

Report on short scrutiny visits to

Local prisons

by HM Chief Inspector of Prisons

23 June 2020

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

Printed and published by:
Her Majesty's Inspectorate of Prisons
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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>

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.

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.justiceinspectorates.gov.uk/hmiprison/about-hmi-prison/covid-19/short-scrutiny-visits/>). 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: <https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/>.

Introduction

This is our second report on short scrutiny visits to local prisons. Our first report covered visits that were undertaken two months ago, in April 2020, just a month after the restricted regime came into force across prisons in England and Wales. This time we visited HMP Leeds, HMP Thameside and HMP Winchester.

The pressures faced by these local prisons remained stark, and this was compounded by a large and increasing number of new arrivals each week. Reverse cohort unit (RCU, see Glossary of terms) arrangements were effective at each of the three prisons. Overcrowding was a problem: most prisoners at Leeds and many at Winchester shared Victorian cells, originally built to hold only one person. Poor enough in normal times, this was even more unacceptable when prisoners were locked up for almost all of the day in cramped conditions. Most prisoners were locked in their cells for more than 22.5 hours every day, and had been for some 3 months. At Leeds we observed some staff punishing poor behaviour by withdrawing an individual's access to a shower for a day or more. This would always be unacceptable but was especially inappropriate because of the hot weather during the week of our visit. At Thameside, which opened in 2012, living conditions were inevitably better, although we were surprised to see the lack of attention given to maintaining social distancing.

It was to the credit of staff and prisoners that all three prisons remained calm and well-ordered, despite the continuing and severe restrictions to the regime. Overall, communication with staff and prisoners about COVID-19 continued, though at Winchester systems for keeping prisoners informed were less well-developed. Although prison restrictions were accepted as being necessary early on in the pandemic and were, at that point, similar to those in the community, prisoners had become confused as to why community restrictions were easing but restrictions in prisons were not. This, along with the lack of purposeful activity, meant many prisoners were bored and frustrated. It was clear to our inspectors that more needed to be done in all the prisons to re-engage with prisoners and offer more activity to keep them occupied and well.

At all of the prisons, the number of self-harm incidents was similar to before the restrictions were imposed. At Winchester, the number of incidents over the previous six months had been high in comparison to the other prisons. It had risen sharply during the early weeks of the restricted regime, but dropped in May and was relatively low, compared to the level in March and April, in the first three weeks of June. At Thameside, there was evidence that frustration with the restricted regime had led to some self-harming behaviour, and some prisoners at risk of self-harm told us that they craved more human interaction.

Health care provision was good at each site. Mental health support remained proactive and support to overcome substance misuse problems continued, although in a curtailed form.

The loss of social visits continued to affect prisoners and their families and the introduction of video calling for virtual visits had been far too slow to materialise and was not yet operational in any of these prisons. Release planning was adequate at each site and it was good that face-to-face contact had started again at Leeds and Thameside. However, the End of Custody Temporary Release Scheme (ECTR, see Glossary of terms) introduced at the start of the pandemic by HM Prison and Probation Service (HMPPS) had failed to reduce the population meaningfully at any of the three sites we visited. Only one prisoner across the three sites had been released early, despite many being eligible for consideration. We were told about frustrations among staff and prisoners with the lack of communication from HMPPS about applications that had been submitted. Staff worked hard to find accommodation places for those being released even though these were, in many cases, purely temporary or emergency places such as hostels or bed and breakfast spaces.

In the three prisons, we were struck by the commitment to maintaining the regime, albeit a very restricted one. However, we were concerned that there was little evidence of initiatives to relax the

very restrictive regimes, and it was clear that prisoners were becoming increasingly frustrated and struggled to understand the disparity between what they were experiencing and what was happening in the community. There was an obvious need to engage prisoners once again in some meaningful activity out of their cells. So far there has been a degree of understanding and goodwill on the part of most prisoners, but there is growing evidence that this is now being severely tested.

