

Report on a scrutiny visit to

HMP Erlestoke

by HM Chief Inspector of Prisons

11 and 18-19 August 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 available on our website at: <http://www.justiceinspectrates.gov.uk/hmiprison/about-our-inspections/>

Certified normal accommodation (CNA) and operational capacity

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

End of custody temporary release (ECTR) 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> This scheme was paused in August 2020.

Exceptional delivery model (EDM)

A suite of EDMs has been published to guide prisons through the construction of local regime recovery management plans (RRMPs). An EDM is a guide containing the principles that must be incorporated into a local plan for each element of regime delivery.

Key worker scheme

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.

Purple Visits

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

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

Social care package

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

Social/physical 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.

Introduction

This report presents the findings from our scrutiny visit to HMP Erlestoke to report on the conditions and treatment of prisoners during the COVID-19 pandemic. Erlestoke is a category C prison in Wiltshire, holding nearly 500 prisoners. The majority were serving lengthy sentences, about a third of which were indeterminate or life sentences.

The management team had appropriately imposed restrictions and implemented quarantine and shielding arrangements (see Glossary of terms) to manage the risks associated with the COVID-19 virus. There had been one confirmed COVID-19 case among prisoners at the start of the pandemic, but no further cases for four months.

Although the amount of time prisoners could spend out of their cells had been increased in the early stages of lockdown, during our visit, most prisoners still only received 45-minute sessions in the morning and the afternoon, and an additional half an hour one evening a week. Prisoners reported being frustrated about daily delays in the delivery of this limited regime, and about the lack of activity.

A batch of regime recovery management plans (see Exceptional delivery models (EDMs) in Glossary of terms) had received national approval, but they were overly restrictive and offered little in the way of additional activities or more time out of prisoners' cells.

Despite prisoners being locked up for most of the day, the level of assaults had remained similar compared with before the lockdown. In our survey, a quarter of prisoners reported feeling unsafe. Incidents involving the use of force had more than doubled since the beginning of lockdown and were often used to enforce the restricted regime. There had also been a spike in the number of serious incidents of indiscipline in the weeks before, during and after the scrutiny visit.

Incidences of self-harm had increased significantly since the lockdown and were on an upward trajectory. There were deficiencies in the assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm, and those who had chosen to self-isolate received little additional support from the prison. They received less time out of their cell and not all had access to the open air. The safer custody support line designed to enable family and friends to raise concerns about prisoners was poorly advertised. We also found that the dedicated support line for prisoners was not working.

A lack of leadership and oversight of the segregation unit was especially concerning. We saw treatment that was degrading and unacceptable. We found one prisoner and were made aware of two others who had been without toilets, running water and a cell call bell system for approximately two weeks. They had been given buckets while waiting for cell toilets to be fixed. There were also serious safeguarding concerns about the lack of social care provision. We found vulnerable adults who had been left unable to complete basic tasks, such as cleaning themselves or their cells properly, or collecting food.

The suspension of strategic and partnership meetings at the start of the pandemic had created gaps in oversight and delivery. The performance of the facilities management provider and its backlog of repairs had contributed to poor living conditions for many. Most residential units were poorly maintained, and some were dilapidated. We found broken cell windows with sharp shards of glass, damaged observation panels, blocked toilets and showers that were not working. The older units required painting, and we saw graffiti, including some that was racist. Communal areas were dirty, especially in the older units, and cleaning regimes designed to help with infection control had ceased. We also saw little evidence of social distancing (see Glossary of terms) by staff or prisoners in residential units.

While our survey suggested that staff treated prisoners with respect, 39% of prisoners also felt victimised by staff. Relationships did not appear to be purposeful, and prisoners reported difficulties in getting day-to-day issues resolved. The key worker scheme (see Glossary of terms) was no longer effective. We witnessed a failure to challenge poor behaviour or enforce rules. Most prisoners we spoke to told us that the incentives scheme was ineffective – antisocial behaviour was rewarded and prisoners often resorted to it to get their needs met.

Equality was poorly promoted. Equality and diversity meetings were not held frequently enough to be instructive. In our survey, a quarter of prisoners identified as being from a black, Asian, mixed or minority ethnic background. They had much poorer perceptions of their treatment than their white counterparts. Young people under the age of 25 also reported less favourably, and only 36% in our survey felt staff treated them with respect.

Security staff had been proactive in intercepting drugs, but in our survey 32% of prisoners still said it was easy to get drugs in the prison. Significant amounts of hooch had also been found. Support for prisoners with drug and alcohol problems remained generally good, but it was disappointing that use of the newly developed drug recovery unit had been put on hold due to its designation as the reverse cohort unit (RCU, see Glossary of terms).

Health services were mostly reasonable given the regime's constraints, but primary care nursing services were particularly stretched and many prisoners expressed dissatisfaction with the level of support provided.

Although workshops and face-to-face education no longer took place and only around 30 prisoners were employed in non-unit-based activity, the education provider had created distance learning packages, delivering some qualifications. The 22 prisoners studying for Open University degrees had received good support. The library provision had continued, offering a twice weekly trolley service, through which prisoners could order and receive books. Physical education instructors provided four outside gym sessions for each unit every week, with varied and popular content.

The support in place for prisoners to maintain contact with their family was disappointing. Social visits had only resumed two weeks before our visit and take-up was very low. Many prisoners' families lived far away from the prison. The short duration of visits, together with restrictions, such as the prohibition on physical contact, meant that for many families, visits were not a realistic or worthwhile option. Three visitors had already been banned from visiting for three months for breaching the prohibition on physical contact. Prisoners did not have access to in-cell telephony and some complained of poor access to landing telephones during their limited time out of cell. It had taken far too long to introduce video calls, which would have offset these problems – the facility was not due for full implementation until the beginning of September.

The offender management unit had maintained good staffing levels, which included probation staff who had all remained on site throughout most of the period. The department had continued with face-to-face contact in more complex cases, although some work was done by telephone or written correspondence.

For most prisoners, there was little opportunity to progress. In fact, the prison appeared to have lost its purpose, which was to address the offending behaviour and reduce the risks of long-term offenders. During our visit, the prison had just resumed some programme work, but unduly restrictive national directives, which were inconsistent with access to work and other purposeful activity, meant this could mostly only be delivered on a one-to-one basis. The withdrawal of HM Prison and Probation Service training for programme facilitators compounded the problem. There appeared to be little realistic prospect of the prison being able to address the substantial backlog of programme work, given current restrictions. Since the prison was a national resource for programme work, prisoners waiting to be transferred to Erlestoke to have their needs addressed were likely to feel the impact of these problems.

Overall, this was a very troubling visit, and if this had been a full inspection as part of our normal inspection programme, I would have given serious consideration as to whether the Urgent Notification procedure should be invoked. Instead, following the published methodology for Scrutiny Visit inspections, I wrote to the Secretary of State (see Appendix III) on 26 August 2020. In that letter, and in the inspection debriefing paper that accompanied it, I set out in detail the concerns that needed to be addressed as a matter of urgency. Some of those issues should be amenable to local resolution, if effective leadership can be brought to bear. Others appear to be systemic, arising from the apparent inflexibility of the recovery programme. The response to the COVID-19 pandemic at HMP Erlestoke has led to a less safe, less decent and less purposeful prison. I am in no doubt that well-led and properly supported local innovation and flexibility are now urgently needed to restore the acceptable treatment and conditions of the prisoners held there. I have now received a written response from the Secretary of State (see Appendix IV), which in effect is an Action Plan to address the issues raised in this report. In due course HM Inspectorate of Prisons will return to Erlestoke to report on progress.

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

Fact page

Task of the establishment

A category C men's prison and young offender training/resettlement institution.

Certified normal accommodation and operational capacity (see Glossary of terms)

Prisoners held at the time of this visit: 486

Baseline certified normal capacity: 494

In-use certified normal capacity: 494

Operational capacity: 494

Prison status and key providers

Public

Physical health provider: Hanham Health

Mental health provider: Avon and Wiltshire Mental Health Partnership NHS Trust

Substance use treatment provider: Avon and Wiltshire Mental Health Partnership NHS Trust

Prison education framework provider: Milton Keynes College

Community rehabilitation company: Catch 22

Escort contractor: GEOAmey

Prison group

South Central

Brief history

HMP Erlestoke was built on the former grounds of Erlestoke Manor House. The site was taken over by the then prison commissioners in 1960 for use as a detention centre. In 1977, it became a young prisoners' centre, and was converted to a category C men's training prison in 1988. Life-sentenced prisoners were first received in the 1990s. In 2018, Erlestoke received its first young offenders and in April 2020, the prison became a 50/50 resettlement and training prison. During the COVID-19 pandemic the establishment introduced temporary modular accommodation to reduce the number of shared cells.

