressed through a regular triage of reports.

3.36 The monthly security meeting provided a forum to review security-related matters, such as data relating to completed searches and

prisoners currently subject to closed visits. Few actions were generated at this meeting, although there were other forums that analysed intelligence to make sure that learning was identified and shared. Leaders were receptive to advice from regional leads when best practice was identified in other LTHSE prisons.

3.37 All prison staff received regular training to raise their awareness of extremism in prisons and there was a well-resourced counterterrorism team, which operated in partnership with specialist police officers. Nonetheless, there was a small but significant number of prisoners who were stuck in segregation because of perceived threats to their safety from prisoners with extremist views and associated gang violence.

3.38 In our survey, 41% of respondents said that it was easy to get illicit drugs at the prison. The mandatory drug testing positive rate was lower than in similar prisons, at 5.4% over the previous 12 months. The suspicion testing rate was 32% over the same period, although not all requested tests were completed. For example, in the previous month 34 suspicion tests had been requested but only six carried out, despite a full staff complement. Of the six tests completed, one was positive and two prisoners refused to be tested.

3.39 The drug strategy document and associated action plan had been reviewed shortly before the inspection and the monthly drug strategy meeting was well attended. However, many identified actions took too long to complete and, when combined with a lack of suspicion testing, this represented a missed opportunity to understand fully and address the scale of illicit drug use in the prison.

Safeguarding

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

Suicide and self-harm prevention

3.40 There had been two self-inflicted deaths since the last inspection. Two resulting recommendations made by the Prisons and Probation Ombudsman for the health care department had been addressed (see also paragraph 4.39), and leaders reviewed older recommendations annually to make sure that the learning was still being applied.

3.41 The total number of recorded self-harm incidents over the previous 12 months was similar to that in the same period before the last inspection and remained lower than most comparable prisons. However, levels of self-harm had risen steeply over the last year (in contrast to the falling levels that we saw previously). Much of the increase, but not all, was due to the arrival of a small number of prisoners with very complex needs.

3.42 Leaders' approach to managing self-harm was to focus on the individual, identifying root causes and addressing their needs. All incidents of self-harm were discussed at the SIM (see paragraph 3.14), where a multidisciplinary team provided meaningful input. This resulted in a good level of support for most prisoners. A shortage of staff in the mental health team limited the range of interventions and therapies available. However, those with the most complex needs still received intensive one-to-one support (see also paragraph 4.53), and members of the mental health team routinely attended reviews for those managed by the assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm (see also paragraph 4.56).

3.43 It was positive that, where possible, safer custody officers were assigned as key workers to prisoners with a notable history of self-harm, and those who had self-harmed recently were prioritised for key work sessions (see also paragraph 4.4).

3.44 While reacting to the immediate needs of individuals who had self-harmed, leaders had not always adopted a sufficiently strategic approach. For example, data had not been used well to identify and track the common underlying reasons for self-harm in the same way that it had for violent incidents; this was a missed opportunity to implement wider preventative actions. However, a tool to monitor data better was being developed by the safer custody team at the time of the inspection.

3.45 Not all near-fatal events or incidents of serious self-harm had been investigated. The one that had been completed over the last 12 months was of a good standard and had identified some appropriate learning to help staff in responding to the needs of this individual.

3.46 There was a strong team of 18 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to their peers) and those we spoke to told us that they felt well supported by the Samaritans, who met them fortnightly. However, Listeners were not always enabled to carry out their role, and callouts were not facilitated while the prison was in patrol state, including at night and over lunch. Prisoners were able to call the Samaritans from in-cell telephones during this time.

3.47 Calls to the safer custody hotline – an answering machine service for people in the community to raise concerns about the safety of a prisoner – were monitored and responded to effectively.

Protection of adults at risk (see Glossary)

3.48 The prison did not have an adult safeguarding policy. However, most staff we spoke to demonstrated a reasonable understanding of safeguarding principles, and appropriately said that they would refer any individuals they were concerned about to the safer custody meeting. Minutes of these meetings demonstrate good, multidisciplinary discussions about prisoners considered to be

vulnerable, and we saw examples where appropriate safeguarding referrals to the local authority or other external agencies had been made, particularly for prisoners approaching release.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes: Prisoners are treated with respect by staff throughout their time in custody and are encouraged to take responsibility for their own actions and decisions.

4.1 In our survey, fewer respondents than at the time of the previous inspection said that staff treated them with respect (69% versus 83%), and 47% said that they had been bullied or victimised by staff. The reasons for this were not readily apparent, as we observed good interactions between prisoners and staff across the prison and saw examples of care being shown to those who were struggling. Most prisoners we spoke to were relatively positive about staff and said that they were approachable.

4.2 Staff were clearly enforcing the rules, as we observed less low-level rule breaking than we see in many other prisons. However, not all staff displayed confidence in their engagement with prisoners, and on several occasions, we found officers congregating in wing offices.

4.3 A senior manager had been appointed as the 'culture lead' and had advanced plans to conduct an exercise to understand the prison's culture, in which exploring relationships between staff and prisoners would feature prominently.

4.4 All prisoners were allocated a key worker (see Glossary) soon after they arrived at the prison (see also paragraph 3.5). Most were seen regularly, often around once a fortnight. Some prisoners, such as those under 25 or on the agenda of the safety intervention meeting (see paragraph 3.14), were prioritised for more regular sessions.

4.5 In our survey, 64% of respondents said that their key worker was helpful. Prisoners remained with the same key worker for longer periods than we often see, which was positive as it enhanced the prospects for developing good relationships. In our scrutiny of electronic key work records, we noted examples of key workers helping prisoners to address specific issues. However, we also found that entries were sometimes repetitive and did not always show a sufficient focus on supporting and encouraging progression (see also paragraph 6.17).

4.6 Prisoners were appointed to a number of roles to support their peers across many aspects of prison life. These included equality representatives (see paragraph 4.23) and prisoners selected to represent their peers on the prison council (see paragraph 4.19).

Prisoners also acted as mentors in relation to well-being, reading and education (see section on education, skills and work activities), while others provided support through their roles as Listeners (prisoners trained by the Samaritans to provide confidential emotional support to their peers) and community care workers. This was greatly valued by those who benefited from it.

Daily life

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

Living conditions

4.7 Leaders had a clear focus on providing decent accommodation, and living conditions were good across the prison. All prisoners lived in single cells that were well equipped, and they had good access to cleaning materials and clean clothing and bedding. Regular decency checks were undertaken by staff and managers, and these were proving effective in maintaining high standards.

Single cell

4.8 Flooring in some cells and communal areas was in poor condition, but there was a programme under way to address this. Faced with potentially long delays in getting the work completed by contractors, leaders had taken a 'self-help' approach and were using an in-house team to get work done.

4.9 Many of the windowpanes in cells had been damaged by sunlight, causing them to become opaque and in many instances impossible to see out of. This was of particular concern, given that, apart from during exercise periods, which for most took place in courtyards in the centre of their wings, prisoners rarely went outside. A programme had been ongoing to repair or replace windows in a similarly poor condition on the walkways, but at the time of the inspection there were no plans for such action to address cell windows.

4.10 Although most communal showers on the units had screening and 'saloon' doors that provided some privacy, a few remained open plan. Many showers across the prison were in a poor condition, with flaking paint and some with mould on the ceilings and water-damaged floors.

