

Report on a scrutiny visit to

HMP/YOI Hindley

by HM Chief Inspector of Prisons

8 and 15–16 December 2020

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

Printed and published by:
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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.justiceinspectorates.gov.uk/hmiprisons/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.

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.

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> This scheme was paused at the end of August 2020.

Key worker scheme

The key worker scheme operates across the closed male estate and is one element of the Offender Management in Custody (OMiC) model. All prison officers have a caseload of around six prisoners. The aim is to enable staff to develop constructive, motivational relationships with prisoners, which can support and encourage them to work towards positive rehabilitative goals.

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.

Recovery plan

Recovery plans are published by HMPPS and aim to ensure consistency in decision-making by governors, by setting out the requirements that must be met for prisons to move from the most restricted regime (4) to the least (1) as they ease COVID-19 restrictions.

Reverse cohort unit

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.

Special purpose licence ROTL

Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

Introduction

This report presents the findings from our scrutiny visit to HMP/YOI Hindley on the conditions and treatment of prisoners during the COVID-19 pandemic. Hindley is a category C training and resettlement prison near Wigan, holding up to 590 adult male prisoners; at the time of our visit, nearly a quarter of the population were under 21. About half of the prisoners were serving long sentences of four years or more.

The management team had worked well with health care staff and Public Health England to control the spread of COVID-19. There had been only one confirmed case among prisoners: one had contracted the virus while in hospital at the start of the pandemic. The prison had been designated an outbreak site on 1 December following confirmed COVID-19 cases among staff on F wing. Measures that included wearing face masks, further regime restrictions and limiting prisoners' movements to and from F wing, the segregation unit and in the gate had suppressed the spread of the virus. Quarantine arrangements in the reverse cohort units (RCU; see Glossary of terms) for those in their first 14 days at the prison and shielding arrangements for prisoners vulnerable to the virus had been implemented appropriately.

Although COVID-19-safe procedures were clearly displayed throughout the prison, staff did not adhere to social distancing measures. The mandatory requirement for staff to wear fluid-resistant face masks throughout the prison following the outbreak on F wing was withdrawn by the governor during our visit. Face masks were still mandated for some parts of the prison, including the reception and the gate, but were optional on the residential wings.

Some recovery plans (see Glossary of terms) had been approved, but implementation had been set back by further national and local community restrictions in response to the second wave of the virus. Social visits, which had been resumed at the end of July, were subsequently suspended on two separate occasions. The amount of time out of cell for most prisoners had increased since the start of the pandemic to a 45-minute session in the morning and another 45 minutes in the afternoon when they could shower, exercise outdoors and undertake other domestic activities. The two gyms had also recently reopened, which prisoners appreciated. Prisoners in the RCU or who were self-isolating did not get sufficient time out of their cells. The new governor, who began in September, was consulting staff and prisoners to learn lessons from the pandemic and retain positive practice for future recovery plans.

Strategic meetings, which had been suspended at the start of the pandemic, were reconvened, but some still did not have enough oversight or focus. The safer custody meeting was held every two months, which was not frequent enough, and it was not sufficiently responsive. Although violence and self-harm had declined at the start of the pandemic, the number of incidents had later risen towards pre-pandemic levels. The prison did not have a cohesive strategy to tackle this. The recent reintroduction of mandatory drug tests had yielded a positive rate of 59% in the first month, which was very high. The prison was taking steps to reduce the supply of drugs, but psychosocial support for prisoners with drug and alcohol problems was very stretched.

The care of those at risk of self-harm was reasonable. Staff checked on the well-being of all prisoners regularly, and those with high risks or needs received support through regular key work sessions. In our survey, only 13% of prisoners said they felt unsafe at the time of the inspection. Prisoners who had chosen to self-isolate because they felt unsafe reported that they had few opportunities to spend time in the open air.

