



Report on an unannounced inspection of

HMP & YOI Doncaster

by HM Chief Inspector of Prisons

8–18 September 2025



Contents

Introduction.....	3
What needs to improve at HMP & YOI Doncaster.....	5
About HMP & YOI Doncaster	6
Section 1 Summary of key findings.....	7
Section 2 Leadership	9
Section 3 Safety	11
Section 4 Respect.....	19
Section 5 Purposeful activity.....	26
Section 6 Preparation for release	32
Section 7 Progress on recommendations from the last full inspection report	37
Appendix I About our inspections and reports	40
Appendix II Glossary	43
Appendix III Care Quality Commission action plan request.....	46
Appendix IV Further resources	48

Introduction

Managed and operated by the private company, Serco, HMP & YOI Doncaster is a busy category B reception and resettlement prison, accommodating both young adults and men. The prison continued to face significant operational challenges, including persistent overcrowding and a high turnover of prisoners, with over 5,500 admissions in the past year and about 200 releases each month. Nonetheless, it had demonstrated resilience and adaptability, with leaders and staff working hard to maintain and deliver a well-ordered and reasonably respectful institution.

Inspectors were impressed by the appointment of a former drug user as the drug and alcohol recovery specialist, the development of a safer custody centre for vulnerable prisoners, and the creative opportunities for fathers to connect with their children. The commitment to adapting services to meet the changing needs of its new population, including support for remanded and recalled prisoners, was also commendable.

The director and senior team had maintained continuity and driven some important improvements, including fostering good joint working between functions and external agencies. Visible leadership and the introduction of additional middle managers had helped to improve accountability, and standards of decency and cleanliness across the prison.

Safety remained reasonably good, with a calm and well-ordered atmosphere and a rate of violence below the average for similar prisons. Reception processes and peer support for new arrivals were particularly strong, helping prisoners to feel safe and supported during their early days in custody. However, care for prisoners at risk of self-harm, including support through ACCT case management, required urgent improvement, as the recorded rate of self-harm was higher than at our last inspection and at most other reception prisons.

Respect for prisoners' dignity was evident. Living conditions had improved, with cleaner cells and communal areas, and the introduction of in-cell technology had given prisoners greater control over their daily lives. Consultation arrangements were a real strength, and staff-prisoner relationships were generally constructive. Nevertheless, overcrowding meant that many prisoners continued to share small cells that often lacked privacy and adequate furniture.

Purposeful activity remained an area of concern. While physical education provision was excellent and attendance at education, skills, and work was reasonably high, there were insufficient places for the population, and not all available spaces were used. Library services had deteriorated, and support for non-readers had stopped, limiting opportunities for literacy development.

In contrast, preparation for release was a strength. Support for maintaining family ties was outstanding, with a wide range of interventions and creative family days. The offender management unit was well led and responsive to the needs of remanded and recalled prisoners, and joint working with community

agencies was strong. However, the lack of sustainable accommodation on release remained a significant challenge, with many prisoners leaving the prison homeless or with only very temporary housing.

HMP & YOI Doncaster had made progress in several areas, driven by committed leadership and a dedicated staff team. While there were persistent weaknesses, particularly in purposeful activity, the overall direction was positive. The prison is well placed to build on its successes and address the priority concerns identified in this report.

Charlie Taylor

HM Chief Inspector of Prisons

October 2025

What needs to improve at HMP Doncaster

During this inspection we identified five priority concerns and five key concerns. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **There was a lack of care for prisoners at risk of self-harm.** Case management through ACCT also needed to improve.
2. **The prison remained very overcrowded and cells being shared were often too small to maintain decency and privacy.**
3. **Health care clinical governance had not identified risks adequately and these were impacting on some key areas of delivery.** This included insufficient oversight of the mental health team, a lack of clinical supervision and training, inconsistent medicines administration and difficulties in accessing appointments.
4. **There were insufficient places across education, skills and work activities for the population, and leaders had not ensured that all current spaces were used fully.**
5. **Seventy percent of prisoners did not have sustainable accommodation on release.** One in five were released completely homeless.

Key concerns

6. **The availability and use of illicit drugs posed risks to the prison's stability and prisoners' health and well-being.**
7. **Many health screening appointments were undertaken in communal areas,** which risked breaching patients' confidentiality and limited the treatment options available.
8. **Patients waited too long to see a dentist.** Most prisoners had left the prison before an appointment was offered.
9. **Library services were poorly organised and did not promote literacy well enough.**
10. **Not all public protection measures were applied robustly.** For example, not all risk management arrangements for high-risk prisoners were reviewed prior to release.

About HMP & YOI Doncaster

Task of the prison/establishment

HMP & YOI Doncaster is a category B reception and resettlement prison accommodating young adult (18–25) and adult male prisoners.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 1,115

Baseline certified normal capacity: 738

In-use certified normal capacity: 738

Operational capacity: 1,145

Population of the prison

- There had been over 5,500 admissions in the last 12 months and about 200 men had been released every month.
- Fifty-five percent of the population was unsentenced and a further 14% had been recalled to prison.
- About half the population had been at the prison for three months or less.
- At the time of the inspection there were:
 - 120 foreign national prisoners
 - 150 prisoners convicted of sexual offences (PCoSOs).

Prison status (public or private) and key providers

Private: Serco Ltd

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment provider: Practice Plus Group

Dental health provider: Time for Teeth

Prison education framework provider: Novus

Escort contractor: GEOAmev

Prison group/Department

Yorkshire & Humberside

Prison Group Director

Jamie Bennett

Brief history

The prison opened in 1994 and was originally contracted to Premier Prison Services Ltd (owned by Serco and Wackenhut Corrections). In 2005, the prison management was contracted to Serco, and this was extended in 2011 for another 15 years.

Short description of residential units

The current configuration of the residential units is:

Houseblock 1A and C: Prisoners convicted of or charged with sexual offences

Houseblock 1B and D: general population

Houseblock 2: general population

Houseblock 3A and C: early days centres
Houseblock 3B: incentivised substance-free living unit (ISFL; see Glossary)
Houseblock 3D: general population

The Loft: complex needs unit
The Annexe: social care unit
Segregation unit

Name of governor/director and date in post

John Hewitson, March 2020

Independent Monitoring Board chair

Sheila Edgar

Date of last inspection

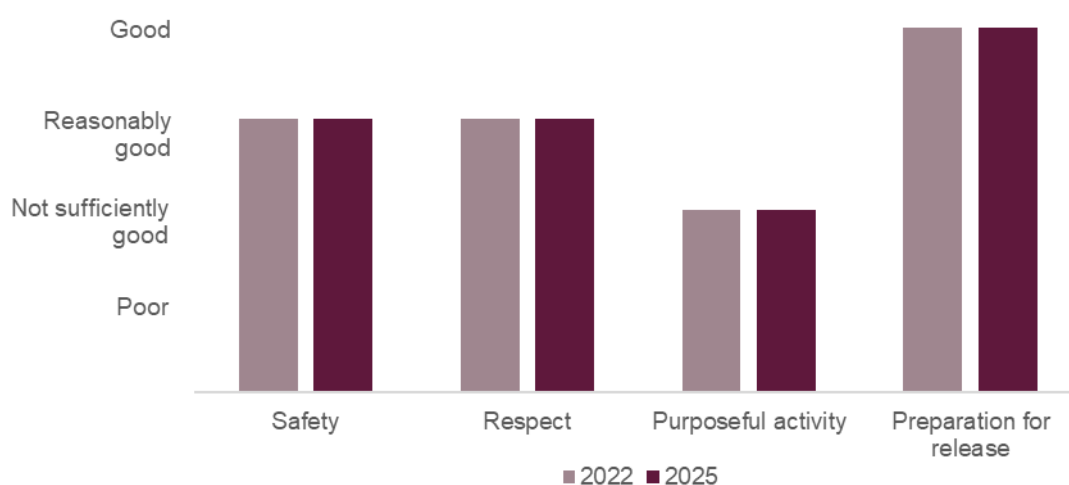
21 February – 4 March 2022

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of Doncaster, we found that outcomes for prisoners were:
- Reasonably good for safety
 - Reasonably good for respect
 - Not sufficiently good for purposeful activity
 - Good for preparation for release.
- 1.3 We last inspected Doncaster in 2022. As figure 1 shows, outcomes for prisoners have not changed since the last inspection.