Short description of residential units

Marlborough – 30-bed reverse cohort unit

Alfred – 66 spaces for all regime level prisoners

Imber – 40 spaces for all regime level prisoners

Wessex – 68 spaces for all regime level prisoners

Silbury A – 64 spaces for all regime level prisoners

Silbury B – 90 spaces for all regime level prisoners

Avebury – 40 spaces for enhanced level prisoners

Kennet – 40 spaces for enhanced level prisoners

Sarum – 56 spaces for enhanced level prisoners

Segregation unit – 10 segregation cells and one special cell

Wren – temporary accommodation providing 24 spaces for enhanced level prisoners.

Name of governor/director and date in post

Chris Simpson (acting governor), June 2020

Independent Monitoring Board chair

Nicholas Rheinberg

Date of last inspection

26–27 June, 3–7 July 2017

About this visit and 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 During a standard, full inspection HMI Prisons reports against *Expectations*, the independent criteria against which we inspect outcomes for those detained. 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 means that it is not currently possible to carry out inspections in the same way, both for health and safety reasons and because it would not be reasonable to expect places of detention to facilitate a full inspection, or to be assessed against our full set of *Expectations*, at this time.
- A4 HMI Prisons has therefore developed a COVID-19 methodology to enable it to carry out its ongoing, statutory duty to report on treatment and conditions in detention during the current challenging circumstances presented by COVID-19. The methodology has been developed together with health and safety guidance and in line with the principle of 'do no harm'. The methodology consists of three strands: analysis of laws, policies and practice introduced in places of detention in response to COVID-19 and their impact on treatment and conditions; seeking, collating and analysing information about treatment and conditions in places of detention to assess risks and identify potential problems in individual establishments or developing across establishment types; and undertaking scrutiny visits to establishments based on risk.
- A5 HMI Prisons first developed a 'short scrutiny visit' (SSV) model (see Glossary of terms) in April 2020 which involved two to three inspectors spending a single day in establishments. It was designed to minimise the burdens of inspection at a time of unprecedented operational challenge, and focused on a small number of issues which were essential to the safety, care and basic rights of those detained in the current circumstances. For more on our short scrutiny visits, see our website: <http://www.justiceinspectors.gov.uk/hmiprison/about-hmi-prison/covid-19/short-scrutiny-visits/>.
- A6 As restrictions in the community are eased, and establishments become more stable, we have expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) which focus on individual establishments, as detailed here. The SV approach used in this report is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic, but recognises that it is not yet the right time to reintroduce full inspections. SVs provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly.
- A7 SVs critically assess the pace at which individual prisons re-establish constructive rehabilitative regimes. They examine the necessity and proportionality of measures taken in

response to COVID-19, and the impact they are having on the treatment of and conditions for prisoners during the recovery phase. SVs look at key areas based on a selection of our existing *Expectations*, which were chosen following a further human rights scoping exercise and consultation.

- A8 Each SV report includes an introduction, which will provide an overall narrative judgement about the progress towards recovery. The report includes a small number of key concerns and recommendations, and notable positive practice is reported when found. Reports include an assessment of progress made against recommendations at a previous SV, but there is no assessment of progress against recommendations made at a previous full inspection. Our main findings will be set out under each of our four healthy prison assessments.
- A9 SVs are carried out over two weeks, but will entail only three days on site. For more information about the methodology for our scrutiny visits, including which *Expectations* will be considered, see our website: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>

Summary of key findings

Key concerns and recommendations

- S1 Key concerns and recommendations identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.
- S2 During this visit we identified some areas of key concern, and have made a small number of key recommendations for the prison to address.
- S3 **Key concern:** Self-harm had increased significantly since the lockdown and was on an upward trajectory. Incidents involving the use of force had more than doubled since the start of the pandemic. The safer custody support line designed to enable family and friends to raise concerns about prisoners was poorly advertised and the dedicated support line for prisoners was not working. Strategic meetings, which oversaw key areas of safety had only recommenced during the week of our visit. This had limited the senior team's ability to provide assurance and governance.

Key recommendation: Strategic oversight of key areas of safety should be structured, data should be analysed to highlight weaknesses and opportunities and action should be taken to make the prison safer.

(To the governor)

- S4 **Key concern:** Prisoners reported feeling frustrated about the lack of activity and opportunity to progress. A batch of regime recovery management plans had received national approval, but they were overly restrictive and offered little in the way of additional activities or more time out of prisoners' cells. Local initiatives were limited and the pace of progress was too slow.

Key recommendation: HM Prison and Probation Service (HMPPS) should grant prison governors appropriate autonomy, or otherwise streamline processes, so that restrictions can be lifted safely, but with greater speed.

(To HMPPS and the governor)

- S5 **Key concern:** Leadership and senior management oversight of the segregation unit was a serious concern. Some prisoners were held in inhumane and degrading conditions for weeks at a time, without running water or toilets. Segregation cells were not appropriately furnished and too many were not in use due to damage.

Key recommendation: Prisoners in the segregation unit should be kept in safe and decent conditions.

(To the governor)

- S6 **Key concern:** The severe restrictions on time out of cell meant productive staff-prisoner relationships could not be developed, and there were few incentives in place to promote good behaviour or measures to challenge poor behaviour. The key worker scheme was no longer effective. We were concerned that antisocial behaviour was being rewarded and some prisoners were resorting to it to get their needs met.

Key recommendation: Prisoners should receive regular keywork sessions, and an incentives scheme that promotes positive behaviour and appropriately

challenges poor behaviour should be introduced.

(To the governor)

- S7 **Key concern:** The standard of much of the prisoner accommodation was poor. Units had broken windows and observation panels. Toilets, showers and sinks were blocked or broken. Equipment, such as washing machines, dryers and cooking equipment in the self-catering areas, had either fallen into disrepair, needed cleaning or was insufficient. Communal areas were dirty, and the older units needed repainting.

Key recommendation: National and local managers should take action to improve living conditions and ensure that the prison environment is brought up to an acceptable standard. All cells and communal areas should be decent, hygienic and well-maintained, and necessary repairs should be completed swiftly.
(To HMPPS and the governor)

- S8 **Key concern:** In our survey, black, Asian, mixed and other minority ethnic prisoners and those under the age of 25 had poorer perceptions of their treatment than white or older prisoners in areas such as relationships, complaints, behaviour management and health care.

Key recommendation: The prison should ensure that it understands and addresses the poor perceptions of black, Asian, mixed and other minority ethnic prisoners and of those under 25.
(To the governor)

- S9 **Key concern:** The social care needs of some vulnerable prisoners had not been assessed or met. This had left physically disabled prisoners unable to clean themselves or their cells, or collect meals. During our visit, the social care needs of six prisoners who had been referred to the local authority had been neither assessed nor met. Some of these referrals dated back to January 2020. One disabled man had to pay prisoners to clean his cell; he did not have a bedrail to prevent him from falling out of bed or suitable shower or toilet adaptations.

Key recommendation: All vulnerable prisoners who require social care support should have a timely referral and local authority assessment and their needs should be met promptly.
(To the governor)

- S10 **Key concern:** Many prisoners' families lived far away from the prison. The short duration of visits, together with national restrictions, such as the prohibition on physical contact, meant that for many families, visits were not a realistic or worthwhile option. The take-up of visits was very low. Prisoners did not have access to in-cell telephony and some complained about poor access to landing telephones during their limited time out of cell. It had taken far too long to introduce video calls, which would have offset these problems.

Key recommendation: HMPPS should prioritise the prison for the installation of in-cell telephony. In the meantime, it should give the governor discretion to maximise safe family contact, both through social visits and video calls, taking account of the local circumstances and risks in Erlestoke.
(To HMPPS and the governor)

- S11 **Key concern:** There was little opportunity for most prisoners to progress. Unduly restrictive national directives meant that programme work, which had just been resumed, could mostly only be delivered on a one-to-one basis. The withdrawal of HMPPS training for programme facilitators compounded the problem. There appeared to be little realistic prospect of the prison being able to address the substantial backlog of programme work, given current restrictions. Since the prison was a national resource for programme work,

prisoners waiting to be transferred to Erlestoke to have their needs addressed were likely to feel the impact of these problems.

Key recommendation: HMPPS should develop a national strategy to address the backlog in programme work. Governors should be allowed the discretion to maximise the safe delivery of programme work, taking account of local circumstances and risks. Training for programme facilitators should be resumed urgently.

(To HMPPS and the governor)

Notable positive practice

S12 We define notable positive practice as innovative practice or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

S13 Inspectors found the following examples of notable positive practice during this visit.

- Most prisoners benefited from a similar level of physical education provision to that experienced prior to the lockdown. They had access to four popular and varied sessions of outside gym a week, compared with five sessions before the restrictions. Physical education staff delivered equipment in a van before the session started and it was cleaned afterwards. (See paragraph 3.6.)
- Wiltshire Library Services provided a twice weekly service to all prisoners throughout the lockdown period. A trolley delivered books to the cell door and collected returns. Prisoners could also order books. (See paragraph 3.7.)

