

Report on short scrutiny visits to

Category C training prisons

by HM Chief Inspector of Prisons

5 May 2020

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Glossary of terms

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 in our 'Guide for writing inspection reports', available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

End of Custody Release Scheme

A national scheme through which risk-assessed prisoners, who are within two months of their release date, can be temporarily released from custody. See: <https://www.gov.uk/government/publications/covid-19-prison-releases>

Key work

The key worker scheme operates across the closed male estate, with prison officers managing around five to six offenders on a one-to-one basis.

Personal protective equipment (PPE)

Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

Reverse cohort unit (RCU)

Unit where newly-arrived prisoners are held in quarantine for 14 days.

Shielding

Those who have health conditions that make them vulnerable to infection are held for at least 12 weeks in a shielding unit.

Short scrutiny visit (SSV)

A new type of HM Inspectorate of Prisons (HMI Prisons) visit in which three similar establishments (for example, young offender institutions or local prisons) are visited. The aim of these visits is not to report on how an establishment meets HMI Prisons' Expectations, as in a regular full inspection, but to give a snapshot of how it is responding to the COVID-19 pandemic and to share any positive practice found.

Social distancing

The practice of staying two metres apart from other individuals, recommended by Public Health England as a measure to reduce the transmission of COVID-19.

Telemedicine

The practice of caring for patients remotely when the provider and patient are not physically present with each other.

About this report

- A1 Her Majesty's Inspectorate of Prisons (HMI 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.
- A2 All visits 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.
- A3 HMI Prisons normally reports against a wide range of detailed standards, which are listed in our Expectations. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to prisoners and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic has required a substantial revision of such norms, at least in the short term.
- A4 A detailed briefing document on our new methodology is available on the HMI Prisons website (<https://www.justiceinspectores.gov.uk/hmiprison/2020/03/covid-19-update/>). It discusses the reasons for the actions we are taking, the primacy given to public health considerations and their place within the approach of what we have termed 'short scrutiny visits'. The purpose of our current approach is to:
- fulfil HMI Prisons' statutory duty to report on treatment and conditions effectively, without adding unreasonable burdens to a system currently dealing with unprecedented challenges
 - promote transparency about the response to COVID-19 in places of detention and ensure that lessons can be learned quickly
 - use an adapted methodology which provides effective independent scrutiny while adhering at all times to the 'do no harm' principle. This means that HMI Prisons will not put detainees, prison staff or its own staff at unreasonable risk and will work in line with national public health guidance.
- A5 HMI Prisons recognises that at times of crisis and operational pressure, the risks of both conscious and unintentional mistreatment increase, and external perspective and oversight of closed institutions become even more important than usual. By identifying concerns, we also aim to promote more effective and safer practices in prisons, thereby supporting public health. Our methodology will be reviewed and updated in line with changing circumstances.
- A6 Key characteristics of short scrutiny visits are that only two to three inspectors will attend establishments, including a health inspector. Each visit will take place over the course of a single day, and will focus on a small number of issues which are essential to the care and basic rights of those detained in the current circumstances. These critical areas include: care for the most vulnerable prisoners and the need for meaningful human contact; support for those at risk of self-harm and suicide; hygiene; legal rights; health care; access to fresh air; contact with families, friends and the outside world; and support and risk management for those being released.

- A7 Short scrutiny visits do not allow the exhaustive triangulation of evidence that characterises inspections. However, they do enable us to tell the story of life in prison during the current crisis and comment on the proportionality of the action being taken. Each report normally encompasses three establishments, visited on the same day by different teams. Findings in the report are presented thematically rather than focusing on individual prisons.
- A8 For more information and updates on our response to the COVID-19 pandemic, see our website: <http://www.justiceinspectorates.gov.uk/hmiprisons/2020/03/covid-19-update/>.

Introduction

This report discusses findings from short scrutiny visits to Coldingley, Portland and Ranby. All three establishments are category C training prisons holding convicted adult male prisoners, but Ranby, with 1,000 prisoners, holds around twice the number of either Portland or Coldingley.

This report highlights the challenges of running these establishments safely during the COVID-19 pandemic. Managers at all sites had initiated regime restrictions to ensure prisoners could come out of their cells in smaller groups, as well as implementing social distancing measures within the prisoner populations and staff groups.

