Report on a scrutiny visit to

HMP Whatton

by HM Chief Inspector of Prisons

18 and 25–26 August 2020

Crown copyright 2020

This publication, excluding logos, is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Any enquiries regarding this publication should be sent to us at the address below or:
hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/

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

Contents

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.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Aerosol generating procedures (AGPs)
Certain medical and patient care activities that can result in the release of airborne particles (aerosols), and a risk of airborne-transmission of infections that are usually only spread by droplet transmission.

Assessment, care in custody and teamwork (ACCT)
Case management for prisoners at risk of suicide or self-harm.

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.

Challenge, support and intervention plan (CSIP)
Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

Community rehabilitation company (CRC)
Since May 2015, rehabilitation services, both in custody and after release, have been organised through CRCs, which are responsible for work with medium- and low-risk offenders. The National Probation Service (NPS) has maintained responsibility for high- and very high-risk offenders. Following a change in policy, all offender management will be brought under the NPS by spring 2021.

Early release on compassionate grounds
Determinate-sentenced prisoners may be considered for early compassionate release for medical reasons or in tragic family circumstances. Life or indeterminate sentence prisoners are only eligible to be considered for compassionate release in medical circumstances.

Email a prisoner
A scheme that allows families and friends of prisoners to send emails into the prison.

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

Exceptional delivery model (EDM)
A suite of EDMs have 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.

HMPPS
Her Majesty's Prison and Probation Service.

Kaizen programme
An accredited offender behaviour programme for adult males who have been convicted of violent or sexual offences, and who are assessed as high or very high risk.

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.

Overcrowding draft
Prisoners transferred by directive of HMPPS to ease overcrowding in other establishments.

Personal protective equipment (PPE)
Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

Prison offender managers (POMs)
Introduced along with core offender management as part of the Offender Management in Custody (OMiC) model.

Reverse cohort unit (RCU)
Unit where newly-arrived prisoners are held in quarantine for 14 days.

Safer Living Foundation
A charity established in partnership between HMP Whatton and Nottingham Trent University with several projects in the East Midlands, including within Whatton.

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) are 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 advocates (SCA)
Peer supporters.

Social care package
A level of personal care to address needs identified following a social needs assessment under taken 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

HMP Whatton is a category C training prison in Nottinghamshire and at the time of our visit held about 770 convicted male prisoners. Whatton fulfils a national function providing services to address the offending behaviour of prisoners convicted of sexual offences. The vast majority of prisoners held are serving long sentences of over four years, including some 45% serving indeterminate or life sentences.

In the five months leading up to this visit, Whatton had been operating a restricted regime that had been imposed nationally in response to the COVID-19 pandemic. At the very start of the pandemic, one prisoner had died in hospital from a COVID-19-related illness and a few staff members had been symptomatic, but there had been no further cases in the prison since then. Clear communication to staff and prisoners and the implementation of appropriate measures to reduce the spread of infection had helped to keep the prison safe.

During the restricted regime, levels of violence had reduced and the use of force remained low. However, self-harm was higher than before the restrictions were imposed. While this could be partially attributed to a small number of prolific individuals, the problem was clearly wider spread: in our survey, almost one in four prisoners reported feeling unsafe.

The uncertainty created by the restricted regime and threat of a dangerous virus no doubt fed those negative perceptions. We were concerned that some of the systems in place to identify vulnerable prisoners, such as first night safety interviews and good quality key work, were not sufficiently robust, and there was no formal system to identify those who were isolating themselves from staff and peers. During a normal regime at Whatton these prisoners would possibly stand out, but at a time when prisoners spent most of their day locked up there was an increased risk that some vulnerable prisoners could be overlooked.

Staff-prisoner relationships remained positive, and although time out of cell was restricted, staff were approachable and friendly when prisoners were unlocked. Managers had taken a reasonable decision to focus what limited time for key work was available on the prisoners with the greatest need, such as those who were being supported by assessment, care in custody and teamwork (ACCT) case management. However, other one-to-one opportunities with prison offender managers (POMs) or other specialist staff were limited, providing a possible explanation for our survey findings, which although positive about relationships with staff, indicated the quality of contact needed to be better.