Section 1. Safety

In this section, we report mainly on leadership and management; arrival and early days; managing prisoner behaviour; and support for the most vulnerable prisoners, including those at risk of self-harm.

Leadership and management

- I.1** The management team had appropriately imposed restrictions to manage the risks associated with the COVID-19 virus and had implemented quarantine and shielding arrangements (see Glossary of terms) in accordance with national directives. There had been one confirmed COVID-19 case among prisoners at the start of the pandemic, but no further cases for four months.
- I.2** Clear signage and procedures to promote social distancing (see Glossary of terms) were in place around the prison, but we saw little evidence of social distancing by staff or prisoners in residential units. In our survey, 86% of prisoners reported that the reasons for the restrictions had been explained to them, and 66% agreed that the restrictions were necessary. Fifty-five per cent of prisoners felt they had been kept safe from the virus. (See also paragraph I.7.)
- I.3** However, there was evidence that safety had deteriorated during the lockdown. Incidences of self-harm were on an upward trajectory, and use of force incidents had more than doubled during this period. Managerial oversight of use of force had ceased at the beginning of the pandemic and strategic meetings to identify, address and manage violence and safety had only recommenced during the week of our visit. (See key concern and recommendation S3 and paragraph I.15.)
- I.4** A lack of leadership and oversight of the segregation unit was especially concerning. We saw conditions that were inhumane and unacceptable. (See key concern and recommendation S5 and paragraph I.12) There were also serious safeguarding concerns relating to the lack of social care provision for vulnerable adults. (See key concern and recommendation S9.)
- I.5** There was no formal meeting to hold the facilities management provider to account for the backlog in repairs, which contributed to poor living conditions for many. (See key concern and recommendation S7.)
- I.6** Time out of cell offered to prisoners had been increased in the early stages of lockdown, but most prisoners still only received 45-minute sessions in the morning and the afternoon and an additional half an hour one evening a week. A batch of regime recovery management plans (see Exceptional delivery models (EDMs) in Glossary of terms) had received national approval, but they were overly restrictive and offered little in the way of additional activities or more time out of cell. Prisoners reported their frustrations over daily delays in the delivery of this constrained regime and the lack of activity. Local initiatives to improve the regime were limited, and we were not satisfied that all the restrictions, almost five months after the lockdown, were consistent, still necessary or proportionate to the risk. (See key concern and recommendation S4.)

Arrival and early days

- I.7** The reception area was small but adequate for the number of transfers to the prison. Only 78 new prisoners had moved to Erlestoke since 1 March 2020. We saw appropriate signs displayed in reception to encourage social distancing and sufficient personal protective equipment (PPE) (see Glossary of terms) available for staff. However, during the reception processes we observed, staff rarely wore PPE when performing tasks that required it.
- I.8** The revised reception arrangements that had been introduced since lockdown were generally appropriate for safeguarding prisoners and staff. Holding rooms designed for five prisoners were now being used to hold a maximum of two. Strip-searching procedures were carried out in an open-fronted booth, which ensured that decency was maintained and allowed staff to stay two metres apart. Most prisoners we spoke to were positive about their treatment in reception.
- I.9** All newly arrived prisoners were located in the 30-bed reverse cohort unit (RCU) (see Glossary of terms) for 14 days. Basic information about quarantine procedures and restrictions due to the pandemic was poorly communicated. Most prisoners, but not all, received a pack, which contained notices from the governor that had been published since restrictions began. Prisoners we spoke to said they found this pack of information difficult to understand and some told us they had never received it. Prisoners mainly relied on verbal briefings from staff and other prisoners to find out what was happening.
- I.10** New receptions were able to make a phone call on their first night. Accommodation in the RCU was in single cells and prisoners had their own shower. Those in the RCU had similar access to time out of cell and exercise to other prisoners. Staff told us that the RCU was cleaned between the 45-minute sessions during which different groups of prisoners were unlocked, but we never saw this happen.
- I.11** There was no formal induction programme in place. Induction interviews were held with staff but were cursory and there was no peer worker support. Some prisoners told us they had not received an induction interview and solely relied on what other prisoners told them about the regime.

Managing behaviour

- I.12** The segregation unit was a small 10-bed unit, which accommodated six prisoners when we visited. We were concerned about the lack of effective managerial oversight of treatment and conditions in this unit. Most cells were poorly equipped, leaving prisoners without furniture, and lacked electrical power for appliances. Almost half the cells were not in use due to damage. Most prisoners were negative about their treatment in the unit. We found a prisoner who had been living in a cell with no working toilet, running water or cell call bell for almost two weeks. He had been provided with a bucket to urinate and defecate in during the night, which was inhumane and unacceptable. We were made aware of two other prisoners who had also been held in similarly degrading conditions for over two weeks. (See key concern and recommendation S5.)
- I.13** In our survey, a quarter of prisoners reported feeling unsafe. Thirty-one per cent of prisoners said they had been bullied or victimised by other prisoners. An even higher number (39%) said they had been victimised by staff. Despite most prisoners now being locked up for most of the day because of the restrictions, the level of assaults had remained similar to the period before the lockdown. The prison had continued with a weekly safety intervention meeting (SIM), which monitored prisoners with complex needs and initiated

some action to support individuals. However, the strategic meeting to identify, address and manage violence and safety had not been convened until very recently.

- I.14** The prison had followed national guidance on revising the incentives schemes during the lockdown. We found only two prisoners on the lowest level, and they were still allowed a television. In our survey, only 57% of prisoners said they had been treated fairly under the scheme. Most prisoners we spoke to told us that the incentives scheme was ineffective, and that prisoners were more likely to be rewarded for antisocial behaviour rather than provided with incentives to behave well. We saw how staff failed to challenge minor rule breaking and heard prisoners shout verbal abuse through cell windows. While observing prisoners being locked up, we saw many prisoners verbally challenge and confront staff, ignoring requests to return to their cells. (See key concern and recommendation S6.)
- I.15** Incidents involving the use of force had more than doubled since the beginning of the lockdown and recorded data indicated it was often used to enforce the restricted regime. Given the significant rise in the number of incidents, it was a serious concern that strategic oversight and formal multidisciplinary scrutiny of the use of force had ceased at the start of the pandemic and had only recommenced during the week of our visit. During the lockdown, the prison had completed some reviews of individual use of force incidents and some lessons had been identified. (See key concern and recommendation S3.)
- I.16** In our survey, 32% per cent of prisoners still said it was easy to get drugs in the prison. At the start of lockdown, the security department had been proactive in intercepting drugs and had recognised the increased threat of contraband being thrown over the perimeter fence. Joint working with local police and increased prison patrols had resulted in several arrests. The security department had reacted well to intelligence, which had resulted in 370 litres of hooch (illicitly brewed alcohol) being found since the start of the pandemic.

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

- I.17** The most recent self-inflicted death at Erlestoke was in August 2019. The prison had an up-to-date action plan in response to recommendations from the Prisons and Probation Ombudsman report.
- I.18** Since the lockdown, no extra measures had been put in place to check on the daily welfare of prisoners or identify those at most risk from the long periods spent locked in a cell. The key worker scheme (see Glossary of terms) had ended in March 2020 and had been reintroduced in May, but only for prisoners identified as vulnerable by the weekly SIM.
- I.19** The number of recorded incidents of self-harm had almost doubled since the lockdown and was on an upward trajectory. In our survey, only 45% of prisoners receiving support through the assessment, care in custody and teamwork case management process for prisoners at risk of suicide or self-harm felt cared for by staff. Documentation we reviewed was poorly completed, case reviews were not always multidisciplinary and care maps did not outline meaningful action. Safer custody support lines designed to enable family and friends to raise concerns about prisoners were poorly advertised, and we found the dedicated support line for prisoners was not working. A formal Listener scheme (led by prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was still operating, but prisoners who asked to speak to a Listener had to do so in closed visits conditions for infection control purposes.
- I.20** Prisoners who had chosen to self-isolate received little additional support from the prison and had less time out of their cell than other prisoners. Self-isolating prisoners only received

45 minutes out of their cell per day, and some we spoke to told us that they were not offered time in the open air during this period. Fourteen prisoners who had been identified by the prison as vulnerable or at high risk of self-harm had been located in the RCU. We were told that the vulnerable prisoners in this group could not be located safely anywhere else in the prison due to concerns about bullying or victimisation. These prisoners did not receive any additional support and there were no realistic plans in place for reintegrating them into the prison. Options to transfer them to another prison where they might have felt safer were very limited due to the restrictions placed on transfers during the pandemic. (See key concern and recommendation S3.)