As at all establishments the impact of these measures had been a reduction in the amount of time prisoners spent out of their cells. This was a particular problem at Coldingley, where around two-thirds of the population had no toilet or sink in their cell. The lengthy periods for which prisoners were locked up had placed additional pressure on the 'on request' sanitation system usually only used during the night. The result was that prisoners, faced with long waits to use the communal facilities, resorted to using buckets in their cells. While this situation had improved, with prisoners now let out by staff during the day, prisoners faced waits of up to two hours during the night. In addition, communal toilets and showers were not cleaned often or thoroughly enough. The situation at Coldingley was likely to improve with the imminent addition of 48 temporary single cells within a week or two, but the difficulties faced by prisoners living in cells without sanitation raised the question of whether these cells should be currently occupied. The situation was exacerbated by the fact that prisoners had to eat their meals in these same cells, and that by the time of this visit hand sanitiser had not been provided.

Social distancing was very well marked out and generally adhered to at Coldingley. However, we saw some prisoners choosing not to follow advice at the other sites. Social distancing needed to be implemented far more rigorously in some work areas at Portland and Ranby.

The regime across all three sites varied. At Coldingley and Ranby most prisoners spent around an hour out of their cells each day. The regime at Portland was better, and in addition to prisoners having 75 minutes out of their cell, key work (where a named officer is responsible for five to six prisoners - see Glossary of terms) continued for about a third of prisoners and gym staff ran regular exercise classes for each wing.

While violence and self-harm had reduced at Ranby this was not the case at the other two establishments, where levels in April were similar to or above those recorded immediately before the restrictions were imposed.

Governance, partnership working and management oversight of health care were good at all three sites. Personal protective equipment (PPE) (see Glossary of terms) was available if needed. A triage system was in place and those who needed to could see a nurse or GP. Mental health therapy services had reduced everywhere but staff continued to focus support on patients most at risk. As a result, some individual work was taking place at all prisons where this could be safely achieved.

The suspension of visits had impacted on many prisoners. Nationally, HM Prison and Probation Service (HMPPS) managers had been slow to implement video-calling and at the time of our visit there was no such provision at any of the sites.

Preparation for release and procedures to protect the public continued at all sites. However, managers at each were rightly frustrated that the End of Custody Temporary Release Scheme (where risk-assessed prisoners, who are within two months of their release date, can be temporarily released from custody – see Glossary of terms), had not relieved population pressure. Despite significant efforts by local and national members of staff, only a very small number of prisoners had

been released, which meant that prisoners were being held in overcrowded or unsuitable accommodation.

While noting the success of action taken to prevent the spread of the virus, this report also highlights significant issues: the very poor conditions for many prisoners at Coldingley, the, as yet, negligible impact of the End of Custody Temporary Release Scheme and disparities in social distancing within and between establishments. It will not be possible to run a safe and decent regime without social distancing for some time and it should therefore be a priority for managers at all levels to ensure social distancing becomes established and embedded among both staff and prisoners.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons
May 2020

Notable positive practice

- Gym staff at Portland provided exercise classes to prisoners. These sessions increased the amount of time prisoners spent out of their cell and provided regular, meaningful exercise to a substantial proportion of the population. Prisoners were generally able to access about two sessions a week. Social distancing was properly enforced in these sessions and gym staff provided cleaning equipment and ensured there was time at the end of each session to clean each exercise area.
- At Portland and Ranby prisoners left their cells to collect their lunchtime and evening meals from serveries. Prisoners told us they appreciated this additional time out of their cell. At both sites we saw this being done in a planned way with most prisoners maintaining a two-metre distance from each other.
- Pre-release support from health care had been enhanced by providing 28 days of medication to take home.
- The use of telephony to facilitate initial triage and undertake some clinics demonstrated a positive use of available resources.
- The use of tablet devices at Portland, to download live prescribing information to better support medicines administration in areas without immediate access to a computer terminal, was innovative and helped reduce risk.
- Managers and staff at Coldingley had enabled the continuation of parole hearings by telephone conference.

Section 1. Safety

In this section, we report mainly on the actions taken to promote safety; the treatment of prisoners during arrival and early days; and the support for the most vulnerable prisoners, including those at risk of self-harm.