The mental health team and the 'intellectual and developmental disabilities' service continued to provide good support for those with the most acute need, and the social care support was a real strength. However, there were some risks in the management of medicines that required review.

The prison had maintained several important strategic meetings, including one covering equality and diversity. Good support for prisoners from the LGBT community and older prisoners had continued through the restricted regime, but many black prisoners felt that they were treated differently and as a result had a more negative experience than their white counterparts. We strongly urge the prison to explore and understand these perceptions, and to take action to address the issues identified.

Prisoners at Whatton felt the weight of the restrictions heavily because before lockdown most of them had benefited from plenty of time out of cell and reliable access to programmes, education and work. At the time of our visit, most prisoners were locked up for around 22 hours a day, which was clearly taking its toll on many of those we spoke to. The prison had retained work for around a third of the population, which was commendable and gave these prisoners more time out of their cells.

Managers believed they could deliver more but the need to comply rigidly to the national framework for recovery (https://www.gov.uk/government/publications/covid-19-national-framework-for-prison-

regimes-and-services) had affected the scope of what the prison could offer, and the pace at which it could be delivered, in several areas. This was clearly a source of frustration for managers and prisoners, who felt their ability to be innovative and creative had been severely curtailed.

Prisoners had transferred to Whatton from all over the country to complete offending behaviour programmes to reduce their risk and progress through their sentence. Much of this crucial work had stopped during the restricted regime and some prisoners reported feeling stuck.

The prison had maintained some useful one-to-one offending behaviour work and had well-developed plans to restart small-scale groupwork. However, it was clear that it would take some time before it could address the growing backlog of cases, and some prisoners would be released without addressing some risky behaviours. Additionally, despite local efforts, too many prisoners were released without sustainable accommodation, which undermined the otherwise good public protection work.

In conclusion, managers and staff at Whatton were keeping prisoners relatively safe and motivated during challenging times. The pace of change was being directed nationally and was slower than the prison was capable of. Managers and staff were anxious about the impact on prisoners of long-term restrictions in a prison that had previously provided a full and rehabilitative regime.

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

Fact page

Task of the establishment
HMP Whatton is an adult male category C training prison holding exclusively people convicted of sex offences.

Certified normal accommodation and operational capacity (see Glossary of terms)
Prisoners held at the time of this visit: 777
Baseline certified normal capacity: 841
In-use certified normal capacity: 775
Operational capacity: 841

Prison status (public or private) and key providers
Public

Physical health provider: Care UK
Mental health provider: Care UK
Substance use treatment provider: Care UK
Prison education framework provider: PeoplePlus
Community rehabilitation company (CRC): Derbyshire, Leicestershire, Nottinghamshire and Rutland (DLNR)
Escort contractor: GEOAmey

Prison group
East Midlands

Brief history
HMP Whatton was built in 1966 as a detention centre for boys. It became a young offender institution in 1989 and re-roled in 1990 as an adult male category C training prison. During the 1990s, it developed as a prison for people convicted of sex offences. Its population more than doubled in early 2006 with the building of eight new units. The prison remains exclusively for people convicted of sex offences.

Short description of residential units

A1–8	Newer residential wings with modern cells. The care and separation (segregation) unit is attached to A3.
B1 and B2	The original accommodation, mostly former dormitories with cubicles.
B3 landing	35 cells
C1–3	Modular units: C2 is low security, C3 is doubled accommodation.

Palliative care unit

Name of governor and date in post
Dr Lynn Saunders OBE, 2008

Independent Monitoring Board chair
Colin Braziel

Date of last inspection
August 2016

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 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.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/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:** The national HMPPS framework for recovery and the exceptional delivery models (EDMs) dictated what the prison could deliver. There were numerous examples, including time out of cell and access to activity, where managers wanted, and indicated that they were able, to deliver more but were not authorised to do so. This was despite there being no recorded cases of COVID-19 since April.

Key recommendation: The national recovery framework should set out minimum standards but give governors the autonomy to deliver a fuller regime at a faster pace if they judge it safe to do so. (To HMPPS)

S4 **Key concern:** Current restrictions and prolonged periods locked up increased the risk of vulnerable prisoners becoming isolated. There was no formal system to identify and support vulnerable prisoners who were withdrawing from staff and peers, which increased their risk of psychological deterioration.