Section 2. Respect

In this section, we report mainly on staff-prisoner relationships; living conditions; complaints, legal services, prisoner consultation, food and canteen; equality, diversity and faith; and health care.

Staff-prisoner relationships

- 2.1** In our survey, 76% of prisoners felt that staff treated them with respect and 74% believed there was a member of staff they could turn to if they had a problem. We observed staff who were polite and respectful when addressing prisoners, but relationships did not appear to be purposeful. We saw both staff and prisoners become frustrated when they were unable to resolve many of the day-to-day issues prisoners had. The atmosphere in some of the units felt tense, and the layout of some areas, such as the Alfred and Wessex units, made supervision difficult.
- 2.2** Staff were busy locking and unlocking prisoners and serving meals and had little time to hold meaningful conversations or help sort out problems, which prisoners found frustrating. (See key concern and recommendation S6 and section on time out of cell.) These frustrations were exacerbated by failings in the applications and complaints processes, leaving prisoners unable to get things done or resolve problems. Prisoners told us that they used antisocial behaviour to get their needs met. In addition, staff did not address minor poor behaviour. (See paragraph 1.14.)
- 2.3** In our survey, only 31% of prisoners said a member of staff had asked them how they were getting on in the previous week, and there was no system for monitoring how all prisoners were coping. We saw little evidence of this type of check recorded in individual prisoners' electronic case notes. The key worker scheme was no longer effective. (See key concern and recommendation S6.)

Living conditions

- 2.4** The condition of most of the residential units was poor and some were dilapidated. Avebury unit had been patched up on the outside with sheets of plywood and there was also a hole in an external wall.
- 2.5** We saw numerous broken windows and observation panels, some still with shards of sharp broken glass. Some showers were not working, and prisoners showed us several blocked toilets and sinks that had not been repaired for weeks and months. The older units needed to be redecorated. We saw graffiti in most units, some of which was racist.
- 2.6** Prison managers did not have a clear picture of the level of outstanding repairs or any plans to address the backlog. During the inspection, 11 pieces of work on the electronic system were still outstanding from 2019. The communal areas in some of the units were dirty, with food stains and ground in dirt visible on the walls and floors. Newer units, such as Silbury, were much cleaner. (See key concern and recommendation S7.)
- 2.7** The Wren unit was newly built temporary modular accommodation providing 24 single cells with integral showers. The unit was clean and prisoners appreciated it. They were unlocked and had access to the open air for most of the day. The additional accommodation had enabled the prison to reduce the number of double occupancy cells and provide single cells in the Marlborough unit in which to quarantine newly received prisoners.

- 2.8** The units had adequate supplies of cleaning chemicals and detergents, but the enhanced cleaning that had been put in place as an infection control measure during the lockdown had been suspended. Prisoners could clean their cells daily if they chose to, although this had to be done during the limited 45-minute periods for which they were unlocked. Prisoners used the same mops for their cells that were used on the landings, showers and serveries. This was unhygienic and we saw no evidence of any system to control this.
- 2.9** Prisoners reported that they could get bedding, towels and prison-issue clothing easily throughout the lockdown period. However, the unit laundries used to wash personal clothes could not cope with the demand. Equipment, such as washing machines and dryers, was insufficient and some had fallen into disrepair. Prisoners wanted to wash items on a higher temperature with longer cycles to control the risk of infection, resulting in a backlog of washing in some units. (See key concern and recommendation S7.)

Complaints, legal services, prisoner consultation and food and shop

- 2.10** Both staff and prisoners told us that the application system was ineffective. Prisoners said they did not get a response to most applications, and when they did it took too long to get an answer. Staff did not use the log numbers and managers did not follow the checking system that had been put in place so that responses could be tracked.
- 2.11** In our survey, 63% of prisoners told us that it was easy to make a complaint, and we saw readily available complaint forms in each unit. The number of complaints submitted had remained broadly the same during the lockdown as the period before. There was a large number of outstanding complaints. In July, 52 complaints remained unanswered, which was too high. The complaints system was being used by prisoners for issues that should have been resolved by making a standard application. In June, of the 119 complaints that were submitted, 56 were returned to the prisoners unanswered and a request made to resubmit them as an application.
- 2.12** The prison continued to help arrange legal calls for prisoners in the offender management unit. The calls were free and provided prisoners with a greater degree of privacy than in the units, which was good.
- 2.13** Consultation with the prisoner council had restarted two months into the lockdown and the council had met regularly since. This monthly meeting produced minutes and set out action that was updated. The prisoners involved felt that their voice was heard and acted on.
- 2.14** In our survey, 58% of prisoners said the food was good or reasonably good. Meal choices had been reduced from five to four during the lockdown. Prisoners were still able to collect their meals at the servery at both lunch and dinner times.
- 2.15** Prisoners regularly used and appreciated the self-catering facilities provided in the unit, but the equipment was old, in some cases very dirty, and required replacing. (See key concern and recommendation S7.)
- 2.16** The prison shop had continued with an uninterrupted service throughout lockdown, although some items had been limited or withdrawn. In our survey, 78% of prisoners said they could access the shop if they wanted to.

Equality, diversity and faith

- 2.17** Quarterly equality and diversity meetings were not frequent enough but one had taken place in June. Information that usually covered areas such as use of force or segregation was not being collated during the lockdown. Data that was gathered did generate action, but there was no action plan to monitor it, and the action we could track did not lead to improved outcomes for prisoners.
- 2.18** The exceptional delivery models (EDMs) completed by the prison had an equality assessment, which aimed to look at the impact of the restricted regime on those with protected characteristics. Some of these assessments were of a poor standard.
- 2.19** Discrimination incident reporting forms (DIRF) were readily available in the units but were posted in the same post box as complaints. There had been an increase from 22 DIRFs submitted in the four months prior to the lockdown to 37 in the four months since. The quality and timeliness of responses to DIRFs were good, and there was evidence that complaints had been thoroughly investigated. A local charity that worked with older prisoners provided good, independent scrutiny of all DIRFs.
- 2.20** Prisoner equality representatives and a Black Lives Matter representative had been introduced. Meetings, chaired by a senior manager, had continued during the lockdown.
- 2.21** In our survey, 25% of prisoners identified as coming from a black, Asian, mixed or other minority ethnic background. Only 55% of this group of prisoners reported that there was a member of staff they could turn to if they had a problem, compared with 81% of white prisoners. They also had poorer perceptions of their treatment under the behaviour management scheme. The prison was unaware of the reasons for this. (See key concern and recommendation S8.)
- 2.22** Younger prisoners also reported poorer outcomes than their older counterparts. Only 36% of those under 25 reported that most staff treated them with respect, compared with 80% of the over 25s. (See key concern and recommendation S8.)
- 2.23** There were serious safeguarding concerns relating to the lack of social care provision for some very vulnerable prisoners with disabilities who had been unable to complete basic tasks, such as cleaning themselves, their cells or collecting food. During our visit, the social care needs of six prisoners who had been referred to the local authority had been neither assessed nor met. Some of these referrals dated back to January 2020. (See key concern and recommendation S9.)
- 2.24** One disabled prisoner had to pay other prisoners to clean his cell and did not have a bedrail to prevent him from falling out of bed. He was unable to wash properly as he had not been provided with a chair for his shower despite numerous requests. He had acquired a piece of wood to help support his back when in bed due to the lack of a supportive mattress, and he struggled to stand after he had used the toilet as it was too low. After several attempts, his family had managed to send him a walking stick by addressing it directly to the governor. (See key concern and recommendation S9.)
- 2.25** We witnessed another prisoner in some degree of discomfort, who was rarely able to leave his bed, left in a dirty cell that he was unable to clean, with stained bedding and no additional checks to ensure his welfare. (See key concern and recommendation S9.)
- 2.26** The chaplaincy continued to provide good support, despite some staff shielding and the withdrawal of voluntary staff. The remaining two full-time chaplains had ensured that their statutory duties were fulfilled – they saw all prisoners on an assessment, care in custody and

teamwork case management document for prisoners at risk of suicide or self-harm, as well as those who were segregated or whom staff or prisoners had referred.

- 2.27** A new programme of faith groups had been introduced. It was comprehensive and well attended. Planning for the return of corporate worship had begun.

