



Report on an unannounced inspection of

## **HMP Berwyn**

by HM Chief Inspector of Prisons

16–17 and 23–27 May 2022



# Contents

|  |    |
|--|----|
| Introduction.....  | 3  |
| What needs to improve at HMP Berwyn.....   | 5  |
| About HMP Berwyn .....   | 7  |
| Section 1 Summary of key findings.....   | 9  |
| Section 2 Leadership.....  | 16 |
| Section 3 Safety .....   | 18 |
| Section 4 Respect.....   | 27 |
| Section 5 Purposeful activity.....   | 44 |
| Section 6 Rehabilitation and release planning.....                               | 53 |
| Section 7 Summary of priority and key concerns.....                              | 62 |
| Section 8 Progress on recommendations from the last full inspection reports..... | 64 |
| Appendix I About our inspections and reports .....                               | 70 |
| Appendix II Glossary .....   | 73 |
| Appendix III Further resources .....   | 75 |

## Introduction

Located in North Wales and opened in 2017, Berwyn is one of the most modern and one of the largest prisons in the country. Designated a category C training establishment but retaining a small reception capability serving North Wales, at the time of our inspection the prison held 1835 men. Built in a campus style, the prison comprised three main house blocks sub-divided in to eight wings, a wing consisting of two landings. Wings were referred to as 'communities' in the prison. The environment, both built and external, is currently amongst the best available in the prison system.

Emerging from the COVID-19 restrictions, at this inspection we were encouraged to find a prison that was recovering well. Improvement was still needed to make sure the regime could provide a meaningful training experience, and some aspects of resettlement and release planning also needed to be better, but the prison was safer than at our last inspection in 2019.

The rate of violence was falling, although it remained comparatively high when set against comparator prisons. The rate of self-harm was also lower, and both of these important measures were indicative of our general observations of the prison, where effective plans were in place and work was evident in bringing about improvements.

Leadership was strong. The governor had been in post since 2019 and was highly experienced. He made himself visible, and his energy was setting the tone in the prison. He had, for example, structured the management team in a way that ensured he personally had very direct engagement in the day-to-day operational management of the prison. Leaders in general were clearly sighted on the prisons strengths and weaknesses and we were impressed by the quality of the prisons 'self-assessment report' which set out credible local priorities supported by achievable plans.

Among the key challenges facing the prison was the need to recruit and retain staff. Leaders were resilient and creative in trying to tackle this issue, but most weaknesses or failings we found were linked to this lack of experienced staff. There was some evidence from our staff survey that staffing pressures were undermining local morale, but crucially, the shortage was impacting the quality of staff-prisoner relationships and the pace of regime recovery. Our observations suggested a generally supportive staff, but our prisoner survey as well as repeated prisoner complaints about staff indicated clear weaknesses in the approach of staff that needed attention.

The regime was improving, but too many prisoners spent too long locked up in their cells, not enough were engaged in meaningful activity and the prison was still not using all the education and workplaces it had available. Similar pressures were being experienced with respect to offending behaviour work, offender management and to a certain extent resettlement.

Berwyn is a competently run prison. Outcomes were either reasonable or improving and with the capable leadership we observed, there is every reason

for confidence about the prison's immediate future. We highlight eleven priorities and concerns which we hope will assist leaders going forward.

**Charlie Taylor**

HM Chief Inspector of Prisons

June 2022

# What needs to improve at HMP Berwyn

During this inspection we identified 11 key concerns, of which four should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

## Priority concerns

1. **Patients waited too long to access routine primary care clinics.** Primary care staffing and inconsistent prison officer escort arrangements led to long waits of up to 12 months for many routine clinics.
2. **Too many prisoners did not have enough activity or time unlocked, especially unemployed prisoners.** There were insufficient education and work places for the population.
3. **Prisoners' attendance in education, training and employment was not good enough.** Not enough was done to encourage prisoners to attend activities and often only about 60% of prisoners allocated to an activity turned up.
4. **A staff shortage was affecting leaders' ability to deliver a fully functioning rehabilitative regime.** In particular, a severe shortage of band 3 officers, probation and health care staff affected the delivery of some services.

## Key concerns

5. **Not enough prisoners understood the purpose of their allocation to education, training and employment.** Some felt they were allocated to activities that were not aligned to their interests and often disrupted classes.
6. **Levels of violence remained too high.** Data were not used well to monitor and identify trends over time, or to inform an effective action plan.
7. **Rates of self-harm remained too high.** Key work was not used to support prisoners at risk of self-harm and debriefs following acts of self-harm were not always carried out. Analysis of self-harm data was too limited to measure progress and inform improved practice.
8. **The applications and complaints systems were not fully effective.** Many prisoners waited too long for a response to their applications and complaints. Data were not analysed to understand and address

common themes and there was a lack of effective quality assurance to drive improvement.

9. **Several patients had been taken off antipsychotic and other psychiatric medicines which had led to a deterioration in their condition.** This created potential difficulties when psychiatric treatment had to be reconstituted.
10. **Telephone and mail monitoring arrangements were in disarray.** Phone monitoring was not always carried out when required to reduce the risks of harassment and further criminal activity.
11. **The frequency and quality of offender manager sessions with prisoners was not good enough to drive sentence plans.** Work had become focused on timebound objectives such as parole reports, categorisation and OASys reports.

# About HMP Berwyn

## Task of the prison/establishment

Category C training and resettlement prison with a reception function

## Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 1,835

Baseline certified normal capacity: 2,106

In-use certified normal capacity: 2,072

Operational capacity: 1,865

## Population of the prison

- 2,506 new prisoners received each year
- 64 foreign national prisoners
- 9.5% of prisoners from black and minority ethnic backgrounds
- 146 prisoners released into the community each month
- 613 prisoners receiving support for substance use

## Prison status (public or private) and key providers

Public

Physical health provider: Betsi Cadwaladr University Health Board

Mental health provider: Betsi Cadwaladr University Health Board

Substance misuse treatment provider: Betsi Cadwaladr University Health Board

Prison education framework provider: Novus Cambria

Escort contractor: GeoAmey

## Prison group/Department

HMPPS Wales

## Brief history

HMP Berwyn opened in February 2017 and is the largest public sector prison in England and Wales. Its function is a reception, training and resettlement prison for prisoners from North Wales (excluding juveniles and high security prisoners) and a training and resettlement prison for prisoners from the north-west of England. Since the previous inspection the prison now holds prisoners convicted of sexual offences and a small number of prisoners on remand.

## Short description of residential units

Three houses, each of eight communities\*.

Alwen: 6 x general population, 1 x lifers/enhanced, 1 x long sentenced prisoners

Bala: 5 x general population, 1 x enhanced, 1 x veterans, 1 x mental health support (Menai)

Ceiriog: 2 x induction/reverse cohort unit, 2 x general population, 2 x vulnerable prisoners, 1 x enhanced, 1 x resettlement/release on temporary licence (ROTL) community

\*Each community comprised two landings or wings

## Name of governor and date in post

Nick Leader – April 2019 to present

**Leadership changes since the last inspection**

Danny Khan, governor October 2018 – April 2019

**Prison Group Director**

Giles Mason

**Independent Monitoring Board chair**

John Atherton

**Date of last inspection**

March 2019



## Section 1 Summary of key findings

- 1.1 We last inspected HMP Berwyn in 2019 and made 38 recommendations, 11 of which were about areas of key concern. The prison fully accepted 34 of the recommendations and partially (or subject to resources) accepted three. It rejected one of the recommendations.
- 1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress made against them.

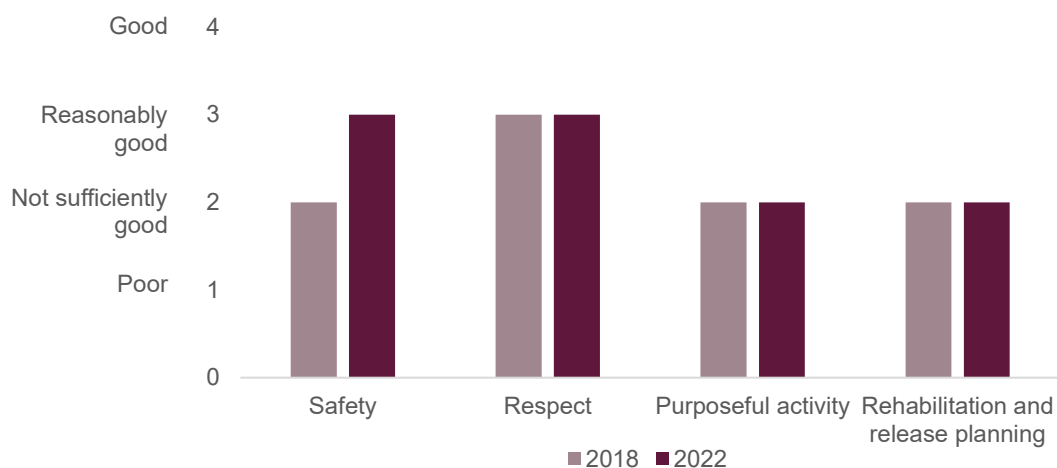
### Progress on key concerns and recommendations from the full inspection

- 1.3 Our last inspection of HMP Berwyn took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to report on progress in areas of key concern to help leaders to continue to drive improvement.
- 1.4 At our last full inspection, we made 11 recommendations about key concerns. At this inspection we found that four of those recommendations had been achieved, one had been partially achieved and six had not been achieved. Three out of four recommendations made in the area of rehabilitation and release planning had been achieved. However, none of the four areas had achieved all their recommendations. For a full summary of the recommendations achieved, partially achieved and not achieved, please see Section 8.

### Outcomes for prisoners

- 1.5 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.6 At this inspection of HMP Berwyn, we found that outcomes for prisoners had stayed the same in three healthy prison areas and improved in one.
- 1.7 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services.

**Figure 1: HMP Berwyn healthy prison outcomes 2019 and 2022**



## Safety

At the last inspection of HMP Berwyn in 2019, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection we found that outcomes for prisoners were now reasonably good.

- 1.8 Staff conducted appropriate assessments to identify risk and vulnerability when prisoners arrived at the prison. Many first night cells remained in poor condition and prisoners spent extended periods isolated in cells with too little interaction with staff. Peer work was used well in the early days to provide support. A good face-to-face induction started the day after arrival, delivered by prisoners and staff.
- 1.9 Clear efforts had been made since the last inspection to reduce violence and the atmosphere in the prison was positive and relatively calm, even though large groups of prisoners were unlocked. Rates of violence, however, were among the highest when compared to similar prisons. A number of approaches were being taken to address violence. The link between substance misuse and violence was well understood by leaders and the safety team had carried out promising work addressing debt and self-isolation. Enhanced landings, a range of job opportunities, peer mentor roles and the use ROTL (release on temporary licence) had the potential to motivate good behaviour and there were plans to develop these initiatives.
- 1.10 The care and separation unit was well managed. Reintegration planning was good, with valuable input from psychologists, speech and language therapists and substance misuse workers in the most complex cases. The average stay in segregation was only seven days and most prisoners returned to the main prison communities.
- 1.11 Managerial oversight of the use of force was good and the rate of incidents had reduced by 25% since the last inspection. Body-worn cameras were not always used effectively.

- 1.12 Security arrangements were broadly proportionate. The drug supply reduction plan was good and well-coordinated, and leaders responded robustly to emerging security threats identified through a very good flow of intelligence.
- 1.13 There had been one self-inflicted death since the last inspection and there was evidence that Prisons and Probation Ombudsman (PPO) recommendations had been implemented. The rate of self-harm was high compared to most prisons, but leaders were responding to this and incidents had been falling over the previous six months. Data on self-harm were monitored regularly but were not yet used well enough to inform an understanding of the drivers of self-harm. Formal adult safeguarding procedures were underdeveloped with a lack of awareness of referral procedures among both managers and staff.

## Respect

At the last inspection of HMP Berwyn in 2019, we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that outcomes for prisoners remained reasonably good.