4.11 Most communal areas on the wings were well decorated, bright and clean. However, some, such as the large dining and association areas and smaller association rooms, were sparsely decorated. Reflecting the good availability of self-catering (see also paragraph 4.16), freezers were often placed in these rooms, which made them even less welcoming and limited the number of chairs that could be placed in them. During the inspection, we observed only a few prisoners making use of these rooms.

A communal area on a main residential unit

4.12 Efforts had been made to brighten up some sections of the walkways with paintings and posters. Some areas had many colourful and eye-catching displays, while others – including the long tunnel leading to E and F wings from all other locations – had very few.

4.13 The residential wings were well staffed, and in our survey more respondents than elsewhere said that their cell call bells were answered promptly. Following the installation of new software, it was now possible to track response times electronically and this information was circulated to wing managers, who monitored and responded to it.

Residential services

4.14 Prisoners were given meal packs for breakfast and lunch, and a hot meal in the evening. In our survey, half of respondents said that the quality of food in the prison was good, which was more than at similar establishments. However only around a third said that they got enough to eat at mealtimes, which was substantially less than at the time of the previous inspection. Leaders attributed this to newer members of staff not being aware of appropriate portion sizes, and told us that training was under way to address this. During the inspection, we found the food to be of a reasonable quality and the portion sizes to be appropriate.

4.15 Serveries in all locations were in good condition and were generally very clean. The serving of meals was orderly and well supervised. There were only a few tables placed in the large dining and association areas on A to D wings, but we noted that even these were not always used, with most prisoners opting to eat in their cells.

4.16 Prisoners had impressive opportunities to prepare their own food. There were kitchens with good self-catering facilities on all of the wings. In addition, prisoners on the enhanced level of the incentives scheme could 'opt out' of the meal service and instead receive a payment (£15 a week at the time of the inspection) to buy ingredients from the catering department and prison shop to prepare their own meals in the wing kitchens (see also paragraph 3.16). Those we spoke to were very positive about this provision, which was open to around 100 prisoners at the time of the inspection, and it was encouraging that many worked together both to buy and prepare food. This enabled them to develop important social and independent living skills; some prisoners told us that the scheme had provided them with the first opportunity in their prison life to prepare anything more than snacks.

On-wing self-catering facilities

4.17 The prison shop provision was reasonable, with a range of items available for purchase. In our survey, 63% of respondents said that the shop sold the things they needed. However, recent price increases, with no increase in local pay rates, made it hard for many prisoners to make purchases.

4.18 Prisoners could order items from a selection of catalogues. However, during the inspection they complained to inspectors that there were delays in receiving the goods they had ordered. The prison was enforcing a system whereby prisoners could only buy items if they were within the volumetric limits of what they were entitled to possess, either in their cells or held in storage. The checks that were undertaken to assess this contributed to delays.

Prisoner consultation, applications and redress

4.19 Leaders consulted prisoner representatives regularly, through a good structure of meetings and forums. The monthly prison council meeting was chaired by the governor, and discussions and outcomes were communicated in a well-presented and detailed newsletter for all staff and prisoners, which also incorporated a range of topics from all areas across the prison. As standard, this included a note from the governor, questions and answers from the prison council, and updates on current events and issues, and was an effective way to communicate to prisoners. However, some prison council representatives and prisoners generally expressed frustration at the perceived lack of action in response to suggestions put forward during consultation. Our review of the published 'questions and answers' highlighted some suggestions that could have been considered more favourably or responded to with a fuller explanation of the reasons for refusal.

4.20 Prisoners had little confidence in the applications system. Application forms were available on the wings, although were not always freely accessible, so prisoners sometimes had to request one. Many prisoners reported delays in receiving replies, and sometimes received no reply at all. Applications were not logged or monitored and there was no quality assurance of the process. Leaders were aware of this and had plans for improvement.

4.21 The number of complaints submitted was high, partly as a result of the unreliable applications process. At 4,274 complaints in the previous 12 months, the establishment logged the second highest number of complaints in the long-term and high security estate. While monitoring was better than for applications, data indicated that, within the past six months, 16% of complaints had not been responded to on time. For the complaints we sampled, responses were of variable quality; some provided comprehensive feedback, having been investigated robustly, but too many were unsatisfactory and did not address the issue raised. In our survey, only 21% of respondents said that complaints were responded to fairly. Quality assurance was in place but not carried out sufficiently regularly.

4.22 There was no dedicated legal services provision, but prisoners had access to up-to-date and current legal textbooks in the library. In our survey, only 28% of respondents said that it was easy to attend legal visits, possibly because legal advisers could only arrange visits on Fridays. Prisoners were able to contact solicitors using their in-cell telephones.

Fair treatment and inclusion

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary), or those who may be at risk of discrimination or unequal treatment, are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

4.23 The appointment of a new head of equality in January 2024 and reduced cross-deployment within the equality team had led to some recent improvements in work to understand and meet the needs of prisoners in some protected groups. The equality team was now well resourced, with three officers. Each had responsibility for a designated protected characteristic group, which enabled them to provide targeted support to prisoners in these cohorts. Their role was well publicised, and prisoners reported easy access to them if needed. The officers were supported by a team of prisoner equality representatives, with two assigned to each wing. The representatives had not received formal training for their role, but they were well known and accessible to their peers across the prison.

4.24 Members of the senior management team were also assigned as leads for some of the protected groups, including race and religion, but not all were proactive in their role to ensure fair treatment for prisoners. There had been some consultations with prisoners to understand their experiences, but these had not yet settled into a regular cycle.

4.25 Diversity and equality action team meetings were held every two months, chaired by the deputy governor, although attendance had reduced over time. The forum reviewed a good range of equality data, which regularly indicated disproportionate outcomes for prisoners in some protected groups, particularly in areas of discipline. There was a tendency to explain away disproportionate outcomes, putting issues down to a few 'difficult' individuals, but little action was taken to explore and understand potentially wider issues.

4.26 In addition to the prison data that indicated disproportionate outcomes for some protected groups, our survey also highlighted more negative experiences by Muslim prisoners and those from ethnicities other than white in a small number of important areas. For example, more black and minority ethnic, and Muslim respondents than their white and non-Muslim counterparts said that they had been bullied or victimised by staff. Several prisoners of different ethnicities and religions held strong beliefs that they were being discriminated against or that others received preferential treatment, which created tensions. There had been limited proactive work by senior leaders to explore these sensitive issues.

4.27 Foreign national prisoners made up 11% of the population. The equality officer responsible for this group provided support to individuals when requested, and professional telephone interpreting was used well. However, while we were told that prison information was available in different languages, prisoners we spoke to could not recall any instances where they had received translated material about the prison. There were few translated titles or materials in the library, despite this being raised consistently by equality representatives (see also paragraph 5.8). This resulted in some prisoners reporting having to read the same book repeatedly because of a lack of choice. These prisoners were told that foreign language titles could not be provided because they did not have British certification, although the lead for this area told us that there were plans to address this issue.

4.28 There were several prisoners with mobility issues, who were being provided with good support. We observed some examples of good individual care provided to prisoners living with physical disabilities. There was a peer support orderly scheme, with 15 prisoners receiving this support at the time of the inspection. These orderlies had not been provided with formal training, but their job description set out the requirements of the role. None of the cells on the residential units were suitable for those using a wheelchair (see also paragraph 4.49).

4.29 There were few interventions or support systems specifically targeted at the youngest prisoners, although leaders shared good plans to address this. The lead for older prisoners was proactive and prisoners

in this group had access to a wide range of age-appropriate activities, such as yoga, a board games club, a variety of gym sessions (see also paragraph 5.12) and a walking club.