Peter Clarke CVO OBE QPM

HM Chief Inspector of Prisons

June 2020

Notable positive practice

- At Winchester, 250 staff from across the prison had joined a WhatsApp group, which had proven popular and effective as a means to cascade important information. Staff were kept regularly updated about risks and developments affecting the prison.
- Leeds used the prison TV channel creatively during COVID-19, broadcasting a range of healthy living sessions, quizzes and a weekly question and answer session with the governor.
- At Winchester, prisoners were able to go to the chapel for individual support sessions with the chaplains.
- At Thameside, peer representatives were unlocked for most of the day to help resolve minor issues and frustrations that prisoners had.
- The library at Thameside had a successful outreach service that gave prisoners regular access to a wide range of books.
- PE instructors at Winchester had been delivering several circuit training sessions daily, using mats on the exercise yards.
- At Leeds, booths had been installed in the visits hall to enable social visits to resume without direct contact between prisoners and their visitors.

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 prisons, there had been a good management response to the COVID-19 crisis and regime changes had been implemented swiftly to help keep the level of infection low. There were a small number of prisoners with symptoms consistent with COVID-19, but no confirmed positive cases at any of the three prisons during our visits.
- 1.2** Both Thameside and Leeds had experienced significant previous outbreaks, and both prisons had controlled them effectively. At Leeds, the outbreak pre-dated the implementation of the restricted regime nationally and senior managers had quickly devised and implemented a local model for minimising the spread of the virus. At Thameside, a member of staff had died after contracting COVID-19. At Winchester, a prisoner had died after contracting the virus in hospital. There had been no deaths at Leeds.
- 1.3** Each prison had shielding prisoners spread across different units. At Winchester, staff wearing personal protective equipment (PPE, see Glossary of terms) undertook daily welfare checks and offered them exercise. At Thameside, where there was no dedicated shielding unit, shielding prisoners were offered exercise only with the other prisoners on their landing, and many had not left their cells at all during the restrictions due to the fear of mixing with other, non-shielding prisoners.
- 1.4** Communication with staff was good at all sites, and the vast majority of staff who responded to our survey said they were being kept informed. At Winchester, 250 staff had joined a voluntary WhatsApp group, which had proven popular and effective as a way of cascading important information to a range of staff from different departments. For example, in our survey, one commented, *'I think the use of social media to keep all parties informed has been very successful... staff feel... part of the team, even if not on-site'*.
- 1.5** Communication with prisoners was also very good at both Thameside and Leeds; the latter used the prison television channel to share updates, answer prisoners' questions and promote healthy living. Thameside had used psychologists to help design easy-to-read updates for prisoners in the prison and other people in the community. Communication with prisoners was less effective at Winchester, where prisoners complained that a monthly newsletter was their main source of information and did not keep them sufficiently updated about the developing situation.
- 1.6** Social distancing can be difficult to achieve in some prisons, especially Victorian-era prisons that may have narrow landings, but efforts to apply the guidance varied substantially and at Thameside were poor. We were concerned that at Thameside social distancing was no longer being adhered to by the majority of staff and prisoners. Entry and exit procedures for staff at Leeds and Winchester were very good but social distancing was limited on the category C site at Winchester.
- 1.7** The population at each prison was below capacity but had started to rise. At Leeds and Winchester most prisoners were sharing cells which were originally designed for one. The

cramped conditions in these cells were exacerbated by the excessive amount of time prisoners were locked in them.

- I.8** The prisons had diligently implemented the restricted regime that they were required to run. Most prisoners continued to accept the ongoing restrictions and most staff considered them to be proportionate. However, there was obvious fatigue among some prisoners with the ongoing restrictions and the lack of purposeful activity. Some staff were also keen to see a different approach. For example, at Thameside, one member of staff responding to our survey commented that:

‘COVID-19 has had a far weaker presence than predicted. The restricted regime was designed to respond to the prediction... Isolation is widely recognised as damaging to mental health. The current restricted regime is unnecessary and damaging to those in our care.’

Arrival and early days

- I.9** All prisons had busy receptions and were receiving increasing numbers of prisoners, creating challenges for reverse cohort units (RCUs, see Glossary of terms) as each group of new arrivals had to be kept separate from each other for the two weeks they were on the units. At Leeds, more than one RCU had been established to cope with the number of arrivals. At Thameside and Winchester, prisoners on the RCU had fewer opportunities than other prisoners to have outside exercise, although the RCU wings at Leeds had the same regime as other wings.
- I.10** All arriving prisoners received safety interviews, health screening and a face-to-face induction. There was some use of peer supporters. Staff on the RCUs were usually deployed to the same wing for their whole shift to minimise the risks of cross-contamination. At Winchester, a separate group of staff was responsible for external escorts.

