

Report on short scrutiny visits to

Prisons holding prisoners convicted of sexual offences

by HM Chief Inspector of Prisons

2 June 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 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>

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 7 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.

Shielding Unit (SU)

Unit or area for the temporary isolation of those prisoners within the NHS England vulnerable persons cohort for 12 weeks; reducing the likelihood of this susceptible group contracting the virus.

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.justiceinspectors.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 describes the findings from short scrutiny visits to HMP Littlehey, HMP Rye Hill and HMP Stafford, all of which hold adult prisoners convicted of sexual offences. At the time of our visits the combined number of prisoners held in the three prisons was over 2,500: Littlehey held 1,161, Rye Hill 657 and Stafford 711 prisoners.

The prisons had adopted clear plans to manage the pandemic at the start of the lockdown, identifying those who were most vulnerable so they could protect them and limit the spread of the virus. Information about COVID-19 and its impact on the regime was well communicated, particularly at Rye Hill where the governor recorded a video message each day which was shown on in-cell televisions. All three sites remained calm, well ordered and safe. Managers and staff had prioritised assessment, care in custody and teamwork (ACCT) processes and care for the most vulnerable.

The age and disability profile at all three prisons heightened the risks associated with contracting the virus and leaders exercised particular caution in creating a balance between offering regime and protecting their staff and population. In conjunction with their health care providers, Stafford and Rye Hill selected prisoners who were in a very high-risk category due to their age or serious underlying conditions and put systems in place to shield them from the virus. For both prisons this equated to less than 10% of their population.

Littlehey had been declared an official outbreak site in March. Three prisoners had tragically died from COVID-19-related illnesses and there was a spike in the number of prisoners and staff testing positive for the virus. The prison, in conjunction with Public Health England (PHE), took swift action to control the spread of the virus. In a relatively short period of time the prison, in conjunction with health specialists, managed to bring infection rates down to a low and manageable level which was commendable. It was understandable that in the early days of the crisis the prison adopted a very cautious approach to shielding prisoners at Littlehey. Over half of the 1,161 prisoners were identified as at risk, including some at the lower threshold of the recommended criteria. However, having successfully taken hold of the situation in early April, the criteria remained unchanged and progress in improving the severe regime was slow. By time of our visit in early June, Littlehey was still providing a comparatively poor regime even though the risks had reduced.

Prisoners at Stafford, and the vast majority of prisoners at Rye Hill, could shower every day and most prisoners had daily access to telephones and exercise. At both sites, there was little difference between provision for shielding and non-shielding prisoners. In contrast, neither group at Littlehey was unlocked every day but the regime was particularly harsh for shielding prisoners who could go up to 72 hours without access to showers, phone calls and exercise.

Health and safety protocols were in place. With a few exceptions at Rye Hill, communal cleaning across the sites was good and prisoners were able to keep their cells clean. However, one of the most reassuring protective factors within the restricted regime was the positive relationships between staff and prisoners. The reduction in formal one-to-one interaction, such as key work, had a negative impact on prisoner well-being, but staff did their best to support the prisoners in their care. In line with national guidance, prisoners were given additional items to compensate for the restrictions, including extra phone credit.

Most health care clinics had been suspended but managers at all three sites had implemented a triage system to ensure that urgent cases were dealt with appropriately. Risk assessment for in-possession medication had been subject to review and as a result there had been a reduction in the volume of 'at hatch' medicines administration. This may be an area where systems adopted during the crisis can be carried forward in the future.

Prisoners at all three sites had experienced very restricted regimes for the 10 weeks leading up to our visit. All had retained roles in key areas of work such as kitchens and cleaning but most prisoners

remained locked up during the day. They were provided with activity packs and workbooks in their cells to help pass the time. Rye Hill had been particularly innovative in its use of its information channel as a means of providing stimulation and entertainment during the long hours confined to cell. Impressively, Stafford continued to offer PE in the open air at least once a week. However, classroom education had ceased and there had been a disappointing response to marking in-cell work books.