4.30 The standard HM Prison and Probation Service processes were in place to monitor and review the support provided to transgender prisoners. However, we spoke to three out of the four prisoners who identified as transgender, and they expressed considerable frustration that there was a lack of staff support and understanding of their needs. The prison told us that entitlements such as women's clothes and cosmetics were available to order, but the group contested this, telling us that make-up had been out of stock for some time. The transgender prisoners we met were dressed in men's clothing and said that they felt unable to live freely in their chosen identity.

4.31 A total of 227 discrimination incident reporting forms had been submitted in the previous 12 months, the second highest among comparable prisons. The responses in the sample we reviewed varied in quality; some had been thoroughly investigated and gave detailed feedback to the complainant, while others were poor and did not fully address the issue raised. Quality assurance processes had not yet resolved this issue of inconsistency.

4.32 Special events to celebrate diversity were held throughout the year, with good involvement from external agencies.

Faith and religion

4.33 The chaplaincy was well integrated into prison life and provided good support to prisoners. In our survey, 82% of respondents said that they were able to attend a religious service if they wanted to. Weekly communal worship was supplemented by some religious study classes, and the opportunity for one-to-one time with a spiritual leader was available if requested.

4.34 Chaplaincy staff provided pastoral care to those who had experienced significant life events, such as a bereavement. Many of the chaplains had either training or experience in counselling and used these skills to support prisoners accordingly.

4.35 Chaplains also supported prisoners to maintain links with the outside world. For those who did not receive social visits, the official prison visiting scheme was available, and at the time of the inspection 13 prisoners were receiving such visits.

Health, well-being and social care

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

4.36 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. CQC did not take regulatory action due to the imminent change of health care provider. An action plan was requested relating to the concerns identified in the report.

Strategy, clinical governance and partnerships

4.37 Spectrum was the lead provider of health services. Separately commissioned dental services were delivered by Smart Dental. Relationships between partners and with the prison were positive and governance structures enabled good communication. There were leadership challenges in delivering sustained and efficient services, mostly due to the lack of available resources and several ongoing vacancies. The health care contract had been recommissioned, with a new provider due to start in the next few weeks. This had led to a freeze on recruitment and created some anxiety among staff. More recently, the staffing position had stabilised and there was a continuous health care presence on-site. A new primary care matron had been appointed, which was improving access and providing more consistency in the delivery of clinics, but some areas were still too under-resourced to deliver all expected services, such as mental health provision (see below). The prison regime also occasionally had an impact on the delivery of health care clinics because of issues with the movement of prisoners. These factors may have influenced the responses in our survey, where only 32% of respondents said that the overall quality of health services was good or very good, compared with 54% at the time of the previous inspection.

4.38 Staff were courteous and professional, and knew their patients well. Compliance with mandatory training was good and access to professional development was available and encouraged. Supervision and staff support mechanisms were accessible to all team members.

4.39 Clinical governance arrangements made sure that health care leaders understood the risks they were faced with. However, a small number of practices related to medicines management, social care arrangements, non-clinical access to medical records and learning from incidents were not in line with usual standards. The oversight and recording of decisions relating to these issues were not sufficiently robust. Clinical record standards were variable in quality, despite regular audit and performance reviews in supervision. There were some gaps in the expected infection prevention standards in health care treatment

rooms, but most were clean and otherwise fit for purpose. Incident reporting standards were well embedded and staff we spoke to were confident about reporting any concerns, and we saw evidence of changes to practice resulting from such events, including from Prisons and Probation Ombudsman reports following any death in custody. Not all immediate learning from early case reviews – which were designed to establish facts, timelines and any necessary immediate actions – were shared with frontline staff. Complaints management was generally sound, but, contrary to Spectrum's own policy, not all patients were seen as a first point of contact, and in a few cases we reviewed not all issues raised by the patient had been addressed.

4.40 A nurse was allocated 24/7 to respond in the event of a physical health emergency. Resuscitation equipment was strategically placed and securely fitted around the large site. Emergency drugs were held centrally, but all other essential life-saving equipment was readily available and frequently checked.

Promoting health and well-being

4.41 There was no whole-prison strategy steering health promotion, but we saw several excellent local initiatives and examples of positive partnership working. A monthly newsletter for prisoners described the outcome of these events and advised them what was planned in the future. In addition, health peer champions kept wing noticeboards updated and acted as a local resource and repository of information.

4.42 A range of age-appropriate and risk-based immunisations and vaccinations was promoted and encouraged, although uptake was variable. Prisoners could access sexual health services and barrier protection was discreetly available. Policies and processes to manage communicable diseases were robust and had been tested during the COVID-19 pandemic.

Primary care and inpatient services

4.43 All prisoners received an initial health screening on arrival at the prison. A more detailed secondary screening was carried out for most prisoners within seven days, although some prisoners declined to engage with this. Appropriate referrals were made following reception screening and urgent needs were addressed.

4.44 Nurses were available seven days a week, providing 24-hour cover. There were vacancies in the team, but these were covered by regular bank and agency staff. The newly appointed primary care lead had identified areas for improvement and staff told us that they felt well supported.

4.45 Prisoners requested health care appointments through paper applications, which were collected every day from the wings and triaged by the night nurse. Urgent clinical need was prioritised, with embargoed appointment slots available in each GP and nurse clinic. Routine GP appointments were available within two and a half weeks.

Nurses provided a range of services, including wound care, vaccinations and minor ailments. There were regular clinics provided by visiting professionals, such as a physiotherapist and optician, with reasonable waiting times, although there was a longer wait for podiatry appointments.

4.46 The oversight of long-term conditions had slipped as a result of staffing pressures, which resulted in many patients not receiving an annual review, particularly those with diabetes. Despite this, patients needing additional health checks, such as blood tests and eye screening, were offered these. Not all patients with a long-term condition had a care plan. Where care plans were in place, they often did not identify personalised goals or effectively demonstrate patient involvement.

4.47 The prison worked with the health care team to enable access to external hospital appointments, with two escorts provided each weekday for routine appointments. The administrative team had good arrangements to monitor outstanding hospital referrals, and few appointments were cancelled by the prison. There were some long waits for appointments due to waiting times at local hospital departments.

4.48 The nine-bed inpatient unit was supporting four prisoners at the time of the inspection, including one located in the designated constant watch cell. The other prisoners were being supported for health-related conditions, and those we spoke to were positive about the support on offer. Officers working on the unit were both caring and competent, with good knowledge of the patient group. The unit was clean but shabby, and amenities were limited, apart from some exercise equipment. Differing security restrictions for each patient meant that opportunities to engage and socialise were limited and there was little input from gym, education or library staff, and only sporadic, demand-led input from the health care team.

Social care

4.49 A memorandum of understanding was in place which articulated how to access social care support and outlined the necessary pathway and partnership arrangements to deliver this. One prisoner was in receipt of a social care package (see Glossary), delivered by Spectrum nurses, and although his plan had not been formally reviewed for over 12 months, the support provided was appropriate and the individual had no concerns about his care. There was general awareness about social care in the prison, but some ad hoc internal assessment arrangements by the health care department, although well intentioned, had recently been overhauled and brought under the full jurisdiction of the local authority. Better promotion of the agreed arrangements and enhancement of officer awareness were required, to make sure that there would be no prospect of unmet need. Additional equipment and adaptations could be sourced following an occupational therapist's review of need, although no cells, apart from within the inpatient unit, could facilitate access by a wheelchair.