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

- I.11** At each of the prisons, the number of self-harm incidents was similar to before the restrictions. At Winchester, the level of self-harm over the previous six months was high in comparison to the other two prisons. It had risen sharply during the early weeks of the restricted regime but dropped in May and was relatively low in the first three weeks of June compared to the level in late March and in April. At Thameside, there was evidence that frustration with the restricted regime had led to some self-harming behaviour, and some prisoners at risk of self-harm told us they craved more human interaction.
- I.12** Assessment, care in custody and teamwork (ACCT) processes for prisoners at risk of suicide or self-harm were being delivered efficiently at all sites. Safer custody structures appeared robust and there were regular meetings to oversee the management of complex cases. The Listener scheme (where prisoners are trained by the Samaritans to provide confidential emotional support to fellow prisoners) was operating at each site. Safer custody officers at Thameside carried out welfare checks on prisoners identified as more vulnerable and a weekly check on all prisoners was carried out by staff and Listeners. At Leeds and Winchester key worker time (see Glossary of terms) was targeted at those identified as most vulnerable, which was a sensible approach to take.

Section 2. Respect

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

Living conditions

- 2.1** The modern facilities at Thameside, which opened in 2012, contrasted with the largely Victorian buildings at Leeds and Winchester. Despite a reduction in population at all three sites we nonetheless found many prisoners living in overcrowded conditions.
- 2.2** Residential units were calm and well-ordered at all three sites. Managers at Leeds and Winchester had reintroduced key work sessions. At Thameside it was positive that peer representatives were unlocked for most of the day as they could help resolve minor issues and frustrations. However, the majority of them did not maintain social distance.
- 2.3** Enhanced cleaning regimes were in place at all three sites and communal and external areas were generally clean and tidy. Some of the living areas in the category C units at Winchester were in a poorer state of repair and less clean. Access to personal hygiene products was good at each prison.
- 2.4** Prisoners at Thameside, and in some parts of Winchester, had in-cell showers, which helped with infection control. Prisoners at Leeds and those without a shower in their cell at Winchester had daily access to communal showers. However, at Leeds some staff were punishing poor behaviour by withdrawing an individual's access to a shower for a day or two, which was not appropriate.
- 2.5** At Leeds and Winchester all prisoners collected their meals from wing serveries. This system had recently been reintroduced at Thameside, having been temporarily paused during the pandemic, but at the time of our visit was not yet in place on all wings. The serving of food was being conducted well, with one-way systems in place and prisoners and staff social distancing where possible. Canteen and catalogue provision continued but prisoners at Leeds were frustrated that some catalogue items were out of stock due to high demand, and by a lack of catalogues from which to choose.
- 2.6** Chaplains continued to provide some pastoral support at all three sites. At Winchester chaplains offered to take prisoners to the chapel for individual support, and this provision had been taken up by many prisoners. All three prisons had received two tablet computers to enable bereaved prisoners to virtually attend funerals online, but the limits placed on the use of the tablets by national policy meant they were rarely used.

Health care

- 2.7** Management oversight and partnership working between the prisons and their health providers and service commissioners was effective at each prison. Health care providers had communicable disease management policies, enhanced by local protocols for the management of COVID-19. The local health care COVID-19 contingency plans at the prisons had been reviewed after early outbreaks and were stronger as a result.
- 2.8** Each prison had had an outbreak of COVID-19 yet had maintained accessible health services despite the increased challenges. Public Health England (PHE) figured prominently in supporting the management of the situations and in identifying the sources of the outbreaks.

Health care staff had been face-fit tested for FFP3 masks (see Glossary of terms) and PPE supplies (personal protective equipment, see Glossary of terms) were plentiful at each prison, which was an improvement since our visits to local prisons in April.