As in all other prisons, visits had ceased and prisoners had not seen their family and friends for nearly three months. Although all three prisons were providing additional phone credit, there was still no facility for prisoners to receive video calls. It is difficult to understand why HM Prison and Probation Service (HMPPS) had not embraced technology for this purpose more quickly, either by accelerating the long term corporate solution or exploring other temporary means of facilitating safe and properly supervised contact.

It was reassuring that appropriate public protection measures had been maintained given the serious nature of the offenders held at the three sites. Prison offender managers continued to provide some support prioritising important processes such as parole hearings and recategorisation. However, the widespread cancellation of programmes and the withdrawal of partner agencies from the prison had all but eradicated offending behaviour work and as yet there were few detailed plans to reintroduce important interventions. Preparation for release and some through-the-gate support was still in place for the small numbers of prisoners released at the end of their sentences.

Prisons of this type typically house a compliant population and this had remained the case throughout lockdown. However, it was clear that prisoners were becoming more frustrated by the restrictions in place and the impact they were having on their mental health, their families and their ability to progress. While this report highlights some successes in keeping the prison population safe during the pandemic, it also points to some of the negative and unintended consequences of continuous restriction and demonstrates the need to take steps to restore a safe, more reasonable and purposeful regime as soon as possible.

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

Notable positive practice

- At Rye Hill, vulnerable prisoners could access therapy dogs which helped to relieve stress and provide comfort during lockdown.
- Prisoner council meetings at Littlehey and Stafford enabled prisoners to put forward concerns and suggestions to managers during lockdown.
- Weekly worship was televised and shown on in-cell televisions at Rye Hill.
- At all three sites, prisoners could attend the servery to collect a meal at least once a day, which provided some normality and an opportunity for socially-distanced contact with peers and staff.
- At Stafford, most prisoners could access PE-led outdoor sport and fitness sessions at least once a week.
- A palliative care consultant and nurse continued to visit patients at Littlehey and an expected non-COVID-related death of one patient under their care was dealt with in a compassionate and caring manner.
- At Rye Hill, the information channel on in-cell televisions was being used innovatively to inform and keep prisoners occupied. The range of broadcasts included a daily video recorded by the director, TED talks, quizzes, virtual tours of museums and zoos and interactive activities by a range of departments.
- The programmes team at Littlehey carried out some one-to-one work to help a small number of prisoners close to release to complete their offending behaviour programme.

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** All three prisons had clear plans to manage the impact of the pandemic, although there were differences in the approaches taken to keep prisoners and staff safe. At Stafford, measures were in line with national guidance, while at Rye Hill and Littlehey, some processes were adapted at a local level. At the time of our visits, staffing levels at all three prisons were adequate to run a restricted regime and all remained safe and stable. Health and safety protocols were in place but despite best efforts social distancing was difficult to maintain in small offices and corridors at all three prisons.
- 1.2** A high proportion of the population across the three sites were classed as vulnerable, primarily due to age, and many had some form of medical condition or disability. Despite this, there had been no positive cases of COVID-19 among prisoners at Stafford or Rye Hill, and only a small number of cases among staff. There had been one COVID-19-related death of a prisoner from Rye Hill in hospital. Stafford and Rye Hill had taken a sensible approach to identifying prisoners who were most at risk and needed to be shielded. Stafford had identified 66 of its 711 prisoners as being at risk and Rye Hill had identified 43 from a population of 657.
- 1.3** At the start of the crisis, there were three COVID-19-related deaths at Littlehey (in two of these cases, the virus had been contracted in hospital) and the prison was declared an official outbreak site. Working in conjunction with Public Health England (PHE), the governor instigated a complete shutdown of the regime for seven days to contain the virus and reduce the risk of widespread infection. This action, although severe, no doubt enabled the prison to bring infection levels down swiftly and effectively. Understandably, this early experience had made the prison extremely cautious in its management of the pandemic. Outbreak management meetings were guided by PHE's analysis of the virus, which indicated that risks to life were most significant towards the end of March but then reduced to levels comparable with other prisons throughout April and May. Despite the reduction in risk, the prison maintained its very cautious approach throughout this period. The Littlehey shielding criteria included the extremely vulnerable and all vulnerable categories. Interpretation of the guidance on who to shield was much broader than at other prisons which meant that over half of the 1,161 prisoners were identified for shielding. This caution was defensible in the early days of the crisis because the prison had to protect prisoners while the virus was spreading. However, as the risk reduced over time, the list of shielding prisoners was not reviewed to consider the removal of those at lower risk. Managers could not confirm if any prisoners had opted out of shielding. There were plans to offer prisoners disclaimer forms if they wished not to shield, but the option was not widely known.
- 1.4** Stafford had established a discrete unit for half of its shielding prisoners and a PIU (see Glossary of terms) for symptomatic prisoners or those returning from hospital. This enabled it to provide a basic regime every day, including showers, which was similarly provided for shielded prisoners located across the prison. All shielding prisoners at both Rye Hill and Littlehey were located across residential units. At Rye Hill, some safeguards required to keep shielding prisoners safe, such as social distancing and cleaning between sessions in the shower, were not strictly adhered to. Managers at Littlehey described plans to utilise up to