We noticed that relationships were good and interactions between staff and prisoners positive and, in our survey, a majority of prisoners said that most staff treated them with respect. Living conditions had improved since our last inspection in 2017. Although prisoners on the four older wings (A to D) occupied small cells that were unsuitable for adults, the residential areas were clean and well kept.

Prisoners, officers and managers carried out regular cell checks for damage, lack of equipment and cleanliness. Meetings that were held to gather prisoners' views and suggestions had been suspended at the start of the restrictions and replaced by 'decency representatives' on each wing. They met frequently with managers during the early weeks of COVID-19, and several practical improvements had been made.

Health services were well led and there was a good team ethos. A flexible response made sure core services were maintained throughout the pandemic. As a result, there were no significant waiting times for any clinical services apart from dentistry. A good range of mental health support was available, including additional welfare support, which was being provided in response to an increase in demand across the prisoner population since the pandemic had begun.

According to the prison, almost a quarter of prisoners were engaged in work outside their cells. In-cell activity packs had been provided from the start of the pandemic, at first through the chaplaincy. Once education staff had resumed work in the establishment in August, they introduced a range of in-cell learning packs covering the full range of education provision, adapted in many cases to the needs of individual prisoners. Some face-to-face classes were being held in interview rooms, which had been created on each wing. A commendable range of enrichment activities had also been organised.

The uptake of video calls and social visits, when they were able to take place, had been low. All prisoners had in-cell telephones and could use them 24 hours a day, which helped them maintain family contact. Prisoners also used iPads when there were compassionate reasons for doing so, which included contacting children with learning difficulties. Partners of Prisoners (a charity providing support for families of prisoners) had remained on site throughout the pandemic and dedicated staff had adapted and increased the support they could offer.

Some face-to-face contact between prisoners and offender managers had been resumed, so that sentence progression could be planned, and weekly surgeries had recently started on each wing. There was an extensive backlog of about five months of calls waiting to be listened to where prisoners were subject to public protection monitoring, potentially putting the public at risk. Delivery of offending behaviour programmes had been suspended since March, which meant that many prisoners left Hindley without having their behaviour needs addressed. Although the community rehabilitation company relied on prisoners completing self-assessment paper questionnaires for resettlement planning, some face-to-face contact with prisoners who were considered the most vulnerable had begun. Resettlement boards involving wider prison partners had also been reinstated.

Staff and prisoners had managed well since the start of the pandemic, balancing the need for restrictions to remain COVID-19-safe with some creative adaptations, which allowed for support to be provided where needed. Positive relationships between staff and prisoners had been a strength, and the impetus to maintain decent living conditions had continued throughout the COVID-19 period. The challenge remains for the prison to understand better and tackle rising levels of violence as well as continue to implement positive practice developed during the pandemic in future recovery plans.

Charlie Taylor
HM Chief Inspector of Prisons
December 2020

Fact page

Task of the establishment

A category C adult male prison and young offender establishment.

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

Prisoners held at the time of this visit: 538

Baseline certified normal capacity: 590

In-use certified normal capacity: 590

Operational capacity: 590

Prison status (public or private) and key providers

Public

Physical and mental health provider: Greater Manchester Mental Health NHS Foundation Trust

Substance use treatment provider: Greater Manchester Mental Health NHS Foundation Trust and Phoenix Futures

Prison education framework provider: Novus

Community rehabilitation company (CRC): Purple Futures

Escort contractor: GeoAmey

Prison group

Greater Manchester, Merseyside and Cheshire

Brief history

Hindley was originally opened in 1961 as a borstal and became a youth custody centre in 1983. In 1989, two additional wings – E and F – were built, and in 2019, the Acorn unit reopened as a preparation psychologically informed planned environment (PIPE), following refurbishment. The establishment has undergone a number of population changes and is now a young offender and adult male category C establishment. The two populations are housed separately.