Figure 1: HMP & YOI Doncaster healthy prison outcomes 2022 and 2025



Progress on key concerns and recommendations

- 1.4 At our last inspection in 2022, we identified 12 concerns, four of which were priority concerns. Prison leaders fully accepted 10, partially accepted one and rejected another. They had addressed eight of the 12 concerns but had been less successful in addressing the four priority concerns with only one having been met in full. For a full list of the progress against the concerns, please see Section 7.

Notable positive practice

- 1.5 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.

- 1.6 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 appointment of a lived experience drug and alcohol recovery specialist tasked with helping leaders to strengthen demand reduction work was an excellent step forward. | See paragraph 2.6 and 3.28 |
| b) | The newly developed safer custody centre offered a range of support to the most vulnerable prisoners to help them cope and thrive. Being located away from the main units enabled prisoners to access a safe space and seek individual care. | See paragraph 3.31 and 4.20 |
| c) | Care leavers received good support. A weekly session run by a member of the offender management unit (OMU; see Glossary) helped them understand and gain access to their entitlements. They were also helped to build relationships with their personal advisor in the community, who was invited to the prison to attend social and recreational events when the young person was involved. | See paragraph 4.22 |
| d) | Access to PE and the range of provision was much better than we often see. PE staff worked hard to continually improve the offer and extend the range of courses. This included opportunities for those in the segregation unit and outreach for those unable to attend the sports centre. | See paragraph 5.6 |
| e) | Leaders had adapted their services to the changing needs of the population. This included piloting a team to support remanded men and providing a weekly support and information session for recalled prisoners. | See paragraphs 6.8 and 6.9 |
| f) | There was an outstanding range of creative opportunities for fathers to spend time and bond with their children. This included a 'Daddy newborn' session where fathers met their newborn baby and learnt how to carry out basic caring tasks. There was also a weekly toddler session, and a 'social kitchen' for older children to bake with their dad. | See paragraph 6.2 |

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 Leaders had a strong operational grip and had maintained a well-ordered establishment. Visible leadership helped ensure good standards were being maintained across the prison. The introduction of additional middle managers to improve accountability on the houseblocks was an interesting initiative, but it was too soon to confirm the success of this new approach.
- 2.3 The experienced director provided continuity in leadership, was well respected by his colleagues and was proactive in driving improvements. Our staff survey showed that almost two-thirds of respondents thought leaders had the right priorities for the prison and felt these had been communicated clearly.
- 2.4 Leaders had developed good joint working between functions as well as strong partnerships with external agencies which helped to promote positive outcomes. For example, they had effective links with community drug services and excellent links with the police.
- 2.5 Leaders used data well, especially in safety, to develop their strategies and day-to-day practices, enabling them to better target their resources appropriately. In many functions, quality assurance was well embedded and was helping leaders to identify areas for continued improvement.
- 2.6 Leaders showed creativity and innovation in the promotion of services. For example, staff had led on the development of the safer custody centre (see paragraph 3.31) which provided a range of help for the most vulnerable prisoners, and similarly with the appointment of a former drug user as their specialist worker tasked with strengthening the focus on demand reduction (see paragraph 3.25).
- 2.7 Leaders had responded with flexibility to the increasing number of remanded and recalled prisoners and had altered their provision to meet needs. The introduction of a remand team within the OMU was one example of this commitment. The departure lounge was another example: it was much better than we normally see and was staffed by specialist workers who were on hand to help and advise men as they left the prison.
- 2.8 The OMU had become a strong and confident team that worked well together and responded thoughtfully to feedback. Leaders deployed

their psychologist resources well, including the commissioning and completion of research into specific challenges faced by the prison, such as the increasing number of recalled men.

- 2.9 Leaders were very responsive to the feedback and findings from this inspection and had made reasonably good progress, overall, in addressing our previous concerns. There were exceptions to this though, including, significant overcrowding and the lack of education and workplaces.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 In our survey, 87% of prisoners said they were treated well in reception, which was better than other reception prisons (73%). Reception staff were friendly and approachable. The environment was bright and clean and a video playing in the reception area was a good way for new prisoners to see what the wings and cells looked like.
- 3.2 Peer support was excellent with Insiders (see Glossary) putting new prisoners at ease and giving useful information, which was particularly helpful to those who had never experienced prison before.



Insiders' peer support room

- 3.3 Safety interviews were completed in private, and staff had a good understanding of the type of risks and triggers to look out for. Additional welfare checks took place for all new arrivals during their first night, and a second safety interview was undertaken the next day.

- 3.4 Leaders had responded proactively to the large increase in the number of new arrivals. For example, reception staff were no longer cross-deployed to other duties and there was now a nurse available until 10pm to screen prisoners who arrived late in the evening.
- 3.5 First night cells were reasonably well equipped, but too many were grubby, including some graffiti.
- 3.6 It took too long for some prisoners to get telephone numbers added to their account, which delayed their contact with family and friends (see paragraph 6.6).



First night cell

- 3.7 The induction programme was useful and tailored to meet individual need. For example, those who had not been at Doncaster before were given a tour of some of the outside areas and workshops so they could get to know the site.
- 3.8 Most new arrivals spent a few weeks on one of the induction wings and while they had a reasonable amount of time out of cell, they had little to do, which left them bored and without a sense of purpose.

Promoting positive behaviour

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

Encouraging positive behaviour

- 3.9 The prison remained calm and well-ordered with data showing that the overall rate of violence was below average for similar prisons. In our survey, 20% of prisoners said they currently felt unsafe, which compared well to similar prisons.
- 3.10 However, significantly more prisoners living on the units for vulnerable prisoners (A and C wings on Houseblock 1) said they had felt unsafe at some point during their time at the prison (87% compared to 50% of other house units). Some prisoners attributed this to bullying from other men and drug misuse on the wings.
- 3.11 Data was analysed thoroughly to better understand the causes of violence and leaders had used this to target their resources including, for example, more support for young adults. They also tried to help prisoners avoid getting into debt as this was a common trigger for violence. Staff had a good understanding of the men in their care, and the safety team shared useful information with wing managers, including a breakdown of data and information about how their staff can better support prisoners.
- 3.12 All violent incidents were promptly investigated and a programme to help prisoners address their anti-social or violent behaviour was used well. Most challenge, support and intervention plans (CSIPs; see Glossary) were of an adequate quality but too many staff we spoke to did not fully understand their purpose, which undermined effectiveness.
- 3.13 Officers were appropriately focused on responding to poor behaviour, but opportunities to reward good behaviour had yet to be developed fully.

Adjudications

- 3.14 Prison data showed that there had been 3,163 adjudication hearings in the last 12 months, which was high compared to similar prisons. The most common charges were related to the possession of unauthorised articles, including drugs, as well as incidents of violence. Prisoners who tested positive for drug use were appropriately referred to the substance misuse team and placed on a frequent drug testing programme.
- 3.15 While few hearings were outstanding, many were dismissed or not proceeded with, some of which could have been handled informally. This meant poor behaviour sometimes went unchallenged, and

reasons were not consistently explored in governance meetings, but the director was aware of this issue.

- 3.16 Adjudicating managers routinely quality assured each other's hearings, promoting shared learning and good practice. Adjudicating managers routinely quality assured each other's hearings, promoting shared learning and good practice.

Use of force

- 3.17 Data over the preceding 12 months showed that the rate of use of force was the lowest of all (583 uses) when compared to similar prisons and was continuing to fall. Most incidents that did occur were spontaneous and usually only involved low level interventions. PAVA (see Glossary) and batons were used rarely.
- 3.18 In contrast to this, the use of special accommodation was high at 32 incidences in a year. We were not convinced that all such deployments were always necessary. For example, some men who had become totally compliant and non-threatening to others were placed in a special cell even though this was not needed and this decision was not approved by a senior leader.
- 3.19 There were insufficient body-worn cameras, and few were switched on early enough to fully capture the lead up to incidents. The quality of reports written by staff who had used force often lacked detail or an adequate description of efforts to de-escalate, undermining accountability.

Segregation

- 3.20 Data suggested that the number of men being segregated was high. However, this included a significant number who were subsequently deemed unfit for segregation due to their mental health problems or other vulnerabilities, so they did not stay segregated and were relocated to a more suitable unit in the main prison.
- 3.21 The overall average length of segregation for most was short, at around five days, which evidenced effective reintegration work. Living conditions had improved with reasonably well-equipped and decent cells and the ongoing installation of in-cell phones. However, the exercise yard remained bare.
- 3.22 The director's ambition to develop a more therapeutic environment and culture within the unit was good, and this had already led to prisoners being allowed to attend activities away from the unit subject to an individual risk assessment. In contrast, however, was the blanket ban on vaping, which did not match the idea of individualised care and treatment. We were also told that the regime could be withdrawn if a prisoner behaved poorly, which could constitute a form of unauthorised punishment.
- 3.23 Leaders recognised the pressure on segregation staff in managing men with some very challenging behaviours. They had provided additional

training to the team to help them understand behaviours so that they could respond appropriately. They also received regular individual supervision sessions from a member of the psychology team to help them maintain their own resilience and seek advice on how best to respond to those in their care.