Actions taken to promote safety

- 1.1** At all three sites managers had reacted swiftly to implement new regimes, social distancing and isolation arrangements.
- 1.2** Isolating (referred to as cohorting in prisons) prisoners who were new to custody, especially vulnerable or had symptoms of COVID-19, appeared to have been effective in limiting the spread of the virus at all three sites.
- 1.3** Our staff survey was completed by 232 people (108 at Ranby, 68 at Coldingley and 56 at Portland). Generally, responses were positive. Staff who completed the survey mainly felt that they were kept informed about what was expected of them and nearly all felt that reasonable steps were being taken to keep prisoners safe. However, a considerable number – around a third – of respondents across all three sites did not agree that reasonable steps were being taken to keep staff safe.
- 1.4** Administering the restrictions had been a particular challenge at Coldingley, where the lack of in-cell toilets or sinks for around two-thirds of the population impeded the design and delivery of a decent regime. Initially prisoners were allowed just 15 minutes out of cell a day, with most only able to shower two or three times a week, and facing an unacceptable wait to use the communal toilets when they were locked up. Despite managers knowing that prisoners had been forced to urinate and defecate in buckets in their cells, personal supplies of hand sanitiser for prisoners was only ordered as a result of our visit.
- 1.5** To relieve population pressures, Coldingley's operational capacity had been reduced and 48 new temporary single cells were being prepared for habitation. Cell sharing would end altogether once the temporary cells came into use in the weeks following our visit.
- 1.6** Across all three sites communication with both staff and prisoners had been effective. Prisoners had received written information about the reasons for the restrictions and some prisoner consultation groups had been maintained.
- 1.7** Social distancing was necessary at all three establishments and in most areas we saw it working reasonably well, with occasional lapses at Coldingley, where the design of some of the buildings meant it was not always possible for staff or prisoners to maintain a two-metre distance from each other. At Ranby and Portland, some prisoners had chosen not to follow social distancing advice, and we had significant concerns about how it was maintained in some work areas at both sites (see Purposeful activity section).
- 1.8** At all three sites we saw staff working in offices that were too small to facilitate social distancing. In these offices there was no other mitigation (screens or other PPE) put in place.

Arrival and early days

- I.9** COVID-19 restrictions meant prisoner transfers had, at first, reduced substantially to all three sites. However, at the time of our visits all three establishments were receiving transfers of prisoners from the local prison estate. In addition, Ranby was also receiving prisoners returning to closed conditions from HMP Sudbury.
- I.10** New arrivals were separated from the rest of the population for 14 days in a designated reverse cohorting unit (RCU) (see Glossary of terms). We found reception and first night procedures were operating well. At all sites there were well developed procedures for cleaning cells and providing new arrivals with the equipment and clothing they needed. An amended induction was taking place but it no longer included external agencies, such as education providers, who were no longer on site.
- I.11** At each of the sites, prisoners arriving on the same day could be unlocked together, keeping a two-metre distance from each other. At Portland, where they received 30 prisoners every two weeks in groups of 15, this was relatively simple to manage, but the situation was more complicated at Ranby, where they received 30 new prisoners a week in groups of six. Staff were, however, managing this well. At all three sites prisoners on these units received the same limited regime as those living elsewhere in the prison.

Support for the most vulnerable prisoners, including those at risk of self-harm

- I.12** All sites had accommodation in which to isolate prisoners with symptoms of, or those who had been confirmed as having, COVID-19. At the time of our visit one prisoner at Ranby was being isolated with symptoms of COVID-19. We had significant concerns about how symptomatic prisoners were treated at Portland and Ranby. At both sites prisoners were not let out of their cells for exercise and while at Ranby prisoners could shower every three days, at Portland prisoners had no access to showers during their isolation. Isolation periods were at least seven days or longer if the symptoms persisted. At Portland, one prisoner had been subjected to this regime for 14 days. This regime was too limited and was not ensuring decent treatment of prisoners.
- I.13** In addition, all three sites had identified prisoners who were vulnerable to infection and needed to be shielded (see Glossary of terms). At Coldingley and Portland most of those identified had refused to be shielded and only two prisoners were being shielded at each establishment. Shielded prisoners at both sites received about 15-30 minutes less time out of cell than other prisoners, which was a significant amount of the restricted regime. In contrast, 24 prisoners had chosen to be shielded at Ranby, where they received the same regime as other prisoners.
- I.14** While all three sites saw an initial reduction in bullying and violence when the restrictions were introduced in March, this had only been sustained at Ranby. At both Coldingley and Portland the number of assaults in April had returned to levels recorded immediately before the restrictions were implemented.
- I.15** Portland and Ranby were still managing prisoners who were self-isolating. At Portland, while some of these prisoners had been moved to Beaufort wing and received the same regime as other prisoners, time out of cell for those on other locations was limited to a domestic period in which to shower and make a phone call, and they never went outside for exercise. At Ranby, self-isolating prisoners received a dedicated one hour of unlock time each day for

a shower and to clean their cell but, as at Portland, no opportunity to go outside for exercise.