4.50 Several prisoners were being supported by peers with some basic tasks such as meal collection, cell cleaning and mobilisation. Selection and supervision of these individuals appeared effective and peer support was supervised appropriately.

Mental health

4.51 In our survey, 50% of respondents said that they had a mental health problem. Mental health services were available seven days a week, from 7am to 7pm. The team consisted of four mental health nurses, one of whom was the manager, and they had one vacancy. Two sessions a week of forensic psychiatry were subcontracted by Spectrum to the South West Yorkshire Foundation Trust. Relationships with the prison were generally positive, but there had been no mental health awareness training for prison staff. Officers we spoke to, particularly on the segregation unit, were keen to have additional training in this area.

4.52 All referrals were discussed daily, jointly with the recovery workers from the substance misuse team. Those allocated for assessment were usually seen within five working days, unless they were urgent referrals, in which case they were generally seen on the same day. Anyone unallocated was sent a letter with information and a self-referral form, in case they wished to refer themselves subsequently.

4.53 At the time of the inspection, the team was supporting 94 patients, which included 65 under the care programme approach (a specialist approach to caring for patients with complex needs), which seemed a very large number, and not all needed such ongoing intensive support. Patients were all seen on a one-to-one basis as no therapeutic groups were being delivered.

4.54 The nursing staff shared pertinent patient information in a daily health care safety meeting, but they failed to record all their contacts in the medical records, and changes in presentation were not always updated on care plans – a practice which needed to improve.

4.55 Workforce capacity and the current skill mix meant that there was very limited psychologically based therapeutic support, an issue highlighted at the previous inspection. This meant that there was no direct support for patients with complex needs to aid case formulation and subsequent clinical management, which was a continuing gap in the expected care pathway.

4.56 Prescribing reviews and health monitoring for patients receiving mood stabilisers and antipsychotic medicines were completed regularly. Mental health nurses attended all assessment, care in custody and teamwork (ACCT) case management reviews, and segregation unit reviews for patients on their caseload.

4.57 Referrals made to mental health facilities for transfer under the Mental Health Act had breached the national guideline of completion within 28 days. All cases we reviewed had waited for an excessive time.

4.58 Nurses contacted community mental health teams in advance of their patients' release, to enable support to be in place for them once they left prison, and informed prison teams when the patient was transferred to another establishment.

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

4.59 There was a prison drugs strategy, which contained relevant supply reduction and treatment components, with Spectrum contributing to its implementation. However, although the drug strategy document and associated action plan had been reviewed recently, some actions took too long to complete. The prison team shared information with the substance misuse service (SMS) relating to mandatory drug testing positive results.

4.60 The SMS and mental health services worked in close collaboration and were known as the 'recovery team'. They operated a shared referral process. Referrals were accepted from all sources, as well as directly from patients. All referrals were discussed in a daily meeting, following which patients were sent a letter with the outcome of the referral and, where appropriate, were allocated for assessment. SMS patients also received harm minimisation information. All referrals were seen within appropriate timeframes.

4.61 Five prisoners were in receipt of opiate substitution therapy (OST), which we observed to be professionally and safely administered. Prescribing was done by the pharmacist, who also attended the 13-week reviews with the prisoner and the SMS recovery workers.

4.62 A team of three psychosocial recovery workers were supporting around 10% of the prison population at any one time (56 patients at the time of the inspection). Their patients received comprehensive assessment, from which they set their own goals. There was a range of good-quality self-help and guided learning packs, which were used to support patients in recovery via one-to-one sessions. Alcoholics Anonymous came into the prison every three weeks, but this was the only group available. The recovery workers also worked with patients who had low-level mental health problems, such as mild anxiety or low mood.

4.63 We sampled several clinical records. Care plans had appropriate consenting arrangements and were tailored to individual circumstances, and entries on SystmOne (the electronic clinical record) clearly indicated the current situation with the patient.

4.64 There were 18 fully trained peer mentors, who had all been risk assessed by the prison and signed a compact. Peer mentors we spoke to were impressive, demonstrated a good understanding of their roles and felt fully supported by the recovery workers.

4.65 There were few releases, but pre-release coordination of care started early, in association with the offender management team. Arrangements included advice on harm minimisation, throughcare with

community drugs teams and continuance of OST if required. Naloxone (an opiate reversal agent) could be offered if appropriate, and patients would be trained in its use by the pharmacist.

Medicines optimisation and pharmacy services

4.66 Pharmacy services were provided by a highly skilled and experienced team. The prescribing pharmacist held twice-weekly substance misuse clinics, and the team held minor ailments clinics and conducted asthma and weight loss reviews. Communication with partners was good. There were opportunities for professional development and protected time to complete any training.

4.67 Many prisoners had all or some of their medication in-possession (IP) and the corresponding risk assessments were captured and regularly reviewed. Spot checks of medicines stored in cells, to ensure IP compliance, were undertaken randomly. Medicines supplied as IP were appropriately labelled and stored separately. However, not-in-possession (NIP) medicines did not have dispensing labels attached. For example, all strengths of amitriptyline tablets (used mainly to treat major depressive disorder) were supplied from stock, rather than a named-patient supply, and were stored together, which ran the risk of an error occurring – a practice which should be reviewed immediately.

4.68 Medicines administration took place twice a day. Prison officers supervised the queue and maintained a suitable level of confidentiality. Patients prescribed night-time doses received these from the nursing team. IP medication was supplied over the weekend unless it was an urgent prescription. During Ramadan, as a result of the fasting requirements, some patients were concerned about taking medication at the usual, expected administration times. As a result, these prisoners were risk assessed to determine their suitability for IP medicines to be taken at alternative, agreed times, using specially prepared compliance packs.

4.69 Large-print medicines information could be generated and there was access to translation services. There was out-of-hours provision for medicines and a record was kept of those used, with stock levels regularly checked and items with a short expiry date clearly marked.

4.70 Medicine errors and incidents were appropriately responded to and learning was shared to reduce the risk of future errors. When patients were prescribed several NIP medicines, the team dispensed all the medication into compliance packs that were checked by the team. This was a positive measure, helping to reduce supply errors and additionally reduced administration time.

4.71 Refrigerator and room temperatures were checked and recorded daily. Records showed that readings were within the accepted range. Controlled drugs were appropriately managed and suitable arrangements were made for transporting medication around the prison. Drug safety alerts were correctly responded to.

4.72 To reduce the risk of diversion of certain controlled drugs, some medications were removed from their capsules and added to water before they were given to the patient. There was no policy or assessment to identify any potential risk with this practice, and such decisions needed to be more fully considered as part of the clinical governance arrangements.

Dental services and oral health

4.73 A full range of NHS-equivalent dental treatment was delivered. Until recently, only one dentist and dental therapist had been present on-site, three days a week. They could only see a maximum of seven patients each day because of regime restrictions. Urgent need was prioritised, and such patients were seen quickly. However, some prisoners had waited up to two years for routine treatment to start. Staffing capacity within the dental team had recently increased with the addition of a second dentist and dental therapist, and a dental nurse. This meant that progress was being made in reducing the number of patients waiting for treatment.

4.74 Dental records included patient treatment plans and provided a clear summary of the options discussed with each patient. The dentist offered education and advice on oral hygiene during appointments and some information was available on the wings and in newsletters. The dental team's involvement in wider health promotion events was limited.

4.75 The dental suite was clean, and all equipment had been properly maintained and tested appropriately, although the sinks and taps in the decontamination room needed descaling. Governance systems were robust, with regular audits carried out, and staff received appropriate training and supervision.