- 1.14 Staff shortfalls, restricted time out of cell and a lack of key work contributed to difficulties in building positive relationships. Steps were being taken to address these issues.
- 1.15 The relatively new staff group were gaining more experience as the regime restrictions relaxed and a wide range of effective peer workers provided additional support to prisoners.
- 1.16 The external environment was pleasant and well maintained and communal areas across the prison were clean and in good order. Most cells were double cells and were spacious and well equipped. Prisoners valued having their own showers and in-cell technology which gave them a good level of control over their daily lives.
- 1.17 Most prisoners were positive about the food at Berwyn. The kitchen was clean, in good order and well run. The kitchen staff worked closely with health care, the gymnasium and the on-site dietitian to promote healthy eating. The supervision of food service on the wings was poor and we observed widespread bad practice. Shop provision was adequate, but prisoners could wait up to two weeks for their first full shop order which created a risk of borrowing, debt and bullying.
- 1.18 Good prison-wide executive council arrangements had been introduced, supported by wing-based community forums. Too many responses to applications, however, were late and prisoners had little confidence in the process. Responses to complaints were generally good, but again not always timely. Access to legal visits and video-conference facilities was good.

- 1.19 Leaders had prioritised work to support diversity and inclusion, resulting in some important improvements. There was an up-to-date strategy, frequent strategic meetings and an improved use of data. Excellent efforts were made to engage with prisoners from some protected groups, particularly those from Gypsy, Roma and Traveller and minority ethnic backgrounds. However, the lack of frequent consultation with other groups prevented a full understanding of their needs and experiences and actions to address them.
- 1.20 A vibrant, united and well-established chaplaincy led and supported a wide range of activities important to prisoners' faith, well-being and daily life. It was encouraging that weekly corporate worship and study classes were once again operating as normal.
- 1.21 Health care support had deteriorated since the previous inspection. Staff vacancies in primary care services were straining service delivery greatly and patients faced long waits for routine appointments. Social care support arrangements were working reasonably well. Pharmacy services were effective and medicine administration was safely managed. Substance misuse services (SMS) had been diluted to support other care functions, but the psychosocial team offered good support. SMS had maintained effective peer mentorship and made good use of digital technology to support prisoners.
- 1.22 Mental health services had improved with more stable staff arrangements, effective leadership and the adoption of innovative approaches to meet need. Stronger collaboration with GP services needed to be embedded and accountability for prescribing decisions clearly delineated. Too many prisoners experienced delays in being transferred to hospital under the Mental Health Act.
- 1.23 Clear governance processes identified key risks and led to realistic improvement plans that made good use of digital technology and the emergence of innovative and enhanced professional roles.

### **Purposeful activity**

At the last inspection of HMP Berwyn in 2019, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection we found that outcomes for prisoners remained not sufficiently good.

- 1.24 Time out of cell was inadequate for too many prisoners. While full-time workers could be unlocked for about nine hours, most prisoners were part time or unemployed and had much less time out of cell. Exercise periods were regular, but prisoners did not have enough time out of cell to associate with their peers and build relationships with staff.
- 1.25 The main library facility remained closed, with no clear plan to reopen. Prisoners could order books for delivery, but only 25% of the population

were active users. Gym facilities were good and well used, although data were not analysed to identify and target non-users.

- 1.26 During COVID restrictions a minority of learners had taken advantage of in-cell telephones and laptops to make progress with learning. Most prisoners who participated gained the relevant qualifications.
- 1.27 As the regime restrictions eased, a broad and balanced curriculum had been introduced, although attendance was still not good enough. Those who had returned to vocational workshops progressed well. A small number of learners had secured employment interviews with local companies before release. Since August 2021, the number of prisoners who had gained employment on release had increased from 6% to 20%.
- 1.28 Many learners in education made sound progress from their starting points and a few progressed to higher level courses. However, too many did not attend classes regularly enough, which impeded their progress.
- 1.29 In workshops, learners developed wider social skills and behaviours that improved their employability. They demonstrated positive attitudes to learning, showing respect for teachers and each other, and improved their awareness of how they could reduce their risk of reoffending.
- 1.30 Nearly all teaching staff were well qualified, experienced and good role models. Peer mentors also played a valuable role in many classes and workshops.

### **Rehabilitation and release planning**

At the last inspection of HMP Berwyn in 2019, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection we found that outcomes for prisoners remained not sufficiently good.

- 1.31 The availability of social visits and video calls did not meet demand but there were plans to address this. PACT family services provided excellent support to prisoners and in-cell telephones enabled prisoners to keep in good contact with their families.
- 1.32 Berwyn had to manage a range of remanded and sentenced prisoners and approximately half the population presented a high risk of harm.
- 1.33 Managers maintained good oversight of the different resettlement pathways and performance was driven by an up-to-date action plan. Caseloads for prison offender managers (POMs) were high and the offender management unit (OMU) was substantially short staffed, particularly among probation offender managers. Timebound objectives such as parole reports, categorisation and offender assessment system (OASys) reports needed to be prioritised.

- 1.34 There was not enough contact between prisoners and POMs to drive sentence plans, and progress against targets was not good enough. Leaders were trying to resolve these issues and develop an alternative plan to manage offending needs, but there was some way to go.
- 1.35 Public protection telephone and mail monitoring arrangements were in disarray. Monitoring had not been carried out for many of those identified as posing a potential risk, which posed a significant risk to the public. Up-to-date risk management plans were in place in most of the cases we reviewed and were of a reasonably good standard. However, there were some concerning weaknesses in the management of high-risk releases.
- 1.36 The large number of categorisation reviews were carried out on time, most with appropriate justification and rationale. A range of accredited interventions continued to be delivered, although the projection for delivery in the coming year did not meet the needs of the population. Long waiting lists led to slow completion rates. This was mitigated to a limited extent by good in-cell work packages for prisoners on the waiting lists for accredited interventions.
- 1.37 Work to support resettlement was good. All resettlement and OMU staff were housed together which had yielded promising early outcomes for prisoners nearing release. Handover of cases to community offender managers was effective. ROTL had been reintroduced more quickly than at other prisons and was being used well to support resettlement for a small number of prisoners. Employment support was improving and two recent job fairs had led to 20 prisoners receiving firm offers of employment, which was excellent. Plans to expand this work were encouraging.
- 1.38 The vast majority of prisoners leaving Berwyn over the past year had been released to suitable accommodation.

### **Notable positive practice**

- 1.39 We define notable positive practice as 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.
- 1.40 Inspectors found seven examples of notable positive practice during this inspection.
- 1.41 There was an excellent multi-agency approach to working with prisoners on the care and separation unit (CSU) to improve their communication skills and develop prosocial coping strategies. (See paragraph 3.24)

- 1.42 A dietitian worked closely with kitchen staff and the health care department to support prisoners with acute dietary conditions and with the PE department to support healthy living. (See paragraph 4.13)
- 1.43 The initiatives to engage with Gypsy, Roma and Traveller communities and celebrate important cultural events were excellent. Staff had worked well together and had liaised with community organisations throughout the pandemic. (See paragraphs 4.33 and 4.38)
- 1.44 Specialist primary care staff such as the physiotherapist, dietitian and occupational therapist were working in innovative and flexible ways to meet patient needs. (See paragraph 4.57)
- 1.45 Mental health peer champions worked alongside professional staff to offer advice and support to prisoners across all houses. Novel wing-based mental health cafes on every house enabled prisoners to be seen promptly. (See paragraph 4.69)
- 1.46 Prison leaders had gained the support of several employers to inform their development of vocational opportunities in the prison. The modular housing workshop and engineering unit were aligned with the local labour market and enabled prisoners to secure employment interviews. (See paragraphs 5.49, 5.50 and 6.33)
- 1.47 All resettlement and OMU staff were housed together under one roof with a series of interview booths for prisoner appointments and meetings. This facilitated communication with prisoners and between practitioners covering a range of resettlement services. (See paragraph 6.34)

## 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 For the two years leading to the inspection, one of the main priorities at Berwyn had been to deliver a safe regime during the COVID pandemic. In partnership with Betsi Cadwaladr University Health Board, leaders had worked well to keep most staff and prisoners safe from infection.
- 2.3 National HMPPS regime restrictions ended shortly before our inspection. However, a national staff shortage was affecting the delivery of a fully functioning rehabilitative regime. In particular, a severe shortage of band 3 officers and offender managers frustrated efforts by leaders to execute some of the plans developed during restrictions.
- 2.4 HMPPS efforts to improve the recruitment and retention of officers included authority for leaders at Berwyn to recruit locally, with enhanced pay and staff mentoring. The governor had structured the leadership team to ensure that recruitment and retention was led at a senior level. There was an emphasis on reward, recognition and training to retain staff. Leaders had also negotiated extended support from the national standards coaching team, earmarking local resources to take over from the national team.
- 2.5 Leaders had good knowledge of the strengths and weaknesses of their functions. They had identified appropriate priorities and built in measurable targets to keep them focused on improvement.
- 2.6 Despite the size and complexity of the prison, there was clear direction from the governor who had a direct influence on daily operations. Communication was good. Excellent use of a media suite and in-cell technology enabled key messages and training to transcend more traditional methods of communication.
- 2.7 Leaders were collaborating well with key partners and stakeholders, but national staff shortages in probation and health teams affected the delivery of offender management and some health services. Prison and college leaders had developed an education, training and work model with the potential to improve outcomes greatly for prisoners on release. However, the academy model was not well understood by staff and prisoners, and communication about the pathway prisoners were allocated to was often weak.



- 2.8 There had been improvements in the oversight and governance of work in some important areas, including drugs and rehabilitation. Leaders recognised the need to analyse safety data over a longer term, to fully understand the drivers of violence and improve outcomes.
- 2.9 Notwithstanding the effects of operating within a national framework for the previous two years, the culture of the prison was relatively positive, with pockets of innovative and creative work. Many of the issues raised by prisoners, such as time out of cell, purposeful activity and sentence progression, were being addressed by leaders at the time of the inspection. Some of the staff who responded to our survey reported a decline in morale following two long years of restricted regimes and staff shortfalls. Despite the prevailing pressures, staff and leaders were resilient, positive and ambitious for the prison and most were open to learning from external scrutiny.

## Section 3 Safety

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

### Early days in custody

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

- 3.1 The function of Berwyn had changed since the last inspection. In addition to being a Category C training and resettlement prison, the prison now included a small remand function and unit for prisoners convicted of sexual offences. The number of prisoners had increased since the last inspection with about 200 new prisoners arriving each month, almost twice the number in 2019. An 'early days' senior leader had been appointed to manage this increased complexity.
- 3.2 The escort company had their own office in reception, which enabled effective communication among staff and we observed an effective handover of information to assist with initial risk assessments. Prisoners were no longer routinely handcuffed when moving from escort vehicles into reception, which was positive.



**Holding room in reception**

- 3.3 The reception area was clean and tidy. Notice boards contained a range of information, much of which was in Welsh and English. Peer workers, including a Welsh speaker, remained in reception until all new arrivals had been moved to the first night cells. However, new arrivals were not routinely asked if they preferred to speak Welsh, which affected the accuracy of prison records. Staff and peer workers did not routinely wear badges to identify Welsh speakers.
- 3.4 First night safety procedures were effective. Reception staff interviewed new arrivals in private to identify risk and vulnerability. This information was passed to staff on the first night centre, who used it to complete additional welfare checks and make appropriate referral to other departments, such as substance misuse services.
- 3.5 We observed positive and patient interactions between staff and new arrivals, although in our survey only 72% said they were treated well in reception, which was much lower than similar prisons (82%) and the previous inspection (90%).
- 3.6 Many prisoners spent three hours or more in reception before being moved to the first night cells, which was too long. In our survey, only 23% of prisoners said they spent less than two hours in reception compared with 49% in similar prisons. The design of the reception area enabled multiple prisoners to be processed at the same time and we saw no apparent reasons for the delay. Data had been collected to identify the scale of the delays but had not yet been analysed.
- 3.7 In our survey, only 37% of prisoners said that their cell on the first night was clean compared with 85% at the previous inspection. There were no curtains and toilet screens in many of the first night cells and some had graffiti on the walls, including some dated 2020. This was particularly disappointing as the condition of first night cells was highlighted in a recommendation by the Prisons and Probation Ombudsman in 2021 following a self-inflicted death.



**Cell in first night centre**

- 3.8 The formal induction process started on the day following arrival. It was delivered face to face by peer workers and staff, and prisoners were then issued with an in-cell laptop (see 4.7). Prisoners we spoke to said that the induction covered everything they needed to know. The induction had been condensed into one day, but reverse cohort arrangements (see Glossary) required prisoners still to spend up to 10 days isolating on the unit before they could move to another house to access the full regime.
- 3.9 Prisoners who were isolating were only allowed out for exercise and appointments, such as health care. There was no structured activity on these communities, and they had little opportunity to interact with staff and peers. This was mitigated slightly by interactions with peer workers who were unlocked during the day, but these were only through the door. From the week following the inspection, reverse cohorting would no longer be needed if prisoners provided a negative lateral flow test in reception.