- I.16** Self-harm had reduced at Ranby and remained stable at Coldingley, but had increased in April at Portland. ACCT processes (assessment, care in custody and teamwork case management for prisoners at risk of suicide or self-harm) continued to operate at all three sites and prisoners had access to the Samaritans phone line and Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners).
- I.17** Coldingley had increased the frequency of complex case meetings from fortnightly to weekly and at the other two sites weekly meetings continued. At Portland the prison was continuing to run about 100 key work sessions (see Glossary of terms) a week for this group. Key work had been suspended at the other sites and not enough was being done to monitor any deterioration in prisoners' mood at Coldingley, where there was no evidence of any recorded welfare checks in prisoners' case notes.

Section 2. Respect

In this section, we report mainly on living conditions and health care.

Living conditions

- 2.1** The interaction between staff and prisoners that we observed was respectful at all three establishments. It was positive that Portland was continuing with key work for about a third of the population. This was coordinated by the offender management unit and provided for prisoners who were highlighted by the weekly complex case (safety interventions) meeting. Key work meetings were well recorded.
- 2.2** At Portland and Ranby all prisoners had a sink and toilet in their cell, but at Coldingley two-thirds of prisoners lived on older wings in cells without these facilities. Very little time out of cell during the first five weeks of the restricted regime had placed extreme pressure on the night sanitation system at Coldingley. Prisoners waited for hours to be let out to use the toilets and wash basins and had urinated or defecated in buckets or bags in their cells instead.
- 2.3** At the time of our visit, the pressure on the night sanitation system at Coldingley had decreased. During the day, there were enough staff to unlock prisoners, but at night-time prisoners still typically waited at least two hours in the automatic queuing system to be let out.
- 2.4** The difficulties caused by the night sanitation system meant for the first five weeks of the restricted regime, most prisoners at Coldingley had only been able to shower two or three times a week. They now had reliable access to daily showers.
- 2.5** Managers at all sites had established more frequent and deeper cleaning of communal areas and cleaners reported having the materials they needed to do their jobs. We found wing cleaning was well organised at Portland and Ranby; communal areas were regularly disinfected throughout the day, including railings, door handles and showers. However, the communal showers and toilets at Coldingley were not cleaned often or thoroughly enough.
- 2.6** At Portland and Ranby prisoners left their cells to collect their lunchtime and evening meals from serveries. Prisoners told us they appreciated this additional time out of their cell. At both sites we saw this being done in a planned way with most prisoners maintaining a two-metre distance from each other. In contrast, all meals were delivered to cell doors at Coldingley, where prisoners ate them in potentially unsanitary cells. All three sites provided prisoners with an additional food pack containing drinks and snacks, and prisoners we spoke with appreciated this.

Health care

- 2.7** Effective health care management arrangements were in place at each of the sites visited. Partnership working, both within the prisons and with external stakeholders such as commissioners and Public Health England, was evident. Many services had been curtailed, but governance of these changes was in place, which provided greater assurance around patient safety and management of risk.