Section 5 Purposeful activity

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

Time out of cell

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

5.1 There were insufficient activity places for the prison population, with over 100 prisoners unemployed (see also paragraph 5.18). During our roll checks, 38% of prisoners were locked up during the working day, which was far more than we saw at the previous inspection (21%). Only a third of prisoners had left the wing for education, skills and work.

5.2 Staffing levels during the working day were high, with around seven staff on many units. Despite this, many prisoners were locked up because there was no available work or education for them. Retired prisoners were among the small number unlocked during this time.

5.3 Prisoners in full-time employment had reasonable time out of cell when they were unlocked for the eight hours and 50 minutes set out in the published working day. By contrast, unemployed prisoners were out of their cells for less than three hours.

5.4 The published regime applied to all wings, apart from the specialist units, and was prominently displayed on noticeboards. In our survey, 94% of respondents said that they knew what the scheduled unlock and lock-up times were. However, only 31% said that these times were kept to, and during the inspection we saw instances of 'slippage' at unlock times.

5.5 Despite good levels of staffing at the time of the inspection, a rolling programme of regime curtailments was still in place. Until very recently, this had affected some prisoners' attendance at work and education. Although this had recently been addressed, wings were still regularly locked down during evenings and weekends. On wings subject to these curtailments during the working week, unemployed prisoners would be out of their cells for no more than an hour a day.

5.6 Prisoners had good access to outdoor exercise. During most of the week, they were able to go on the exercise yards for up to 40 minutes in the morning and up to an hour in the evening. On Fridays and at weekends, there were single exercise sessions of two hours during the day. However, most prisoners (those on units A to D) exercised in courtyards at the centre of their wings. Efforts had had been made to make these yards more pleasant through woodland displays, which

were effective in making them less bleak. Since the last inspection, fixed exercise equipment had also been installed on every yard.

Exercise yard

5.7 All wings had snooker, pool and table tennis tables, as well as cardiovascular equipment, and some hobby materials were available, all of which could be used in the evenings and at weekends. Prisoners also had the opportunity to participate in enrichment activities, such as yoga, and a volunteer visited regularly to facilitate art sessions. A coffee stall in the activities area was popular, vouchers for which were offered as prizes and an incentive on the incentives scheme (see also paragraph 3.16).

5.8 A new library had been opened in the activities area since the last inspection. It stocked a reasonable range of books and other items for most prisoners, although resources in languages other than English were inadequate (see also paragraph 4.27). Leaders monitored library use and had recently identified that only around 60% of prisoners had visited it in the previous six months. Work was under way to understand both the reasons for non-use and also how current users were using the resources.

5.9 Leaders had already identified that, while the library's location was ideal for those attending activities in that area, it was less appealing for the large number of prisoners not currently in education or work off the wings. The provision of a mobile library service was under consideration, as was a satellite location near the residential units that would be accessible at weekends.

5.10 PE facilities were reasonable. Staffing levels were good, with only one vacancy, which was about to be filled. The gym had a sports hall and

well-equipped weights room, and an outdoor football pitch. Most facilities and equipment were in good condition. The exception to this was the showers, although they were about to be refurbished.

5.11 There was good take-up of PE provision, with evening sessions being particularly popular, and sometimes oversubscribed, which meant that some had to join a waiting list before they could participate. Of most concern was that the waiting time to play football outside was projected at several months. This was particularly negative, given that, apart from during exercise sessions, this was the only opportunity that most prisoners would have to go outside (see also paragraph 4.9).

5.12 There was a good range of initiatives that encouraged and promoted exercise. PE staff linked well with the health care department regarding remedial gym, and there were specific activities targeted at, and adapted for, older prisoners.

Education, skills and work activities

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

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

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

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Good

Personal development: Requires improvement

Leadership and management: Requires improvement

5.14 The importance given to education, skills and work (ESW) in the prison had risen since the previous inspection. This was largely as a result of the planning, insights and direction of a recent senior management appointee with extensive ESW knowledge and expertise. Since November 2023, leaders and managers had conducted a full and realistic appraisal of the provision and knew its strengths and weaknesses very well. Leaders were implementing a programme of well-focused actions to fundamentally change and improve the ESW provision. These actions prioritised providing prisoners, whose average length of stay in the prison was between nine and 10 years, with a productive 'career in custody', able and equipped to play an active part in the Full Sutton prison community.

5.15 Leaders had conducted a searching and useful training needs analysis which identified prisoners' barriers to learning, and in particular their needs in English and mathematics. This analysis had also identified prisoners who had no qualifications but were skilled in these subjects to at least level 1 standard. Leaders were fast tracking these prisoners to gain the relevant qualifications and then focusing on upskilling the large minority of prisoners with skills at entry-level or below.

5.16 These and many other improvement actions were realistic and based on sound research, data and professional insights, but most had yet to be wholly integrated into day-to-day working practices. It was too early to see the full and consistent impact of these actions.

5.17 Leaders had increased the number of higher-level qualifications available in education at level 3 and the opportunities for prisoners to progress from level 1 to 2, but only modestly. Qualifications were unavailable to accredit the skills and knowledge prisoners gained in the workshops because newly appointed specialist mentors had yet to complete their training. However, all wing cleaners and servery workers had now received appropriate training for their roles.

5.18 Despite some improvement, there were still not enough full-time activity spaces to meet the needs of all prisoners eligible and able to engage in purposeful activity. A full post-COVID-19 prison regime was introduced in January 2024, when all workshop places became part-time, allowing many more prisoners to experience at least some purposeful activity off the wings during the core day. Leaders had revised the core day and significantly reduced interruptions to education and work, such as prisoners leaving midway through a session to attend the gym. At the same time, all workshops became available to main and vulnerable prisoners, increasing choice for all. Despite this, too many prisoners had decided not to engage in ESW, with most saying that the options lacked variety or interest. Around 100 prisoners were classified as unemployed, which was too high, but included prisoners who were actively seeking work of their choice.

5.19 Leaders were implementing a carefully considered plan to introduce more full-time provision. They had recently opened new workshops for lighting assembly, printing and furniture restoration. These were adding progressively to the tally of available spaces. Further activity places

were being introduced over the next three months, including additional mentor roles. Leaders' credible aim was to offer full-time activity spaces sufficient for all prisoners by the autumn. A long-standing, highly ambitious, but stalled project to commission a wood mill at the prison had taken four large workshop spaces out of commission. This project was out of leaders' direct control and had made their efforts to expand the provision very much harder.

5.20 Prisoners' induction was incomplete because there were no qualified careers information, advice and guidance staff in post. Leaders were mitigating this with interim arrangements which provided each new inductee with a personal learning plan generated by trained prisoners, based on information about prisoners' previous attainment and, to a limited extent, their goals for the future. Induction staff provided newly arrived prisoners with a useful guided tour of the education facility which provided context and detail about the learning options available. While most prisoners valued the induction to education, they were not sufficiently well informed about the options available in workshops. Screening also included an accurate diagnostic assessment of prisoners' English and mathematics skills and learning support needs. Even so, most new arrivals were not being prepared well enough for their next stage of training, employment or work. However, those acting as mentors could describe how the advice and guidance they had received had helped them make informed decisions about their future.

5.21 Given the lack of detailed information about prisoners, the allocations process was placing too many prisoners in roles which met the needs of the prison, rather than the prisoner. Prisoners applied in writing for jobs such as in DHL, roles in the kitchens, orderlies and in the print shop, and were interviewed by prison staff. Unsuccessful candidates were given useful feedback to enable them to apply again and be successful.