## Managing 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

- 3.10 The rate of assaults on staff had decreased by 41% and the rate of prisoner-on-prisoner violence had decreased by 16% since the last inspection. Levels of violence had continued to fall steadily over the last 12 months, although they were still higher than at most similar prisons. A quarter of prisoners said they felt unsafe at the time of the inspection.
- 3.11 The atmosphere was positive and relatively calm at the time of our inspection, despite the significant number of prisoners who were unlocked. Staff and prisoners attributed low level violence to frustrations with the unpredictable regime, a lack of purposeful activity and inexperience of staff which made it harder to get things done (see paragraphs 4.1 and 5.1).
- 3.12 Oversight of violence had improved since the last inspection. The safer custody team logged all violent incidents, most of which they investigated in appropriate depth. Data were used well to monitor and share information about recent activity, for example hotspots for violence were highlighted at weekly staff briefings. However, the wealth of data was not used to its full potential to understand the drivers of violence or trends over the longer term, or to inform improvement.
- 3.13 The links between substance misuse and violence were well understood by leaders. The safer custody team had recently introduced work to identify and support prisoners believed to be in debt which looked very promising. Processes to identify self-isolating prisoners were robust and had improved greatly since the last inspection. Staff shortages prevented self-isolating prisoners from having separate time outside every day, but they were well supported by regular, meaningful contact with staff and comprehensive reintegration and support plans.
- 3.14 A very small number of individual perpetrators of violence were managed using a challenge, support and intervention plan (CSIP, see Glossary). Some plans set appropriate targets which indicated that staff had tried to understand and address the underlying causes of violent behaviour. Wing staff were encouraged to engage with the CSIP by writing daily observations about their interactions with the prisoner, which was positive. However, some prisoners we spoke to were not aware of their plans and plans were not open for long enough to monitor their effectiveness.
- 3.15 The prison offered a range of opportunities that had the potential to motivate good behaviour. Prisoners could apply to live on one of the enhanced landings, and there was a good range of job opportunities on

offer, numerous peer mentor roles, and release on temporary licence (ROTL, see Glossary) for a small number of eligible prisoners. There were plans to develop and promote these opportunities further as the prison moved out of the restrictions imposed on the regime during the pandemic.

- 3.16 In addition to this, there was a standard formal incentives scheme in place. Quality assurance of the scheme had been strengthened which identified that prisoners were often unaware that they had been issued with a behaviour warning. In response to this, physical warning slips were made available to officers and civilian staff to encourage their use and improve prisoners' perceptions of fairness. The formal incentives scheme was still not used effectively to challenge poor behaviour. For example, despite widespread non-attendance at activities (see paragraphs 5.3 and 5.23), very few prisoners had received a formal warning or were on the basic level of the scheme

### **Adjudications**

- 3.17 The adjudication process was used appropriately to deal with serious breaches of prison rules. Managerial oversight was good although only recent data was analysed and there was a missed opportunity to learn from long term trends.
- 3.18 The adjudications we reviewed indicated a reasonable level of exploration and good use was being made of non-punitive or suspended awards.

### **Use of force**

- 3.19 The rate of the use of force had decreased by 25% since the last inspection and was continuing to fall. Leaders attributed this to increasing staff confidence and training in de-escalation techniques. Incident footage that we reviewed showed good examples of de-escalation.
- 3.20 Far fewer incidents than at the last inspection involved full control and restraint techniques (56% compared to 90%). During the previous 12 months, batons had been drawn seven times (26 at the previous inspection) and used once. PAVA (incapacitant spray) had been drawn and used once. Evidence indicated that the use of batons and PAVA was justified.
- 3.21 Managerial oversight of force was good and much improved from the last inspection. Missing documentation was followed up, appropriate data analysed, and CCTV footage of incidents reviewed at a monthly meeting attended by the governor, the functional lead, the use of force team and health care and psychology staff. Poor practice was addressed through learning and good practice was highlighted in the prison staff newsletter. Despite the improved scrutiny and repeated reminders to staff, body-worn cameras were not used often enough.

- 3.22 It was positive that special accommodation had not been used in the past 12 months.

### **Segregation**

- 3.23 The care and separation unit (CSU) was well managed and used only as a last resort and for the shortest time possible. The average length of stay was seven days and most prisoners returned to the main prison communities. At the time of the inspection, eight prisoners were segregated, all for reasons of good order or discipline, and only two had been there for longer than two weeks.
- 3.24 Reintegration planning started as soon as prisoners were segregated and was good. An excellent multi-agency approach helped prisoners to improve their communication skills and develop prosocial coping strategies. A speech and language therapist, forensic psychologist and mental health practitioners collaborated closely with CSU staff to improve their understanding of the motivation and drivers behind prisoners' behaviour. This helped to keep stays in segregation short and reduce the likelihood of relapse. These specialist resources, together with substance misuse workers, provided valuable input to reintegration plans in the most complex cases. Prisoners could also attend a weekly substance misuse drop-in service and a similar service was due to be delivered by the mental health team shortly after the inspection.
- 3.25 Relationships between staff and prisoners in the segregation unit were positive. Staff demonstrated good knowledge of the prisoners in their care, including those with additional or complex needs, and we witnessed many positive and empathetic interactions.
- 3.26 Living conditions were good. In our survey, 93% of prisoners who said they had been segregated in the past six months said that they were able to shower and go outside for exercise every day. The unit was clean and bright and cells were basic but clean with in-cell showers. One of the three exercise yards contained exercise equipment. Prisoners received all their entitlements each day, but the regime remained limited with prisoners locked up for most of the day.

### **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 use and effective drug supply reduction measures are in place.

- 3.27 Security arrangements were broadly proportionate for a prison of this type. However, movement slips which had previously enabled individual prisoners to walk unescorted round the site to attend appointments were no longer issued, and all prisoners now had to be escorted. It was difficult to see how this would work effectively when a

busy Category C regime was back in full operation without a significant increase in escorting staff.

- 3.28 The strategy to reduce the supply of drugs into the prison had improved with the introduction of a good, well-coordinated supply reduction plan. A dedicated drug strategy custodial manager had been appointed, supported by 12 newly introduced substance misuse officers who were based on the wings. Together they were able to identify prisoners in need of support and follow up on intelligence reports relating to substance misuse.
- 3.29 In our survey, 31% of prisoners said it was easy to get illicit drugs in the prison compared with 48% at the previous inspection. Measures had been put in place since the previous inspection to deter and detect the entry of illicit items, including netting over the yards, a body scanner and the scanning and photocopying of incoming mail. However, mandatory drug testing, which had been suspended during the pandemic, had not yet restarted and leaders had little reliable data on drug use.
- 3.30 A very good flow of intelligence (about 20,000 reports a year) was processed promptly by three security analysts. A well-resourced regional search team completed all cell searches arising from these reports and recovered illicit items in about 28% of searches.
- 3.31 Security priorities were well communicated to wing managers, wing staff at weekly briefings and two officers on each residential unit who were designated as security single points of contact. This helped ensure a flow of relevant intelligence.
- 3.32 Effective joint working with the police helped to manage the large number of prisoners from organised crime groups. A dedicated corruption prevention manager investigated allegations of misconduct or illegal conduct by staff and we saw evidence of successful and ongoing prosecutions and disciplinary action.

## 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

- 3.33 There had been one self-inflicted death since the previous inspection (see paragraph 3.7), and the prison had taken action in response to the recommendations from the Prisons and Probation Ombudsman (PPO).



- 3.34 During the previous 12 months, one near-fatal incident had been recorded. A thorough investigation had been carried out and the resulting recommendations were being implemented.
- 3.35 The rate of self-harm over the previous 12 months was higher than at most similar prisons, although it had been decreasing during 2022 and, at the time of the inspection, was one-third lower than the previous summer.
- 3.36 Following a peak in levels of self-harm in mid-2021, analysis identified an important link between staff attitudes and behaviours and high levels of self-harm. In response, leaders implemented a range of measures to improve staff awareness, such as video blogs from managers and updates in the prison newsletter. Structured guidance on supporting prisoners at risk from self-harm was included in regular staff training sessions. New staff were invited to participate in a coroner's court role play session, which underlined the importance of accurately recording the action taken to support prisoners in crisis.
- 3.37 Structural safeguards to reduce self-harm had been strengthened. Managers monitored self-harm at the daily safety intervention meeting to ensure that appropriate initial actions were taken. A weekly multidisciplinary enhanced case management meeting had also been introduced to support the most complex prisoners, who repeatedly self-harmed. The case history of around six prisoners was discussed at each meeting to identify and drive action to meet their needs.
- 3.38 Self-harm data were presented at monthly safety meetings, but they only considered data for the preceding three months which limited the depth and usefulness of analysis. Minutes of the meetings indicated that the health care team was not represented.
- 3.39 In our survey, 45% of prisoners said it was easy to speak to a Listener (prisoners trained by the Samaritans to provide emotional support to fellow prisoners) compared with 28% in similar prisons. Numerous Listeners were available on each house, including overnight, and they attended the enhanced case management and safety meetings. Listeners themselves were supported in a weekly Listener meeting chaired by Samaritans volunteers.
- 3.40 Prisoners at risk of suicide or self-harm were managed using the assessment, care in custody and teamwork (ACCT) process, and managers, including the governor, carried out regular quality assurance of ACCT documentation. The findings were shared in publications such as the prison newsletter and analysis of the findings by the prison suggested an improvement in quality over the previous six months. However, the quality of too many ACCT documents was poor. For example, some required observations were not recorded, the identification of risks and triggers was often extremely limited and, where triggers were identified, some care plans did not reflect these. It was not possible in such cases to be confident that the level of care and support for prisoners had been good enough.

- 3.41 While documentation was frequently poor, we saw examples of good support in the more complex cases. In one case, the prisoner's mother, who had been identified as a source of support, dialled into the review meeting. We also saw reviews conducted in Welsh when this was the prisoner's preferred language. However, the health care representative frequently did not attend the initial review as required.
- 3.42 Some prisoners told us they felt they had not been sufficiently cared for while on an ACCT, because staff had not taken time to speak to them regularly. The lack of key work (see paragraph 4.2) also limited the opportunities to provide more consistent support to those on an ACCT. The regular cross-deployment of safer custody staff prevented some self-harm debriefs from being carried out to understand prisoners' perceptions of the care and support they had received while on an ACCT.

#### **Protection of adults at risk (see Glossary)**

- 3.43 Formal adult safeguarding procedures were underdeveloped. A strategy was being developed, but the lead safeguarding manager had not yet started attending meetings with the local authority safeguarding board. Managers and staff confused adult safeguarding with adult social care provision and were not aware of how to refer adults with a safeguarding need. The prison did not retain records of adult safeguarding referrals.

## Section 4 Respect

**Prisoners are treated with respect for their human dignity.**

### Staff-prisoner relationships

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

- 4.1 In our survey, prisoners reported more negatively with regards to respectful treatment by staff than in similar prisons. During our inspection, we observed mostly polite and helpful interactions and most prisoners identified staff they could turn to if they needed help. However, they also expressed frustration when staff did not have sufficient time or sometimes the necessary knowledge to help them with simple requests. Prisoners also attributed extended time locked up and inconsistent staffing to some negative perceptions.
- 4.2 During restrictions, the very limited key work (see Glossary) available was targeted at prisoners who posed the highest risk. Electronic case notes that we sampled indicated very few recent entries by staff, an inconsistent allocation of key workers, and little focus on individual development and sentence progression.
- 4.3 Staff shortfalls and extensive regime restrictions imposed during the COVID pandemic had limited the development of frontline staff. Leaders had introduced a suite of measures to increase staffing and aid staff development. This included on the job mentoring from HMPPS standards coaching team and additional staff on detached duty from other prisons.
- 4.4 The atmosphere on most wings during unlock times was relatively relaxed and it was evident that staff were becoming more confident and competent in managing larger groups as regime restrictions were relaxed.
- 4.5 A wide range of effective peer work was in place to provide additional support and guidance to prisoners.

### 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

- 4.6 The external environment of the prison was pleasant and well maintained. Well considered planting of greenery and flowers softened the areas between buildings and provided good work opportunities for prisoners. Some of the grounds had been disrupted by extensive work in progress to replace the heating system. Eighty percent of respondents to our prison survey said that communal areas were clean, which was supported by our findings during the inspection.