Health care

- 2.28** Effective partnership working between the health team, Public Health England, health commissioners and the prison had enabled sound outbreak planning to occur. Only one prisoner – very early in the pandemic – had been confirmed as COVID-19 positive. Risks were well described and clear contingency arrangements were established in the event of any escalating risk.
- 2.29** Prisoners continued to receive a full health screening on arrival, although the absence of portable digital systems meant manual records were later re-entered onto the electronic clinical record. This risk was due to be resolved once the system was up and running in the reception area. Potentially vulnerable prisoners were being identified. The three prisoners who had been shielding decided to stop shielding during the visit following a change in government guidance. The experience of these prisoners was mixed. All recognised the need for shielding, but felt the level of support was too dependent on individual officers and that access to the standalone telephone network to speak to family and friends had not worked well. There was good access to personal protective equipment (PPE), medicine and other medical stock. Recovery planning for all the health pathways had been developed but very little action had been taken.
- 2.30** Hanham Health provided GP and primary nursing services as part of a partnership led by Avon and Wiltshire Mental Health Partnership NHS Trust. In our survey, only 31% of prisoners thought the overall quality of the health service was good and 19% said it was difficult to see the GP. The primary care team was stretched as a result of ongoing staffing difficulties, which were compounded by regime changes in response to the pandemic. There was no significant access to digital technology or in-cell telephony so that staff could interact more effectively with patients. Clinics did not always start on time. In addition, both the GP and dentist informed us of frequent non-attendance at their respective clinics. Frustrations for both patients and health staff were evident.
- 2.31** There were, however, sufficient GP and nurse triage clinics available if they could be facilitated, but other services such as physiotherapy and podiatry were unavailable and routine clinics for long-term conditions had also ceased; all of which had led to significant increases in waiting times. Prisoners' access to external hospital appointments had been reduced because the local hospital had cancelled 63 appointments since the lockdown. Although the prison was providing the designated quota of escorts, there was insufficient capacity to facilitate some important appointments and GPs often had to prioritise urgent referrals. This was offset to some extent by external consultants contacting patients via telephone.
- 2.32** Dental services had been maintained throughout the pandemic, which was positive and had meant that, in line with national guidance, patients had been able to access urgent care. Planning for the restoration of services had progressed well, but constraints necessitated by new cleaning regimes, the urgent need to replace a compressor and problems with internal escorting arrangements were affecting waiting times for routine treatments.
- 2.33** No prisoners were receiving a personal social care package (see Glossary of terms), but the prison had identified several individuals as having significant mobility and support needs. They

had been waiting for a formal social care assessment, in some cases, since January 2020, resulting in significant unmet needs. (See key concern and recommendation S9 and paragraph 2.23.)

- 2.34** Medicines management arrangements were effective and there were no reported problems with prescribing or supply. The small pharmacy team was in constant demand and the team's capacity appeared extremely constrained. Some modifications in the supply of supervised medicines in the RCU and for shielding prisoners had been introduced along with revised procedures. Reviews of in-possession medicines had enabled more efficient support to be delivered. General administration was safe but very time consuming and prisoners from each unit were brought over separately to a central hub in the health care department. Local clinical governance processes had continued to provide oversight of medicine use.
- 2.35** Avon and Wiltshire Mental Health Partnership NHS Trust led both mental health provision and support for prisoners with drug and alcohol problems through an integrated well-being team. Demand for mental health services was significant and the team was supporting over 214 patients. There was no group work, but otherwise a good range of support was offered, prioritised according to assessed risks. Some prisoners told us they were not always well supported, but clinical records indicated that interactions were good.
- 2.36** Clinical treatments and psychosocial support for prisoners with drug and alcohol problems had remained generally good. Staffing had been consistent, enabling continuing engagement with prisoners. The prison no longer provided group work or used peer workers, but plans to reintroduce these important strands were being pursued. However, the development of the drug recovery unit had been put on hold, despite the obvious demand and significant initial investment. Pre-release assessment and discharge planning across the well-being pathway had continued through ongoing community liaison, and harm reduction advice and training were offered on site.

Section 3. Purposeful activity

In this section we report mainly on time out of cell; access to the open air; provision of activities; participation in education; and access to library resources and physical exercise.

- 3.1** Prisoners were only unlocked for two 45-minute sessions per day, which they could spend in the open air if they chose. They could also have a shower, make phone calls and carry out domestic tasks, such as cell cleaning during this time. Prisoners appreciated that the time they were unlocked was divided into two sessions. This was supplemented by one additional 30-minute period in the evening once a week. The regime was frequently delayed, however, and prisoners complained that they did not always get their full 45 minutes. Some units, such as Imber, served meals during the 45-minute session, curtailing prisoners' access to the open air and the gym. (See also paragraph 4.4.)
- 3.2** All workshops and face-to-face education had been suspended, although managers were planning to re-open the education department. Approximately 30 prisoners were employed in areas such as the kitchen and an additional 120 were employed on tasks such as wing cleaning and serving meals.
- 3.3** The prison had developed a fair pay scheme ensuring prisoners were not disadvantaged by the lockdown. Those new to the prison received an average of the weekly pay awarded to the general population. Those whose work had increased due to the lockdown were paid bonuses, which prisoners had responded well to.
- 3.4** The education provider had quickly developed distance learning packages for prisoners studying various subjects, including basic English and Maths. Prison staff collected work from the teachers at the gate and, following a suitable infection control routine, delivered work to each prisoner's cell. Once completed it was returned to the teacher using the same protocols. More than 50 pieces of work were delivered, returned and marked every month. The system had allowed 10 prisoners to complete, and be awarded, qualifications in English at levels 1, 2 and E3. A further five prisoners were continuing their maths studies and seven were awarded passes in their textiles course. In addition, 22 prisoners had continued distance learning at tertiary level, with support from tutors.
- 3.5** Only 38% of prisoners in our survey said they had received an in-cell activity pack, although 64% of those who received them said they were helpful. However, prisoners told us they were becoming repetitive and many of those who were new to Erlestoke were unaware of their existence.
- 3.6** Physical education (PE) was good and most prisoners benefited from a similar level of physical education provision to that experienced prior to lockdown. All prisoners received four sessions of gym per week, compared with five before the restrictions. The sessions took place during one of the 45-minute periods prisoners had outside their cells during the day. PE staff had been creative with the activities they delivered, and used a van to bring equipment to each unit before each session. An infection control system was in place to clean equipment after use. Attendance was high, and prisoners enjoyed the varied activities. (See notable positive practice paragraph S13.)
- 3.7** Wiltshire Library Services had also developed a good system, which allowed prisoners to order books from a list. Library staff toured the prison twice a week with a trolley to drop off and collect returns at the cell door. (See notable positive practice paragraph S13.)

Section 4. Rehabilitation and release planning

In this section, we report mainly on contact with children and families; sentence progression and risk management; and release planning.

Contact with children and families

- 4.1** Social visits had been suspended at the start of lockdown and had only been resumed two weeks before our scrutiny visit, almost five months later. Over half the prison population had families who lived more than 100 miles away. (See key concern and recommendation S10.)
- 4.2** Visitors were asked to attend about an hour before their scheduled visit, which itself only lasted about an hour. The prison was not allowed to provide refreshments, and visits were subject to other stringent national restrictions. Visitors were required both to wear face coverings and sit two metres away from the prisoner they were seeing. Many prisoners complained about the prohibition on any physical contact with their visitors. These conditions contributed to a bleak visiting experience, which offered little privacy. Three visitors had been given three month-long bans on visiting for breaching the prohibition on physical contact. (See key concern and recommendation S10.)
- 4.3** Prisoners told us that, in view of all these factors, visits were not a realistic or worthwhile option for many families. It was not surprising that only 30% of visits places were taken up in the first week that this provision was offered. Take-up was falling and on the first day of our visit only two out of 28 places were filled. (See key concern and recommendation S10.)
- 4.4** Prisoners received an additional £5 of phone credit. However, they did not have access to in-cell telephones and many complained that they had insufficient time to make calls on landing telephones during their limited time out of cell. (See key concern and recommendation S10 and paragraph 3.1.)
- 4.5** The prison had not taken sufficient steps to mitigate prisoners' poor access to visits and telephones. HM Prison and Probation Service (HMPPS) had only delivered IT for Purple Visits video calls (see Glossary of terms) on 14 July, much later than in many other prisons. The prison only began to pilot Purple Visits about a month later, during our visit. The system was not due for full implementation until the beginning of September. (See key concern and recommendation S10.)
- 4.6** HMPPS had provided the prison with eight mobile phones for prisoners' use. However, telephone reception in some areas was poor. Take-up of the email-a-prisoner scheme was good and since lockdown more were using the service.
- 4.7** The Prison Advice and Care Trust (PACT) provided a family engagement service. Information had been distributed to prisoners to inform them about how to access PACT services, but they were still only delivered remotely.