5.22 Waiting lists were currently very long for most of the subjects offered in education. In particular, there were insufficient English and mathematics teachers to meet demand. Leaders were implementing a new strategy imminently with the aim of reducing waiting lists substantially.

5.23 Leaders had introduced a revised and transparently fair local pay policy which provided parity between prisoners following education courses or working in workshops. Prisoners welcomed the parity, but were now concerned that the increased cost of living meant that the money they earned bought much less than it used to.

5.24 Leaders were implementing a comprehensive, whole-prison reading strategy. This was successfully raising the profile of reading across the prison. For example, a colourful reading newsletter was distributed around the prison wings, reading materials were available in classrooms and workshops, and prisoners were gaining awards such as 'most adventurous reader' presented by the prison governor. Instructors had introduced reading corners in workshops which prisoners were using at breaktimes to read for pleasure. Leaders had

overcome most wing staff's security concerns, so that Shannon Trust staff (see Glossary) were now providing one-to-one support on all but one of the wings for prisoners with low-level reading skills. A specialist reading tutor had been appointed, but was awaiting security clearance.

5.25 Milton Keynes College provided education and vocational training in the prison. The quality of education for those able to attend was mainly good. Teachers planned lessons well, ensuring that prisoners learned basic knowledge and skills before moving on to more complex topics. For example, in industrial cleaning, prisoners developed a very sound understanding of the use of personal protective equipment and the safe use of chemicals before embarking on practical activities. Teachers were experienced and appropriately qualified for their roles. They assessed learning thoroughly and gave constructive feedback which helped prisoners to improve their work. However, they did not always correct prisoners' poor spelling and grammar. Teachers now used peer mentors well in education and vocational training to provide effective individual support, which accelerated prisoners' progress. The majority of prisoners in the segregation unit benefited from access to useful in-cell learning. Most prisoners with additional needs did not receive systematic extra support. As a result, they made slower progress than their peers. Overall, the standard of prisoners' work was high. Most prisoners gained their target qualification, although not always in the planned timescale.

5.26 Around 30 prisoners received good administrative support from education staff while following Open University or distance learning courses at level 3 or higher. These prisoners had good access to the virtual campus (see Glossary) and were also allowed laptop computers in their cells. One prisoner had recently achieved a doctorate, and another a master's qualification. Learners in education did not have similarly good access to the virtual campus.

5.27 In prison workshops, prisoners' work was planned and carried out, fulfilling the production targets efficiently. Their work met the required quality standards. Prisoners in the lighting and bicycle repair workshops and the commercial kitchen were learning good technical skills and developing confidence in the work that they carried out. They valued the work they were doing. In the production kitchen, prisoners took responsibility for fulfilling menus and worked cooperatively in teams. Managers were not all recording and monitoring prisoners' acquisition of non-accredited learning effectively, such as the skills that prisoners were developing in teamworking or managing conflict.

5.28 Most of the relatively small number of prisoners allocated to education sessions or workshops attended them. These prisoners worked diligently. Most prisoners were very respectful to staff, fellow prisoners and visitors. Their behaviour generally was mostly good. Inspectors observed no disruptive behaviour or inappropriate language. Prisoners felt safe in education. They understood the importance of using correct personal protective equipment and safe working practices. A small minority of prisoners in the textile workshops lacked motivation. These included prisoners who had worked in the workshop for many years but

struggled to describe what, if any, useful skills they had gained as a result.

5.29 Leaders and managers had successfully created opportunities in education to develop prisoners' interests and talents, and explore their broader development. There were good opportunities for prisoners to contribute to the prison community through charity events, singing workshops, Koestler competitions and reading clubs. However, prisoners were not all aware of the enrichment opportunities available.

5.30 Prisoners working in the main kitchen developed a good understanding of different cultural and religious dietary needs. Leaders had encouraged prisoners to form interest groups. Some groups had created information leaflets about their culture, to develop their peers' awareness on the wings. Transgender meetings were held monthly and provided a forum for prisoners to raise issues and identify solutions to the challenges they faced. During LGBTQ week in February 2024, workshops were held around what it meant to be transgender. A guest speaker attended, who helped develop prisoners' understanding of this topic (see also paragraph 4.30).

5.31 Within education classes, community values, including democracy, tolerance, liberty, the rule of law and respect, were promoted well and consistently demonstrated by staff and prisoners. However, most prisoners and instructors in workshops were vague about what community values meant in practice.

5.32 Prisoners were developing their understanding of how they could keep themselves physically healthy by choosing their main meal from a menu which included a wide range of nutritional information, including calorie, fat, sugar, salt, protein and carbohydrate content.

Section 6 Preparation for release

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

Children and families and contact with the outside world

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

6.1 As one of the few category A prisons in England and Wales, many prisoners were located a long way from home. In our survey, only 27% of respondents said that they had seen their family and friends in person more than once in the last month, and data indicated that more than 250 prisoners had not had a visit from family or friends in the previous year. Public transport connections to the prison were poor and a round trip by taxi from York train station cost about £70. Several prisoners told us that the long travel times and cost were a deterrent to potential visitors.

6.2 Face-to-face social visits were available on Friday, Saturday and Sunday afternoons in rooms that were bright and comfortable. The prison had recently extended each session to two and a half hours following feedback from prisoners about the long journey times for their visitors.

Visits hall

6.3 In the previous 12 months, seven prisoners had saved their monthly visiting order allowance and applied for accumulated visits (see Glossary). Three of these applications had been approved by the receiving prison, but the remainder had been declined, citing population pressures.

6.4 At the time of the inspection, 10 prisoners had received regular, valued visits by a volunteer from the National Association of Official Prison Visitors (See Glossary), which was a higher number than we usually see.

6.5 In addition to face-to-face social visits, about 130 prisoners each month had been able to contact family and friends using secure social video calls (see Glossary). It was positive that each wing had its own video-calling booths, which meant that prisoners could access them readily and make calls in private. This significantly increased access as prisoners did not have to wait to be escorted and supervised in a separate area of the prison.

6.6 Since the previous inspection, telephones had been installed in all cells, providing another valuable way for prisoners to speak to family and friends. Unusually, calls were restricted to one hour each day, which was frustrating for some prisoners, especially those who had transferred from other establishments where calls were not limited in this way.

6.7 The prison had been unable to attract a family services partner, so had used operational staff to run the visitors centre and café in the visits hall. An officer had been detailed one day a week to focus on family work, such as helping prisoners to liaise with social services. However,

there were no family interventions or parenting courses, and the Storybook Dads scheme (in which detainees record stories for their children) had not yet resumed since the COVID-19 pandemic.

6.8 Prison staff also arranged a family day (see Glossary) for up to 13 prisoners each month, which was greatly appreciated by those selected to attend.

Reducing reoffending

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

6.9 A quarter of prisoners were assessed as category A, and almost all (97%) were serving sentences of more than 10 years, including 366 (about two-thirds of the population) with an indeterminate sentence. Almost 40% had been at the establishment for more than four years, some for much longer. During each prisoner's stay, the prison was expected to provide them with good access to education or work, and other opportunities to reduce their risk of reoffending.

6.10 Governance arrangements to oversee work to reduce reoffending were not robust enough to identify opportunity and drive improvement. There had been four management meetings in the previous year, attended by managers from several departments representing key areas of resettlement. However, there was no evidence that data were used to monitor performance in the various resettlement areas, and there was no overarching plan to coordinate and develop this work; meetings generated only a small number of low-level actions.