**External area**



#### **Communal area**

- 4.7 Living conditions were good. Most accommodation was designed and designated as double cells. All cells had integral showers, telephones and sufficient space and furniture for the occupants. However, few shower/toilet areas had any screening, and few prisoners were issued with curtains. There was very little graffiti, and the offensive displays policy was adhered to. Murals were well used throughout accommodation areas to brighten the environment and reflect the location of the prison. All prisoners were issued with a personal laptop which afforded them a good level of control in placing shop orders, choosing meals, and making applications (see paragraph 3.8).





## Mural

- 4.8 In our survey, only 35% of respondents said they could get cleaning materials each week compared with 56% at similar prisons and 54% at the last inspection. We found that cleaning materials were available but there was not enough time during domestic periods for prisoners to access them easily each day. Despite this, most cells we saw were clean and in good order apart from peeling paint. A repainting programme was in progress.
- 4.9 Most prisoners wore their own clothes and could use the wing laundries at least once a week. Most laundries were in good working order but staff and prisoners reported long delays for repairs when machines did break down. Prison-issue clothing was available for prisoners who needed it, although there were supply problems for the most popular sizes and particularly for safety boots.
- 4.10 In our survey, only 11% of prisoners said they could access their stored property if they needed it. There was no backlog in reception at the time of our inspection, but we were told that deliveries made at weekends were subject to delays due to insufficient staff.
- 4.11 Only 20% of respondents said that their cell bells were responded to within five minutes. Prison data reflected this. For example in February 2022 on Alwen unit, more than 30% were answered after five minutes and 13% after 10 minutes. We observed cell bells going unanswered for lengthy periods, particularly when the prison was locked up.

## Residential services

- 4.12 In our survey, 58% of prisoners said that the food was good or very good compared with 40% at similar prisons, This was also reflected in

regular comprehensive surveys carried out in the prison and in our conversations with prisoners. Consultation about food was good and prisoners could raise issues directly with kitchen staff using their in-cell computers. Responses were prompt, polite and focused.

- 4.13 Prisoners could use their laptops to order meals catering for a wide range of diets. A dietitian worked closely with kitchen staff and the health care department to support prisoners with acute dietary conditions and with the PE department to support healthy living.
- 4.14 A hot meal was served in the evening from Monday to Thursday and at lunch time on Friday, Saturday and Sunday. The main meal of the day was collected at the serveries but the other meal, consisting of a sandwich and snacks, was issued at cell doors which was unnecessary given the removal of COVID restrictions.
- 4.15 The large kitchen was clean, in good condition and well run. Prisoners understood their roles, were well briefed and worked as a team. They had all undergone basic food hygiene training and could attain level 2 certificates in food service. Advanced plans were in place to provide further qualifications.
- 4.16 Supervision of food service on the residential units was inadequate and we saw widespread poor practice. There was little discipline around food hygiene and prisoners were not dressed appropriately at hot plates. Both staff and prisoners were eating off the servery during food service and portion control was poor. Servery workers and other prisoners were stealing food, often in full view of prison staff.
- 4.17 Only a few wings still had self-catering arrangements, which was disappointing. Communal eating had ceased at the outbreak of the pandemic and had yet to be reintroduced.
- 4.18 Shop provision was adequate. Orders were placed weekly via the in-cell laptops. A range of catalogues were available and an in-house list of items that could be held in possession was being developed. Newly arrived prisoners could wait up to 14 days for their first full shop order which left them vulnerable to extortion and bullying if they got into debt.

### **Prisoner consultation, applications and redress**

- 4.19 In our survey, only 41% of respondents, compared with 58% at our last inspection, said they were consulted about issues such as food, canteen, health care or wing issues.
- 4.20 Consultation with prisoners was improving with the easing of regime restrictions and some wings held regular forums to discuss and resolve issues.
- 4.21 New prison-wide executive council arrangements had very recently been introduced and were good. A wide range of important issues were discussed and the structure offered an effective escalation route for wing issues that remained unresolved or for matters relevant to the whole prison community. Meetings were well attended by leaders and

staff, who responded openly and thoroughly to queries and concerns raised by prisoners. An election process to recruit more prisoner representatives was in progress.

- 4.22 A much valued and well-used peer support service, known locally as 'chain breakers', was available on residential units which also enabled prisoners to raise and resolve practical issues. The Berwyn Newscast was a series of video blogs accessible via prisoners' laptops that provided an engaging platform to communicate and respond to prisoners' questions.
- 4.23 HMPPS had invested significantly in technology to make the application system more effective. Despite this, responses from some departments, including the offender management unit (OMU), were often delayed, and prisoners had little confidence in the system. The volume of applications was huge, 284,000 applications during the previous 12 months, which created a huge administrative challenge and undoubtedly contributed to the delays.
- 4.24 Prisoners told us they often had to make more than one application to resolve a matter and too often resorted to the complaints process to address their needs. Response times were monitored, but staff did not use this information to drive improvements and there was no quality assurance of replies.
- 4.25 During the previous 12 months, more than 4,700 complaints were submitted, less than at the time of the previous inspection but more than comparator prisons. The quality of responses was good, and some were excellent. Some complaints consisted of requests for information which should have been dealt with more informally which illustrated the deficiencies in the application system. There was no analysis to identify and address common themes and trends in complaints, and internal quality assurance of responses had only very recently been introduced.
- 4.26 Responses to complaints were not always timely. In our survey, 60% of prisoners said it was easy to make a complaint, but only 24% said they were usually dealt with within seven days. Some responses exceeded two months which was far too long, exacerbating prisoner's frustrations and lack of confidence in the procedure. Forms were freely available on the wings at the time of the inspection, but some prisoners told us this was not always the case. When a complaint concerned questions of discrimination, staff automatically re-routed it to the correct department for a response, which was good.
- 4.27 In our survey, 58% of prisoners, compared with 44% at similar prisons, said they could easily communicate with their legal representative. Evidence suggested that Berwyn provided good support for most prisoners who needed help with legal matters and access to legal visits and video-conference facilities was good.
- 4.28 Legal visits took place in a designated area comprising six individual, private rooms with enough capacity to meet demand promptly. A



separate suite of eight video-conference facilities, managed by the OMU, was well used, particularly to facilitate parole and court hearings.

- 4.29 A bail information officer worked efficiently to provide valuable help and support to prisoners on remand. The library stocked a range of legal texts, including Prison Service Instructions, which prisoners could access on request. Processes to deal with prisoners' legal mail were adequate but actions, for example when legally privileged mail was opened in error, were not always recorded.

## Equality, diversity and faith

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) and any other minority characteristics 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.

### Strategic management

- 4.30 Leaders had prioritised their commitment to diversity and inclusion and some important improvements had been made since the last inspection.
- 4.31 An up-to-date strategy set out the commitment to diversity and inclusion across all protected characteristics (see Glossary). The monthly strategic meetings were now chaired by the governor which had raised their profile and attendance from across the prison. Prisoner representatives attended the meetings and discussions were thorough and wide ranging. Improved use of data on key aspects of daily life informed the prison's strategy and meaningful, dynamic action planning was starting to improve outcomes for prisoners.
- 4.32 Internal quality assurance measures for discrimination incident report forms (DIRFs) were now robust. The governor and diversity and inclusion lead reviewed all DIRFs which had driven improvements in the quality of responses. There were some very good examples of thorough investigations involving reviews of NOMIS entries (electronic prison records) and interviews with prisoners, witnesses and staff. The governor personally provided feedback to the originator when a reply was excellent or not good enough in a few cases. Responses to DIRFs, however, were not always timely. During the last 12 months, 340 DIRFs had been submitted, many by staff.
- 4.33 A full-time dedicated equality custodial manager was supported by named staff who were responsible for leading on each protected characteristic. Excellent efforts were made to engage with prisoners from some protected groups, particularly those from Gypsy, Roma, Traveller and ethnic minority backgrounds (see paragraph 4.38). However, infrequent or no consultation with other groups prevented

their needs from being fully understood and addressed. Some new protected characteristic staff leads had recently been identified to address this.

- 4.34 There were not enough prisoner equality representatives to ensure equitable representation across the establishment and there was only one Welsh peer mentor to support the promotion and celebration of the Welsh language.
- 4.35 Some good efforts had been made to mark cultural and celebratory events, such as Gypsy, Roma, Traveller (GRT) history month, Eid, Remembrance and Stephen Lawrence Day.

### **Protected characteristics**

- 4.36 Black and minority ethnic communities comprised about 10% of the population. Some black prisoners commented to us on the shortage of black and minority ethnic staff at Berwyn and some felt that white staff were wary or uncomfortable in interacting with them for fear of inadvertently causing offence.
- 4.37 The governor's personal leadership on the race action plan was very positive and supported his aim to create an inclusive, informed and empowered culture for black and minority ethnic prisoners and staff. The race subgroup, which had very recently been established, afforded a meaningful opportunity to bring prisoners and staff together to share experiences, issues and challenges. It was already affecting change for the better and improving prisoner outcomes.
- 4.38 About 2% of prisoners were from Gypsy, Roma and Traveller communities and engagement with these prisoners was excellent. Forums had resumed and prisoners spoke highly of the efforts made to engage with them and to mark important events such as GRT history month, even at the height of COVID restrictions. Celebrations for St Patrick's Day had been well coordinated and organised. The chaplaincy had hosted a special service to light candles in memory of lost loved ones, a traditional Irish meal of boiled bacon and colcannon mash was served and the PE instructors hosted a football tournament. Throughout the pandemic, staff had engaged with community organisations such as Irish Community Care and the Irish Chaplaincy to source a range of donations such as activity packs, arts and crafts materials and music. Videos donated by the Travellers' Times and Traveller Movement enabled staff to introduce a GRT channel on the prison television.
- 4.39 There were 64 foreign national prisoners at the time of the inspection, four of whom were being detained under immigration powers beyond the end of their sentence. Home Office officials had continued to contact prisoners via video-link, to keep them informed of decisions on their immigration status. These Home Office staff were to return to site shortly after the inspection. Interpreting services were used as needed, and additional monthly £5 phone credit was available by application for foreign nationals who did not receive visits. However, there had been a

deterioration in the support provided to this group; forums for foreign national prisoners no longer took place, there was no longer a foreign national prisoner representative and no community organisations offering free, independent legal advice.

- 4.40 In our survey, prisoners who identified themselves as having a disability were significantly more negative than those with no disability in a number of important areas, particularly relating to feelings of safety. There had been some improvements to the general care and provision for disabled prisoners since the last inspection and reasonable adjustments had been made for those in need. A number of prisoners had been identified to help their peers with mobility difficulties to undertake daily tasks. These arrangements were informal; the prisoners did not have a clear remit, they were untrained and largely unsupervised. Fifty-five prisoners had a personal emergency evacuation plan but not all staff working during the night could identify them or the additional support they needed in the event of an emergency. Consultative forums had not taken place since 2019 which left the prison poorly placed to understand the negative perceptions of some disabled prisoners.
- 4.41 About 13% of the population were under 25 years of age and 11% were over 50. Consultation to understand their needs was limited and specific provision was lacking.
- 4.42 In our survey, 28% of respondents said they had been in local authority care. They responded significantly more negatively than their peers who had not been in care in a number of areas, which was unusual and should be investigated by prison leaders. Consultative forums with these prisoners had recently resumed and were attended by the Voices from Care Cymru charity who were able to help prisoners to understand their rights and access their entitlements.
- 4.43 Limited efforts had been made to engage with gay and bisexual prisoners, but support for transgender prisoners and those who identified as non-binary was good. Case board reviews demonstrated sensitive and appropriate care, with good attention and consideration to individual needs.
- 4.44 The veterans' unit was a good environment and prisoners valued living there. Contact with community support groups was improving with the easing of COVID restrictions.

## **Faith and religion**

- 4.45 A vibrant, united and well-established chaplaincy led a wide range of activities important to prisoners' faith, well-being and daily life. The proactive team was approachable, visible and well respected by many prisoners we spoke to.
- 4.46 The chaplains had maintained their statutory duties throughout the pandemic, while providing good pastoral care and support, often

delivering challenging and upsetting news to prisoners about ill or deceased loved ones.

- 4.47 Two multi-faith areas were suitably equipped for worship and private contemplation and it was encouraging that weekly corporate worship and study classes were operating normally. Prisoners had access to a chaplain of their own faith and links with religious community groups were a real strength.