Key recommendation: The prison should introduce robust measures to identify vulnerable prisoners and social isolators to ensure that these prisoners receive appropriate supervision and support. (To the governor).

S5 **Key concern:** Prisoners from a black or minority ethnic background, predominantly black prisoners, reported worse outcomes than white prisoners in some important areas.

Key recommendation: Managers should actively seek to understand and address the negative experiences of black prisoners. (To the governor)

S6 **Key concern:** The lack of accommodation for prisoners on their release was a growing problem, with reduced availability in the approved premises needed for many of those released from Whatton. Thirteen prisoners had been released without accommodation since April, and in some cases their first-night release address was a hotel. The offender management unit and community rehabilitation company staff worked hard to support community offender managers in finding housing wherever possible, but outcomes were not improving and the reasons for this were not confined to the impact of COVID-19.

Key recommendation: HMPPS should work with government to ensure that there is sufficient appropriate accommodation, especially in approved premises, for released prisoners who need such accommodation for reasons of public protection and their own safe resettlement. (To HMPPS)

have one. Radios and distraction packs were available in all cells, and prisoners had access to the showers, telephones and exercise every day.

1.16 The number of adjudications had reduced since the restrictions had begun. The adjudication room was large enough to allow for social distancing and hearings continued as normal. The exception to this was prisoners who were shielding; their hearings were adjourned to a later date. Due to the pandemic, the independent adjudicator was not visiting the prison. Instead, the governor reviewed the relevant hearings, and consulted with adjudicating governors to assess which ones could be heard and dealt with locally. Regular quality assurance of the disciplinary process had been sustained during lockdown.

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

1.17 Prisoners who were considered clinically at risk were advised, verbally and in writing, of the importance of shielding on one of two designated units. Initially, 52 prisoners had been identified for shielding. Ten prisoners declined the opportunity to shield and were required to sign a disclaimer; they were, however, still supported by health care staff. Following a recent review of arrangements, the number of prisoners shielding had reduced to just four at the time of our visit (see paragraph 2.20).

1.18 There had been three deaths of prisoners during the restricted regime, two of which occurred outside at hospital. Both cases had been investigated by the Prisons and Probation Ombudsman (PPO) and were expected to lead to natural cause verdicts. One of the prisoners died of a COVID-19-related illness believed to have been contracted while in hospital.

1.19 The number of self-harm incidents had increased significantly in February and remained high following lockdown. The prison managed some prisoners with complex cases who repeatedly self-harmed, accounting for over a quarter of all incidents. Prisoners who had recently self-harmed reported feeling very frustrated with the prolonged restricted regime.

1.20 Monthly safeguarding and safer custody meetings had continued, and a range of useful data was collated and analysed. Incidents of serious self-harm and near-miss investigations had also been completed and learning was identified.

1.21 Prisoners at risk of suicide or self-harm on assessment, care in custody and teamwork (ACCT) case management received valuable additional support from cross-deployed programmes staff, regular visits from the chaplaincy and, more recently, key worker sessions (see paragraph 2.3). The formal Listener scheme was still functioning. Meetings took place in association rooms to allow for social distancing, and a comfortable crisis suite was also available.

1.22 In our survey, 45% of prisoners who had been on ACCT said they had felt cared for by staff. The ACCT documentation we reviewed was completed reasonably but some care map actions lacked detail, and records did not reflect some of the meaningful interactions that took place.

1.23 Although prisoners in our survey was broadly positive about relationships with staff (see paragraph 2.1), only 31% said that a member of staff had asked how they were getting on in the last week. Staff were focused and active in monitoring some of the most vulnerable prisoners once they had been identified, However, missed first night safety interviews, limited key work, and less time out of cell to observe prisoner behaviour and build relationships affected staff's ability to identify vulnerability. There was no formal process to

identify prisoners who were withdrawing from their social contact with staff and peers. During a normal regime at Whatton, these prisoners would possibly stand out, but at a time when prisoners spent most of their day locked up there was an increased risk that some vulnerable prisoners could slip through the net. Staff were busy ensuring that the regime ran smoothly, and they were generally friendly and approachable, but there was a lack of regular and meaningful welfare checks on prisoners to identify and address any psychological deterioration (see key concern and recommendation S4).