6.11 The offender management unit (OMU) was led by three enthusiastic and capable managers. Their offices were located alongside those of the senior management team, which raised the profile of the OMU. They also retained an office in the OMU and were visible within the department every day to support staff. There were nine probation-employed prison offender managers (POMs) in the unit, each of whom held large caseloads of about 60, which restricted the amount of time that they could devote to some prisoners. The OMU also had two prison-employed POMs, who were no longer cross-deployed to carry out operational duties elsewhere in the prison. All POMs received regular supervision from one of the two senior probation officers, which provided much valued support and professional development.

6.12 OMU staff shared their workspace with members of the psychology and interventions teams. POMs said that this supported helpful, informal discussions about the management of individual cases, such as how to structure supervision and suggestions for one-to-one work.

6.13 Most prisoners had an offender assessment system (OASys) assessment that included a sentence plan with specific targets. While only 44% of prisoners had an assessment that had been created or reviewed in the previous 12 months, almost all of those we looked at

had targets that were still relevant for that point in the prisoner's sentence.

6.14 When plans had been reviewed by POMs, they were quality assured by a senior probation officer, who then added an update to the prisoner's case notes, summarising their risks and targets. This was a helpful reminder for other staff, including key workers (see Glossary), who were working with that prisoner.

6.15 Levels of contact between prisoners and their POMs were generally appropriate to the point they were at in their sentence, with increased contact around key events such as categorisation reviews and parole hearings. We also saw many instances of POMs conducting one-to-one offence-related work with prisoners.

6.16 In the sample of cases we reviewed in detail, we found evidence that many prisoners had been able to make reasonably good progress against their sentence plan targets, including those that related to education, prison jobs and maintaining positive behaviour.

6.17 Most prisoners also had regular and helpful contact from a key worker. While we saw some examples provided by the prison where the key worker and POM were clearly working together, most of the key work notes focused on welfare and well-being rather than sentence progression (see also paragraph 4.5).

6.18 Of the indeterminate-sentenced prisoners, 17 were serving a sentence for public protection (IPP). The prison held IPP panels every two months which were attended by OMU and psychology staff. Each prisoner was discussed at this meeting and the minutes we saw reflected meaningful, ongoing support.

6.19 The prison made sure that all necessary documentation was available for parole hearings, to avoid delays. There had been 31 parole hearings in the previous 12 months, which had resulted in four prisoners (including two serving an IPP sentence) being released and two being recommended for open conditions.

6.20 In the previous year, 40 prisoners had been transferred to progress their sentence at category B prisons with a specialist provision, such as a psychologically informed planned environment or therapeutic community. Many of these prisoners had been transferred to complete specific offending behaviour programmes (OBPs) – for example, those targeted at prisoners convicted of sexual offences (PCOSOs).

6.21 Reviews of prisoners' security classification were carried out promptly and decisions were generally based on appropriate evidence. For category A prisoners, a comprehensive file with information from several departments was prepared and shared with the prisoner in advance; the quality of those that we saw was good. Reviews for category A prisoners were carried out by a local advisory panel, chaired by the deputy governor and attended by psychology staff, a senior probation officer and the relevant POM. Prisoners had the

opportunity to make representations to the panel. The decisions made were then ratified by the national category A review team, and the prisoner was provided with a detailed written copy of the result. In the previous 12 months, six category A prisoners had had their security classification changed to B. In the same period, 20 category B prisoners had had their security classification lowered and had moved to category C establishments to continue their sentence. Those whose classification was not lowered were provided with a written copy of the outcome of the review, but these rarely included suggested areas to focus on to reduce their risk further.

Public protection

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

6.22 Most prisoners at the establishment posed a potential risk to the public. Over 80% had been assessed by their POM as presenting a high or very high risk of serious harm to either known individuals, groups or the general public. Almost all (99%) were eligible, because of their type of offending, for management on release under multi-agency public protection arrangements (MAPPA; see Glossary), including 164 PCOSOs. Eighty prisoners had a current restraining order and 177 had been assessed as a posing a risk to children.

6.23 Public protection measures were reasonably good. The risks associated with all new arrivals were screened by a dedicated public protection team. Where appropriate, child contact restrictions were applied which prevented a prisoner from arranging a visit with a child. These restrictions were reviewed at a monthly child safeguarding meeting.

6.24 All incoming and outgoing emails and letters, other than those subject to legal privilege, were read by the prison's monitoring team.

6.25 POMs also reviewed whether it was necessary to monitor the telephone calls of newly arrived prisoners. However, these decisions were not recorded in the prisoner's case notes, to clarify the factors that had been considered. At the time of the inspection, there were no prisoners subject to telephone monitoring linked to public protection concerns. However, the monitoring team listened to the calls of 5% of the population, selected randomly each day, which provided a good safeguard.

6.26 The monthly pre-release risk management meeting considered all prisoners within two years of their sentence end date or eight months of their parole date. The records showed detailed discussion about the risks in each case and evidence of liaison with the community offender manager (COM) about release plans, including licence conditions.

6.27 POMs provided good written reports to community MAPPA meetings. They attended all of these meetings remotely, with the senior probation

officer also attending if the prisoner was to be managed at the highest level.

6.28 The risk management plans we reviewed were all at least reasonably good and included relevant information about the prisoner's recent custodial behaviour and associates.

Interventions and support

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

6.29 The prison completed an annual assessment of the needs of the population, based mainly on criminogenic factors identified in prisoners' OASys reviews. This ensured that the OBPs offered were broadly appropriate for the high-risk population. Regional managers had allocated other OBPs across the prisons in the long-term and high security estate, so that prisoners had access to a wider range of programmes by transferring when needed.

6.30 Prisoners' suitability for an accredited OBP was assessed promptly after arrival, so that they could join a programme at an appropriate point in their sentence. A third of the population had already completed an OBP and many, because of their long sentences, would not be suitable for a further programme for some years. Waiting lists were manageable and the prison planned to deliver OBPs to about 30 prisoners in the following year. A monthly accredited interventions meeting provided managers with a detailed oversight of each prisoner's progress and identified solutions to problems with delivery. In one example we saw, a prisoner could not be transferred to any of the other establishments that offered a specific OBP for high-risk PCOSOs, and arrangements had been made for facilitators to travel to the establishment to deliver the course on a one-to-one basis.

6.31 From April 2024, the prison was due to start offering an OBP that was suitable for PCOSOs. In addition, it had well-developed plans for POMs to deliver the Healthy Futures intervention, a series of structured workbooks, on a one-to-one basis with this group of prisoners.

6.32 The psychology team had a key role in the delivery of interventions, providing clinical oversight and qualified supervision to programme staff. They delivered the Healthy Identity Intervention for prisoners engaged in extremism. A psychologist was attached to the segregation unit and another to the supporting transition enabling progression (STEP) unit, to offer advice and guidance (see paragraph 3.33).

6.33 The chaplaincy had supported about 40 prisoners to complete Facing up to Conflict workbooks, to help them manage their emotions and improve relationships with others. Some of these prisoners had been referred to this course by their POM, which was positive, but the safer custody team did not appear to be using this intervention routinely to help encourage positive behaviour (see also paragraph 3.12). The

chaplaincy was to resume delivery of the Sycamore Tree victim awareness course in June 2024.

6.34 There were some limited interventions to help with substance misuse (see paragraph 4.62), and OMU managers were planning a course designed to develop independent living skills, such as budgeting and using technology, for prisoners who had spent a long period in custody.