three wings as shielding units which would keep prisoners safe and reduce the problems associated with having to split regimes. However, the pace of progress in this area was slow which meant that all prisoners continued to suffer a poor regime.

- I.5** Communication was effective and both Littlehey and Stafford had a dedicated COVID-19 lead. At Rye Hill, the director presented an innovative daily video to prisoners through in-cell TV which explained what was happening at the prison as a result of the lockdown. Appropriate health and safety protocols were in place. The requirement for social distancing was well communicated but not always adhered to, often because the physical layout of all three prisons made it difficult, but sometimes also due to a lack of care or consideration. Prisoners at all three sites were frustrated by the uncertainty of future restrictions and the impact on their rehabilitative progress but prison leaders did not have sufficient information to be able to alleviate these concerns.

Arrival and early days

- I.6** Population pressures were managed pragmatically. Neither Stafford nor Rye Hill had received any new prisoners during the period of lockdown which enabled them to manage their cohorting arrangements well. They both had systems in place which would enable them to receive and manage new prisoners should the need arise.
- I.7** Littlehey had received two small groups from HMP Chelmsford and HMP Norwich. Prisoners from Norwich said they had received little notification about where they were transferring to. However, on arrival staff were welcoming and first night procedures were delivered safely. The new arrivals at Littlehey did not receive the usual induction programme but were issued with a booklet. This was not translated into other languages or delivered verbally for those who could not read. However, both staff and the induction orderly were approachable and helpful and new prisoners said they understood the basic procedures.
- I.8** The regime for new prisoners on the reverse cohorting unit (RCU, see Glossary of terms) at Littlehey was poor. Prisoners were unlocked for 30-minute sessions from Monday to Thursday and for two 45-minute sessions on a Friday. This meant they were unable to shower, exercise or make phone calls all weekend as they remained locked up. One prisoner described the monotony of his day while on the unit but said the boredom was marginally mitigated by his view of the prison's pleasant environment.

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

- I.9** Assessment, care in custody and teamwork (ACCT) processes and care for the most vulnerable was prioritised at all three sites. Levels of self-harm had increased slightly at Rye Hill and Littlehey but both prisons conducted daily face-to-face welfare checks on prisoners being cared for through the ACCT process. Daily calls by staff to prisoners via in-cell phones provided additional support at Rye Hill and managers at Littlehey had implemented a rota to visit all prisoners to check on their welfare. At Stafford, weekly recorded welfare checks had only just been introduced for the most vulnerable prisoners but other prisoners did not have any formal face-to-face review.
- I.10** Rye Hill prisoners could access Pets as Therapy (PAT) dogs which helped to relieve stress and provide comfort during lockdown.

- I.II Across the sites, good staff-prisoner relationships were a protective factor in keeping prisoners safe but the lack of regular meaningful human interaction and prolonged isolation were taking their toll on some.