Sentence progression and risk management

- 4.8** The offender management unit (OMU) had maintained good staffing levels during the restricted regime and all probation staff had remained on site throughout most of the period. There was little redeployment, which was positive.
- 4.9** The offender manager team had managed to maintain face-to-face contact with some prisoners, prioritising those with the greatest needs. However, some work was done by telephone or written correspondence, which many prisoners found unsatisfactory. Work remained focused on processes such as parole board hearings and home detention curfew (HDC) applications.
- 4.10** Regime recovery management plans were not timebound and, to a large extent, were constrained by a lack of available interview space for socially distanced sessions and inadequate central direction from HMPPS. It was therefore not clear when the OMU would be able to provide a full service.
- 4.11** The OMU team had worked hard in the previous year to eliminate its backlog of initial offender assessment system (OASys) reports, which left it well placed to manage risks during the crisis. Prison offender managers continued to undertake OASys reviews. During our visit, prison offender managers had no outstanding assessments and five community offender manager assessments were outstanding. While 28% of eligible prisoners had not had an OASys review within the previous year, the prison had met HMPPS review targets in 94% of cases.
- 4.12** Public protection arrangements were maintained during lockdown. The inter-departmental risk management team (IRMT) continued to meet to review and manage prisoners who presented the greatest risks. However, the meeting was not always well attended, which undermined its purpose. All multi-agency public protection arrangement and high-risk resettlement cases were discussed at the IRMT. Spreadsheets ensured appropriate release planning was undertaken and HDC checks were taking place. Those attending the meeting checked that decisions on monitoring prisoners' communications were reviewed as scheduled, but minutes showed that not all reviews were timely. There was no significant backlog of public protection call monitoring.
- 4.13** For most prisoners, there was little opportunity to progress. During our visit, the prison had just resumed some programme work, but unduly restrictive national directives meant this could mostly only be delivered one to one. The withdrawal of HMPPS training for programme facilitators compounded the problem. At present, only half of the facilitators in the Erlestoke programme team were trained to deliver courses. These factors meant that some courses could not be delivered and other courses could only be delivered to a small number of prisoners. (See key concern and recommendation S I I.)
- 4.14** There was a waiting list for programme work of 100 prisoners. There appeared to be little realistic prospect of the prison being able to address the substantial backlog of programme work, given the restrictions. Since the prison was a national resource for programme work, prisoners waiting to be transferred to Erlestoke to have their offending behaviour needs addressed were likely to feel the impact of these problems. (See key concern and recommendation S I I.)
- 4.15** About 55 prisoners were in the progression regime (a regime designed to enable indeterminately sentenced prisoners to demonstrate a reduction in their risks). Key elements of the regime, such as enhanced behaviour monitoring (EBM) meetings, had been suspended shortly after the lockdown. The withdrawal of psychology staff and cessation of most work and education, through which prisoners could demonstrate a reduction in their

risks, also had an impact on the provision. The prison had developed various initiatives to offset the problem and develop other ways for prisoners to show their risks were diminishing. EBM meetings were resumed shortly before our visit.

- 4.16** Sixteen prisoners had been moved to open conditions since the lockdown. There was a backlog of 24 category D prisoners eligible for a transfer. Transfers were delayed because receiving open prisons were unable to isolate transferred prisoners, which meant this needed to be done at Erlestoke. With the increasing number of transfers to Erlestoke, it was difficult to see when it would be possible to isolate departing category D prisoners. There was no clear plan to address this problem. No release on temporary licence was offered, which might have offset the problem.

Release planning

- 4.17** Catch 22, which had provided resettlement services, withdrew from the prison on lockdown and provided a remote service from HMP Guys Marsh. The OMU and the provider coordinated work to try and deal with the impact. Staff from Catch 22 had returned to the prison some weeks before our visit, but most resettlement planning was still done through correspondence with the prisoner, which many found unsatisfactory.
- 4.18** Since before the lockdown, community offender managers frequently failed to commission resettlement services from Catch 22. As a result, many prisoners' needs were not reviewed prior to their release, and many did not benefit from resettlement work.
- 4.19** Five out of 55 prisoners released since the lockdown, had no settled accommodation to go to. Prisoners received help to open bank accounts, but otherwise there was only limited finance, benefit and debt support.
- 4.20** HDC procedures were efficient. However, in some cases outcomes were undermined by factors beyond the prison's control, such as the late transfer of prisoners to the prison who should already have been assessed for HDC. No prisoners had been released under the end of custody temporary release scheme (see Glossary of terms).
- 4.21** On release, prisoners using public transport were given face coverings. We were told that 'through-the-gate' mentoring was still available, but only through telephone contact. The prison had not yet been provided with mobile phones for prisoners who did not have one.

Section 5. Appendices

Appendix I: Scrutiny visit team

Sara Pennington/Alison Perry	Joint team leaders
David Foot	Inspector
Deri Robert Hughes	Inspector
Darren Wilkinson	Inspector
Becky Duffield	Researcher
Rahul Jalil	Researcher
David Owens	Remote inspector
Steve Eley	Health care inspector

Appendix II: Photographs



Broken cell windows



Broken sink and toilet



External view of living accommodation



Self-catering equipment

Appendix III: Letter to the Secretary of State



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HM Chief Inspector of Prisons
PETER CLARKE CVO OBE QPM

Date: 26 August 2020

Rt Hon Robert Buckland QC MP
Secretary of State for Justice
102 Petty France
London
SW1H 9AJ

Dear Secretary of State

HM Inspectorate of Prisons – Scrutiny Visit to HMP Erlestoke

I am writing to bring to your attention our findings from the recent Scrutiny Visit to HMP Erlestoke, which took place on 11, 18 and 19 August. At the end of July, I wrote to you explaining that the programme of Short Scrutiny Visits (SSVs), which we had been using since April, was to be replaced with a programme of Scrutiny Visits (SVs) which allow for more breadth and depth of inspection than had been possible with the SSVs. These Scrutiny Visits will act as an interim form of inspection until such time as our full inspection programme can be resumed.

The findings of Scrutiny Visits will, as with all HMI Prisons inspections, be published and it is our intention to do so within a period of about four weeks from the time of the visit. The published methodology also allows for me as Chief Inspector to “write to the Secretary of State to bring to their attention serious concerns that in their judgement require immediate attention”. We have decided that the Urgent Notification process, which was specifically designed to be invoked after a full inspection, will not be used following Scrutiny Visits.

Had the inspection of HMP Erlestoke been a full inspection and not a Scrutiny Visit, I would have had to give very serious consideration as to whether the Urgent Notification process

should be invoked. However, I have no doubt that the criteria for writing to you to set out my concerns following a Scrutiny Visit are satisfied, and that immediate action is required.

We last inspected Erlestoke in July 2017. On that occasion, deterioration was clearly evident and outcomes in three of our four healthy prison tests were judged to be insufficiently good. Violence had increased, more of it was serious and linked to a significant drug problem. Incidents of self-harm had doubled since the previous inspection in 2013. Although we found staff-prisoner relationships to be superficially positive, staff did not supervise rules and boundaries with sufficient rigour. Standards of accommodation varied greatly, with much in disrepair or dirty. The main purpose of the category C training prison, which holds around 500 adult men, is to address the offending behaviour and reduce the risk presented by long-term offenders. At that time, we found access to offending behaviour work to be reasonably good. The management team was relatively new and were enthusiastic to make improvements. At this Scrutiny Visit in August 2020, we found that our optimism of three years ago had been misplaced. There was clear evidence of a further decline in the treatment and conditions for prisoners and a deterioration in safety. I should emphasise that my concerns stem not only from clear evidence of long-term issues that have not been addressed, but also from a response to the COVID pandemic that has been too inflexible and failed to respond adequately to local needs. My findings are set out in broad terms in the attached summary document but the following are key areas of concern.

Key Findings

- A lack of leadership and oversight of the segregation unit was of serious concern. We saw evidence of treatment that can only be described as degrading and was completely unacceptable. We found three prisoners who had been without toilets, running water and a cell call bell system for approximately two weeks. They had been given buckets while waiting for cell toilets to be repaired.
- There were also serious safeguarding concerns about the lack of social care provision for some very vulnerable prisoners with disabilities, who had been left unable to complete basic tasks, such as cleaning themselves, their cells or collecting food. At the time of our visit, the social care needs for these prisoners had been neither assessed nor met. The prison had taken limited steps to help them, but this was woefully inadequate. One disabled man had resorted to paying prisoners to clean his cell and had to position himself in bed in such a manner as to not fall out, due to the lack of any bed rail. He was unable to wash properly as he had not been provided with a chair for his shower despite numerous requests. He had acquired a piece of wood to help support his back when in bed due to the lack of a supportive mattress, and he struggled to stand following any use of the toilet as it was too low. Another man, who was prescribed morphine for post-surgery lower back pain, spent most of his time in bed. He could clean himself as he had a shower chair, but he was unable to clean his dirty cell and bedding. During the pandemic these men were not treated by the prison as vulnerable and so additional welfare checks had not been conducted on them during the long periods of lockdown.
- The lack of care for prisoners at risk of suicide and self-harm was also troubling. Incidences of self-harm had almost doubled since the start of lockdown and were on an upward trajectory. There were deficiencies in the assessment, care in custody

and teamwork (ACCT) processes to support those at risk. In our survey, only 45% of prisoners being supported through the ACCT process felt cared for by staff.