Returning to the community

Expected outcomes: Prisoners' specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

6.35 Only nine prisoners had been released to the community in the previous 12 months. Six of these were released to probation approved premises (AP) as a condition of their licence. There was some limited evidence that the prison discussed with COMs the plans for accommodation after the AP, but the Prison Service did not routinely collate data on whether prisoners had moved on to sustainable accommodation.

6.36 Prisoners on release had access to new clothing that had been donated, if they needed it. Staff made sure that prisoners understood their licence conditions, and in some cases OMU staff had transported prisoners with mobility issues to their destination in the community.

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2020, early days provision was reasonably good overall and induction was improving. Full Sutton remained a safe place for most prisoners, there were relatively few reported violent incidents, and victims and perpetrators were managed well. The incentives and earned privileges (IEP) scheme was used well. Adjudications and the use of force were well managed. Oversight of segregation had improved and the supporting transition and enabling progression (STEP) unit was a promising initiative. Most aspects of security were proportionate. A range of measures were in place to tackle the availability of illicit drugs; however, drug testing was not always undertaken when necessary. Levels of self-harm were fairly high but had declined substantially over the previous year. Prisoners at risk of self-harm received good support and the standard of recording in assessment, care in custody and teamwork (ACCT) documents for those at risk of suicide or self-harm was reasonable. Outcomes for prisoners were good against this healthy prison test.

Recommendations

All incidents of violence, bullying or intimidation should be reported to the safer custody team for investigation.
Achieved

A comprehensive range of data should be analysed and used to develop an effective prison-wide violence reduction action plan.
Not achieved

Prisoners who are segregated should have access to the wider prison regime as part of reintegration planning.
Not achieved

Prisoners should only be strip-searched on the basis of an up-to-date risk assessment that is regularly reviewed to demonstrate it is still required.
Achieved

All requested suspicion drug tests should be completed.
Not achieved

Staff should know how to identify vulnerable adults and make referrals to appropriate agencies.
Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2020, staff-prisoner relationships remained a strength. Keyworkers were now in place but further work was required to ensure entries were recorded frequently enough and were of a good standard. Living conditions were reasonably good. Equality and diversity work remained underdeveloped. Some groups' negative perceptions of safety needed to be addressed. Faith provision was strong. The food and shop provision were good and self-catering arrangements were excellent. Prisoner consultation was good. Replies to applications were not tracked and the complaints process needed improving. Health care services were reasonably good. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

The prison should analyse and improve the negative perceptions that prisoners with disabilities and mental health problems have of their treatment, in particular their views of safety.
Not achieved

Recommendations

Prisoners should have prompt access to their property following transfer and should not have to wait a long time for their catalogue items.
Not achieved

All complaint forms submitted should be logged as a complaint. Responses should be on time and fully address the issues raised by the complainant.
Not achieved

The prison should conduct a comprehensive analysis of complaint data so that emerging problems, themes and trends over time can be identified and addressed.
Not achieved

Responses to DIRFs should be timely and should involve talking to the prisoner as part of the investigation before a response is given.
Not achieved

Focus groups and forums for all prisoners with protected characteristics should take place frequently and be supported by prison managers.
Achieved

Prisoners receiving personal care packages should have the expected level of care at the times determined within the care package.
Achieved

Mental health services should provide appropriate therapies to respond to complex psychological needs.
Not achieved

Governance arrangements require development to ensure the effective oversight and management of the day-to-day operation of the dental service.
Achieved

Purposeful activity

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

At the last inspection, in 2020, the amount of time prisoners spent unlocked was reasonable for most. The gym provision was adequate but the library service was limited. Ofsted judged that the education, skills and work provision required improvement. Weaknesses had been identified and there were plans in place to address them. There were insufficient activity places for the population, allocations to activities sometimes took too long and existing education places were often underused. Prison work was not accredited, the skills prisoners developed were insufficiently recorded and there was too little careers advice. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The prison should increase the number of appropriate education and work activity places so all prisoners can engage in education and work, gaining the skills and knowledge that will help them sustain successful careers.
Partially achieved

The knowledge and skills that prisoners gain though work should be assessed and recorded and where appropriate, prisoners should be able to achieve accredited qualifications.
Partially achieved

Recommendations

The library should monitor usage to determine the level of attendance and take action to encourage prisoners to visit.
Not achieved

The education provision should be extended so that the range of higher-level learning meets the needs of those serving longer sentences or with higher prior academic attainment.
Partially achieved

Prisoners should receive impartial careers advice to help them plan an appropriate range of education and work activities to build their skills and knowledge incrementally and support their long-term career goals.
Not achieved

Rehabilitation and release planning

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

At the last inspection, in 2020, the provision for visits was good, but there was little other support to help prisoners maintain contact with their children and families. Strategic management of resettlement work was not yet effective. Offender assessment system (OASys) reports were good but not always reviewed often enough. Offender management was reasonable and contact levels were improving. Most public protection arrangements were robust. Categorisation review processes could have been improved. There was an adequate number of places on accredited programmes but very little provision for vulnerable prisoners. The psychology team provided an excellent range of support. Demand for resettlement support was low and the provision was appropriate. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

All prisoners should have an up-to-date OASys report with clear and relevant sentence plan objectives to help them reduce their risks and enable them to progress.
Achieved

Recommendations

A wider range of interventions and initiatives to enable prisoners to build positive relationships with their family and friends should be developed, implemented and evaluated.
Not achieved

Attendance at public protection meetings should be multidisciplinary and there should be good sharing of information between security and the OMU.
Achieved

The letters and phone calls of those under public protection monitoring should be translated if they are not in English.
Achieved

Prisoners should be actively involved in re-categorisation reviews, including being consulted prior to any decision and receiving clear information setting out the targets to be achieved.
Partially achieved

There should be an adequate range of programmes and enough accredited programme spaces to meet the needs of vulnerable prisoners.
Achieved

Appendix I About our inspections and reports

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

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

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

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

Respect
Prisoners are treated with respect for their human dignity.

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

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

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

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

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

concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

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

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

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

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

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

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

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at

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

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

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief Inspector
Deborah Butler	Team leader
Ian Dickens	Inspector
Martyn Griffiths	Inspector
Lindsay Jones	Inspector
David Owens	Inspector
Chris Rush	Inspector
Nadia Syed	Inspector
Alicia Grassom	Researcher
Samantha Moses	Researcher
Helen Ranns	Researcher
Jasjeet Sohal	Researcher
Steve Eley	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Helen Jackson	Pharmacist
Matthew Tedstone	Care Quality Commission inspector
Nick Crombie	Ofsted inspector
Diane Koppitt	Ofsted inspector
Jemma Peacock	Ofsted inspector
Allan Shaw	Ofsted inspector

Appendix II Glossary

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

Accumulated visits
As prisoners were held far away from their families, making visits very difficult, they could 'accumulate' 26 statutory visits in a 12-month period and apply for a temporary transfer to a prison nearer their family to receive the visits in a shorter space of time.

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

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

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

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

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

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

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

National Association of Official Prison Visitors
A charity that promotes visiting in prison, mainly for prisoners who rarely, if ever, have visits from family or friends.

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

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

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

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

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

Shannon Trust
A national charity which provides peer-mentored reading plan resources and training to prisons.

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

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

Virtual campus
Internet access for prisoners to community education, training and employment opportunities.

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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

This publication is available for download at: http://www.hmiprisons.justiceinspectorates.gov.uk/

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