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.

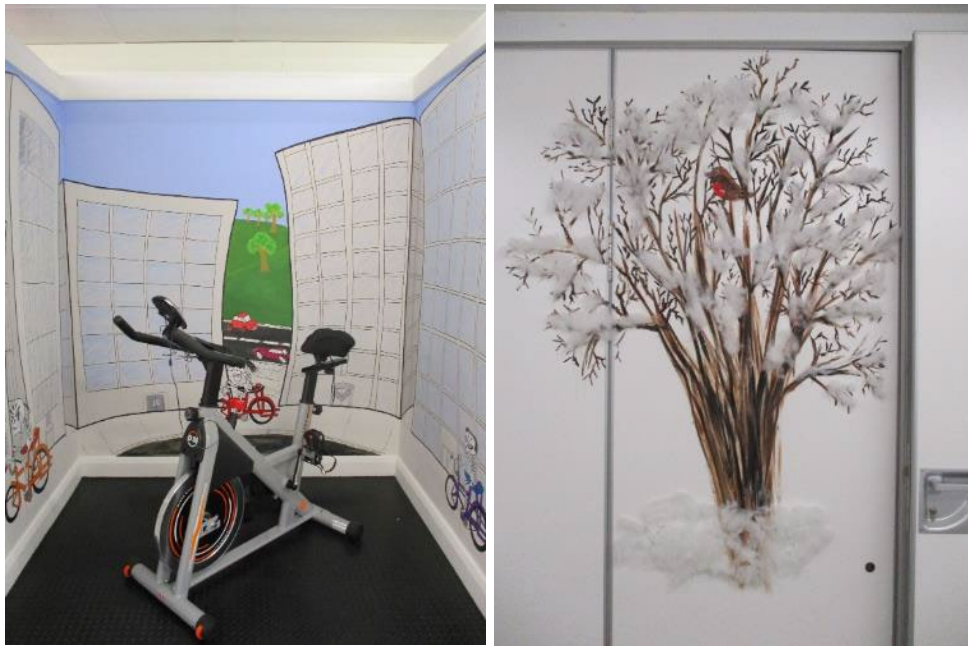
- 3.24 The random mandatory drug testing (see Glossary) positive rate for the last 12 months was 17%, which was among the lowest of all reception prisons. However, our survey showed that far more prisoners than at our last inspection said it was easy to get illicit drugs, and some vulnerable prisoners, such as those with mental health problems, reported more negatively about having developed a drug problem while at the prison.
- 3.25 Leaders recognised that drug supply and demand was a significant risk to the prison's stability and to prisoners' health and well-being. They had taken a range of steps to try to address the problem, including appointing a lived experienced drug and alcohol recovery specialist to help them establish and deliver better demand reduction work. Joint working with the police and other external agencies was very strong, and a recent disruption of organised crime groups had resulted in a reduction of drone activity at the prison.
- 3.26 We were particularly impressed with the quality of work undertaken by the prison-based security analysts. Security objectives were regularly shared with staff to encourage the submission of relevant intelligence, and each wing had a 'security champion' officer who attended the monthly security meeting. Actions in response to intelligence reports were undertaken without delay, and during the inspection week staff seized a large quantity of cannabis before it reached prisoners. Drug testing and searching were reasonably effective overall. There had been 226 suspicion drug tests completed in the last 12 months and this resulted in a 58% positive rate. Almost half of all intelligence-led searches had also led to finds of unauthorised items.
- 3.27 In other areas, security processes were generally proportionate to the risk posed by the large remand population. Risks posed by extremism and staff corruption were identified and managed appropriately.

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

- 3.28 Since the last inspection, the Prisons and Probation Ombudsman (PPO; see Glossary) had classified five deaths as self-inflicted and one death as due to non-natural causes. Leaders had improved practices with the aim of addressing PPO recommendations and checked regularly to see if improvements were being maintained.
- 3.29 Prison data showed that the recorded rate of self-harm was 10% higher than at our last inspection, and it was higher than most other reception prisons. Some prisoners harmed themselves many times, which contributed significantly to the overall rate.
- 3.30 Leaders and analysts used data well to understand the causes of self-harm and to target their support appropriately. For example, they knew that around a quarter of self-harm incidents happened during prisoners' first few days or weeks, so had focused on improving their early days support. The most concerning prisoners, such as those who were involved in incidents of violence and self-harm, were discussed at the weekly SIM, and plans were made (with input from the psychology team) to support them.
- 3.31 There was now a good range of support to help men cope. The new safer custody centre, which had been developed jointly by prison middle managers and the psychology team, offered a quiet space away from the main houseblocks for prisoners in crisis. Here they could access exercise equipment and art and creative sessions, as well as weekly animal therapy sessions. Men who we spoke to were very positive about being able to use the facilities.



Safer custody centre

- 3.32 A peer-led 'Talk Club' run by a mental health charity had recently started, and 'Break the Cycle' (a bespoke package delivered by the Psychology team that provides tools to help people reduce their self-harming behaviour) provided one-to-one help for those who harmed themselves repeatedly. A Listeners scheme (see Glossary) overseen by the Samaritans had been introduced since our last inspection but prisoners' access to Listeners was not yet good enough.
- 3.33 There were some significant weaknesses in the delivery of support through assessment, care in custody and teamwork (ACCT; see Glossary) and not all prisoners we spoke to felt well cared for. For example, not all case reviews were multidisciplinary; some conversations, meant to be meaningful, only amounted to a brief observation; and some recorded observations had not actually taken place. Robust quality assurance had started to identify these weaknesses and actions were taken to deal with poor performance.

Protection of adults at risk (see Glossary)

- 3.34 Leaders had developed good links with the local adult safeguarding board and had very good oversight of vulnerable prisoners who needed additional support. The Loft provided good care for some of the most complex and mentally unwell prisoners (see paragraph 4.58).

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.

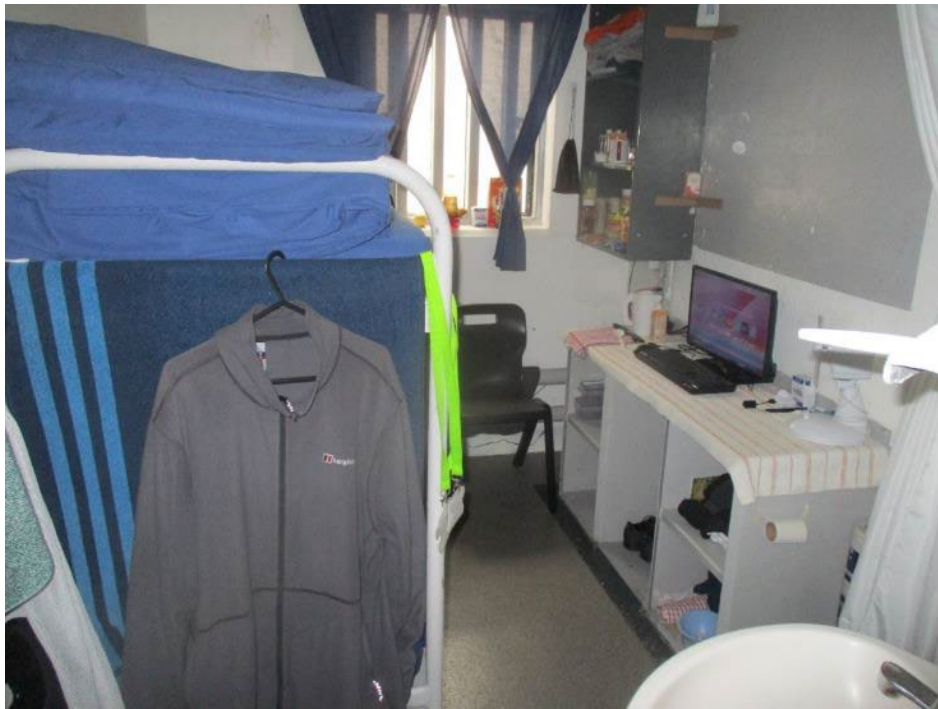
- 4.1 Most interactions with prisoners that we saw were constructive, with staff having the confidence to exercise legitimate authority, and enforce rules, challenging low level poor behaviour. In our survey, 63% of prisoners said that staff treated them with respect and 71% said they had someone to turn to if they had a problem. Leaders also made effective use of a diverse group of well-trained peer mentors who gave meaningful support to other prisoners.
- 4.2 Senior leaders were committed to enhancing the quality of key work. This was being promoted through staff training, robust quality assurance and fostering collaboration across different functions. Most case notes we checked evidenced regular contact, but the content of these records tended to be too generic (see paragraph 6.12).
- 4.3 Advanced plans and funding were in place to create key-working hubs on each of the residential units to facilitate joint working between residential staff and prison offender managers (POMs) to improve the quality of key work contact.