**Multi-faith area**

## **Health, well-being and social care**

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

### **Strategy, clinical governance and partnerships**

- 4.48 The inspection of health services was jointly undertaken by Healthcare Inspectorate Wales (HIW) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies.
- 4.49 Health care was delivered by Betsi Cadwaladr University Health Board, with GP services sub-contracted to Gables Offender Health Ltd. The health needs analysis had been updated to reflect changes in the demographic of the prison. Partnership working between the prison and other agencies was effective and robust governance and oversight arrangements were in place. Risks were well understood, with controls

and mitigations established to ensure that core services were delivered. Incidents were reported and investigated and learning used to inform future practice, including acting on all findings of the Prisons and Probation Ombudsman. Clinical audit was used to steer service developments.

- 4.50 Leadership arrangements were clear, but there were vacancies in some key clinical posts. Most staff felt well supported, but some practitioners believed they were pulled too frequently into other work and their contribution was not consistently acknowledged by senior managers. Recruitment of clinical staff was difficult and there was a dependence on using temporary staff. Workforce plans were addressing recruitment issues, which had led to a different mix of skills among staff, enhanced staff roles and innovative use of digital technology.
- 4.51 Compliance with mandatory training had reduced but was now returning to pre-COVID-19 levels. Access to professional development opportunities was offered, but supervision needed improvement. Clinical records met most professional standards, but care planning records did not capture clinical decision making and patient engagement well enough.
- 4.52 Some services were difficult to access (see paragraph 4.58) but we found no inequity and observed patients being treated with dignity and respect. The health care centre and facilities on houses were very good and complied with infection control standards, but office space and the availability of group rooms was a significant problem for such a modern building. Vulnerable prisoners waited in the main clinic area which was frequently accessed by other prisoners, placing the vulnerable prisoners at risk.
- 4.53 An immediate life support trained duty worker was assigned to respond to medical emergencies, but was removed from other duties to do so, for example nurse clinics and medicine administration, which affected these functions. A paramedic service was profiled to cover this remit but had yet to be fully implemented. We found some issues with the replacement and checking of the strategically placed resuscitation equipment which were addressed while we were on site. The lifts were not properly maintained which caused periodic problems for prisoners with a physical disability.
- 4.54 The health complaints system had improved. Responses were thorough and included an apology when appropriate. Complaints and concerns leaflets were produced in Welsh and English. A prisoner-led telephone helpline supported early resolution of concerns and provided valuable advice. The input of health champions on all wings underpinned this approach. The patient engagement lead oversaw these initiatives and had continued to capture patients' opinions of service delivery, some of which mirrored the findings of our survey.

## **Promoting health and well-being**

- 4.55 A whole prison approach to health promotion had been introduced, coordinated by Public Health Wales and led by the prison's health and well-being strategy group which had delivered important campaigns, including nutrition and oral health. Good partnership working had been maintained through a number of COVID outbreaks during which four prisoners had died.
- 4.56 Health champions were well used to provide accessible health materials and advice. An eclectic and skilled health team delivered effective screening programmes. Despite staffing challenges, they had ensured access to a range of immunisation and vaccinations, including provision of sexual health advice and barrier protection.

## **Primary care and inpatient services**

- 4.57 A wide range of primary health care specialists included nursing, physiotherapy, occupational therapy, speech and language therapy and dietetics. However, service delivery had reduced since our last inspection. Many primary care vacancies, particularly among nursing staff, were stretching resources despite additional temporary staff. The leadership team were prioritising services based on risk and clinical priorities and services were being reconfigured to use staff innovatively to reduce pressures. The physiotherapist was undertaking a minor injuries clinic and the speech and language therapists were working on the CSU to develop prisoners' communication skills and help staff to understand the reasons for poor behaviour.
- 4.58 In spite of these measures, patients were still waiting too long to access most routine appointments. In our survey, only 13% of prisoners said it was easy to see a doctor and we found waits for routine medical appointments of more than six weeks which was too long. This was exacerbated by insufficient prison escorts. We saw several examples of appointments being missed and having to be rebooked because prisoners were not brought to clinics. Prisoners also faced lengthy waits for other clinics such as optician, podiatry and audiology.
- 4.59 Applications were reviewed each day by a nurse or specialist staff, and triage was delivered by nurses in the houses. Reception screening was prioritised and usually undertaken by agency staff who had access to GP support to review medicines and initiate prescribing if required. Records that we reviewed indicated that initial and secondary screening was occurring routinely. Community records took up to two weeks to arrive, which potentially added to clinical risk, although pre-existing prescribing information was available electronically.
- 4.60 Gables delivered 21 GP sessions each week (including evenings and Saturday mornings) and carried out all prescribing and medication reviews. They also delivered out-of-hours support which enabled more effective continuity of care. Several patients expressed concerns that critical medications had been stopped inappropriately, particularly on

arrival at the prison. There was a robust approach to safe prescribing. We judged most decisions to be clinically sound and evidence based, but some medicine reviews did not demonstrate effective multidisciplinary engagement or patient collaboration.

- 4.61 The lead physiotherapist was now responsible for overseeing long-term conditions. This had led to a coherent identification of need and the establishment of clinical review schedules, which was an encouraging development. A palliative care nurse had established an agreed pathway to support patients at the end of life which was good practice.
- 4.62 External hospital appointments were prioritised and there were few examples of delays caused by prison staff. The availability on site of x-ray, ultrasound scanning and telephone consultations with hospital consultants was supporting this aspect of health care. Prisoners were appropriately supported on release and provided with a health summary and a supply of medication.

### **Social care**

- 4.63 A memorandum of understanding (MOU) was being developed with the local authority to agree service delivery arrangements. Despite the absence of a formal MOU, we found that care needs were being identified and assessments carried out in a timely fashion. Social workers were on site once a week to liaise with prison and health care staff and oversee arrangements. Prisoners who were receiving personal care spoke positively to us about the care provided.
- 4.64 The care staff employed by the local authority were well motivated and caring, but they did not have a prison or health care contact they could liaise with. We were unable to review care plans which were located off site, although the visiting social worker provided summaries of the expected care in the health records. Peer supporters helping other prisoners with daily tasks did not receive any training or supervision.

### **Mental health care**

- 4.65 New leadership, more stable staffing and innovative working had refreshed mental health services and patients were able to access an appropriate level of support. The team consisted of a full-time psychiatrist, psychologist, nurses, social worker, occupational therapist and well-being practitioners with a few residual vacant posts.
- 4.66 All new prisoners received a full health screen to identify mental health need and every remand prisoner was seen by a mental health practitioner. The case notes of prisoners arriving from other prisons were reviewed to ensure that all necessary support was continued.
- 4.67 Prisoners could trigger an appointment through the on-wing kiosks or could approach prison and health care staff directly. A duty worker responded on the day to urgent referrals received from prisoners or staff. The daily single point of access and allocation meeting screened, prioritised and allocated support based on clinical need and risk.

Patient care was effectively overseen and reviewed at a weekly multidisciplinary team meeting.

- 4.68 The team operated a 'stepped-care model' which delivered guided self-help, support for mild to moderate needs and interventions for more complex patients with severe and enduring mental illness. One-to-one work and several therapeutic groups were being delivered alongside telephone welfare contacts. Novel mental health cafes on every house enabled prisoners to be seen promptly (about 40 patients a week were seen in this way) to undertake assessments, provide individual support and access well-being support in a group setting.
- 4.69 Mental health peer champions worked alongside professional staff to give advice and support to prisoners. A dedicated learning disability nurse offered a bespoke service for a small caseload. A more intensive outreach programme of wing-based support for a small group of prisoners with the most acute needs was being introduced on the Menai unit, which was a positive development. Pathways for individuals with a personality disorder or ADHD were less well developed and they received a more fragmented service.
- 4.70 Records that we reviewed demonstrated qualitative and regular contacts with patients and care plans were appropriate to need. We were made aware of a few patients whose antipsychotic medication had been stopped because of illicit substance misuse or diagnostic concerns. These changes were not always reviewed by the psychiatrist and in some cases had led to a deterioration in the patient's condition. Systems had now been introduced to mitigate this, but we were concerned that accountability for specialist prescribing had become unclear.
- 4.71 Discharge planning was in place and good liaison between prison departments and community agencies ensured continuity of care after release. Despite this, several prisoners requiring specialist care and treatment in hospital under the Mental Health Act had not been transferred within Department of Health guidelines which was detrimental to their care.

### **Substance misuse treatment**

- 4.72 The substance misuse team worked effectively with prison staff to support the priorities of the drug strategy. Interventions had successfully focused on improving partnership working, enhancing gate security and reducing the use of tradeable medicines. This had resulted in greater stability in the prison environment, although use of psychoactive substances was still of concern.
- 4.73 First night and early days support was appropriate for prisoners with drug and alcohol problems. Prisoners were seen in reception and assessed by a trained nurse. GP services were available every day with a GP on site until 9pm and prisoners were followed up by the psychosocial team the following day. A clinical decision meeting was held every week to discuss complex cases. Peer support was visible



and well organised, helping prisoners to navigate initial confinement and providing information and individual support.

- 4.74 A dedicated and committed substance misuse team delivered clinical and psychosocial support. Most staff had received training for their role and were appropriately supervised. Harm reduction and recovery initiatives were hampered by nurses being assigned to meet operational shortfalls elsewhere. As a result, there was not always multidisciplinary management of risk and care needs were not consistently addressed. Plans to recruit a clinical nurse specialist and improve the quality of clinical leadership and supervision were in progress.
- 4.75 There was good access to and engagement with a range of psychosocial programmes, including extensive group interventions and a drop-in clinic on the care and separation unit. Little progress had been made since our last inspection with providing space for group work.
- 4.76 Peer support was impressive and included one-to-one work, prisoner training and supervised group work. The rehabilitation and educational programmes developed with the involvement of peer mentors were well attended and effective use was made of digital technology to deliver a range of online resources. The ethos of recovery was evident in many areas including digital podcasts made by prisoners, the Cyfle project (to help individuals with substance misuse problems return to work, education or training), and access to alternative therapies, for example acupuncture.
- 4.77 At the time of the inspection, 255 prisoners were receiving opiate substitution treatment and 617 prisoners were supported by the psychosocial team. Methadone was the default treatment for stabilisation, maintenance, detoxification and reduction, and incident data showed that outcomes for prisoners were improving as a result.
- 4.78 Prescribing was within national guidelines, but the method attracted complaints from prisoners who told us they were often unaware of the rationale for change and had been denied medicines prescribed for other clinical conditions causing further relapses in their health and well-being (see paragraph 4.58).
- 4.79 Reviews were scheduled at 13 weeks but were often missed by prisoners or not recorded in the care record. Care plans were standardised rather than individualised.
- 4.80 Mutual aid from Narcotics Anonymous and Alcoholics Anonymous supported by the chaplaincy had been maintained. Release planning was delivered, including training in Naloxone (used to counter the effects of opiate overdose).

## **Medicines optimisation and pharmacy services**

- 4.81 The in-house pharmacy was provided by the local health board. Medicine optimisation and management procedures were good. The prescribing of tradeable medicines was well controlled and only a handful of patients were receiving these medicines. Patients arriving at the prison on tradeable medicines were reviewed and managed appropriately to ensure the safety and clinical appropriateness of the medication. Patients had access to medication review services and the pharmacist conducted about three reviews a month.
- 4.82 A wide range of emergency medicines were available to allow patients to access medicines out of hours and stock reconciliation procedures were good. Suitable medicines were available to treat minor ailments. Controlled drugs were well managed and audited regularly. Medicines were stored and transported securely and medicines requiring low temperatures were kept in suitable fridges and continuously monitored. Administration arrangements were well supervised by officers and afforded a degree of privacy. There were not enough clinical staff and administration could take more than two hours, particularly in the morning, which placed pressure on health staff and created the potential for error. There was no routine provision for administering night-time medicines. Realistic plans were being adopted to improve throughput and enable more therapeutic contacts.
- 4.83 Prescribing and administration were recorded on SystmOne (electronic clinical records). Risk assessments were attached and reviewed as appropriate. About 70% of patients received their medicines in possession. All patients could store their medicines in lockable cupboards and pharmacy technicians carried out intelligence-led cell checks. There were procedures to monitor patient compliance, but patients who did not attend for medication were not always followed up robustly.
- 4.84 Patient group directions (which enable nurses to supply and administer prescription-only medicines) were limited to vaccinations and salbutamol inhalers. There were non-medical prescribers on site if needed and the pharmacy had good links with the local hospital which could be used in an emergency.
- 4.85 A weekly prescribing forum and a monthly medicines management group were well attended and led by the pharmacist.

