

Report on short scrutiny visits to

Long-term and high security prisons

by HM Chief Inspector of Prisons

26 May 2020

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hmiprisons.enquiries@hmiprisons.gsi.gov.uk

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Her Majesty's Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England

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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 Temporary 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>

FFP3 mask

Filtering face piece (FFP) masks come in three respirator ratings: FFP1, FFP2 and FFP3. FFP3 offers the wearer the highest level of protection and is recommended for use during outbreaks of SARS, Avian Flu and Coronavirus.

Face fit testing

A face fit test should be carried out to ensure FFP3 respiratory protective equipment can protect the wearer. Any health care professional required to undertake an emergency intervention that creates aerosol-generated air-borne droplets is required to wear an FFP3 mask to protect themselves. (For details see: <https://www.hse.gov.uk/news/face-mask-ppe-rpe-coronavirus.htm>)

Personal protective equipment (PPE)

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

Protective Isolation Unit (PIU)

Unit or area for the temporary isolation of symptomatic prisoners for up to seven days; to be used if isolation within their current cellular location is deemed inappropriate (see the specific section for further guidance).

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.

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 sets out our findings from short scrutiny visits to three prisons within the long-term and high security estate: HMP Belmarsh, HMP Manchester and HMP Woodhill. We specifically explored the arrangements for managing such an establishment during the COVID-19 pandemic, including the impact of a restricted regime, adherence to social distancing and access to health care and release planning.

HMP Belmarsh is a high security prison which also serves the courts in the South East of England. HMPs Manchester and Woodhill were in the process of reconfiguring from high security local prisons to Category B training prisons.

Both Manchester and Belmarsh had experienced outbreaks of the virus and, tragically, some deaths. We visited the prisons two months after the national restricted regime had been implemented on 23 March. Managers at each site had maintained the delivery of the restricted regime and had worked hard to implement social distancing guidance for staff and prisoners. However, social distancing was difficult to adhere to on some wings due to the very narrow landings.

In our survey, most staff felt that the current level of restrictions was proportionate and that reasonable steps were being taken to keep prisoners safe. Ongoing communication about the pandemic and social distancing requirements was good but some prisoners were becoming frustrated about perceived differences between restrictions in prisons and the community, as community restrictions were beginning to be lifted.

Most prisoners lived in single cells and we found less crowding than we had seen at some of our other short scrutiny visits. Time out of cell was very limited and most prisoners were locked up for over 23 hours a day. Most had daily access to showers but at Woodhill symptomatic prisoners had not been able to shower for seven days and at Manchester access to showers differed between wings. Access to outdoor exercise was generally more reliable but was too short at about 30 minutes a day at each site.

Social visits remained suspended. Prisoners had in-cell telephones which they appreciated, and at each prison further steps had been taken to promote contact with family and friends, such as additional phone credit each week. However, the national rollout of video calling was very slow and none of the three prisons had been able to take up this opportunity at the time of our visits.

Arrival procedures and early days support were adequate at each site and the use of reverse cohorting units (RCUs – see Glossary of terms) and procedures to enable prisoners to shield were well established. However, at Woodhill the cross deployment of RCU staff to other wings risked cross-contamination.

Support for prisoners with vulnerabilities, including those at risk of self-harm, was good at each site. Belmarsh had developed a good system for identifying and monitoring those with specific vulnerabilities. Assessment, care in custody and teamwork (ACCT) support for those at risk of suicide or self-harm had been maintained at all three prisons and at Manchester the addition of trained counsellors was positive.

The provision of health care was good overall, with effective partnership working and COVID-19 delivery plans which modified services to mitigate risks. Belmarsh had not yet completed all the necessary testing for staff in the use of personal protective equipment (PPE – see Glossary of terms) and there was confusion among officers about the required PPE needed when undertaking resuscitation. The provision of mental health support was variable and at Manchester we were concerned that routine referrals were not being assessed or monitored. Medicines management remained robust.