Daily life

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

Living conditions

- 4.4 Approximately 700 prisoners continued to live in cramped and overcrowded conditions, sharing small cells originally designed for one. These cells lacked privacy, did not have lockable cabinets for personal items and often had insufficient furniture.



Overcrowded cell

- 4.5 Prisoners were very positive about the in-cell technology that had been installed since our last inspection as it gave them more control over their daily lives, allowing them, for example, to make canteen orders or check on their appointments.
- 4.6 The cleanliness and quality of house units had improved significantly since our last inspection. Most cells were clean and issues with dirty toilets had been resolved. Wing representatives helped maintain standards by conducting weekly cell checks and reporting issues, which staff usually addressed promptly.
- 4.7 Communal areas were clean and well maintained and some house units had benefited from new flooring. Corridors leading from the house units to the rest of the prison were impressively clean.
- 4.8 All prisoners could use laundry facilities at least weekly. Access to cleaning materials and clothing was good, but prisoners and staff reported problems with unreliable bedding exchange. Prisoners could shower every day, and the refurbished showers were mostly clean and well maintained. Showers on the Annexe (social care unit) and the Loft (a unit providing care for men with very complex needs) had yet to be refurbished.



Refurbished shower area

- 4.9 According to the prison's own monitoring data, about 75% of cell bells were responded to by officers within five minutes. Leaders monitored this closely and they had an action plan to encourage the appropriate use of cell bells by prisoners.
- 4.10 Access to stored property was efficient and prisoners were able to receive personal clothing shortly after arrival and at regular intervals thereafter.

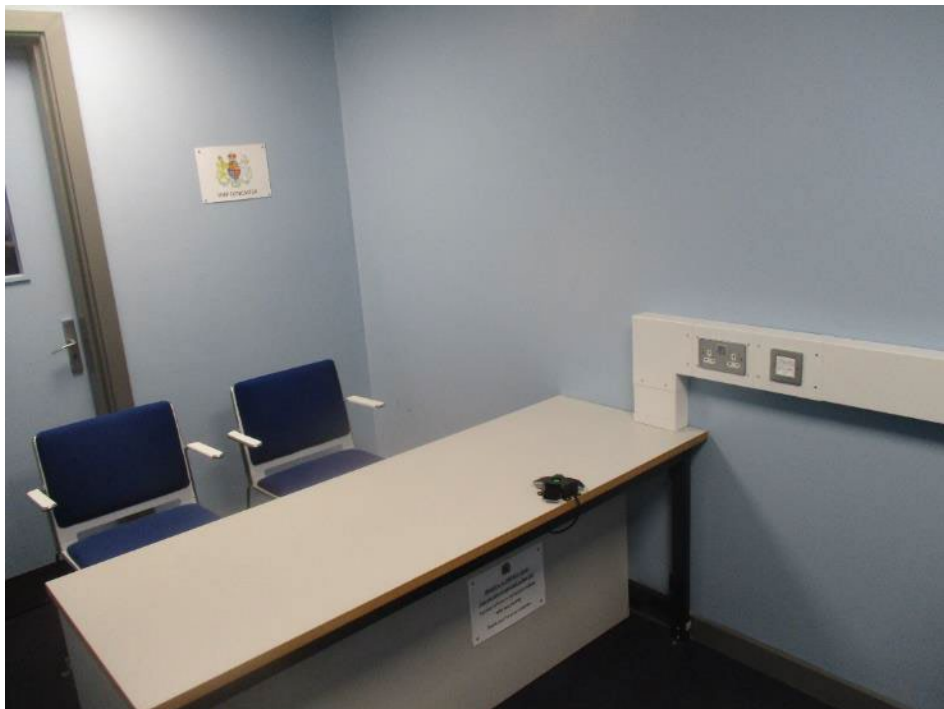
Residential services

- 4.11 Our survey results showed negative perceptions about the quality and quantity of food. However, few prisoners we spoke to during the inspection expressed the same negativity. Consultation was good, with a recently established forum to identify issues as well as an annual survey. Menus offered a wide variety, including healthy options, and religious and cultural festivals were celebrated well.
- 4.12 The main kitchen and wing servery areas were clean and well maintained. Most prisoners involved in food preparation undertook basic training, though no formal qualifications were available.
- 4.13 The prison shop worked to meet increased demand but there had been shortages, as well as the inability to buy fresh produce. A wide range of catalogue goods could be ordered through in-cell technology.

Prisoner consultation, applications and redress

- 4.14 Consultation arrangements were a real strength, with clear evidence that action was taken as a result. Each houseblock had representatives who contributed meaningfully and supported regime improvements.

- 4.15 Leaders understood the value of good communication, strong staff-prisoner relationships, and a well-managed applications process in reducing the need for formal complaints. Complaints were managed well, with robust quality assurance and detailed analysis of data to identify issues and trends. The rate of complaints was steadily decreasing and was among the lowest of all reception prisons.
- 4.16 Access to legal services was good, with a large suite of interview rooms enabling both face-to-face and video interviews (official prison video conferencing; see Glossary). The introduction of two full-time bail information officers in the last few months was positive, although there was too little accommodation available in the community (see paragraph 6.26).



Video interview booth

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.

- 4.17 Work to promote fair treatment had improved and the department was well led. A visual display outside the equalities department helped prisoners know who to contact for support under any of the protected characteristics.



Equality Street

- 4.18 The diversity, equality and inclusion team met monthly and used data well to identify disproportionate outcomes. Through this they had identified that only 6% of prisoners aged 18–25, and very few prisoners with physical disabilities, achieved the enhanced level of the incentives scheme. As a result, they were looking at other ways to recognise positive behaviours by these groups.
- 4.19 Consultation with most protected groups was reasonably good. However, our survey showed that more prisoners (59%) from ethnic minority backgrounds said they had experienced bullying or victimisation from staff (compared to 34% of white prisoners). The consultation forum for them was not held often enough to explore these perceptions. We spoke to some prisoners who felt some of their basic needs were not being met, particularly in relation to the limited range of items they could buy from the prison shop.
- 4.20 Help for young adults aged 18 to 25 years old was developing well, with regular consultation supported by the psychology team as well as dedicated activities for them in the safer custody centre (see paragraph 3.31). Leaders were proactive and had visited HMP Wetherby to understand more about the needs of very young people in custody.

However, too few were engaged in purposeful activity which left them bored and not able to progress.

- 4.21 Support for foreign national prisoners was reasonably good. There was frequent use of professional interpretation services to support staff interviewing new arrivals and to assist with ACCT case reviews. The prison provided most foreign national prisoners with £10 additional PIN phone credit to contact their friends and families and continued to review this amount given the cost of international phone calls. However, kiosks on the unit did not translate some key information, such as food menus, which was a gap for those prisoners who did not read English.
- 4.22 Prisoners who used a wheelchair had good access to facilities across the prison including workshops, corporate worship and a wheelchair-based PE session at the gym. Help for care leavers was better than we normally see. There was a weekly session led by a member of OMU staff which helped prisoners to understand their entitlements. Care leavers were also helped to build relationships with personal advisors in the community, who were invited to attend social and recreational events at the prison that involved the prisoner.
- 4.23 Claims about discrimination were not always investigated thoroughly and it was unclear how many reports were responded to in a timely way. More needed to be done to develop prisoners' trust in the discrimination incident reporting form system (DIRF; see Glossary).

Faith and religion

- 4.24 The welcoming and diverse chaplaincy team provided good day-to-day support to prisoners and was helpfully based alongside the inclusion team and the education department. Facilities were good and the team was well staffed, although there was an ongoing vacancy for an Anglican chaplain. There was a good range of study classes and support available including the Living with Loss bereavement course, which had been well attended in the last few months (see paragraph 6.22).
- 4.25 However, there were persistent problems getting prisoners to weekend corporate worship, and often only half as many who had applied to attend turned up. This was partly the result of problems staffing the wings and running a consistent regime at weekends (see paragraph 5.3).