Short description of residential units

A wing: up to 83 sentenced adult prisoners

B wing: up to 76 sentenced adult prisoners

C wing: up to 84 sentenced adult prisoners

D wing: up to 84 sentenced adult prisoners

E wing: up to 125 sentenced adult prisoners

F wing: up to 128 sentenced young adult prisoners (18-21)

Acorn preparation PIPE unit: up to 10 adult and young prisoners

Willow unit: segregation unit for up to 11 adult and young prisoners.

Name of governor and date in post

Natalie McKee (September 2020)

Independent Monitoring Board chair

Maggie Maudsley

Date of last inspection

4–14 December 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 21 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.justiceinspectories.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 prison lacked a strategic framework for managing violence. Safer custody meetings indicated that a range of data were being collated, but they were not sufficiently analysed and the prison's response was limited.

Key recommendation: The prison should have a coherent strategy for managing violence, tailored to the population, and a local violence reduction policy, informed by an up-to-date and responsive action plan.

(To the governor)

S4 **Key concern:** A range of intelligence and other data indicated that there was a problem with prisoners accessing drugs in the prison and a lack of capacity to reduce the demand. The recovery wing was not operating during the pandemic. Although psychosocial support for prisoners with drug and alcohol dependencies was maintained, staffing was extremely stretched and caseloads were too high. The drug strategy group had only recently reconvened, but it was not sufficiently focused and lacked strategic oversight.

Key recommendation: The prison should adopt an integrated, strategic approach to the prison's drug problem, establish what the key operational priorities are to reduce the supply and demand for drugs and implement appropriate action.

(To the governor)

S5 **Key concern:** Those who were self-isolating or in the reverse cohort unit (RCU) did not have enough consistent time out of their cells, and their experience was worse than that of the rest of the population.

Key recommendation: Prisoners in the RCU and those who are isolating should have a regime that is equitable to the rest of the population.

(To the governor)

S6 **Key concern:** There was a backlog of about five months of calls for prisoners subject to public protection restrictions waiting to be monitored, which meant the prison did not know what risks they posed to the public. The lack of evidence to inform reviews resulted in monitoring having to be continually extended.

Key recommendation: The telephone monitoring backlog should be eliminated urgently. Monitoring arrangements should be reviewed promptly, so that prisoners' risks are appropriately managed and the public protected.

(To the governor)

Notable positive practice

- S7 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.
- S8 Inspectors found the following examples of notable positive practice during this visit.
- A multi-layered approach to cell checking achieved a good standard of decency across the prison. Each wing officer was a ‘cell champion’ for a group of cells, ‘room ready’ prisoner workers cleaned and prepared all cells as they became vacant, and wing managers and governors carried out regular, recorded cell checks. On some wings, continuous records were kept of the state of every cell. (See paragraph 2.4.)
 - In learning and skills, a commendable range of enrichment activities had been organised from the start of the COVID-19 period. They included: a partnership with specialist creative arts group Odd Arts, working with 10 learners who were finding it hard to engage with the standard curriculum; and two projects involving social enterprise White Water Writers, which led to the production of a published book of Hindley prisoners’ writing. (See paragraph 3.7.)
 - Physical education staff had organised regular circuit training in the wing exercise yards from the start of the pandemic. In the summer, they offered body pump training in the open air outside the main gym, and had brought both gyms into full use as soon as they could. (See paragraph 3.9.)
 - Family interventions visits for prisoners whose children had learning difficulties were carried out using iPads, which meant they did not have to struggle with the technical limitations of the Purple Visits system (see Glossary of terms). (See paragraph 4.5.)