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 Staff-prisoner relationships continued to be good. In our survey, 85% of respondents said that there was a member of staff they could turn to if they had a problem, and 82% said that staff treated them with respect. This was supported in most of our conversations with prisoners, and by our observations of a friendly and approachable staff group.

2.2 Despite this, the quality of relationships between staff and prisoners was affected by the restricted regime and reduced time out of cell, which had only recently been increased to around two hours a day (see paragraph 3.1). In our survey, only 31% of prisoners said a member of staff had spoken to them in the last week to ask how they were getting on (see paragraph 1.23).

2.3 Key worker sessions had stopped in March but were reintroduced on a small scale in June. Sessions were limited to prisoners identified as the most vulnerable, such as those who were shielding or subject to at-risk case management. Given the available staffing, this was a reasonable approach but it did not take account of other prisoners who were struggling during the prolonged restrictions. We were not assured that all systems were sufficiently robust to identify all potentially vulnerable prisoners (see paragraph 1.23 and key concern and recommendation S4). Records of key work in prisoners' electronic case notes were of reasonable quality but demonstrated inconsistency, for example, prisoners were not always seen by the same member of staff. Recent quality assurance checks by managers were leading to improvement in this area.

2.4 In our staff survey, 71% said the prison was supporting them well during the COVID-19 crisis but 40% said that morale had declined. Staff of all grades attributed this to weariness and frustrations associated with the prolonged restrictions. Many felt demotivated because the restrictions affected the level of care they could offer and quality of work they could deliver. Some of the important rehabilitative work that characterised Whatton was not considered to be essential within the criteria of the national framework and had halted during the lockdown.

Living conditions

2.5 The external environment was pleasant with well-maintained gardens, which had a positive effect on well-being. Cells on A and C wings were of a good size but those on B1 and B2 remained unacceptably small, overcrowded and cramped, with a toilet positioned close to the bed without any privacy screening. Despite this, all cells were adequately maintained, well kept and adequately furnished (see Appendix II: Photographs).

2.6 Almost all prisoners in our survey (97%) said that they could shower daily. Some cells in the newer accommodation across A wings had integral showers, which prisoners greatly appreciated. Showers in other areas were clean, although those on B1 and 2 lacked sufficient privacy.

2.7 There was a good standard of cleanliness in wings and communal areas, and most prisoners were given enough time to clean their cells and could access cleaning materials daily. In our survey, 90% of prisoners said they had they had sufficient clean clothing each week and 92% that they had clean sheets weekly; most prisoners could use wing washing machines and the prison made effective use of its in-house industrial laundry. However, there was no hand sanitiser at the entrances to wings.

Complaints, legal services, prisoner consultation and food and shop

2.8 While there had been a slight reduction in complaints between January and June 2020 compared with the same period in 2019, the number submitted had remained high and higher than similar prisons. In our survey, only 54% of prisoners said it was easy to make a complaint and prisoners spoke of delays in receiving a response. We saw several wing complaint boxes without complaint forms, which meant that prisoners would have to request one from staff or a prisoner information desk (PID) peer worker.

2.9 Managers had continued to analyse complaints monthly to identify trends. A range of data was made available to senior managers and other key forums, such as the equality action team, but actions to address identified issues were not clear. The prisoner complaints forum had very recently been reinstated to help address poor prisoner perceptions of the system.

2.10 The Independent Monitoring Board (IMB) had recently resumed its visits to the prison. It had continued to receive complaints throughout the restricted regime and had participated in daily operational meetings via telephone conference calls.

2.11 Formal prisoner consultation had stopped in March although the prison had recently reintroduced the rehabilitative culture committee, which facilitated discussion on several key topics. The meeting had met twice since July and was led by the deputy governor who ensured that the key messages from the meeting were communicated throughout the prison.

2.12 Menu choices had been reduced from five to three options at each meal time to allow for social distancing in the kitchen. Despite the reduction, all dietary needs were met. Lunch consisted of soup and a sandwich, with a hot meal provided for dinner. Most prisoners told us that the food was reasonably good. Meals were also supplemented by additional weekly snack bags, although some prisoners thought these were high in sugar and lacked healthy alternatives. Other than a shortage of some items at the start of restrictions, the prison shop service had remained largely unaffected.