Health, well-being and social care

Expected outcomes: Patients are cared for by services that assess and meet their health, social care and substance misuse 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.

- 4.26 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found a breach of regulations and issued a request for an action plan following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

- 4.27 Practice Plus Group (PPG) was the health provider and Time for Teeth was providing dental care.
- 4.28 Leaders reviewed and reported clinical incidents and safeguarding concerns. Lessons learned were communicated to the local clinical teams and discussed at a regional level. Health recommendations from deaths in custody had been implemented and were reviewed through local audits. Clinical records we looked at were of a good standard. Processes to make complaints and gather user feedback were in place and managed well.
- 4.29 However, despite these oversight arrangements leaders had not adequately identified several significant risks which were impacting the delivery of health services.
- 4.30 A lack of clinical space meant that mental health, substance misuse and secondary screening appointments were mostly undertaken in communal areas. This risked breaching patients' confidentiality, wasted staff time searching for patients, and limited the treatment options available. Despite the allocation of two staff to escort patients to internal and external healthcare appointments, this was insufficient to meet demand and was delaying care.
- 4.31 Oversight and supervision of mental health services was inadequate; some waits for dental care were too long; and some medicines administration practices and recording of critical information in administration rooms was inconsistent.
- 4.32 The staff culture was positive, but staff training records were not in line with expected mandatory training expectations, with gaps in safeguarding and life-support. Management supervision was in place, but mental health and psychosocial teams lacked opportunities for reflective practice.

Promoting health and well-being

- 4.33 In addition to the PPG national health promotion strategy there was a local strategy, which although lacking ambition, did guide joint working between the prison and health services. There was an abundance of health promotion leaflets and information available throughout the prison, including a particularly impressive range of resources available to patients using in-cell technology.
- 4.34 There were no health champions, which was a missed opportunity to signpost and encourage healthy lifestyle choices, but this was being addressed.

- 4.35 Plans were in place to fill the vacancy for a sexual health nurse. In the meantime, GPs were providing an interim service so that patients could access screenings, examinations and treatment, with referral to secondary care sexual health services when required.
- 4.36 Patients could access health screening and vaccinations at a level equivalent to that in the community. Multi-agency plans were in place to manage communicable disease outbreaks.

Primary care and inpatient services

- 4.37 An appropriate range of primary care services was well organised, and patients we spoke to were generally positive about their care.
- 4.38 All new arrivals received an initial and secondary health screening. A registered nurse was now available until 10pm every weekday to see late arrivals. The secondary screening was not always delivered in private and was not completed by a registered health care professional, which was not in line with national guidance. Patients' clinical records were obtained from their community GP with consent. A prescriber was mostly available on site, but sometimes remotely.
- 4.39 Patients were able to request access to services using in-cell technology. Clinical triage and oversight of the high number of requests received each day was in place.
- 4.40 The appointment system was managed well. There was same day access to a GP or an advanced nurse practitioner for urgent care, but the wait for a routine GP appointment was four weeks. There were some gaps in GP provision and our survey results reflected this.
- 4.41 Robust processes to coordinate care for patients with long term conditions (LTCs) was delivered by the newly appointed LTC lead nurse. Nearly all patients with an LTC had a detailed care plan and they received a copy. Reviews were booked with the relevant clinician.
- 4.42 Patients requiring palliative care were located on the social care unit, but there was no access to specialist community services, which was poor.
- 4.43 We were informed that there were no delays when an ambulance was required. Most health staff were trained in immediate life support and had access to appropriate emergency equipment, which was in good order and checked regularly. However, some prison staff did not know how to access a defibrillator at night.
- 4.44 Patients received a review by a clinician before their release to support continuity of care.

Social care

- 4.45 A memorandum of understanding was in place between the local authority, prison and PPG, which was commissioned to deliver social care. Two social workers from the local authority had oversight of social

care packages and had developed strong working relationships with the prison and PPG.

- 4.46 PPG provided health care support workers to deliver social care. Referrals were made by the prison and health staff to the local authority, which monitored the data well. Assessments were completed in a timely manner, and care plan reviews were completed on time. Prisoners could also self-refer to social care services through their in-cell technology.
- 4.47 Five patients were receiving a package of care at the time of our inspection. Patients we met were happy with the care they received and spoke positively about support from the prison, health teams and the local authority.
- 4.48 An occupational therapist was on site for two days per week. Any requests for equipment were carried out promptly and equipment was issued without delay.
- 4.49 There were wing buddies across the prison who received training and oversight to support some prisoners with daily living tasks, such as collecting meals for them. They received training and supervision from the safer custody team and did not carry out any personal care.
- 4.50 The Annexe – a dedicated social care unit that included cells with wide doors – had a lift, an evacuation chair, and a dedicated medicines hatch. The environment was tailored to meet the needs of patients with disabilities, and there was a range of daily therapeutic activities. Officers knew the patients well, and we saw caring and considerate interactions.

Mental health

- 4.51 PPG delivered a stepped care model. The team consisted of nurses, practitioners, a psychiatrist and a clinical psychology team. The service operated every day and was supporting just under 300 patients at the time of inspection.
- 4.52 The absence of robust governance and oversight had created risks to the service that required immediate improvement.
- 4.53 There had been inconsistent or no clinical supervision over previous months while trying to manage high workloads, but staff expressed increasing optimism with the new clinical leadership. The clinical lead had begun to evaluate and make plans to tackle the deficits, but significant work was required to improve the governance of the service and outcomes for patients.
- 4.54 Demand for mental health services was high, but there was far too little space to deliver care. The team received a high volume of referrals from newly arrived patients as well as routine applications from patients through in-cell technology. New referrals were seen within the five-day time frame under PPG's policy; however, data indicated a significant

backlog of outstanding triages from July and August which needed to be addressed.

- 4.55 A weekly multidisciplinary meeting was in place to review patients of concern, however, there wasn't a forum to discuss referrals and assessments, and there wasn't an allocations process, which meant some staff carried significantly higher caseloads than others.
- 4.56 Recent staff changes within the clinical psychology team had limited the group work interventions available, however staff had continued to deliver the content through one-to-one sessions. A new assistant psychologist was due to start soon.
- 4.57 A member of the mental health team was allocated to attend all ACCT reviews, and patients in crisis or requiring urgent care were seen promptly by the team.
- 4.58 The prison had established a complex care unit known as the Loft. Although there were no NHS England commissioned services nor any health staff based here, prison staff had developed a therapeutic environment with interventions for patients, including a sensory room.



Sensory room

- 4.59 Patients requiring hospital treatment under the Mental Health Act were not always transferred in line with national timeframes, which was poor. Over the past year, five of the seven patients transferred had waited much longer than they should have and, at the time of this inspection, three patients were awaiting transfer, one of whom had already waited 92 days.

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

- 4.60 The PPG integrated drug treatment team worked seamlessly within prison drug strategy, safety and resettlement teams to encourage recovery and rehabilitation and were prioritising risks and needs.
- 4.61 Primary care nurses screened all new arrivals, and opiate substitution therapy (OST) was continued following suitable checks. Within the prison there was an efficient open referral system.
- 4.62 A well led team of experienced recovery workers were flexible in their approach to manage high caseloads and frequent unplanned care. Overnight and early days monitoring was good, and new patients were complimentary of the care they received.
- 4.63 Over 1,000 appointments a month were undertaken in communal areas due to the lack of interview rooms. Leaders had not identified this as a risk to service delivery, confidentiality, or quality of care (see Key concerns, point 6).
- 4.64 Four recovery workers had recently been recruited. Alcoholics Anonymous and Narcotics Anonymous meetings were available once a fortnight, but this was not enough to meet the high level of need.
- 4.65 Prescribing needs were high. Clinical prescribing was in line with national guidelines and 10% of those on OST were now on injectable long-acting buprenorphine.
- 4.66 Care plans were in place and of a good standard; however, follow-up appointments to deliver planned care were only facilitated when possible.
- 4.67 The prison had an integrated, incentivised substance-free living unit (ISFL). Patients were complimentary about the facilities, but some work was required to formalise the admission criteria to make sure it was robust. Regular drug testing was in place with appropriate consequences; however, the range of substances tested for was too limited.