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 worked well in partnership with health care staff and Public Health England (PHE) to control the spread of COVID-19. There had been one confirmed case of a prisoner who had contracted the virus while in hospital at the start of the pandemic. Thirty-four staff had tested positive for the virus since the pandemic began. PHE designated the prison an outbreak site on 1 December, following confirmed COVID-19 cases among staff on F wing. The outbreak was being controlled by, for example, wearing face masks, further regime restrictions and limiting prisoners' movements to and from F wing, the segregation unit and in the gate.
- I.2** Quarantine arrangements for those in their first 14 days at the prison, and shielding arrangements (see Glossary of terms) for those vulnerable to the virus had been implemented in line with national directives. Newly arrived prisoners were appropriately managed – those arriving together were kept in the same cohort, although up to 12 cohorts sometimes had to be managed at any one time, which was challenging. The reverse cohort unit (RCU) accommodating all prisoners had been based on E wing, but another RCU for young adults had opened on F wing about three weeks before the inspection. Prisoners in the RCUs could have a shower and exercise outdoors every day, but they could spend less time unlocked than most other prisoners (see paragraph 3.1 and key concern and recommendation S5). The regime for prisoners who were shielding was the same as for the rest of the prison.
- I.3** Teams of COVID-19 cleaners cleaned 'touch points' in communal areas frequently throughout the day. COVID-safe procedures were clearly on display throughout the prison, but staff did not follow social distancing guidelines. In our survey, more than half of the staff who responded said it was quite difficult (32%) or very difficult (23%) to socially distance from prisoners. However, the governor withdrew the mandatory requirement for staff to wear fluid-resistant face masks throughout the prison following the outbreak on F wing during our visit. Face masks were still mandated for reception, the communications room and the gate, but were optional on the residential wings.
- I.4** The prison's communications on COVID-19 and its response to the pandemic, which consisted of notices and consultation with prisoners' representatives, were effective. In our survey, 91% of prisoners said they knew what the restrictions were, 85% said they had been explained to them and 68% agreed that the restrictions were necessary. Three-quarters felt they had been kept safe from the virus.
- I.5** Strategic meetings, which had been suspended at the start of the pandemic, had been reinstated, but the safer custody meeting took place every two months, which was not frequent enough. Although the level of violence and self-harm had declined at the start of the pandemic, the number of incidents had subsequently risen to pre-pandemic levels. The prison did not have a cohesive strategy to tackle this problem. (See key concern and recommendation S3.)

- I.6** Some recovery plans had been approved to ease restrictions, but their implementation had been set back by further national and local community restrictions in response to the second wave of the virus. Social visits, which had been resumed on 29 July, had later been suspended on two separate occasions due to the restrictions. The amount of time out of cell for most prisoners had increased since the start of the pandemic to a 45-minute session in the morning and another 45 minutes in the afternoon so they could shower, exercise outdoors and carry out other domestic activities. The two gyms had also reopened. The new governor, who had started in September, had been consulting staff and prisoners in order to learn lessons from the pandemic and make sure positive practice was included in the prison's recovery plan.

Arrival and early days

- I.7** Hindley received about 13 new arrivals every week. The reception had only been used for searching prisoners since March. New prisoners waited in a cellular vehicle outside the reception area and were disembarked individually to be searched. Once this was completed, they were placed back on to the van to be transported to one of the two designated RCUs. This meant that prisoners could spend a long time in cramped conditions on a cellular vehicle. The prison did not formally monitor this situation, and some prisoners told us they had waited two hours.
- I.8** Reception processes, including conducting a risk interview and allowing the prisoner to have a shower, took place in the RCUs. In-cell telephony meant that prisoners could make calls on their first night. New arrivals received a basic reception pack and prisoners could receive additional packs while they waited for their first shop order to help reduce the likelihood of prisoners borrowing from others and getting into debt.
- I.9** New arrivals were accommodated on E or F wing for 14 days. Formal induction arrangements had been suspended at the start of the pandemic. An induction booklet containing some useful information had been produced shortly before our arrival. We were told that staff would go through it with prisoners on the day after their arrival. Staff told us that professional translation services were used when necessary. Peer workers spoke to new arrivals.