Equality, diversity and faith

2.13 It was positive that the Whatton equality action team (WEAT) meetings had continued since March, albeit without some key staff representatives and no prisoner representation. The WEAT was chaired by the deputy governor and analysed a range of useful data and information. However, the equality action plan and records of meetings indicated that updates were not always provided when requested, and some identified issues had been allowed to drift.

2.14 There had been no formal support groups or consultative forums for protected groups since March. Members of the equality team were frequently redeployed to other duties, which affected the individual support they could provide. The consultation that had taken place before March was not led at a senior level to ensure it was focused and meaningful, and

there was little evidence that issues raised were followed up. Consultation with black and minority ethnic prisoners was a clear example of this, with no evidence that issues raised in October 2019 had been followed up.

2.15 Around 12% of the population were from a black or minority ethnic background. In our survey, fewer of these prisoners than white prisoners, 54% against 87%, felt that they had been treated with respect by most staff, and more said they had been victimised by staff. Many black prisoners spoke to us openly about issues that ranged from inequality of access to key jobs, such as those in the staff canteen, to unfairness in the awards received at disciplinary hearings. We received similar negative feedback from black prisoners at the last full inspection. Senior managers needed to do some in-depth targeted work to understand and address this important issue, perhaps through consultation led by independent external black and minority ethnic organisations (see key concern and recommendation S5).

2.16 The prison had continued to provide limited but valuable support for some protected groups, including LGBT and older prisoners. Support from prisoners in the role of social care advocate (SCA – see Glossary of terms) remained an impressive feature of care for this vulnerable group (see paragraph 2.24).

2.17 The chaplaincy had provided pastoral support to prisoners and continued their statutory duties throughout the restrictions. This included meeting new arrivals and visiting segregated prisoners. The team provided valuable one-to-one support, and had facilitated the use of computer tablets to enable prisoners' virtual attendance at funerals. However, the pace of work to reinstate group activity and corporate worship during the recovery phase was slow, and the prison had not been very ambitious in its plans to deliver these, which were now permitted under recent HM Prison and Probation Service (HMPPS) exceptional delivery models. Limited plans to facilitate small group activity of no more than five prisoners had no confirmed start date at the time of our visit (see key concern and recommendation S3).

Health care

2.18 There was evidence of effective partnership working between the health team, the prison, Public Health England (PHE) and NHS England in managing the risks around COVID-19. Before the prison service went into a restricted regime, the health team had identified a few prisoners with potential COVID-19 symptoms and took prompt action to isolate them, in consultation with PHE and the prison. There had been one positive case of COVID-19 in April, when a prisoner in an outside hospital for other reasons then tested positive for COVID-19 and died in hospital. There had been no further positive cases since then.

2.19 The change of health provider to Care UK Ltd in April 2020 initially brought some challenges, including establishing new medicine suppliers and difficulties in obtaining personal protective equipment (PPE – see Glossary of terms), but staff had contingency plans to ensure that patient outcomes were not affected until processes became established. These included having additional medication in stock to pre-empt any gaps in supply, and borrowing PPE from the prison until a supply chain was established. All health staff had received face mask fit testing, and their emergency equipment was updated with additional PPE.

2.20 Following national guidance, the GP and senior clinicians identified 52 patients who met the shielding criteria, who were encouraged to move to the identified shielding wings. Ten patients chose not to move or to shield and signed a disclaimer to this effect. As national guidance changed, staff saw those shielding to explore their options, and most decided not to continue to shield.

2.21 New arrivals received an initial health screening and were told that they would need to isolate for 14 days on the reverse cohort unit. They received a second health screen following this period. The intellectual and developmental disabilities (IDD) service also completed a learning disability screening questionnaire with all prisoners.

2.22 Despite some absences, a resilient and caring health care team, who knew their patients well, had maintained strong clinical leadership and adequate staffing throughout the restrictions. Essential services had also continued throughout, with primary care nurse triage and access to a GP. Other services, such as the optician and podiatrist, had recently restarted with clinics running to address the lengthy waiting lists.