## **Dental services and oral health**

- 4.86 The physical dental environment was excellent with two suites and a separate decontamination area. There was robust oversight and governance of practice and services were delivered by a motivated and skilled team. Ten dentist sessions a week were delivered, but access to routine treatment had been a longstanding issue which had been evident at our last inspection. There were plans to use both suites for dental treatment sessions, dependent on the agreement of funding with the health board.

4.87 There was reasonable access for dental emergencies, including acute swelling and pain, but waits for routine care and treatment were exceeding 12 months which was unacceptable.

## 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 activities which support their rehabilitation.

- 5.1 Our survey results for time unlocked were extremely poor compared to the 2019 inspection with 52% of prisoners saying they were unlocked for less than two hours in the week compared with 13% in 2019. Similarly, 78% said they were unlocked for less than two hours at weekends compared to 12% in 2019 and 63% in similar prisons.
- 5.2 Time unlocked varied widely across the prison. Wing workers, cleaners, peer supporters and other orderlies could be out of their cells for about nine hours, but most other workers had about six hours. Unemployed prisoners had two or three hours depending on their allotted day for 'structured on-wing activity' (SOWA).
- 5.3 The concept of SOWA was to provide structured activities with clear aims and achievable objectives. At the time of the inspection, however, wing activity consisted of traditional association time with prisoners unlocked on the wings to play pool and socialise. Since the pandemic, these sessions had been restricted to about 40 prisoners each session rather than the whole wing, which limited their overall time out. This was reflected in our survey in which just 2% of prisoners said they had association more than five times a week.
- 5.4 The regime ran to time and most prisoners understood how it operated. Swift action had been taken to increase work and learning places as restrictions relaxed, but most places were part time. To compound this, around a quarter of the available workspaces were not filled and about a third of prisoners failed to attend education classes. This was very frustrating for prisoners who were locked up but wanted to be in full time activity. In our roll checks we found that 44% of the population were locked up during the core day which made it difficult for the prison to fulfil its purpose to train and rehabilitate prisoners.
- 5.5 Exercise periods took place regularly, although not all were for a full hour with some restricted to between 30 and 45 minutes. In our survey, 80% of prisoners said they had access to exercise at least five times a week compared with 71% in similar prisons.
- 5.6 Library staff from the local council had been attending the prison for several months, but most prisoners were not yet allowed to attend the

library in person and there was no clear plan for when this service would resume. Prisoners could use electronic applications to order books for delivery, but prison data suggested that only a quarter of the population were active users at the time of the inspection.

5.7 Prisoners could attend the library by appointment to view legal textbooks and to help with education classes. Daily 'listen and relax' sessions were offered for up to five prisoners to share a story together in a peaceful setting, which was positive.

5.8 The gym facilities were good and well used. Prisoners on the enhanced level of the incentives scheme could access additional sessions, such as football, cricket and badminton, and we saw group sports being enjoyed throughout the week.



**Sports hall**

5.9 There were staff shortages in the PE department, and they were no longer able to deliver sports courses, although a street soccer course was available through the college, Novus Cambria. Data were collected on attendance at gym sessions but not analysed to identify and encourage those who did not use the facilities.

## Education, skills and work activities



Arolygiaeth Ei Mawrhydi dros Addysg a Hyfforddiant yng Nghymru  
Her Majesty's Inspectorate for Education and Training in Wales

This part of the inspection is conducted by Estyn inspectors using Estyn's common inspection framework. This ensures that prisons are held accountable to the same standard of performance as further education colleges in the community.

Expected outcomes: All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

- 5.10 Estyn made the following assessments about the learning and skills and work provision:
- Standards: Good
  - Well-being and attitudes to learning: Good
  - Teaching and learning experiences: Good
  - Care, support and guidance: Adequate and needs improvement
  - Leadership and management: Adequate and needs improvement

### Standards

- 5.11 During the pandemic, the strong support that learners had received from prison staff and peer mentors had enabled many to continue to access learning materials effectively from their cells. A minority of learners had taken advantage of in-cell telephones and IT to make progress with their learning. During the previous year, learners who had participated in education had made good progress and 91% had succeeded in completing their learning targets and qualifications.
- 5.12 Since April 2022, a full reopening of education, training and employment (ETE) activities had started on a phased basis.
- 5.13 Most learners explained clearly to us their achievements in education and understood how they could make further progress in developing their skills or working towards qualifications.
- 5.14 Many learners in education had made sound progress from their starting points and in a few classroom-based sessions their progress was exceptionally good. In a music class a minority of learners had made quick progress in learning to play musical instruments.

- 5.15 Learners in art had improved their work through exploration of different approaches, techniques and self-reflection. Most learners had improved their literacy and numeracy skills by at least one level, often from very low starting points. While most written work was limited to short paragraphs, a few higher-level learners had written extended pieces competently and confidently. Many prisoners had developed their listening and discussion skills well and many used unfamiliar language with confidence in new contexts.
- 5.16 A few learners had progressed to higher level courses and a few were pursuing degree courses.
- 5.17 Prisoners in vocational workshops had made good progress towards their learning goals and vocational qualifications, taking advantage where necessary of literacy and numeracy sessions to enhance their job prospects and to learn more about the vocational activities they were following.
- 5.18 In bricklaying, learners used numeracy skills to set out their work site accurately. Most had quickly developed practical skills, laying bricks with a good degree of accuracy and pointing up work neatly. A few had produced very high-quality work constructing brickwork arches.
- 5.19 In plastering, prisoners had learned to use numeracy skills to measure plasterboard to line walls and ceilings. Many were able to apply plaster to walls to a high standard of finish and many hoped to use the skills they had learned to gain employment in the construction industry.
- 5.20 Learners in joinery calculated angles accurately when marking up wood. They interpreted plans to produce complex doors that required accurate cutting of a range of joints. A few had progressed to a modular housing workshop where they constructed building panels used by the construction industry to create affordable housing. A few had been able to secure employment interviews with local companies before their release.
- 5.21 Nearly all prisoners worked very well in activities to support each other, often helping to solve practical problems or to overcome challenges to progress with their learning.

### **Well-being and attitudes to learning**

- 5.22 During the pandemic, staff had supplied prisoners with useful in-cell activities, such as distraction packs, learning materials on the prison television channels and a range of resources to develop their interests and skills, including art supply packages and guitars. Many prisoners had found that this helped them to cope with the challenges of being confined to their cells. A few prisoners had remained employed in essential jobs.
- 5.23 Nearly all prisoners welcomed the phased return to education, training and employment and nearly all who attended activities felt safe in workshops and classrooms. However, a minority had not adapted well

to the discipline of returning to daily activities. Too many were not attending classes regularly enough, which impeded their progress.

- 5.24 In nearly all sessions, learners behaved well and many demonstrated very positive attitudes to learning. They engaged enthusiastically with teaching, were keen to learn and took pride in their work, understanding how they were improving their knowledge, skills and employability.
- 5.25 Many prisoners improved their resilience and self-worth through education and vocational courses and improvement in their literacy, numeracy and IT skills. They recognised that the programmes they were following enabled them to plan for a more productive future. Over time many prisoners became more aware of how they could reduce their risk of reoffending.
- 5.26 Prisoners in work activities followed a programme which tracked the development of their wider social skills and behaviours which improved their employability. The programme helped them to recognise their own progress over time, even when they were in jobs that did not lead to formal qualifications.
- 5.27 Nearly all learners showed respect for teachers and for each other. They participated well in discussions and listened respectfully to others' points of view.
- 5.28 Several programmes, such as street soccer and food preparation, helped prisoners to improve their awareness of healthy living and their understanding of healthy, nutritious food.

### **Teaching and learning experiences**

- 5.29 Throughout COVID restrictions, staff had shown a high level of commitment to ensuring that prisoners were able to remain involved in education by supplying them with education materials, producing resources and tutoring learners using in-cell telephones.
- 5.30 With the recent reintroduction of ETE, prisoners were afforded a range of beneficial education, training and work opportunities that met most prisoners' needs. Clearly defined vocational pathways encouraged prisoners to build effectively on their literacy and numeracy skills before starting their vocational courses. The courses provided prisoners with beneficial skills and accreditations that contributed to increasing their employability on release.
- 5.31 Nearly all teaching staff brought a broad range of valuable experiences to their roles and were good behaviour models to the prisoners. They built strong and productive relationships with their learners and managed the prisoners' behaviour calmly and assuredly. Tutors supported prisoners effectively to build their confidence levels and challenged negative thinking sensitively. However, the length of classroom sessions affected the concentration and motivation of a few prisoners.



- 5.32 On the whole, workshops and classrooms were well resourced and organised and tutors had ensured that they were stimulating environments for the prisoners. Most workshops offered realistic work settings.
- 5.33 Most tutors used their knowledge of learners well to set them relevant, short-term targets based on their learning goals. They tracked prisoners' progress towards their goals to ensure they achieved their qualifications appropriately. Peer mentors played a valuable role in many classes and workshops, offering effective support to learners who were new to classes or needed additional help to make progress.
- 5.34 Many tutors planned a good range of progressive learning activities based on a sound understanding of learners' starting points. They ensured that activities were matched well to the needs of learners at different stages of their learning. For example, in street soccer tutors effectively combined theory and play to provide opportunities for learners at different levels to meet their learning goals. In other areas, learners chose how they applied their skills based on their learning goals, which increased their independence and motivation.
- 5.35 In classrooms, many tutors adapted their teaching to meet the needs of a wide range of abilities despite the challenges posed by the erratic attendance patterns of too many learners.
- 5.36 Many tutors explained new concepts clearly and developed learners' skills effectively. For example, prisoners developed their discussion and listening skills in literacy sessions when exploring the theme of equality, diversity and inclusion in the workplace. In many workshops, tutors encouraged learners to apply their numeracy skills in context.
- 5.37 In a few sessions, activities did not challenge learners sufficiently to encourage them to advance their learning. In a few cases teachers did not use questioning well enough to extend learners' knowledge and thinking.
- 5.38 Many tutors gave prompt verbal feedback which helped learners to make rapid progress. They provided prisoners with useful verbal and written opportunities to reflect on their own work. Where this was exceptionally effective, tutors provided prisoners with structured support and success criteria to help them to reflect on their progress and identify their next steps independently.
- 5.39 Overall, provision that promoted Welsh language and culture was developing appropriately.

### **Care, support and guidance**

- 5.40 Staff and learners developed very effective relationships based on mutual trust and respect. This provided a secure foundation for learners to develop skills in an environment in which their contributions were valued.

- 5.41 Staff provided learners with a useful induction that offered an overview of the vocational learning and work opportunities available to them through the Coleg Berwyn's academy system. Staff advised learners of the minimum literacy and numeracy requirements for certain vocational courses. Learners undertook a range of assessments including literacy and numeracy and staff signposted learners to courses at appropriate levels. Learners were also made aware of other courses of potential interest to them, including catering and creative arts. Courses on family learning and peer mentoring developed learners' understanding and skills in relation to effective parenting and active listening. However, learners and staff were not always clear about how long learners needed to wait before accessing chosen courses.
- 5.42 The academy system was not understood well enough by learners or staff across the prison. In a few cases learners' previous attainments were not considered well enough. Too frequently, learners were allocated to academies they had not applied for and followed courses that were not matched well enough to their aspirations or individual learning and work targets. Communication with prisoners and staff about academy and course allocation was weak.
- 5.43 There were frequent changes to daily registers. Registers included names of a few learners who had completed courses and staff added the names of learners who were unexpectedly attending courses. This made planning for sessions difficult. Staff had to deal with the disappointment of prisoners attending courses that they had not chosen to attend. Staff recognised the good will and resilience of learners who experienced disruption to their learning. The lack of communication on the allocation of courses affected the well-being and progress of learners negatively.
- 5.44 The college had recently introduced a screening tool that assisted in identifying prisoners' additional learning needs (ALN). This tool relied on self-disclosure. Staff had been given useful tips on how to make their learning environments ALN friendly and different strategies to support learners. Despite recent attempts to increase the knowledge and understanding of staff, their confidence was too variable and oversight of how staff had adapted their approach to supporting learners with ALN was underdeveloped.
- 5.45 Reintegration support was made available to prisoners with mental health issues such as anxiety and self-harm. Reintegration staff established valued and trusting relationships with prisoners. They supported them well in negotiating individual plans, advocating on their behalf and developing the prisoners' self-esteem and confidence. They gave them a sense of optimism in re-engaging with learning and training. In a few cases, prisoners who were in debt were too afraid to leave their cell, which presented a significant barrier to involvement in education and learning.
- 5.46 The college had recently built up a team of trained and accredited peer mentors who supported other prisoners in education and work and 'chain breakers' who advocated for prisoners on the wings (see

paragraph 4.22). Mentors developed highly valuable interpersonal skills such as active listening and advocacy. They were passionate about their roles and keen to raise awareness and support for prisoners' mental health and equality issues. Opportunities for mentors to progress beyond the level 2 qualification were limited. The professional supervision of peer mentors was underdeveloped.