- 2.9** Health care staffing levels at the prisons remained sufficient. Reception health screening, with COVID-19 enhancements, continued for new arrivals at each prison and was followed by a comprehensive health assessment. Health care staff undertook enhanced monitoring of prisoners who were self-isolating and shielding in the reverse cohort units (RCU, see Glossary of terms).
- 2.10** Effective nursing and medical triage systems were in place for health applications at the three prisons. At each establishment prisoners could use in-cell telephony and/or wing-based computers to self-refer to ensure confidentiality. Patients were seen face-to-face on the wings when necessary.
- 2.11** As in the community, most routine primary care clinics had been postponed early in the pandemic and consequently some waiting lists were long. However, at Leeds and Winchester some diagnostic testing on-site had continued, and some other health providers such as physiotherapy and optometry offered triage and telephone advice. Emergency dentistry continued to be regularly available within all three prisons, which was better than when we last visited local prisons, in April. Planning and actions for the restoration of some clinics had begun. The prisons enabled patients to get to their external hospital appointments or treatments.
- 2.12** Oversight of vulnerable patients in receipt of social care continued. Those with existing physical ailments who were at heightened risk of COVID-19 received care in the social care unit at Leeds, or the inpatient units at Thameside and Winchester.
- 2.13** Mental health nurses, psychologists and psychiatrists had remained accessible during the restricted regime. At all three prisons there was an increase in the use of telephony to triage and undertake welfare checks or support patients, and face-to-face consultations occurred when clinically indicated. Mental health workers continued to support assessment, care in custody and teamwork (ACCT) reviews and safer custody meetings in the three prisons.
- 2.14** Clinical treatment of substance dependency had continued at each prison, but psychosocial treatment groups had been curtailed. However, treatment on an individual basis had been maintained with greater use of in-cell materials and telephony to support clients. Drug workers at the prisons were accessible to clients, and at Leeds and Winchester individual face-to-face support had continued on the wings, albeit with a reduced number of clients. At Thameside, drug workers had recently returned to the wings.
- 2.15** Medicine supply, prescribing and administration arrangements were safe and effective with some changes made to ensure continued accessibility during the restricted regime. Challenges in supplying paracetamol, which we were told about during our first visit to local prisons in April, had been resolved in the three prisons we visited this time. In-possession provision had increased with enhanced oversight. At Thameside we observed that social distancing was not always enforced by officers supervising the medicine queues.
- 2.16** All patients due for release were seen by health and substance misuse teams as appropriate and provided with help to register with a GP, given harm minimisation advice and supplies and provided with take-home medicines as required.

Section 3. Purposeful activity

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

- 3.1** The regime at all three sites varied slightly but most prisoners spent more than 22.5 hours locked in their cell each day. At Thameside all prisoners had in-cell showers and most received one hour unlocked for exercise each day. At Winchester the typical regime was 45 minutes a day for exercise and another 45 minutes for domestic duties, which included a shower; those on the category C unit received more time out of cell, during which they could both exercise and complete their domestic duties. The regime was most limited at Leeds, where prisoners received 30 minutes for exercise and around 15-20 minutes for a shower. Most prisoners we spoke to understood and accepted the reasons for the restrictions but were becoming frustrated at how long the severe limitations were continuing.
- 3.2** Activity was significantly curtailed at each prison and there had been no face-to-face education classes since 23 March. While a small proportion of prisoners at each site were employed, others had little to do and many said they were bored and restless.
- 3.3** Managers at all three prisons gave a minimum wage to those who were unemployed through no fault of their own. However, administrative errors at Thameside meant some prisoners were only receiving unemployment pay which was lower than the minimum wage. Managers assured us this was rectified after our visit.
- 3.4** The three prisons had provided a range of activity packs containing puzzles, in-cell workouts and playing cards. Thameside provided activities on the in-cell CMS computers (in-cell computers with limited functionality). This was undermined in part by some of these computers being broken at the time of our visit. At Winchester there was a particularly wide range of resources available for in-cell activity, and many extra items had been donated by churches and local community groups, including items such as puzzle and quiz packs (including some in languages other than English), art materials and card-making packs.
- 3.5** Education consisted almost exclusively of in-cell packs. While there was a wide range of packs available there was little targeted provision, marking of work or feedback given to enable learners to progress successfully. This was a significant shortcoming as by the time of our visit there had been 13 weeks for education managers to plan and implement provision, and it was hard to understand why more had not been done.
- 3.6** Prisoners had access to library books at all three sites. Provision was particularly good at Thameside where, in addition to books available on each wing, the library had established a well-used loan scheme.
- 3.7** Structured PE and gym classes were not always taking place, despite the availability of outdoor facilities and instructors. However, PE instructors at Winchester had been delivering daily sessions on the exercise yards, laying out mats and leading socially-distanced circuit training, which was a good initiative. This had been temporarily suspended at the time of our visit while one of the yards was closed for alterations, but was about to resume.