2.23 External hospital appointments, where not cancelled by the hospital, continued to be facilitated, including urgent and emergency appointments. More routine appointments were now being offered.

2.24 A good standard of social care had been maintained, particularly on A8 wing, with regular carers and an occupational therapist providing mobility and equipment assessments, which promoted a rehabilitative approach to care. The prisoner social care advocates (SCAs) were an asset providing valuable support and enabling their peers to do as much for themselves as possible. Initially, due to visit restrictions, social care assessments were completed by the advanced social work practitioner over the telephone, but face-to-face assessments had recently resumed. The social worker liaised with the parole board and local authorities to continue social care on release.

2.25 During the restrictions, the skilled multidisciplinary mental health team and IDD service - which included access to a psychiatrist, psychologist, mental health nurses and a learning disability nurse - continued to provide good care to patients on their caseload. They responded promptly to all routine and urgent referrals, and attended assessment, care in custody and teamwork (ACCT) reviews. While groupwork had been suspended, individual therapy continued, including the IDD psychologist who worked with compassion-focused therapy group members individually. A range of material available covered mindfulness, specific COVID-19 anxiety management information in an easy-read format, and in-cell distraction activity resources.

2.26 Seven prisoners were on reducing or maintenance doses of methadone, the only opiate-substitution treatment available, and received regular clinical reviews. Psychosocial groups had been cancelled but psychosocial support had been maintained by the substance use practitioner, who continued to see prisoners on his caseload and provided work booklets. Harm minimisation and relapse prevention work was undertaken in advance of prisoners' release.

2.27 Medication continued to be delivered to the cell door as from March. While this was completed as safely as possible in most cases, there remained potential risks for errors, it took a long time and was not best practice. The controlled drugs gabapentin (an antiepileptic) and pregabalin (an anticonvulsant) were also given weekly in-possession, which was against national guidance and increased the risk of diversion and misuse. A risk-assessed protocol to return to prisoners collecting controlled drugs from the medications distribution hatch was still not in place, despite the prison's positive record on COVID-19. These practices needed to be revised to ensure that patients received their medication in the safest way adhering to professional and good practice standards.

2.28 Time for Teeth Ltd provided dental services, and emergency dental care had been available since the start of the pandemic. Regular risk-assessed dental clinics had been running for several weeks, prioritising treatment on clinical need. Equipment and essential checks had been maintained, and a new dental chair had been installed in February. Appropriate PPE was available. The dentists had been offering aerosol-generating procedures (see Glossary of

OMU staff. However, of the 80 prisoners released since April, at least 13 had been released without permanent or settled accommodation (see key concern and recommendation S6).

4.14 During our visit, the OMU was notified on the day before one prisoner's release that he would be staying at a hotel, and would have to find himself accommodation as soon as possible thereafter. We were told that this prisoner was a registered sex offender, and that there were risks in relation to children. The community offender manager, who held the formal responsibility for arrangements on release, had acknowledged that this was 'not ideal'. The CRC said that such a release would not be recorded by them as 'no fixed accommodation', which was concerning and distorted the statistics on prisoners released to unsustainable accommodation.

4.15 Prisoners being released were given useful information packs explaining the current state of COVID-19 precautions in the community, including places where local restrictions applied. Some prisoners were released to approved premises in Leicester, and they were given a detailed leaflet with advice on living in the city, especially during the additional lockdown there. The pack also contained details of Rehability UK and Turning Point services.

4.16 Two of the Safer Living Foundation's projects – circles of support and accountability in the local counties, and the in-prison volunteer support and mentoring service – were doing valuable work to prepare prisoners for and support them after release. The support and mentoring service in the prison was supporting some of those with the most pressing needs (such as over-55s, and those with intellectual and developmental disabilities), and had continued to work through in-cell packs during the COVID-19 period.

Section 5. Appendices

Appendix I: Scrutiny visit team

Deborah Butler	Team leader
Ian Dickens	Inspector
Natalie Heeks	Inspector
Martin Kettle	Inspector
Maureen Jamieson	Health care inspector

Appendix II: Photographs

A wing cell

B wing cell

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.