Medicines optimisation and pharmacy services

- 4.68 The pharmacy service supplied medicines on site, delivered by a skilled and experienced team, which was suitably trained and supervised. The well led service responded promptly to urgent requests for medication, but there were no pharmacist-led clinics.
- 4.69 Pharmacy technicians and dispensers supported medicines administration from the houseblocks and in the dispensary when required. Prison officers managed the queue appropriately and supported the team. Patients were asked for prison ID, but some second checking practices were inconsistent, which led to errors.

- 4.70 Prescribing and administration of medicines was captured on the electronic clinical record. Appropriate records were made when patients did not attend or refused their medication.
- 4.71 The pharmacy team was given limited notice when patients were released or transferred to another prison. This meant the team often had to interrupt their work to organise patients' medicines. Patients attending court were provided with their daily dose of medicines.
- 4.72 Around 48% of patients had all or some of their medication in their possession, and risk assessments for this were in place. The manufacturer's information leaflets were provided to patients. Secure storage facilities were not always available in cells.
- 4.73 There was out-of-hours provision for medicines, and supplies could be made against patient group directions. However, a record of the supply of out-of-hours medicines was not kept. Patients could receive over-the-counter medication, such as paracetamol, and records were made that included the reason for supply. Access to a professional interpretation service helped to ensure patients understood their medication.
- 4.74 The pharmacy team responded suitably to errors involving patients' medicines. The team kept records of errors and identified opportunities to reduce the risks.
- 4.75 The arrangements for securely transporting medication from the gate to the pharmacy needed improving. Fridge and room temperature checks were inconsistently recorded, and consistently high room temperatures were not reported, which carried risks. Controlled drugs were appropriately managed and securely stored. Weekly checklists on each houseblock included housekeeping and controlled drugs checks, but a sample showed some gaps in recording these. Drug safety alerts were correctly responded to. Patients' confidential waste was suitably managed, and medicines waste was disposed of correctly.

Dental services and oral health

- 4.76 There was high demand for dental care due to the sheer number of prisoners arriving each week, and in our survey, only 14% of prisoners said it was very or quite easy to see a dentist.
- 4.77 A prompt service was available for those requiring urgent dental treatment. However, waiting times for nurse triage, initial assessments and treatment were too long. Waiting times for triage varied but patients could wait up to three weeks to see a nurse and up to 29 weeks for an initial assessment by a dentist. Some patients could wait up to 45 weeks for routine care, and most prisoners on this waiting list left the prison before being seen. Waiting times were made longer by a high rate of patients not attending their appointment, but some work had been undertaken to resolve this.

- 4.78 The surgery lacked storage space and was cluttered. This, and the lack of a separate decontamination space and poor ventilation, meant that infection prevention and control measures were difficult to maintain.

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 During our roll checks, about 17% of the population were locked in cell during the core working day, which was less than we normally find in reception prisons. Around 37% were engaged in activities, and most were attending sessions away from their wing, but those undertaking work on the wing, such as cleaning, often did little to occupy their time or develop their skills.
- 5.2 Time out of cell was good for many prisoners. Those in full-time activity could spend about 10 hours a day out of their cells during the week. Unemployed men and those in part-time activity had about five-and-a-half hours a day. However, those on the basic level of the incentives scheme had much less time out, with only about one-and-a-half hours a day.
- 5.3 The weekday regime generally ran to time with few curtailments, but was much worse at weekends, with regular interruptions and cancellations.
- 5.4 Exercise periods were scheduled for 60 minutes each day, but many men employed full time did not have access to the outside yards during the week, and those working mornings only had exercise every other day, which was poor.
- 5.5 Library services had deteriorated. The library had a much-reduced selection of materials and was poorly organised. Access opportunities had improved to a possible 960 visits per month, but the average was just 203 a month so far this year. There was little evidence of literacy promotion, and support for non-readers had stopped.
- 5.6 Physical education provision was excellent, with staff working to include as many prisoners as possible and create a positive environment. This included opportunities for those in the segregation unit and outreach for others unable to attend the sports centre.
- 5.7 Facilities were very good and personal development opportunities were excellent, with two staff delivering courses full time. Links to external sports teams were strong, with local professional teams routinely delivering coaching and courses.



Sports hall (left), and sports field (right)

5.8 One prisoner said the best thing about the prison was:

“The football academy and gym, as this keeps me busy and occupies my mind and keeps me healthy. Makes me feel better about myself, and by being a team player helps other people get the best out of themselves, and this applies to me too.”

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.

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

Overall effectiveness: Requires improvement

Quality of education: Good

Behaviour and attitudes: Good

Personal development: Good

Leadership and management: Requires improvement.

- 5.10 Leaders had not ensured that there were sufficient education, skills and workplaces for prisoners. Since they had increased part-time opportunities, more prisoners were able to access both education and work. However, the location of a newly established safer custody centre meant that a workshop that could provide activity for 40 prisoners was repurposed for other interventions tailored towards prisoner wellbeing and additional safer custody support. In addition, leaders did not ensure that the available spaces were fully utilised. They were aware of the need to maximise capacity and had submitted a business case to increase the number of education, skills and workspaces.
- 5.11 Senior leaders had taken effective action to rectify all the weaknesses identified at the previous inspection except for the sufficiency of spaces in education, skills and work. They had an accurate understanding of the strengths and weaknesses in the education, skills and work provision. Recently, the director had appointed a new head of skills, education and work and a learning and skills manager who had focused on improving the quality of provision swiftly. Leaders had implemented rigorous quality assurance and improvement arrangements and built a collaborative culture across all areas of the prison to rectify most of the weaknesses in education, skills and work. Leaders and managers were relentless in their drive to ensure that prisoners who accessed education skills and work received a high-quality experience and achieved their goals.
- 5.12 Just over half of prisoners were on remand or unsentenced, and most typically had a short stay at the prison. Leaders had developed an appropriate curriculum that met the needs of most prisoners, including those on remand, and aligned with local and regional skills shortages. Prisoners had access to a range of short courses that linked well to prison work and future employment. For example, prisoners had the opportunity to complete courses in subjects such as customer service, self-employment, food hygiene and first aid. These qualifications prepared prisoners who were near to release for employment, and those on remand and not sentenced to move on to their next steps.
- 5.13 Prisoners benefited from swift access to an education, skills and work induction on their arrival at the prison. This provided them with an effective overview of the activities available to them. Prisoners received high-quality information, advice and guidance that helped them to make informed choices about their short- and longer-term goals linked to their transfer or release. Managers understood prisoners' individual needs and used information from induction to allocate prisoners to education, skills and work activities that met their identified goals.
- 5.14 Leaders ensured that pay was broadly equitable across education, skills and work. The pay for prisoners in education was slightly less than the pay received in industries, but higher than work. This

incentivised prisoners to progress to trusted positions where pay was higher, such as peer mentors.

- 5.15 Most teachers and instructors were suitably qualified and experienced to teach and instruct in their subject areas. They completed training to maintain the currency of their subject knowledge. Teachers received training on developing resources using artificial intelligence and how to use technology confidently in their teaching. However, there was limited training to help teachers or instructors to improve their teaching or training practices further.
- 5.16 Prisoners who had learning difficulties and/or disabilities received effective and targeted support. They met with the neurodiversity lead who identified the specific and individual support they required, such as coloured overlays, fidget tools or pen grippers. The neurodiversity lead provided training to teachers and instructors on how to support prisoners with dyslexia and dyspraxia. Teachers and instructors planned their lessons and work to meet prisoners' individual needs effectively. They adapted resources to larger text and printed them in different colours. Prisoners with additional needs achieved as well as their peers.
- 5.17 Novus delivered education and vocational training in the prison. Managers had implemented a curriculum that met prisoners' needs. Teachers accurately identified what prisoners already knew and could do and ensured that prisoners were enrolled on appropriate courses. They used this information well to plan effective activities and monitored the progress that prisoners made. Teachers had planned the curriculums in a logical order that supported prisoners to build their knowledge and skills steadily. For example, prisoners studying English for speakers of other languages learned how to recognise simple words before using them to construct phrases that enabled them to have short conversations. Prisoners on level 2 English analysed persuasive texts and constructed well-argued writing. Most prisoners made at least their expected progress and achieved their qualifications.
- 5.18 Teachers and instructors used a range of effective teaching strategies. These included useful questioning, discussions and practical demonstrations. They explained topics clearly and revisited these to ensure that prisoners could recall previous learning. In level 1 fitness, prisoners accurately recalled the different muscles and bones in the skeletal system.
- 5.19 Teachers and instructors used assessment effectively. In textiles, instructors observed and recorded prisoners' skills development in sewing curved zips and upholstering garden furniture accurately. Instructors tracked prisoners' development of knowledge and skills in pathways to progression booklets where they set targets that focused on developing and improving prisoners' skills. Instructors monitored the progress that prisoners made toward achieving their targets.
- 5.20 Leaders had a well-considered strategy to improve reading across the prison. They had very recently put in place reading corners in

education and industries where prisoners had begun to access books and newspapers to read for pleasure. However, the strategy was not fully embedded across the prison. Leaders had not ensured that non-readers were supported effectively. Although Shannon Trust mentors (see Glossary) provided support in their lessons, these prisoners could not access support from suitably qualified teachers to develop their reading skills. Leaders had addressed this, but the newly recruited reading support teacher had not yet started at the time of the inspection.