- We were extremely concerned to find that the safer custody support line designed for family and friends to raise concerns about prisoners was poorly advertised. It was not available on the prison's website or on display in the visits room. Worryingly, we also found the dedicated support line for prisoners to use was not working.
- Further indicators of an overall deterioration in safety since restrictions were put into place in response to the pandemic included a significant increase in the use of force. This had more than doubled since the beginning of lockdown and was often used to enforce the restricted regime. Despite prisoners being locked up for most of the day, the level of assaults had remained similar to the period before lockdown. There had been a recent spike in serious incidents of indiscipline, including a barricade and incidents at height.
- In the light of our findings around safety, we were concerned to find that managerial oversight of use of force had inexplicably ceased at the beginning of the pandemic and strategic meetings to identify, address and manage violence and safety had only recommenced the week of our visit.
- Living conditions were poor for many. Most residential units were badly maintained, and some were dilapidated. The facilities management provider had a significant backlog of repairs. The management team had no clear picture of how many jobs were outstanding, but some had still not been fixed since last year. We found broken cell windows with sharp shards of glass, damaged observation panels, blocked toilets and showers that were not working. The older units required painting, and graffiti, including racist symbols, was seen by inspectors. Communal areas were dirty, especially on the older units, and cleaning regimes designed to help infection control had ceased.
- The management of behaviour and the relationships between staff and prisoners also raised concerns. Whilst our survey suggested that staff treated prisoners with respect, 39% of prisoners also felt victimised by staff. Relationships did not appear to be purposeful, and prisoners reported difficulty in getting day-to-day issues resolved. The key worker scheme was no longer effective. We witnessed failures to challenge poor behaviour or enforce rules. Most prisoners we spoke to told us that the incentives scheme was ineffective, with anti-social behaviour rewarded and often resorted to by prisoners to get their needs met.
- The promotion of equality was poor. Equality and diversity meetings were too infrequent to be instructive or useful. In our survey, a quarter of prisoners identified as being from a black or minority ethnic background. They reported much poorer perceptions of treatment. Young people under the age of 25 also reported less favourably, and only 36% in our survey felt staff treated them with respect.
- The support in place for prisoners to maintain family contact was very disappointing. Social visits had only resumed two weeks before our visit and the

take up was very low. On the first day of our scrutiny visit only two out of a possible 28 places were filled. Many prisoners' families lived far away from the prison. The short duration of visits, together with restrictions, such as the prohibition of physical contact, meant that for many families, visits were not a realistic or worthwhile option. Three visitors, who had visited their loved ones for the first time in over five months, had been banned from visiting for three months for breaching the prohibition on physical contact. Prisoners did not have access to in-cell telephony and some complained of poor access to landing telephones during their limited time out of cell. It had taken far too long to introduce video calls, which would have mitigated these problems, with the Purple Visits facility not due for full implementation until the beginning of September.

- There was little opportunity to progress for most prisoners. In fact, the prison appeared unable to fulfil its purpose as a training prison. At the time of our visit, the prison had just resumed some programme work, but unduly restrictive national directives (which, bizarrely, only allowed prisoners from the same regime cohort to access groupwork) meant this could mostly only be delivered one-to-one. Such restrictions were inconsistent with access to other activities where prisoners from different cohorts were able to mix. The withdrawal of HMPPS training for programmes facilitators compounded the problem, as half the facilitators were awaiting training and unable to practise. There appeared to be little realistic prospect of the prison being able to address the substantial backlog of programme work, given current restrictions. Since the prison was a national resource for programmes work, these problems would be felt upstream by prisoners waiting to transfer to Erlestoke for their needs to be addressed.
- The amount of time prisoners had out of their cells was severely restricted. Most prisoners still only received 45-minute sessions in the morning and the afternoon and an additional half an hour one evening a week. Some prisoners who were self-isolating received only 45 minutes unlocked each day and did not get any time in the open air. Prisoners reported frustration at delays each day in the delivery of this limited regime, and at the lack of activity. A batch of recovery plans had received national approval, but these were overly restrictive and offered little in the way of additional activities or more time out of cell. Workshops and face-to-face education had stopped and only around 30 prisoners were employed in non-wing-based activity. We were not satisfied that all the restrictions, almost five months after the lockdown, were consistent, still necessary and proportionate. The negative impact on prisoners, many of whom were enduring poor living conditions, was evident in the worrying deterioration in safety.

Conclusion

The Urgent Notification process, you will recall, specifies that the letter to the Secretary of State from HM Chief Inspector will be published. The Scrutiny Visit methodology is slightly different in that the Chief Inspector reserves the right to publish, but is not obligated to do so. On this occasion I have decided not to publish this letter immediately but it will be incorporated as an addendum into the final visit report.

I am aware that the Prison Group Director has already established an enquiry into some specific incidents and we have made six safeguarding referrals to the Wiltshire Adult

Services, but as I hope this letter has made clear, there are a wide range of serious concerns that need to be addressed as a matter of urgency. Some of those issues should be amenable to local resolution, if effective leadership can be brought to bear. Others appear to be systemic, arising from the apparent inflexibility of the recovery programme. I am writing in the hope that you can bring your personal authority to bear so that the restrictions to regime, programmes and facilities at HMP Erlestoke are thoroughly reviewed to ensure their continuing proportionality and necessity, and that the longer-term decline in standards and performance can be arrested.

The response to the COVID pandemic at HMP Erlestoke has led to a less safe, less decent and less purposeful prison. I am in no doubt that well led and properly supported local innovation and flexibility is now urgently needed to restore acceptable treatment and conditions for the prisoners held there.

Yours sincerely

A handwritten signature in black ink that reads "Peter Clarke". The signature is written in a cursive style with a horizontal line underneath the name.

PETER CLARKE

cc: Lucy Frazer MP
James Bowler
Jerome Glass
Junior Johnson
Laura Suggitt
Dr Jo Farrar
Phil Copple
Michelle Jarman Howe
Andy Lattimore, PGD
Chris Simpson, Acting Governor
Dame Anne Owers, IMB Secretariat

Appendix IV: The Secretary of State's response to HM Chief Inspector of Prisons



Peter Clarke CVO, OBE, QPM
HM Chief Inspector of Prisons
3rd Floor, 10 South Colonnade
Canary Wharf
London
E14 4PU

The Right Honourable
Robert Buckland QC MP
Lord Chancellor & Secretary of
State for Justice

MoJ ref: ADR81145

14 September 2020

Dear Peter,

Thank you for your letter of 26 August 2020 in which you outlined a number of serious concerns following your Scrutiny Visit to HMP Erlestoke. I am grateful that you brought these issues to my attention. The position you found is clearly unsatisfactory, and I have been assured by senior HMPPS officials about urgent actions that have been taken following your visit and plans that are in place to address your findings. I summarise the actions and plans below.

Lack of leadership and oversight of the segregation unit

An investigation into the circumstances surrounding the individuals detained in the unacceptable conditions in segregation unit is underway and will complete at the end of September 2020. Weekly inspections by the Deputy Governor and Facilities Management (FM) provider have commenced, with refreshed managerial support in the Care and Separation Unit. I can confirm that all cells currently occupied have working fixtures and fittings and no residents are held in rooms without sanitation.

Poor living conditions

I can report that an action plan has been implemented to prioritise repairs relating to decency and living conditions, with the majority scheduled for completion by the end of September 2020. Steps have been taken to address the poor living conditions you reported with regular cell and communal area checks, cleaning inspections and appropriate cleaning equipment issued. An Enhanced Service Delivery Manager (SDM) is now on site two days per week to improve oversight, scrutiny, accountability and support to the FM provider. The FM provider will also bring in an additional Site Manager to specifically oversee the immediate improvements required to showers. The Head of Prison Maintenance will be attending the prison in September along with the Government Facility Services Limited (GFSL) Operations Director to ensure an improvement in living conditions.

Safeguarding concerns and lack of social care provision

The Senior HMPPS Co-Commissioner has visited the establishment and seen evidence that all outstanding referrals have been resubmitted to the Local Authority, and direct engagement with Wiltshire Adult Services has taken place.

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Initial findings by the Senior HMPPS Co-Commissioner indicate that both staff and prisoners are working to support men with additional needs, however this was taking place outside of a formal governance process. Peer support has now been implemented under staff supervision, pending formal Buddy training. The Senior HMPPS Co-Commissioner, along with NHS Commissioning colleagues, will complete a follow up visit by the end of September to assure progress, and support a Task and Finish Group to revisit Governance around Social Care and Safeguarding, review partnership working arrangements with the Local Authority and Healthcare and develop a Local Operating Model. The Senior Co-Commissioner will also sit on the Safeguarding Board and refresh the Local Delivery Quality Board to assure the meeting provides robust and thorough oversight of social care.