Section 2. Respect

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

Living conditions

- 2.1** Despite the regime restrictions, we observed good relationships between staff and prisoners. Staff were visible and approachable and prisoners we spoke to felt that staff were doing what they could to help them deal with lockdown. Formal key worker sessions had ceased across all three sites at the start of the restrictions, although they had recommenced gradually in recent weeks with 150 prisoners at Rye Hill. Stafford had recently introduced weekly key worker contact for the most vulnerable prisoners.
- 2.2** Wing cleaning was reasonably well organised. At Stafford and Littlehey communal areas, and ‘touch points’ such as door handles and railings, were routinely disinfected, but this was less frequent at Rye Hill. Showers were not cleaned between uses at Rye Hill. Prisoners at all three sites told us they had good access to cleaning materials and to items to keep their cells clean and maintain their personal hygiene.
- 2.3** At Stafford all prisoners could shower every day. At Rye Hill most prisoners could shower daily but some shielded and isolated prisoners (five at the time of the visit) could only shower every three days. At Littlehey half the population could only shower five times a week, and they often had to choose between showers, phone calls or exercise in the short sessions provided.
- 2.4** At the three prisons, all prisoners (except those shielding or isolating) were unlocked to collect at least some of their meals from the servery. These arrangements were well organised and provided some normality and structure to the day and allowed prisoners some valuable time unlocked and the opportunity to have socially-distanced contact with staff and other prisoners. Prisoners we spoke to at Rye Hill and Stafford were satisfied with the quality of the food served, but at Littlehey many prisoners complained about food as the meal choices had been reduced since lockdown. All three sites provided prisoners with additional food or snack packs each day, which were appreciated.
- 2.5** Consultation meetings with prisoners had ceased at Rye Hill although prisoners were encouraged to write to staff to provide suggestions and feedback about in-cell activities and other distractions. The Residents’ Council meetings at Stafford and Littlehey had restarted and provided a valuable voice for prisoners.
- 2.6** Chapel-based faith services had been stopped at all of the prisons but chaplains were active in offering spiritual and pastoral care by visiting wings and prisoners on request. Rye Hill provided televised weekly worship which was a very good use of the available technology.

Health care

- 2.7** In the first phase of lockdown there had been a rapid response to implement effective communication between health providers, the prison, commissioners and Public Health England. This was of note in Littlehey where, as an official outbreak site, Public Health England had steered the planning and outbreak management meetings. Rye Hill and Stafford had COVID-19 local operational service delivery plans in place and there was good access to personal protective equipment (PPE, see Glossary of terms) at all sites.

- 2.8** Staffing had been maintained across most of the services on the three sites. However, at Littlehey staff were stretched, particularly within the mental health team, which was running with half the usual number of staff due to staff vacancies and staff shielding. Despite this, they had maintained support to patients on their caseload and offered mental health and well-being support to others.
- 2.9** Using information provided by the NHS, all sites had identified vulnerable patients and those that required shielding. These prisoners had been visited and given information on COVID-19 and shielding. At Stafford the shielding patients were primarily located on one wing with the remaining prisoners on other units, while at Rye Hill they were placed across the units. Littlehey had designated half of the population as vulnerable or extremely vulnerable, some of whom were at the lower threshold of this guidance. The regime for all prisoners at Littlehey was poor but particularly for those who were shielding. Across all three sites patients were seen or contacted regularly by health care staff.
- 2.10** A palliative care consultant and nurse continued to visit patients at Littlehey and the expected death of one patient under their care was dealt with in a compassionate and caring manner. The death was not related to COVID-19.
- 2.11** Patients had access to health care via the telephone at Rye Hill or through contacts triggered by paper application at Littlehey and Stafford. All methods were effective and enabled triage to be undertaken in a timely manner. Where appropriate the nurse or GP would see patients on the wing in their cell or at the health care unit. Hospital consultations were still taking place following prioritisation by external specialists at all three sites and were also being facilitated over the phone.
- 2.12** Most allied health professionals' clinics were curtailed in line with the community but urgent appointments were available following telephone triage at Rye Hill and Stafford. At all sites, dentistry was available for triage and emergency treatment.
- 2.13** We were told that social care provision at all three sites had been maintained in line with the care plan. Social care staff had sufficient PPE (see Glossary of terms). Stafford had undertaken care reviews with prisoners via a tablet which was a good use of technology to meet need in a safe way.
- 2.14** Medicines administration and in-possession risk assessment had been subject to review and an overall reduction in the volume of 'at hatch' medicines administration was noted at all sites. Pharmacists were based on site and provided up to 28 days' worth of 'in possession' medication at Rye Hill and Stafford. Following robust risk assessment, up to three months' worth was available at Littlehey where most medication was in-possession prior to COVID-19. Initial difficulties in obtaining over-the-counter medication had been resolved. Anti-retroviral medications for patients who were HIV-positive had been secured for three months at Rye Hill. Pharmacy technicians were delivering in-possession medication to the cell.
- 2.15** Face-to-face mental health services had reduced and group work had been suspended. Staff continued to support patients across primary and secondary mental health services. Services had prioritised urgent referrals and attendance at assessment, care in custody and teamwork (ACCT) reviews. A range of distraction packs including guidance on how to manage anxiety (specifically related to COVID-19) were provided to prisoners at Rye Hill and Littlehey.
- 2.16** Consultant psychiatry was available via telephone and face-to-face across all sites. There had been delays in transfer to secure mental health units under the Mental Health Act for a patient at Rye Hill and one at Littlehey due to a lack of available beds.