- 5.21 Leaders had developed an innovative 'marketplace' which was focused on community-based projects that developed prisoners' employability skills. For example, prisoners in the carpentry and joinery shop skilfully created Christmas signs. In the electrical shop, prisoners produced network boxes for a broadcasting corporation. As a result, prisoners developed team working and communication skills in a realistic high-street environment.
- 5.22 Attendance at education, skills and work was high. Senior leaders had established a clear drive across the prison to prioritise education, skills and work and improve attendance. They had improved the prioritisation of education. Prisoners with healthcare appointments attended education, training and work before and after their appointments. Staff worked collaboratively to ensure that those allocated to education, skills and work attended well. They carefully monitored attendance daily and put appropriate actions in place if attendance rates declined.
- 5.23 Prisoners demonstrated positive attitudes to their education, training and work. They were polite and respectful to their peers and staff and respected others' beliefs and cultures. Prisoners were enthusiastic about their learning and participated well in workshops and lessons. They felt safe in classrooms and workshops.
- 5.24 Leaders had put in place a personal development curriculum that increased prisoners' confidence and supported their health and well-being. Prisoners had received talks from renowned authors, took part in the prison choir, participated in sporting activities and attended study groups to discuss their faith and beliefs. Prisoners who studied digital media created and edited videos of the talks so that they were available on the in-cell TV channel. Prisoners valued the positive impact that attending education, skills and work activities had on their mental health and well-being.
- 5.25 Prisoners had a secure understanding of values of tolerance and respect. Teachers and instructors incorporated these routinely into their curriculums. For example, they facilitated debates on topics such as gun crime and broadened prisoners' understanding of topical issues such as Black Lives Matter. Prisoners were able to clearly explain how values of tolerance and respect related to their lives in prison and the wider community.
- 5.26 Prisoners due for release were prepared for employment well. They received relevant information from visiting employers that helped them

to understand the job opportunities available to them on release. Most prisoners achieved their qualifications and gained relevant skills that supported them into further learning or employment on transfer or release. However, the opportunities for the small proportion of prisoners convicted of sexual offences (PCoSOs) eligible for release to progress to employment were limited due to the nature of their conviction. The prison employment lead worked with their peers across the region to identify employers who would employ ex-offenders with this type of conviction. However, this was too often on a case-by-case basis.

- 5.27 Prisoners had access to the Virtual Campus in the library, education and induction areas. Those nearing release used this to access websites to search for jobs, write CVs and complete job applications. However, prisoners could not access the Virtual Campus in cells. Leaders had plans in place to facilitate this in the future.

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 Support to maintain relationships with children and families was outstanding. As at our last inspection, 40% of prisoners completing our survey said that staff had encouraged them to keep in touch with friends and family, which was much higher than other reception prisons.
- 6.2 There was an impressive range of interventions, including a 'Daddy newborn' session where new fathers learnt to care for their babies. There was also a weekly toddler session, and a 'social kitchen' for children to bake with their dad. There was also a programme of creatively run family days which included sports events and a teddy bear's picnic during which children were provided with a book to take home.
- 6.3 These sessions were highly valued by prisoners with one telling us that:

"[toddler sessions] were one of the best things about [the prison]... it lets you interact and be dad again."

- 6.4 Parenting and relationship courses were available, and family engagement workers supported prisoners to re-establish or build family ties where appropriate. Visit sessions were offered to prisoners in custody for the first time at which prison staff provided extra guidance and support to the man and his family.
- 6.5 Social visits were held in a very welcoming hall with a café, a shop selling products made by prisoners and a children's play area. In addition, there was a small park outside the hall which was an unusually good provision. Prisoners who did not receive visits were well supported with events and a voluntary visitors scheme.



Children's play area inside the visits hall (top, left), visitors centre (top, right), small park outside the visits hall (bottom)

- 6.6 An in-cell messaging service and the recent reduction in the cost of phone calls further supported contact with families. However, it took too long for some new arrivals to get telephone numbers added to their account which delayed their contact with family and friends (see paragraph 3.6).

Reducing reoffending

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

- 6.7 In common with other reception prisons we have visited recently, most prisoners at Doncaster were unsentenced, stays were often short, and the number of recalls was increasing. Leaders had responded unusually well to this challenge and gone a long way to adapting their services to meet the changing needs of the population.

- 6.8 For example, support for remanded men had been prioritised. Leaders had developed a remand team from within the OMU that enabled them to target support at those with the highest levels of need, including those charged with the most serious offences, young adults transitioning from the children's estate and those with the most severe neurodivergent needs.
- 6.9 The number of recalled prisoners was increasing. About 100 arrived each month and typically about half were serving a 14-day fixed term recall, which made release planning very challenging. Good consideration had been given to the needs of this population. Local research had been completed, and a dedicated wing was being planned to facilitate quicker access to relevant agencies. A dedicated support worker identified newly recalled prisoners and offered a weekly information and support session, as well as well-being sessions and three-way meetings with community workers.
- 6.10 The OMU was led by some impressive managers and was mostly well-staffed, except for too few probation officers. This limited some of the work that needed to be done with prisoners presenting a high risk of harm to others, but we were nonetheless struck by the commitment and knowledge of some of the POMs in picking up this work.
- 6.11 There was a small but persistent backlog in the completion of sentence plans, but most sentenced prisoners had an up-to-date offender assessment system (OASys; see Glossary) assessment completed in the last 12 months.
- 6.12 Contact between POMs and sentenced prisoners was generally positive and supportive of progression and release planning. We did find a few exceptions to this, but prisoners we spoke to typically rated their support as reasonably good and said they had accessed some of the agencies and interventions on offer. Key work contact was taking place in most of the cases we reviewed, but case notes were very generic, although leaders indicated their awareness of, and desire to address, such weaknesses.
- 6.13 Due to difficulties in transferring men on to other prisons, some prisoners convicted of sexual offences had been stuck at Doncaster for too long. They lacked the opportunity to undertake interventions and activities that a training prison could provide.
- 6.14 There were only a few indeterminate sentenced prisoners (see Glossary) held at Doncaster. They received input from a psychologist, the OMU chaired a monthly meeting to review their support, and a forum for those serving an indeterminate sentence for public protection (see Glossary) had recently started.
- 6.15 In the previous 12 months, just a third of all releases on home detention curfew (HDC; see Glossary) had been completed after the earliest eligibility date. The reasons for this included a lack of accommodation in the community, delays in community offender

managers (COMs) confirming a proposed address as suitable, and prisoners having been sentenced very close to their eligibility date.

Public protection

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

- 6.16 About two-thirds of sentenced prisoners were assessed as a high risk of serious harm to others. Some improvements had been made in the application of public protection measures, which included better joint working.
- 6.17 A monthly interdepartmental risk management meeting was well attended by a range of relevant departments, and it was good to see COMs participating via video. POMs told us that the quality of reviews undertaken had improved in recent months. However, not all cases posing a high risk of serious harm to others were reviewed prior to their release.
- 6.18 A weekly meeting had been introduced to assess the need for the application of restrictions on contact, including monitoring of telephone calls and mail. The inclusion of the head of visits in this meeting was very positive as it promoted better joint working.
- 6.19 However, there were some weaknesses in the application of restrictions. For example, staff working in the visits hall did not have a photograph of the child who had been approved for contact with a restricted prisoner to check attendance against, and mailroom staff did not know which prisoners had contact restrictions and with whom.
- 6.20 The actual reading of mail and listening to telephone calls was undertaken by a dedicated and well-staffed public protection team in the OMU. This work was up to date and if any issues or breaches were identified, POMs were informed and appropriate action usually followed.