Some key staff were not on site to deliver core functions such as allocation to purposeful activity and paid employment. As a result, prisoners who arrived after the restricted regime had started had not been allocated to paid activity or employment. Consequently, at Manchester for example, prisoners not allocated to an activity had to rely on £5 a week unemployment pay.

Existing public protection procedures were being sustained and we were told there was no backlog of work. The remaining core offender management tasks were being delivered but there was a lack of direct and ongoing contact between offender management unit (OMU)/community rehabilitation company (CRC) staff and prisoners, which left some prisoners frustrated. For example, we spoke to some prisoners due for release who said they had not had any direct contact or engagement in the last few weeks from OMU or CRC staff to help them prepare for their return to the community. These issues required urgent attention to ensure all prisoners were thoroughly prepared for their release. Few prisoners were eligible for early release under the End of Custody Temporary Release scheme (see Glossary of terms) and none had been released to date.

Although the slow rollout of video calling was disappointing, and there was some developing frustration about the level of continuing restrictions in prisons compared with that in the community, the overall response to the pandemic by each of the prisons we visited remained proportionate and well-managed.

Peter Clarke CVO OBE QPM

HM Chief Inspector of Prisons

June 2020

Notable positive practice

- Support for vulnerable prisoners was particularly good at Belmarsh. The COVID-19 working group had a list of 162 prisoners with various types of vulnerability and they risk-assessed each one for daily, three-day or five-day personal checks. Each prisoner was seen or phoned on these days, with a spreadsheet keeping track of all the contact.
- Trained counsellors had been allocated to the safer custody team at Manchester as ACCT case managers, which promoted good quality and multidisciplinary care planning for those in crisis or at risk of self-harm, in addition to direct work to address personal issues.
- At Manchester, GPs were piloting video link technology for routine appointments to minimise the risk of cross infection.
- At Woodhill each week, every prisoner was offered a well-being check in person by mental health staff. This meant that those experiencing negative impacts of prolonged lockdown had an opportunity to receive support.
- Prisoners at Woodhill could access a large DVD library, and many commented on how much they appreciated this provision. Many films were donated by staff.
- The gym department at Belmarsh ran popular outdoor circuit training sessions for prisoners several times a day.
- At Belmarsh, prisoners could have 60-second video messages sent to their families by phone with appropriate security precautions. At Woodhill prisoners could send photographs of themselves to their family.

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** Senior managers had provided good leadership at all prisons and had acted quickly to implement restricted regimes. All prisons had dedicated some management resource to coordinating the prison's response to COVID-19. For example, Manchester had a full-time COVID-19 lead manager to oversee the prison's action plan.
- 1.2** Staff sickness had reduced at all prisons since March, and staffing levels were currently supporting the delivery of the restricted regime.
- 1.3** Woodhill had not had any confirmed cases of COVID-19, but Manchester and Belmarsh had experienced outbreaks and, tragically, three deaths. Manchester was the first prison to report a confirmed case and a prisoner and a member of staff had subsequently died. However, there had been no confirmed cases during the three weeks prior to our visit and there were no prisoners who were currently symptomatic. At Belmarsh, a prisoner with underlying health conditions had died and a further outbreak, mainly among health care staff, was still being managed during our visit. The majority of staff who responded to our survey said they felt the regime restrictions were proportionate and that reasonable steps were being taken to keep prisoners safe.
- 1.4** Most prisoners lived in single cells and the prisons did not have the level of crowding that we have seen during other short scrutiny visits. We saw some good examples of social distancing, for example in well-controlled and properly supervised meal queues. However, distancing was sometimes not possible on narrow prison landings and, where it was, it was often practised inconsistently by prisoners and staff. More staff at Belmarsh than at the other prisons criticised safety measures taken by the prison, and we were not satisfied that all staff understood the risks presented by poor distancing.