- 2.8** All lead providers had established coherent outbreak plans and they had the capacity to deliver them. Apart from some minor initial issues, no shortages of stock, PPE or medicines had been reported. All areas had adopted appropriate cohorting arrangements, but few prisoners at present were self-isolating, or had tested positive for the virus, though one prisoner at Coldingley had recovered following a period of hospitalisation. Local plans all described the testing arrangements in place for prisoners with symptoms. There were several prisoners who were being shielded and we saw processes followed to ensure that all prisoners who were at risk of becoming seriously ill had been identified. We were able to speak via telephone to a number of these prisoners as well as to some in protective isolation. Most understood the rationale for the approaches used, and generally appreciated the health care input that had been provided. Some expressed anxiety that officers were not using PPE in circumstances where social distancing may have been difficult to achieve.
- 2.9** All new arrivals received a full face-to-face health screen and symptomatic prisoners were transferred to the respective protective isolation units. All other newly arrived prisoners were managed as discreet groups on the designated reverse cohort units (RCU). Information about revised health services was well communicated to prisoners. There were obvious concerns about the use of night sanitation at Coldingley during the pandemic, which was used by around two-thirds of prisoners (see paragraph 1.4).
- 2.10** In line with changes in the community, primary care services had been reduced with a focus on acute or urgent health concerns. In all areas, applications for health support were followed up, with need triaged and escalated, including through direct contact using PPE, when required. Ranby had been able to make use of in-cell telephony to make appointments and establish virtual clinics.
- 2.11** Most specialists had retained a presence at all three sites and in many cases were still running some face-to-face clinics providing specialist triage, or addressing acute need, on a risk-assessed basis, including dentistry and GP services. Other input was provided as required on a risk-led basis (for example, the use of podiatry support at Coldingley and Portland to address diabetic foot care).
- 2.12** All health care teams had liaised closely with local hospitals regarding current and future appointments. Prisoners continued to attend external clinics where appropriate, and there had been greater use of telemedicine (the remote delivery of health care services – see Glossary of terms), including telephone contact between patients and their consultants, which helped alleviate patient anxiety about ongoing treatment. All areas were actively considering what services could be reintroduced, and at what stage, including whether any recent innovations should be retained once the limited regime began to return to normal.
- 2.13** None of the prisons currently had prisoners with significant social care needs, but personal care plans had been maintained and local authorities continued to offer assessments if required.
- 2.14** Each of the prisons had managed to maintain a level of mental health support for prisoners, albeit a reduced service, with a focus on supporting individuals who presented most risk. Nevertheless, practitioners had maintained contact with all patients on their caseloads, providing welfare checks and some individual work if contact could be arranged using social distancing. For example, Coldingley had introduced weekly wing clinics to provide more flexible, responsive individual support and at Ranby all prisoners on the shielded unit were seen daily.
- 2.15** Psychosocial work for prisoners with drug or alcohol problems had largely ceased, apart from welfare contacts and in-cell packs. However, input had recently restarted in the form of limited one-to-one work at Portland and some patients at Coldingley were now being seen for individual sessions. Prisoners receiving opiate substitution treatment continued to receive

appropriate support and all prisoners were offered naloxone (used to reverse an opiate overdose) on release.

- 2.16** Prisoners told us that they had continued to receive their prescribed medication. There was enhanced use of in-possession medicine and the arrangements to supply supervised medicines, despite taking longer than normal, were described as working safely. Though we were not able to observe medicine administration, governance of revised medicine practices was in place. At Portland, prescribing information had been downloaded onto a tablet device to provide flexibility while maintaining safe administration.
- 2.17** Pre-release support had been enhanced, for example through providing 28 days of medication to take home. Staff reported it was taking longer to make suitable external support arrangements for patients, but confirmed they had capacity to seek other lines of support where normal community provision had reduced.

Section 3. Purposeful activity

In this section we report mainly on time out of cell and access to activities.