All men subject to social care arrangements at HMP Erlestoke have been seen by prison management and have had their immediate requirements met, including cell cleaning. Both prisoners highlighted by the Inspectorate have had bed guard rails ordered and a shower chair has also been issued to the prisoner requiring this support. The piece of wood referred to by the Inspectorate was provided to the prisoner as a bed board to provide additional back support to the bed frame and orthopaedic mattress already provided, following consultation with Healthcare.

Lack of care for prisoners at risk of suicide and self-harm

I was gravely concerned about your reports that there was inadequate care for prisoners at risk of suicide and self-harm. A full safety review has been commissioned which will be completed by the end of September 2020. The outcomes and actions taken as part of this review will ensure that appropriate care and support is provided to vulnerable prisoners.

All prisoners at HMP Erlestoke subject to assessment, care in custody and teamwork (ACCT) processes have now received a full case review by an Operational Manager. The Group Safety Team will up-skill local managers to provide supervision to all ACCT Case Managers to ensure the ACCT process is robust. Keywork provision has now been reviewed to prioritise support for high priority individuals and groups, which will be monitored weekly to ensure effective oversight.

Safer custody support line

An additional local dedicated safety support line for prisoners was introduced during Covid-19 and had been well used. I can confirm that for some periods between 13-19 August 2020, the message facility was not operational. This has been rectified and assurance checks are now completed three times a day, alongside test calls from the SMT to monitor response times. I am pleased to report that the safer custody support line for families has now been published on the establishment's Twitter Account and is also advertised in the visit hall and visitors centre. Arrangements have been made with the website team for this to be advertised on the main government establishment page.

Increase in the use of force and lack of managerial oversight

I am disappointed that use of force has increased at HMP Erlestoke. The establishment will analyse further the evidence around the reasons for this increase, supported by the safety review work and its recommendations. As you noted, use of force governance meetings were reintroduced during the week of your visit and there are plans in place to hold additional meetings to address any backlog of reviews. The control and restraint (C&R) Instructors are planning how to further incorporate de-escalation strategies into local refresher training. Although local strategic safety meetings had ceased for a period, the management of violence for both victims and perpetrators has continued through the Challenge, Support and Intervention Plan (CSIP) activity and actions allocated through the weekly Safety and Intervention meeting.

Behaviour management, staff and prisoner relationships, keyworker scheme and incentives scheme

HMP Erlestoke manages a complex group of prisoners serving long term sentences with a relatively inexperienced staff group (24% of the staff group are in their first year of service and 41% of staff are within their first two years of service). I was concerned to hear that some prisoners reported feeling victimised by staff, and that inspectors identified evidence of staff failures to challenge and manage poor behaviours. Supervisors have been allocated to residential units to support staff decision making. The Prison Officer Guide will be widely distributed and used as a tool to model and coach behaviours and support will be sought from the Standards Coaching Team to continue to build staff confidence.

Business as usual keywork was suspended under Covid-19 however has been re-introduced as an Exceptional Delivery Model (EDM), prioritising support for high risk vulnerable groups. The establishment is now detailing two main shifts per day to deliver keyworker sessions prioritising those who are most vulnerable. The further provision of keywork under Stage 2 regime delivery will be critical to building effective relationships between staff and prisoners.

In respect of other behaviour management processes, the Basic Level under the Incentives and Earned Privileges (IEP) scheme was suspended at all prisons under Covid-19 due to concerns for prisoner well-being. HMP Erlestoke has however implemented a Super Enhanced Status to incentivise positive behaviour and progression and IEP arrangements will remain under review as prisons progress to Stage 2 regime delivery.

Equality and diversity

I was disappointed to note that the promotion of equality was poor. The Group Diversity and Inclusion Lead will support the prison to improve outcomes in this area by working at pace through a revision of the establishment's Diversity and Inclusion Plan which will commence mid-September 2020. Equalities meetings will take place monthly and will be attended by the Governor or Deputy Governor. These meetings will be minuted and will include analysis of local equalities data to identify and address any areas of disproportionality. The establishment will ensure protected characteristics are represented through regular staff and prisoner forums and engagement on equality and diversity.

Maintaining family contact for prisoners

Visits were implemented at HMP Erlestoke within two weeks of the visits EDM being approved under Stage 3, with the first social visit taking place at the beginning of August 2020. As you noted, the short duration of the visits appears to have impacted on the uptake of these. The Head of Residential is in discussions with the Prison Council to discuss and consult on a review of the visits provision to see if longer sessions would improve uptake.

Following discussion with the Prison Group Director and Regional team, HMP Erlestoke have reviewed the penalty awarded to individuals who frequently breach the non-contact rules and remove masks during visits. These penalties will now take a more proportionate and staged approach in the future, whilst still maintaining the important emphasis on social distancing. The three month bans that were issued to three visitors have been reduced to one month and they will be permitted to visit again from the beginning of September 2020.

The preparatory and testing phase of introducing Purple Visits video calls was underway at the time of the Inspection. I am pleased to report that the facility is now available to prisoners. All prisoners have been in receipt of the additional PIN credit to maintain contact with loved ones during the pandemic. To ensure there is capacity for more prisoners to maintain contact during association periods, calls have been limited to 15 minutes. Management attention will be given to ensure that the current regime opportunities for phone calls are not impacted by unnecessary delays.

Sentence progression and programme work

Due to the impact of Covid-19 and adherence to Government workplace guidelines, decisions were taken to pause the commencement of new programmes work, delivery and facilitator training in all prisons. While some regime restrictions remain, as recovery efforts progress, HMPPS have launched proposals on how accredited programmes can be reintroduced in line with Government guidance following recent support from the Correctional Services Accreditation and Advice Panel. Accredited programmes (in custody) have been reintroduced via Alternative Delivery Formats (ADF), which allows for small group, one to one and (in exceptional cases) remote delivery. The directive on delivering programmes to prisoners from the regime cohort has also now been reviewed and Guidance has been issued to all accredited programme delivery sites that enables sites to deliver groups across cohorts subject to local risk assessment and implementation of safe systems of work. Delivery plans will be reviewed in line with the revised guidance and information on prisoners who have been identified as potentially benefitting from a programme is being collated nationally to assist with prioritisation of places.

HMPPS Interventions Services are currently developing a recovery plan to re-introduce facilitator training at the earliest opportunity, when it is safe and feasible to do so. This may see events run in different ways, incorporating the use of online/digital resources to supplement the face to face delivery of training, in which priority of local need will be taken into account.

Sentence progression has continued throughout Covid-19 in terms of parole hearings and categorisation reviews, with some prisoners transferring to open conditions from HMP Erlestoke. I am also pleased to report that the Community Rehabilitation Company provision returned to site in July 2020 and has been engaging with the Homelessness Prevention Taskforce to support prisoners in finding suitable accommodation.

Regime and time out of cell

The establishment has implemented the majority of the Stage 3 EDMs and will shortly begin to plan for Stage 2 implementation which will provide greater access to the regime. Off wing employment under Stage 3 in all prisons has been limited to essential workshop activity, however the establishment has continued to employ prisoners undertaking daily essential work and some prisoners have been able to achieve English and Maths qualifications and continue to study with the Open University during Covid-19 via distance learning arrangements. Milton Keynes College will also provide more targeted, structured and curriculum based in-cell work for both existing and new learners.

HMP Erlestoke carefully considered whether additional activity could be provided under the structured wing activity EDM, but none were assessed as within the scope of infection control measures. The establishment has largely provided additional periods of unlock and time in the open air over and above the minimum requirements of a daily regime within the available resources, including popular outdoor exercise sessions facilitated by the PE Instructors. A checklist has been introduced for isolating individuals to provide assurance that these prisoners have access to the minimum requirements of regime, including time in the open air, and a record if they decline exercise.

The local management team are committed to addressing the immediate concerns raised with additional senior Governor support during some planned SMT absence. This will be closely overseen by the Prison Group Director and his team and additional support has been mobilised from Prison Maintenance Group, the National Safety Team and Health and Social Care Co-Commissioning.

I will ensure that priority is given to addressing the key concerns at HMP Erlestoke and that urgent improvements continue to be made to the regime, programmes and facilities.

Yours ever

A handwritten signature in black ink that reads "Robert Buckland". The signature is written in a cursive style with a large initial 'R'.

RT HON ROBERT BUCKLAND QC MP

Section 6. Further resources

Some further resources that should be read alongside this report have been published with it on the HMI Prisons website. For this report, these are:

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of the scrutiny visit, the results of which contribute to our evidence base for the visit. A document with information about the methodology, the survey and the results, and comparisons between the results for different groups are published alongside the report on our website.

Staff survey methodology and results

A survey of staff is carried out at the start of every scrutiny visit, the results of which contribute to the evidence base for the visit. A document with information about the methodology, the survey and the results are published alongside the report on our website.