Arrival and early days

- 1.5** All prisons had well-established reverse cohorting units (RCUs – see Glossary of terms). Adequate reception and first night processes were in place and were clearly focused on health and safety. Prisoners on RCUs were well informed about the regime. At Manchester, reception processes had been enhanced by the addition of mental health staff in reception and the area had been redesigned to promote social distancing at each stage.
- 1.6** Prisoners on the RCUs isolated from the rest of the prison together for two weeks and those we spoke to were positive about their treatment. However, staff on the cohorted units at Woodhill were not fully dedicated to that unit and their cross-deployment to other units increased the risk of cross-contamination.

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

- 1.7** At Woodhill and Manchester, the number of recorded self-harm incidents had reduced since the start of the national restrictions in prisons on 23 March, while in Belmarsh they had remained stable. ACCT case management for prisoners at risk of suicide or self-harm was still being undertaken in line with requirements at all prisons. At Belmarsh health care staff were represented at almost all case reviews, despite the high level of sickness absence within the team. The safer custody team at Manchester had been enhanced by the addition of trained counsellors to undertake case management work with those at risk of self-harm or in crisis. The counsellors could be directly involved in the management of each case and provide additional support, such as promoting coping skills, to those in crisis. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were still available, and all prisoners had access to the Samaritans phone line.
- 1.8** Vulnerable prisoners received good support at each prison. At Belmarsh, the COVID-19 working group had a list of 162 people with various types of vulnerability; each was risk-assessed regularly for either daily, three-day or five-day personal checks, and were seen or phoned on these days. At Manchester, the safer custody team was proactive, and we were pleased to see the use of trained counsellors to support individual prisoners. At Woodhill, prisoners received weekly face-to-face contact from the mental health team for a welfare check, and prisoners we spoke with appreciated this.
- 1.9** Prisoners who met the criteria for shielding (see Glossary of terms) often declined to move to dedicated shielding units but were still appropriately supported at each prison. We spoke to shielding prisoners, using in-cell telephones, and they were positive about staff support and the focus on their welfare.
- 1.10** At Woodhill, prisoners who had been symptomatic were also positive about the support provided by staff during their isolation. However, some of them had no opportunity to come out for a shower in the seven days of their isolation. This was being rectified through the introduction of a cleaning protocol to allow any new symptomatic prisoners to shower daily.

Section 2. Respect

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

Living conditions

- 2.1 Prisoners and staff were generally positive about the efforts to inform them of developments and the steps being taken to keep them safe during the pandemic. Regular written bulletins on COVID-19 were distributed at each of the prisons, and prison television and radio channels were used to provide health-related information. At Woodhill and Manchester, it was positive that the prisoner consultative committees continued, and that they were facilitated in meetings where there was appropriate social distancing.
- 2.2 Relationships between staff and prisoners appeared positive at all three sites. We saw staff engaging well with prisoners and generally encouraging them in safe practice, especially in the cohorted units. At Manchester, most prisoners we spoke to felt that staff were doing what they could to help. There had been a lack of formal keyworker or personal officer contact in all three prisons since the start of the restrictions, but Woodhill had begun to reintroduce this, albeit in a limited way.
- 2.3 Living conditions were acceptable, but some prisoners at Belmarsh were living three to a cell which was originally designed to hold two. This was compounded by the fact that prisoners were locked up for over 23 hours a day.
- 2.4 At Belmarsh prisoners had time to shower every day, except for those on the protective isolation unit (PIU – see Glossary of terms) who were only allowed to shower three times a week. At Manchester not all wings were providing time for a shower each day and there were inconsistencies in practice between wings. At Woodhill prisoners could shower six days a week.
- 2.5 Cell cleaning materials were made available on the wings at all three prisons and few staff or prisoners reported any problems with the supply. More frequent and deeper cleaning of communal areas was taking place at each site and Manchester had appointed more prisoners to undertake this extra work.
- 2.6 Meals were collected from wing serveries and we saw reasonably good control of queues to limit their size and ensure social distancing as far as possible. Some additional snack items were given in view of the long periods in cell.
- 2.7 There was a considerable number of foreign national prisoners at Belmarsh, and staff said that telephone interpretation was being used. The weekly COVID-19 newsletter to prisoners was being translated each week for Romanian prisoners, with the aid of a staff member.