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 Social visits remained suspended despite some easing of restrictions in the community. Prisoners we spoke to felt the enormous impact of not seeing their family and friends and this was their main source of complaint.
- 4.2 Video calling for virtual visits was not yet operational in any of the three prisons but Leeds was expecting to launch it in early July. Each prison had two handheld tablets but their use of these was restricted to compassionate reasons, such as virtual attendance at a funeral. At Leeds, prisoners could have a short video message emailed to their family or close friends, which was appreciated by many of those we spoke to.
- 4.3 Each prison had in-cell telephones, and Leeds and Winchester continued to provide an additional £5 phone credit each week, as they had been doing for the duration of the restricted regime. Thameside provided a free 10-minute phone call each day to all prisoners. The email-a-prisoner scheme continued in each prison and Winchester allowed prisoners to reply to emails sent by their family and friends.
- 4.4 Leeds was about to start Storybook Dads (an independent registered charity that helps prisoners record a story for their children to listen to at home) by video instead of audio recording. The charity Spurgeons worked with families who had relatives in HMP Winchester to provide them with advice and support throughout the pandemic. At Thameside the prison had distributed activities, including parenting workbooks and activities, for prisoners to send to their children on Father's Day. In response to a high volume of calls from concerned families, a family worker was available on the main switchboard to limit delays in answering queries.
- 4.5 Leeds had already anticipated the reopening of social visits by HM Prison and Probation Service (HMPPS) and had installed several booths in the visits hall to enable visits to take place without direct contact between prisoners and their visitors. While this seemed a sensible local initiative, the actual benefit would not be known until HMPPS issued guidance on the reinstatement of social visits.

Release planning

- 4.6 The offender management units (OMUs) in each of the prisons continued to complete the core tasks required for sentence management, such as parole report preparation and recategorisation reviews. At Leeds and Thameside, more prison offender managers (POMs) were on site compared to the start of the restricted regime. Contact was often undertaken by calling the in-cell telephone but there was an increasing amount of face-to-face and socially-distanced contact in comparison to our first visit to local prisons, which was a positive step forward. At Leeds, daily briefings from the POMs to key workers enabled prisoners to be kept up to date with progress being made in their case.

- 4.7** Overall, public protection procedures had been maintained. Departmental risk management teams (IDRMTs) continued at Leeds and Winchester but had stalled at Thameside last year. Monitoring of telephone calls for public protection continued at each prison but at Leeds there was a backlog due to the large increase in the number of calls being made by prisoners and an insufficient amount of equipment in place to listen to them.
- 4.8** Resettlement help by the community rehabilitation companies (CRCs) was reasonably good at the three sites, covering the key elements of accommodation, finance, benefits and debt. Resettlement plans were in place at each site and reviews were undertaken to plan for release. The provision of a mobile phone on release was a good idea at all sites: these were pre-loaded with useful telephone numbers, such as those for the local CRC or the Department for Work and Pensions (DWP).
- 4.9** Finding suitable and sustainable accommodation for prisoners on release continued to be a problem for each prison. However, every effort was made to provide prisoners with somewhere to go on release even if it was very short-term or even emergency accommodation. Staff at Leeds provided transport to the individual's release address when possible using a minibus.
- 4.10** The End of Custody Temporary Release Scheme (ECTR, see Glossary of terms) had failed to reduce the populations at the three sites in any meaningful way, with only one prisoner across the three prisons released early. Leeds had submitted 72 applications for early release and Thameside 46, but we were told that HMPPS had not replied to almost all of them, which left prisoners frustrated and unsure about their immediate future.

Section 5. Appendix

Scrutiny visit team

| | |
|----------------------|-----------------------|
| Sandra Fieldhouse | Team leader |
| Hayley Edwards | Inspector |
| Martin Kettle | Inspector |
| Angus Mulready-Jones | Inspector |
| Chris Rush | Inspector |
| Hindpal Singh Bhui | Inspector |
| Tania Osborne | Health care inspector |
| Paul Tarbuck | Health care inspector |
| Shaun Thomson | Health care inspector |