- 2.17** The number of patients on opiate substitution therapy was small across the three sites and all continued to receive their medication. Psychosocial support was limited to in-cell distraction packs, harm minimisation work books with additional telephone support and some face-to-face meetings. Clinical and 13- week reviews had taken place in all establishments.
- 2.18** Patients who had been discharged were reviewed by the nurse prior to release. Liaison with community services had been implemented and discharge medication was provided for up to 28 days. Naloxone (to reverse the effects of opiates) and harm minimisation advice had been given when required at all sites.

Section 3. Purposeful activity

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

- 3.1** Prisoners at Stafford and Rye Hill were locked up for 23 hours a day. A consistent daily regime was delivered to the majority who, on rotation and in groups of 15-20 which always included the same prisoners, were unlocked together for about an hour for outside exercise, showers and the opportunity to collect cell cleaning products. While those at Rye Hill had in-cell telephones, prisoners at Stafford also used this time to access wing phones.
- 3.2** The regime at Littlehey was very poor. For the whole of April and most of May, shielding prisoners could only leave their cells for one and a half hours per week to shower, make phone calls or spend some time in the open air. Non-shielding prisoners could come out of their cells for three hours over the week and for half an hour on either Saturday or Sunday. The regime did not improve until the end of May when there was a marginal increase in the hours out of cell for both shielding (from one and a half to three and a quarter) and non-shielding prisoners (from three to four and a half). This still meant prisoners went days at a time without being unlocked and shielding prisoners remained locked up all weekend.
- 3.3** At Littlehey symptomatic prisoners, and all those returning from hospital following treatment for reasons not confined to COVID-19, were locked up for seven days with no access to exercise, phone calls and in some cases showers.
- 3.4** At Stafford, the five prisoners on the protective isolation unit (PIU, see Glossary of terms) at the time of our visit could not access exercise on a daily basis. At Rye Hill there were five prisoners who were only permitted showers every 72 hours, which included four prisoners who had to shield but did not wish to cohort with other shielders, and one prisoner who had recently returned from hospital and had to isolate from the rest of the population. The rationale for these decisions was not sufficiently clear.
- 3.5** Libraries were closed at all sites. There was some access to books on wings and at Stafford prisoners could request specific publications. Prisoners were also frustrated by the loss of other facilities and services usually available through the library, such as access to IT. At Littlehey, this had a particular impact on those studying with the Open University, who relied on access to the library's computers.
- 3.6** Prisoners at Stafford could access PE, staff-led outdoor sport and fitness sessions at least once every week and were provided with in-cell workout guides. At Rye Hill circuit sessions were offered on a weekly basis during allocated exercise periods. PE had stopped at Littlehey and although PE staff had devised some in-cell workout guides they did not compensate for the lack of proper organised exercise. PE staff at the prison had been deployed to other tasks. There were also a significant number of staff working from home or on a rota because they were considered to be non-essential during the outbreak. This was a missed opportunity to utilise existing resources more creatively to offer a better regime as the risks reduced.
- 3.7** The number of prisoners who were able to access some kind of meaningful work varied across the three prisons. All three sites had retained roles in key work areas including kitchens, gardens, waste management, wing cleaning and laundry. At Littlehey, up to 200 prisoners were allocated to work on a rota basis, although for some this was only once or twice a week. At Rye Hill there were 94 work spaces, some of which were part-time, and at Stafford there were about 40 places available. At Rye Hill 22 prisoners benefitted from the relocation of contract work from workshops to cells. Stafford offered some opportunities in the textile workshop and Littlehey operated a small hand-gel workshop, although the latter

had run out of work during the week of our visit. The opportunity to work was appreciated by prisoners, particularly as it broke up the monotony of the long days under a restricted regime.