## **Leadership and management**

- 5.47 There was good communication between the governor, education manager of Coleg Berwyn and the head of reducing reoffending. The executive team helped to ensure that education managers were included in strategic planning of new initiatives. The post-pandemic planned, phased reintroduction of ETE activities was on schedule, despite Coleg Berwyn experiencing a flood which had damaged equipment and resources.
- 5.48 The ambitious strategic vision for ETE in the prison took appropriate account of the need to develop learners' literacy and numeracy skills and wider social skills that would improve their prospects of employment. Presentations were made to staff and prisoners on the establishment of academies, with the aim of enabling prisoners to participate in activities leading to their eventual progression goals on leaving prison. However, not all staff or prisoners fully understood the rationale behind learners' placements. When a few prisoners did not understand the reason for their allocation to opportunities in ETE, this regularly led to them disrupting sessions.
- 5.49 Labour market intelligence had been used effectively to plan provision. Since the last inspection, the range of training and work opportunities had been strengthened and the development of an engineering workshop had further broadened the range of opportunities for prisoners to develop skills needed by employers. These included shot blasting and powder coating of metal and welding, which were particularly in demand in the north-east of Wales.
- 5.50 Staff had developed effective partnerships with employers that improved prisoners' employment prospects. For example, the modular housing workshop had enabled learners to secure interviews with construction employers in readiness for their release. The actions of the strategic employment board combined with the range of support and qualifications offered in ETE had successfully increased the percentage of prisoners who left the prison with job offers. Since August 2021, the number of prisoners who had gained employment on release had increased from 6% to 20% (see paragraph 6.36).
- 5.51 Staff across the prison did not do enough to challenge prisoners who chose not to participate in education, training or work. Activity places were not fully used. A substantial number of prisoners (584) were unemployed and many who were allocated to an activity failed to attend. On some days half the learners failed to attend education sessions.

- 5.52 The self-assessment of education and vocational provision was appropriately evaluative. It identified key strengths and areas for improvement, which appropriately informed a quality development plan. The plan was monitored regularly to ensure that managers understood the progress they were making towards planning objectives.
- 5.53 Prison leaders were in the process of opening up work and education opportunities after the pandemic and many prisoners were not occupied during the day. Most only had the opportunity of a half day of ETE activity each day. Overall, there were not enough places to occupy prisoners purposefully.

## Section 6 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.

### Children and families and contact with the outside world

Expected outcomes: The prison 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 The visitors' centre, run by the Prison Advice and Care Trust (PACT), was well resourced and staffed by friendly, helpful workers. Visitors were assisted with their queries and supported through the visits process.



Visitor centre



**Children's play area outside visitor centre**

- 6.2 PACT family services provided excellent support to prisoners with family concerns and broader resettlement needs. Prisoners were helped to rebuild and maintain family relationships and children were given excellent support with play during visits. It was particularly impressive that prisoners with children of school age who wished to engage in their child's education were supported to do so. PACT had contacted a few schools and arranged parents' evenings through video calls.
- 6.3 The visits hall was a spacious, welcoming and relaxed environment. A designated tea bar had recently reopened for visitors to buy refreshments. Sentenced prisoners could have up to two visits a month and remand prisoners up to three visits a week. Enhanced prisoners were entitled to an extra hour for their visit, although this was incorrectly recorded as two visits, depriving prisoners of their full allowance.



### Visits hall

- 6.4 The number of visits that could be accommodated in each session remained restricted and had not increased when social distancing rules were lifted. The visits hall could accommodate up to 50 visits at a time, but this was still capped at 35. There were plans to remove this restriction in the near future, but it was not clear why this had not already been done as it restricted the availability of spaces.
- 6.5 Visitors said that they were treated courteously and with respect and our observations supported this. Visit start times were sometimes delayed but where possible extra time was given at the end of the session. Some visitors said they used the email-a-prisoner scheme but found it costly at 85 pence an email. They spoke of lengthy delays, sometimes of more than a week, in receiving responses.
- 6.6 Prisoners expressed frustration at the visits booking system, for example not being able to cancel a visit within 96 hours of the visit time and having to book children separately to the adults accompanying them. These procedural matters seemed an unnecessary inconvenience that leaders were unaware of.
- 6.7 In-cell telephones had been in place for some time and allowed prisoners easy access to their friends and family. This was much appreciated and, in our survey, 97% of prisoners said they could use the phone every day.
- 6.8 Secure video calls (see Glossary) were available on each houseblock and were much valued by prisoners and their families. Capacity did not meet the demand, with approximately 600 prisoners on each block competing for six terminals. This meant that slots were booked



immediately after they were issued. Plans were in place to address this.

- 6.9 Many prisoners complained that they did not receive their mail within a reasonable time. We observed a mail room that was disorganised and under-resourced with a considerable quantity of mail building up and not enough staff to process it. This resulted in lengthy delays.

## Reducing risk, rehabilitation and progression

Expected outcomes: Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

- 6.10 The population comprised a mix of remand and sentenced prisoners. Many were serving long or indeterminate sentences and about half the population presented a high or very high risk of harm. There was no whole-prison needs analysis to ensure that the needs of all prisoners were being met although the provision broadly met the typical needs of a category C training and resettlement prison.
- 6.11 Work to reduce reoffending had improved since our last inspection and was well coordinated. The leadership team had good oversight of outcomes in each resettlement pathway and delivery was driven through the use of an up-to-date action plan. A 'reducing reoffending' meeting took place regularly, although attendance by some departments was inconsistent. This potentially reduced the opportunity for collaboration, debate, and improvement.
- 6.12 Caseloads in the offender management unit (OMU) were high. Probation prison offender managers (POMs) held up to 55 cases, while prison officer POMs held up to 70. The OMU was considerably short staffed in both groups, particularly the probation POMs, and this was compounded by the fact that prison POMs had not had up-to-date training. The approach to case management had become reactive with timebound objectives such as parole reports, categorisation and OASys reports sometimes being rushed to meet deadlines.
- 6.13 Leaders had tried to resolve these issues by developing an alternative way of managing offenders' needs. As a temporary measure, a 'hub' of 300 to 350 prisoners who were outside their parole window were overseen by one offender manager. However, this was not a sustainable way to manage casework and there was some way to go to improve the current situation.
- 6.14 The frequency and quality of offender manager sessions were not good enough to drive sentence plans. We reviewed 20 cases in detail, only six of which indicated sufficient contact. The deficiency in POM contact might have been mitigated by consistent contributions from key workers, but we did not see key work entries in most of the cases we reviewed. Entries that we did see reflected a formulaic approach with



no recognition of the individual prisoner's broader objectives (see paragraph 4.2).

- 6.15 In our survey, 48% of prisoners said they had a plan to work to while in custody. There was a sentence plan in 18 of the 20 cases that we reviewed which were of at least a reasonably good standard.
- 6.16 Most of the cases we looked at had been affected by COVID restrictions, which limited the delivery of offending behaviour programmes. We assessed that progress against sentence plan targets was not good enough in 15 of the 18 cases.
- 6.17 Too many prisoners arrived at the establishment without an OASys assessment, and the prison had been unable to catch up with work to complete initial assessments promptly. Additional resources had been allocated to reduce the backlog, including some assessments being handled by the OASys national taskforce team. At the time of the inspection, 59 prisoners were overdue an initial assessment of their risk and needs.
- 6.18 The timeliness of subsequent reviews was not monitored or recorded and there was no quality assurance when reviews were completed. Seventeen of the 20 cases we sampled had an up-to-date OASys review. The most overdue case was dated May 2019 for a prisoner due to be released shortly after our inspection.
- 6.19 Few prisoners were eligible for home detention curfew (HDC). The process was reasonably well managed, although one-third of prisoners had been released late during the previous 12 months. Delays were not always within the control of prison managers.

### **Public protection**

- 6.20 Limited resources and a high demand had led to a deterioration in public protection arrangements. Procedures for initial risk assessments were very weak.
- 6.21 Phone and mail monitoring arrangements were in disarray. Monitoring had not been carried out for many of the identified prisoners, which posed a considerable risk to the public.
- 6.22 Prisoners subject to mail and telephone monitoring who were not English speakers did not have their communications translated. There were no arrangements to monitor the content of video calls made by prisoners who were subject to phone monitoring.
- 6.23 There was little management oversight of high-risk prisoners approaching release. The monthly interdepartmental risk management meeting was frequently cancelled, the terms of reference were very brief, attendance was not multidisciplinary and updates from other departments were not routinely provided.
- 6.24 However, prisoners subject to multi-agency public protection arrangements (MAPPA) were appropriately reviewed before release.

Most of the cases that we examined contained up-to-date risk management plans of a reasonably good standard. We found sufficient evidence of the notification of MAPPA levels and detailed discussion of appropriate risk management between the prison and the community offender manager.

- 6.25 We examined 10 MAPPA F reports (information for potential multi-agency release management assessments) which were not sufficiently analytical or detailed. The lack of detail was somewhat mitigated by offender managers attending many of the MAPPA meetings. Many of these higher-risk prisoners nearing release were included in the caseload of the short-term custody team of prison offender managers.
- 6.26 Staff participated in community MAPPA meetings through video-conference facilities and 72 community MAPPA meetings had been attended in the previous 12 months.

### **Categorisation and transfers**

- 6.27 The large number of categorisation reviews were carried out on time, most with appropriate justification and rationale. During the previous 12 months, 1,992 categorisation reviews had taken place, with six prisoners assigned to category B, 1,873 to category C and 113 to category D status. Prisoners were not routinely involved in their reviews. Efforts were being made to ensure that prisoners were informed of the outcome, which had not always been the case.
- 6.28 Regime restrictions and long waiting lists for offending behaviour programmes had given prisoners limited opportunity to demonstrate a reduction in their risk levels before their categorisation review, making it harder for them to progress. However, during the previous 12 months, 253 prisoners had benefited from progressive transfers to category D establishments. At the time of our inspection, 70 prisoners were awaiting a transfer to open conditions.
- 6.29 At the time of the inspection, 164 prisoners were serving life or indeterminate sentences, most of whom were located on two designated wings on Alwen block. About 40% were beyond their tariff period. There was minimal support for this group. Two lifer forums had been held which had not reflected the difficulties faced by this group. The minutes were poor with no record of attendees or the date of the meeting. Funding had been agreed to convert a space into a lifer lounge.

### **Interventions**

Expected outcomes: Prisoners are able to access interventions designed to promote successful rehabilitation.

- 6.30 Programme delivery was a core function of the establishment. While accredited interventions had continued to be offered, they had greatly

reduced in number and the projection for delivery in the coming year did not meet the needs of the population.

- 6.31 The programmes team screened all new arrivals and referred prisoners who required intervention. Long waiting lists were a source of frustration for many prisoners, who were unable to progress through their sentence. Some prisoners were released with their offending behaviour needs unmet.
- 6.32 The long waiting lists were mitigated to a limited extent by good in-cell packages of workbooks and videos which reflected the accredited interventions offered. Prisoners on waiting lists for medium-intensity programmes on thinking skills and building relationships were offered these packages so that they could complete some form of offending behaviour work.

## Release planning

Expected outcomes: The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 6.33 An average of about 140 prisoners had been released each month over the past year and work to support resettlement was good. A workshop area had been reconfigured into a large, shared space for all resettlement and OMU staff with interview booths for staff to meet prisoners. This was an excellent initiative, the best of its kind that we have seen recently, and it had yielded promising early outcomes for prisoners nearing release, including job offers and improved outcomes for accommodation on release.