- 3.1** Except for prisoners isolated from others, the regime was delivered by landing, with groups ranging from about 15 to 45 prisoners.
- 3.2** Initially the regime offered to prisoners was much poorer at Coldingley, where for several weeks prisoners received as little as 15 minutes out of their cell each day. At the time of our visit the three regimes were more comparable. At Coldingley and Ranby prisoners received a total of an hour out of their cells to exercise and have a shower, and to use wing phones at Coldingley. At Portland time out of cell was an hour and 15 minutes. Staffing levels were sufficient to ensure these limited regimes were consistently delivered.
- 3.3** At Coldingley, managers had created temporary exercise yards, which meant each prisoner could spend more time outside. This was a pragmatic and innovative way of improving the restricted regime.
- 3.4** In addition to their daily time out of cell, prisoners at Portland could access structured exercise classes organised by the gym staff. There were four sessions for each wing every week and prisoners were generally able to access about two sessions a week. Social distancing was properly enforced in these sessions and gym staff provided cleaning equipment and ensured there was time at the end of each session to clean each exercise area. Prisoners to whom we spoke appreciated this provision.
- 3.5** All three libraries had been closed since the beginning of the outbreak. A trolley service was being introduced at Coldingley and each wing at Portland had received a box of books. However, these were poor substitutes for a staffed library and we found some staff and prisoners at Portland were unaware of the service.
- 3.6** A small number of prisoners at each site were still employed, in a similar way to key workers in the community. These included cleaners, kitchen workers, laundry, waste management and those in the DHL workshop at Coldingley. Many work areas employed prisoners from across each site, making social distancing crucial to prevent COVID-19 spreading across establishments. While social distancing worked well in many areas we saw poor practice at Portland where there was little evidence of distancing in some work areas. Managers needed to rectify this before any further workshops were opened.
- 3.7** Education providers had withdrawn from all three sites but were providing in-cell work packs. These covered a wide range of subjects and offered some structured progression routes. At Portland and Coldingley these books were not marked or returned to prisoners to help them learn. It was positive that Ranby had a system in place to provide feedback and, in some cases, certificates. However, the tracking of workbooks which were being completed in cell was not robust enough to ensure this was available to every prisoner who completed the packs.
- 3.8** In addition to education work packs prisoners also had access to activity packs, including puzzles and in-cell workouts. At Portland the chaplaincy worked with Barnardo's to distribute packs to help prisoners keep in contact with their children and families.

Section 4. Rehabilitation and release planning

In this section, we report mainly on contact with children and families, and release planning.

Contact with children and families and the outside world

- 4.1 The suspension of visits had had a significant impact on many prisoners who had not had face-to-face contact with their families and friends for six weeks. Many prisoners we spoke to said this was one of their main frustrations with the COVID-19 restrictions. In response to the cessation of visits all sites had issued prisoners with £5 of additional phone credit each week, as well as additional letters.
- 4.2 Prisoners at Ranby had phones in their cells, but those at Coldingley and Portland had largely relied on communal wing phones, which made it difficult for prisoners to speak to family or friends at length given the brief period they had out of their cells. This was made worse on some wings at Portland due to some communal phones being broken. Isolated prisoners at Portland could use mobile telephones in their cells. At Coldingley, mobile phones were mostly used in the exercise yards because the in-cell signal was poor, and demand from prisoners had been high, with 600 additional calls made on these devices each week at this site.
- 4.3 In the week before our visits each of the three prisons had received two tablet computers to facilitate on-screen compassionate visits for prisoners who had been bereaved. However there continued to be no facility for prisoners to receive video calls. This was a significant gap and would become increasingly problematic if the restrictions on visits continued.
- 4.4 It was positive that the family engagement worker at Portland sent email updates to a list of around 50 families. There was effective partnership work with the chaplaincy to ensure more of the families of vulnerable prisoners were added to this list.

Release planning

- 4.5 The End of Custody Temporary Release Scheme had not had a meaningful impact on the population at any of the three sites. At Ranby, managers had undertaken a substantial amount of work around the scheme, but were frustrated that only five prisoners had so far been released, despite 64 being initially assessed as eligible for assessment of their suitability.
- 4.6 Public protection measures continued to be implemented at all three sites. New cases were screened and reviewed. Monitoring of contact by phone and letter continued but there was a backlog of around four weeks at Ranby which was caused by increased call volumes.
- 4.7 It was positive that managers and staff at Coldingley had enabled the continuation of parole hearings by telephone conference.
- 4.8 Release planning was continuing but varied at all three sites. At Coldingley the community rehabilitation company (CRC) continued to visit to plan for prisoners' resettlement. Seven prisoners had been released since the crisis began, one without housing. At Portland there was management oversight of high risk cases and continued communication with community partners. However, the CRC had ceased face-to-face contact with prisoners. At Ranby, the

effectiveness of release planning appeared to be compromised by both the high number of new prisoners having less than three months left to serve and the CRC operating a skeleton service.

- 4.9** Practical release support had been reduced with through-the-gate services no longer operating at Portland. Prisoners at all three sites who were not collected by friends or family faced convoluted journeys home as bus and train services had been reduced.

Section 5. Appendix

Scrutiny visit team

Angus Mulready-Jones	Team leader
Angela Johnson	Inspector
Alison Perry	Inspector
Jade Richards	Inspector
Nadia Syed	Inspector
Jonathan Tickner	Inspector
Stephen Eley	Health care inspector
Sarah Goodwin	Health care inspector
Maureen Jamieson	Health care inspector