Health care

- 2.8 Partnership working between health care, NHS commissioners and Public Health England was effective across the three prisons. Each had instigated COVID-19-specific delivery plans which detailed service modifications to mitigate risks. Safe staffing levels had been maintained at all sites and health care staff were providing 24-hour cover each day.

- 2.9** All sites had good, uninterrupted supplies of personal protective equipment (PPE) and face fit testing of health care staff for FFP3 masks (see Glossary of terms) had been achieved at each site apart from Belmarsh, where only about half the health care staff had been face fit tested, which created some risks. Emergency equipment had been modified appropriately, but at Manchester and Belmarsh officers were not necessarily aware of the required PPE to use when undertaking resuscitation.
- 2.10** New arrivals were seen face-to-face for their reception screening assessment. Access arrangements to health provision were unchanged and application forms were triaged by the nurse and risk managed. Most referrals at Woodhill were verbal as nurses were based on the wings. However, at Belmarsh, some custody staff completed applications for prisoners which had the potential to compromise confidentiality.
- 2.11** Effective triage and pre-planned telephone consultations ensured prisoners were being seen by the nurse or GP when necessary. Wing-based treatment was being delivered proactively and at Manchester the GP was trialling video calling to prisoners for routine appointments. Hospital consultations were still taking place following prioritisation by external specialists, but were also being facilitated over the phone.
- 2.12** We found varied provision of mental health support. At Woodhill, mental health staff were on the wings every day providing support and undertaking weekly welfare checks, but, at Manchester we were concerned that routine referrals were not being assessed and no monitoring of those waiting was taking place.
- 2.13** Patients who were dependent on drugs and alcohol continued to receive clinical support with a focus on stabilisation and maintenance. Psychosocial support was provided through in-cell work and telephone calls, alongside some face-to-face interventions. Substance misuse services at Manchester had a detailed recovery plan in place to further develop services, which was promising.
- 2.14** Most allied health professionals' clinics were curtailed in line with the community; for example, prisoners had access to emergency dental treatment only. Social care packages had been maintained and prisoners we spoke to were happy with their care.
- 2.15** Medicines supply had been unaffected in recent weeks and the number of in-possession medicines had been increased. Prisoners required to collect medication did so while adhering to appropriate social distancing.

Section 3. Purposeful activity

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

- 3.1** Time out of cell was very limited for most prisoners at all three sites. For most it consisted of 30 minutes of outdoor exercise each day and some additional time for showering and undertaking domestic tasks. Most prisoners understood and accepted the reasons for these measures, even though they were extreme. However, a sense of fatigue and frustration was becoming evident and at Woodhill and Manchester some felt that the restrictions could be loosened in line with those in the community.
- 3.2** Access to off-wing employment was variable. For example, at Belmarsh, two workshops continued to assemble dry food packs, employing about 50 prisoners, and at Manchester the print shop, for example, ran with a reduced workforce. At Woodhill almost all off-wing work had been suspended.
- 3.3** At Woodhill and Manchester those who had arrived after the implementation of the restricted regime had not been able to gain paid employment as staff had not been available to complete the assessment and allocation procedures, following advice from their employer to avoid being on site. These prisoners received a small unemployment allowance each week but this amount was different at the two sites. At Manchester, about 20% of the population had not been allocated to a paid activity. Although the unemployment pay had been increased to £5 a week from £2.50 this was still low and much lower than the pay employed prisoners received. Some other prisoners had been able to maintain attendance at their allocated employment and some said they were getting a bonus for attending during the pandemic, which almost doubled their weekly pay.
- 3.4** None of the education departments were open. In-cell activity packs had been produced and were available; at Belmarsh, for example, the college had produced a series of resources at different levels of difficulty, and the activities team supplemented these with other resources. However, there was no facility for marking the work or providing feedback. At Woodhill, some of the activity packs had been translated into other languages spoken by prisoners.
- 3.5** None of the libraries were open, but prisoners could order books regularly. At Woodhill a DVD library, with many films donated by staff, was a good innovation and was popular with prisoners.
- 3.6** The gymnasiums were closed. Only Manchester enabled prisoners to use the fitness equipment in the exercise areas by cleaning it before each session. At Belmarsh, PE staff were providing a much-appreciated service, taking groups for circuit training and other structured fitness activities on the Astroturf area, involving 40 prisoners daily. There was no similar provision at the other two prisons, but in-cell exercise routines were available at Woodhill and these were shown on the local television channel and included in the prison magazine.