**Meeting booths in resettlement hub**

- 6.34 A range of resettlement services, such as Job Centre, work coaches and housing support, were available to support prisoners' resettlement into the community. Resettlement outcomes were good for prisoners in terms of accommodation, finance and other pathways. A number of prisoners were supported in obtaining ID and opening bank accounts.
- 6.35 Release on temporary licence (ROTL) (see Glossary) had been reintroduced more quickly than at other prisons and was being used well to support resettlement for a small number of prisoners, who were going out to work each day.
- 6.36 Employment support was improving, and a number of job fairs had been held recently, each with a focus on a specific work sector. A number of prospective employers had attended, including regional and national organisations. Twenty prisoners had received firm offers of employment following two recent job fairs which was excellent. Plans to expand this work were encouraging. Since August 2021, the number of prisoners who had gained employment on release had risen from 6% to 20%.
- 6.37 A creative and impressive accommodation board game titled H.O.M.E., was available for all prisoners. This was an excellent visual tool which we saw prisoners using, and which helped them to find information on housing support and services and how to access them.



## H.O.M.E

- 6.38 We observed effective and timely handovers of cases by prison staff to community offender managers.
- 6.39 During the past year, 71% of prisoners had been released to suitable accommodation and 7% had been released with no fixed address.

## Section 7 Summary of priority and key concerns

The following is a list of the priority and key concerns in this report.

### Priority concerns

1. **Patients waited too long to access routine primary care clinics.** Primary care staffing and inconsistent prison officer escort arrangements led to long waits of up to 12 months for many routine clinics.
2. **Too many of the population did not have enough activity or time unlocked.** There were insufficient education and work places for the population.
3. **Prisoners' attendance in education, training and employment was not good enough.** Not enough was done to encourage prisoners to attend activities and often only about 60% of prisoners allocated to an activity turned up.
4. **A national staff shortage was affecting leaders' ability to deliver a fully functioning rehabilitative regime.** In particular, a severe shortage of band 3 officers, probation and health care staff affected the delivery of some services.

### Key concerns

5. **Not enough prisoners understood the rationale behind their allocation to education, training and employment.** Some prisoners felt they were allocated to activities that were not aligned to their interests and often disrupted classes.
6. **Levels of violence remained too high.** Data were not used well to monitor and identify trends over time, or to inform an effective action plan.
7. **Rates of self-harm remained too high.** Key work was not used to support prisoners at risk of self-harm and debriefs following acts of self-harm were not always carried out. Analysis of self-harm data was too limited to measure progress and inform improved practice.
8. **The applications and complaints systems were not fully effective.** Many prisoners waited too long for a response to their applications and complaints. Data were not analysed to understand and address common themes and there was a lack of effective quality assurance to drive improvement.

9. **Several patients had been taken off antipsychotic and other psychiatric medicines which had led to a deterioration in their condition.** This created potential difficulties when psychiatric treatment had to be reconstituted.
10. **Telephone and mail monitoring arrangements were in disarray.** Phone monitoring was not always carried out when required to reduce the risks of harassment and further criminal activity.
11. **The frequency and quality of offender manager sessions with prisoners was not good enough to drive sentence plans.** Work had become focused on timebound objectives such as parole reports, categorisation and OASys reports.



## Section 8 Progress on recommendations from the last full inspection reports

### 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 2019, reception and early days arrangements were excellent; new arrivals were well informed and there was a suitable focus on risk. Levels of violence were slightly lower than in similar prisons but too many prisoners still felt unsafe and experienced violence. Violence and drug use had reduced recently, but there was no coordinated approach to drive and monitor actions. Self-isolating prisoners were poorly cared for. Use of force was very high and opportunities to de-escalate incidents were missed. Security arrangements were good and the prison felt well ordered. Drugs were too easily available and psychoactive substances in particular posed a threat. Levels of self-harm were relatively low but the care of prisoners at risk of self-harm required improvement.

Outcomes for prisoners were not sufficiently good against this healthy prison test.

#### **Key recommendations**

The prison should develop a strategy to reduce violence based on an analysis of the causes of violence, supported by an action plan to drive and monitor a reduction in violent incidents. (S44)

##### **Not achieved**

Prisoners who are self-isolating should have their basic needs for food, hygiene, social contact and fresh air met. A plan to work towards ending their isolation should be agreed with them and regularly reviewed. (S45)

##### **Achieved**

The prison should continue its focus on drug supply and demand reduction, but should better coordinate and embed actions to reduce the availability and demand for drugs, and measure their impact. (S46)

##### **Achieved**



## **Recommendations**

Challenge, support and intervention plans (CSIP) should be used effectively to address violent behaviour and support victims. (1.14)

**Not achieved**

The rewards and responsibility scheme should incentivise prisoners to take responsibility and behave well, and provide effective and timely sanctions for poor behaviour. (1.15)

**Not achieved**

There should be effective governance of the adjudications process to ensure it provides active challenge to poor behaviour. (1.20)

**Achieved**

Full control and restraint and use of batons should be kept to a minimum through application of de-escalation techniques wherever possible. (1.24)

**Achieved**

Segregated prisoners should have access to a regime appropriate to their risk and behaviour. (1.28)

**Not achieved**

The prison should ensure that, where practicable, all intelligence-led drug testing takes place. (1.37)

**Not achieved**

The prison should record and analyse the causes of self-harm incidents, and use this material to inform the strategic management of safeguarding and suicide and self-harm prevention. (1.44)

**Achieved**

Assessment, care in custody and teamwork (ACCT) casework management documentation should be of a consistently good quality. Care maps for individual prisoners should identify objectives to address their risk of self-harm and ensure they receive the necessary care and support. (1.45)

**Not achieved**

All staff should understand their adult safeguarding responsibilities. (1.47)

**Not achieved**

## **Respect**

**Prisoners are treated with respect for their human dignity.**

At the last inspection in 2019, staff treated prisoners with respect, but they failed to challenge some low-level poor behaviour and their inexperience affected many areas of prison life. Prisoners had very good living conditions and access to basic essentials. Prisoner consultation arrangements were weak, and applications and complaints were not managed well enough. The food was good. The management and oversight of equality work was

weak. Faith provision was sound. The quality of health care was very good overall.

Outcomes for prisoners were reasonably good against this healthy prison test.

### **Key recommendations**

Prisoners should be supported and managed effectively by a responsive and capable staff group. (S47)

**Not achieved**

Senior leaders should promote the importance of equality work in the prison. There should be a robust strategy and oversight of equality work, informed by routine consultation, to identify and address the needs of prisoners in protected characteristics groups. (S48)

**Partially achieved**

### **Recommendations**

There should be effective and consistent consultation with prisoners. (2.20)

**Partially achieved**

Responses to complaints should be prompt. (2.21)

**Not achieved**

Personal emergency evacuation plans should always be fully completed and known to staff. (2.35)

**Not achieved**

Prisoner carers should be trained, have job descriptions and be supervised. (2.36)

**Not achieved**

There should be a prison-wide strategy to support health promotion. (2.52)

**Achieved**

Health staff should always see prisoners returning from external hospital appointments to establish any treatment and support needs. (2.60)

**Achieved**

The prison should ensure that suitable occupational therapy equipment and adaptations are provided and installed promptly. (2.66)

**Achieved**

The substance use services should have the necessary rooms to deliver therapeutic treatment. (2.79)

**Not achieved**

There should be a formal and robust procedure to follow up patients who miss medicine doses. (2.87)

**Achieved**

Pharmacists should carry out medicines use reviews with patients. (2.88)

**Achieved**

Prisoners should have access to dental treatment within community-equivalent waiting times. (2.91)

**Not achieved**

## **Purposeful activity**

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

At the last inspection in 2019, time unlocked was reasonably good for employed prisoners but poor for others. Too many prisoners were locked up during the working day. The regime was predictable and mostly ran to time. Library and PE facilities were good but attendance was not monitored effectively. There were sufficient activity places for the current population but the range of education, training and work did not yet meet the needs of prisoners. Many jobs lacked purpose, and too many prisoners were unemployed or failed to attend their allocated activity. The quality of teaching and learning was excellent, and prisoners who attended generally made effective progress and achieved well.

Outcomes for prisoners were not sufficiently good against this healthy prison test.

### **Key recommendations**

The balance and range of education, training and work places should reflect the needs of the population, keep prisoners occupied and be sufficiently challenging. (S49)

**Achieved**

All eligible prisoners should be allocated to an education, training or work placement, and should be encouraged and expected to attend. (S50)

**Not achieved**

### **Recommendations**

Prisoner attendance at the library and the gym should be analysed routinely to identify if any groups are excluded and to develop provision. (3.7)

**Not achieved**

Work and training should take place in realistic work environments. (3.39)

**Achieved**

There should be a clear strategy to promote the Welsh language and the Welsh dimension in activities for prisoners that encourages all prisoners, especially Welsh speakers, to use and develop their Welsh language skills. (3.40)

**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 2019, prisoners were given excellent support to maintain family ties. The strategic management of reducing reoffending was underdeveloped. Too many prisoners did not have an up-to-date offender assessment system (OASys) assessment. The quality of offender management was variable. Prison offender manager contact with prisoners was too inconsistent to drive sentence progression. Too many prisoners were released late on home detention curfew (HDC). Public protection arrangements were weak. There were too few offending behaviour programmes to meet prisoner need. Planning for prisoners' release was timely and they could currently access good support with housing, and finance, benefit, debt issues.

Outcomes for prisoners were not sufficiently good against this healthy prison test.

### **Key recommendations**

All eligible prisoners should have an up-to-date assessment that identifies their risks and needs. (S51)

**Not achieved**

Prison offender managers should have regular, good quality contact with prisoners, which drives their risk reduction and sentence progression. (S52)

**Not achieved**

Public protection procedures should be given urgent and sustained attention to ensure that prisoners' risks, both in custody and on release, are managed effectively. (S53)

**Not achieved**

All prisoners released from Berwyn should receive support to review and address their resettlement needs. (S54)

**Achieved**

### **Recommendations**

Prisoners should receive their incoming mail within 24 hours of its arrival at the prison. (4.6)

**Not achieved**

Prisoners who are suitable for home detention curfew should be released on time. (4.16)

**Not achieved**

There should be adequate provision to address the unmet needs of prisoners on indeterminate sentence for public protection post tariff. (4.17)

**Not achieved**

There should be enough accredited offending behaviour programmes to meet the needs of the population. (4.33)

**Not achieved**

## Appendix I About our inspections and reports

Her Majesty's 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, police and 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.

### **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 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 Her Majesty's 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.

Inspections of prisons in Wales are conducted jointly with Estyn and Healthcare Inspectorate Wales. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

## **This report**

This report provides a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at <https://www.justiceinspectors.gov.uk/hmiprison/our-expectations/prison-expectations/>). Section 7 summarises the areas of concern from the inspection. Section 8 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     | Chief inspector                       |
| Deborah Butler   | Team leader                           |
| David Owens      | Inspector                             |
| Nadia Syed       | Inspector                             |
| Lindsay Jones    | Inspector                             |
| Paul Rowlands    | Inspector                             |
| Jade Richards    | Inspector                             |
| Dionne Walker    | Inspector                             |
| Joe Simmonds     | Researcher                            |
| Rahul Jalil      | Researcher                            |
| Emma King        | Researcher                            |
| Alec Martin      | Researcher                            |
| Steve Eley       | Lead health and social care inspector |
| Karen Wilson     | Health and social care inspector      |
| Noor Mohamed     | Pharmacist                            |
| Claire Price     | Healthcare Inspectorate Wales         |
| Alun Connick     | Estyn inspector                       |
| Mamta Arnott     | Estyn inspector                       |
| Huw Davies       | Estyn inspector                       |
| Martyn Griffiths | Offender management inspector         |



## Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary, available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

### **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.

### **Healthcare Inspectorate Wales**

The independent inspectorate and regulator of health care in Wales. It inspects NHS services and regulates independent health care providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement.

### **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.

### **Offender management in custody (OMiC)**

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

**Protected characteristics**

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

**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).

**Recovery plan**

Recovery plans are published by HMPPS and aim to ensure consistency in decision-making by governors, by setting out the requirements that must be met for prisons to move from the most restricted regime to the least as they ease COVID-19 restrictions. (<https://www.gov.uk/government/publications/covid-19-national-framework-for-prison-regimes-and-services>)

**Reverse cohort unit (RCU)**

Unit where newly arrived prisoners are held in quarantine for between seven and 10 days.

**Secure video calls**

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

**Social care package**

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

**Special purpose licence ROTL**

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

**Time out of cell**

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

## **Appendix III 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 2022

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](http://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](mailto: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](mailto:hmiprisons.enquiries@hmiprisons.gsi.gov.uk)

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

Printed and published by:  
Her Majesty's 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.