Interventions and support

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

- 6.21 In line with national delivery changes, the suite of accredited interventions had been wound down, but the programmes team were due to start delivering the new Building Choices programme from November 2025. There was a very well-chosen range of shorter interventions to help prisoners address their problems and learn new skills.

- 6.22 These included Timewise (a programme addressing anti-social and violent behaviour in prison), Living with Loss (a bereavement group run in the chaplaincy), the Restorative Choices Programme (a victim awareness course delivered by Remedi) and a 'renting ready' tenancy advice course. The latter two had both been completed by over 200 men; an unusually high number for a busy reception prison.
- 6.23 Since the last inspection, support for prisoners to manage their finances, access benefits and deal with debts had improved. This included an advice and signposting service provided by the Growth Company, two work coaches, and a course to help prisoners avoid and address debt accumulated in prison. Men got good support to obtain personal identification, such as their birth certificate, but many found it difficult to open a bank account because of the many restrictions on eligibility imposed nationally.

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.

- 6.24 The pre-release team was reasonably well staffed and assessed men's resettlement needs promptly on arrival. In the cases we reviewed, we found evidence of referrals for help, as well as ongoing contact between POMs and COMs to plan for their release. Joint working was a strength, demonstrated by the good range of events and meetings to support release planning. These included local authorities visiting the prison to complete housing assessments with multiple prisoners in person, and a fortnightly resettlement fair where men close to release could speak to a range of agencies.
- 6.25 However, there was not enough support in the prison to help prisoners find accommodation on release. There were only three Nacro (a crime reduction charity) housing workers for the entire population; their caseloads were very high; and they struggled to facilitate all the phone calls, assessments and interviews required.
- 6.26 There was also a chronic lack of accommodation for prisoners to go to, particularly for men returning to Sheffield. In the last 12 months, only about 30% of prisoners had gone to sustainable accommodation on release, 50% only had very temporary housing and about 20% had been released totally homeless. Local data showed that about half of this latter group had not been referred to the local authority ahead of release, which seriously undermined any chance they had of being offered any help.
- 6.27 Support provided on the day of release was excellent. Leaders had given the departure lounge (located just outside the prison) the priority it needed with two dedicated and knowledgeable Nacro staff available from 8am to 4pm each weekday. They hosted resettlement agencies

on the busiest release days and facilitated contact between the prisoner and their drug and alcohol recovery worker. There was also a daily 'social kitchen' where men being released or others in need from the local community could get hot food and drink.



The departure lounge

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

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

Key recommendations

None

Recommendations

Quality assurance procedures for use of force should include regular scrutiny of incidents, to identify concerns and good practice.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

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

Key recommendations

Two prisoners should not be held together in cells designed for one.

Not achieved

Equality data and effective consultation should inform a tailored strategy that leaders drive proactively to address disproportionate outcomes for prisoners from protected groups.

Achieved

Patients requiring admission to hospital under the Mental Health Act should be transferred expeditiously, and within current Department of Health guidelines.

Not achieved

Recommendations

Showers should be clean, well-ventilated and in good repair.

Achieved

Health care managers should ensure that there is adequate clinical oversight for the triage service.

Achieved

Prisoners should have access to a pharmacist for clinical advice and medicines use reviews.

Achieved

Purposeful activity

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

At the last inspection, in 2022, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Leaders should urgently prioritise increasing time unlocked and the provision of regular education, skills and work activities to enable a larger number of prisoners to attend them.

Partially achieved

Recommendations

Leaders should increase the number of full-time spaces and offer more workshop spaces that better reflect the needs of the local economy, provide better preparation for self-employment and increase the proportion of prisoners who participate in education skills and work.

Partially achieved

Leaders should work with the education provider to improve the relationship and, as a priority, fill vacancies for English instructors, so that more prisoners are able to access the teaching that they need.

Achieved

Leaders should ensure that teachers and trainers in education and work receive training to enable them to support prisoners on English for speakers of other languages courses and those with identified learning difficulties more effectively.

Achieved

Rehabilitation and release planning

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

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

Key recommendations

None

Recommendations

There should be a comprehensive service giving support and advice to all those facing issues with finance, benefits and debt.

Achieved

Appendix I About our inspections and reports

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

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

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

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

Preparation for release

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

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

Outcomes for prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

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

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

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

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

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

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections

each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 6, 2023) (available on our website at [Expectations – HM Inspectorate of Prisons \(justiceinspectorates.gov.uk\)](https://www.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:

Martin Lomas	Deputy Chief inspector
Sandra Fieldhouse	Team leader
Jonathan Tickner	Inspector
Rebecca Stanbury	Inspector
Natalie Heeks	Inspector
Jessie Wilson	Inspector
Paul Rowlands	Inspector
Alicia Grassom	Researcher
Jasjeet Sohal	Researcher
Emma King	Researcher
Tareek Deacon	Researcher
Tania Osborne	Lead health and social care inspector
Simon Newman	Health and social care inspector
Helen Jackson	Pharmacist
Dayni Johnson	Care Quality Commission inspector
Gee Walker	Care Quality Commission inspector
Alison Humphreys	Ofsted inspector
Kim Bleasdale	Ofsted inspector
Suzanne Wainwright	Ofsted inspector
Suzanne Horner	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.

Assessment, care in custody and teamwork (ACCT)

Case management for prisoners at risk of suicide or self-harm.

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

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.

Discrimination incident reporting form (DIRF)

A form that prisoners can use to report discrimination.

Family days

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

Home detention curfew (HDC)

Early release 'tagging' scheme.

Incentivised substance-free living (ISFL)

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

Indeterminate sentence for public protection (IPP)

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

Indeterminate sentence prisoner (ISP)

Generic term referring to both life sentence prisoners and those serving indeterminate sentences for public protection.

Insiders

Prisoners who introduce new arrivals to prison life.

Key worker scheme

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

Leader

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

Listener

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

Mandatory drug testing (MDT)

Enables prison officers to require a prisoner to supply a urine sample to determine if they have used drugs.

MAPPA

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

Offender assessment system (OASys)

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

Offender management 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.

Offender management unit (OMU)

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

Official prison video conferencing (OPVC)

Available in all prisons to enable remote court hearings, as well as official visits

and meetings (including legal and probation visits). OPVC is not used for social visits.

PAVA

Pelargonic acid vanillylamide – incapacitant spray classified as a prohibited weapon by section 5(1) (b) of the Firearms Act 1988.

Prisons and Probation Ombudsman (PPO)

Independent organisation investigating deaths in custody, and complaints from people who are in custody or under community supervision.

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Remedi

A charity providing restorative justice services to promote victim safety.

Safety interventions meeting (SIM)

A multi-disciplinary safety risk management meeting, chaired by a senior manager.

Shannon Trust

Charity that supports people in prison to learn to read.

Social care package

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

Time out of cell

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

Appendix III Care Quality Commission action plan request



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

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

Action Plan Request

Provider

Practice Plus Group Health and Rehabilitation Services Limited

Location

HMP & YOI Doncaster

Location ID

1-4133265750

Regulated activities

Diagnostic and screening procedures, Personal care and Treatment of disease, disorder or injury.

Action we have told the provider to take

This notice shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 17 Good governance

How the regulation was not being met:

- Medicines management second checking practices were inconsistent.
- There was no record or audit trail for the supply of out-of-hours medicines.
- Fridge and room temperature checks were inconsistently recorded, and there was no evidence of action taken in response to consistently high room temperatures in medicines administration rooms. This was not on the service risk register.
- Pharmacy technicians did not consistently ask for ID cards during medicines administration rounds.
- Staff training records were not in line with the providers mandatory training expectations for safeguarding and life support.
- The mental health team did not receive regular supervision.
- There was a backlog of patients awaiting a mental health triage from July and August 2025.
- There was no data to reflect the current number of patients awaiting a mental health triage. Caseload data for the mental health service included a caseload for patients awaiting triage, however there was no tracking of how long patients had waited, and the list also included patients who had recently started medicines and were being monitored without an allocated worker, and some patients who had been discharged from the service.
- There was no forum in place to discuss new referrals and allocations for mental health patients. The absence of an allocations process meant that some staff carried significantly higher caseloads than others.
- There was a high number of outstanding tasks allocated to the mental health team. Some sampled had been actioned or related to patients who had left the prison but had not been marked as completed.
- The mental health service action plan did not include timebound actions or reflect findings from the inspection.
- Deficits within the mental health team had not been identified prior to the inspection and were not included on the service risk register.

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

Crown copyright 2025

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

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

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

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

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

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