- 3.8** Prisoners who had no access to work were not penalised for this and continued to receive a reasonable level of pay.
- 3.9** The provision of classroom-based education had ceased across all three sites. Education providers issued in-cell work books to those who had previously engaged with them. However, providers were not consistent in efforts to mark workbooks and there was limited tracking of work to offer structure and motivate progression.
- 3.10** Prisoners had access to a wide range of in-cell activities including puzzles and hobby crafts. Rye Hill made innovative use of the information channel on in-cell televisions to inform and entertain prisoners. The range of daily broadcasts included a daily video from the director, TED talks, quizzes, virtual museum and zoo tours and interactive activities by a range of departments.
- 3.11** Our visits took place 10 weeks after regime restrictions were introduced and there had been little easing of restrictions over that time. This was clearly becoming a source of frustration to both prisoners and staff. At all three sites work was being done to develop exceptional delivery plans but there were no detailed plans in place at the time of our visits.

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** All three prisons had contacted prisoners' families to provide information about restrictions in place. Rye Hill had provided three updates so far including an age-appropriate letter for children. At Stafford, Barnardo's provided a helpful online-only advice service to prisoners' families.
- 4.2** Visits had been suspended since the start of the restricted regime. This had a significant impact on prisoners who had lost all face-to-face contact with their family or friends for over 10 weeks. In lieu of visits, prisoners had been given an additional £5 pin credit each week and the cost of calls had been reduced, both of which were appreciated. Prisoners at Rye Hill benefitted from in-cell telephones which could be used at any time to call family or friends. At Stafford, calls on communal wing telephones were limited to 10 minutes. Littlehey had installed plastic screens between each wing phone to provide extra protection and enable more prisoners to use the limited number of phones available. The plastic screens were frequently cleaned.
- 4.3** All sites had been provided with two portable IT devices which could be used for compassionate reasons, for example livestreaming the funeral of a loved one. However, almost three months after restrictions were imposed, little else had been done by HM Prison and Probation Service (HMPPS) to enable prisoners to receive video calls from families.

Release planning

- 4.4** Public protection measures, including phone and mail monitoring, remained in place at all three sites.
- 4.5** Offender management work focused primarily on time-bound processes, including parole hearing preparation and re-categorisation reviews. Contact had reduced significantly with only limited face-to-face interaction between offender supervisors and prisoners. The programmes team at Littlehey carried out some one-to-one work to help a small number of prisoners close to release to complete their offending behaviour programme. However, the widespread cancellation of programmes and reduced intervention from partner organisations created uncertainty and frustration among prisoners who feared their progress had stalled.
- 4.6** Appropriate release planning for the few prisoners being released at the end of their sentence was in place at all three sites, including at Rye Hill where there was no community rehabilitation company (CRC) provision. The CRC at Stafford continued to provide an active resettlement service. Although probation and CRC staff were no longer on site at Littlehey, offender supervisors became the main contacts for resettlement work. Two prisoners had been released homeless, both from Littlehey, although they were subsequently provided with emergency temporary accommodation.
- 4.7** Across the three sites relatively few prisoners were eligible for consideration for the End of Custody Temporary Release Scheme (see Glossary of terms) and none had been released.

Section 5. Appendix

Scrutiny visit team

Deborah Butler	Team leader
Kellie Reeve	Inspector
Alison Perry	Inspector
Caroline Wright	Inspector
Angela Johnson	Inspector
Jade Richards	Inspector
Sarah Goodwin	Health care inspector
Steve Eley	Health care inspector
Maureen Jamieson	Health care inspector