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 was having a significant impact on many prisoners who had not had face-to-face contact with their family or friends for the last two months, since restrictions had come into place. Many prisoners we spoke to said this was their key frustration with the restricted regime.
- 4.2 It was disappointing that video calling technology to support contact with family and friends had not yet been implemented in the three prisons. Each prison had just two tablet computers that they could use for compassionate reasons such as virtual attendance at a funeral. While this was good, their use in promoting contact for other reasons had not been developed, which was a missed opportunity.
- 4.3 Each prison had in-cell telephones which were much appreciated by prisoners in the absence of actual visits from family and friends. The three prisons had implemented national guidance and gave prisoners an extra £5 a week telephone credit in addition to the normal £5. At Woodhill prisoners could also apply for a £20 a month loan for additional telephone credit. At Manchester the cost of phone calls had been halved. Prisoners could also send more letters if they wished.
- 4.4 We were told about a couple of creative initiatives to improve contact and support family ties. At Woodhill, prisoners could send photographs of themselves to their family and at Belmarsh they could send 60-second video messages.

Release planning

- 4.5 Very few prisoners were eligible for early release under the End of Custody Temporary Release scheme (see Glossary of terms) and nobody had been released to date under this scheme.
- 4.6 Public protection had remained a high priority and we were told that existing procedures were being sustained. Despite the increase in the number of phone calls prisoners could make and the number of letters they could send we were told that there was no backlog in the monitoring of these calls. Contributions to multi-agency public protection arrangements (MAPP) continued and each prison was still running an interdepartmental risk management meeting or equivalent to consider the release of high-risk prisoners.
- 4.7 Core offender management tasks were being completed despite reduced staffing at each site. Video link and telephone conferencing were used to support the completion of reports and assessments of risk. Home detention curfew assessments were up to date and re-categorisation reviews were continuing. The main weakness was the lack of face-to-face contact with individual prisoners by offender managers and resettlement staff. This position required review to ensure that the restrictions were still proportionate. Many prisoners we spoke to felt frustrated at the lack of contact and some who were due for release said they

had still not had any direct discussions with either their prison or community offender managers.

- 4.8** Similar restrictions were in place for the community rehabilitation company (CRC)/resettlement staff, which meant that face-to-face contact was not provided. CRC staff had focused on securing accommodation on release but we found other resettlement needs that had not been addressed, such as opening bank accounts. Very few prisoners were released from the three prisons without accommodation to go to and there was continued use of approved premises for those presenting a higher risk of harm.
- 4.9** There was very little recording in individual prisoners' National Offender Management Information System (NOMIS) case notes, including a lack of key worker entries, and there was a danger that the focus on progression of individual prisoners had, for the time being, been lost.

Section 5. Appendix

Scrutiny visit team

Sandra Fieldhouse	Team leader
Martin Kettle	Inspector
Hindpal Singh Bhui	Inspector
David Owens	Inspector
Deri Hughes Roberts	Inspector
Chris Rush	Inspector
Tania Osborne	Health care inspector
Shaun Thomson	Health care inspector
Paul Tarbuck	Health care inspector