Managing behaviour

- I.10** In our survey, 13% of prisoners reported feeling unsafe, 15% per cent said they had been victimised or bullied by other prisoners. A larger number (20%) said they had been victimised or bullied by staff.
- I.11** There had been 158 recorded assaults on staff and prisoners in the eight months since the restrictions were imposed, which was a reduction compared to the same period before the restrictions (243). There was, however, evidence that this was increasing after an initial reduction at the start of the pandemic. Fifteen of these cases had been serious assaults on prisoners, while three had been serious assaults on staff.
- I.12** The prison's response to violence was limited to adjudication and police referral. The use of challenge, support and intervention plans (CSIPs) (see Glossary of terms) had been prioritised and reintroduced shortly before our inspection to manage the perpetrators and victims of violence. However, the range of interventions available to change prisoners' behaviour was limited and consisted mainly of additional observations and interactions, although the independent adjudicator conducted virtual hearings for the most serious offences.

- I.13** The prison lacked a cohesive strategic framework for managing violence. Safer custody meetings indicated a range of data being collated, but they were not analysed sufficiently and the prison's response was limited. For example, despite managers acknowledging the availability of illicit drugs and its association with debt, bullying and violence, there was no coherent approach to address these issues. Although the safer custody meeting was useful, minutes we examined did not always reflect enough discussion of the issues and action was often rolled over. The weekly safety intervention meeting was a useful forum for discussing the management of prisoners with complex problems. Formal support for the victims of violence or other antisocial behaviour was limited. (See key concern and recommendation S3.)
- I.14** The security department was aware of the prison's key threats, and intelligence was well managed. In our survey 25% of prisoners said that it was easy to get drugs. The prison had prioritised this problem and was taking steps to reduce the supply of drugs. They included using a regional dedicated search team, a device (Rapiscan) to detect illicit substances concealed in incoming mail and a body scanner, as well as responding promptly to intelligence reports. However, mandatory drug testing had been reinstated shortly before our inspection and yielded a positive rate of 59% in the first month, which was very high. (See key concern and recommendation S4.)
- I.15** Despite the suspension of the basic level of the incentives scheme, we found 19 prisoners on the basic level during our inspection but they were not formally recorded in the defensible decision-making log as required under national policy. In one case we also found informal punishment being used when a television had been removed from a prisoner without appropriate authorisation. The case notes we reviewed referred to this as an 'instant sanction' and a management check that had taken place had not recognised that it was inappropriate.
- I.16** There had been 238 incidents involving force in the eight months since the introduction of the restrictions, lower than the over the same period before the restrictions (268). However, there was evidence that the number was increasing, which was potentially a result of building prisoner frustration causing non-compliance. For example, notes on P-Nomis, a database used in prisons for the management of offenders, and other paperwork showed that some prisoners were failing to return to their cells after their allotted time and were involved in fights. Governance arrangements were generally adequate and monthly meetings continued to take place. Incidents involving batons or PAVA incapacitant spray were reviewed at the use of force committee, chaired by the deputy governor. Some use of force documentation remained outstanding, but minutes from meetings demonstrated that efforts were being made to deal with the backlog.
- I.17** The segregation unit was clean and tidy. Staff we observed were friendly and approachable, and prisoners were generally positive about their treatment in the unit. Segregated prisoners had access to a shower and exercise every day. In-cell telephony in the unit allowed prisoners to maintain contact with friends and family. The segregation monitoring and review group quality assured segregation paperwork.

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

- I.18** One prisoner and 34 staff had been confirmed as having COVID-19 since the pandemic began. During our visit, three prisoners were shielding, but there was no designated unit so they remained isolated on a normal wing. Prisoners who had decided to isolate because they felt unsafe complained about their access to daily showers and time in the open air. One prisoner told us that although he had received a shower each afternoon, he had only been

offered time outside twice in one week. (See also paragraph 3.1 and key concern and recommendation S5.)

- I.19** The number of recorded self-harm incidents was lower than pre-pandemic levels. In the eight months before the restrictions, 37 prisoners had been responsible for 263 acts of self-harm. Over the same period since the restrictions, 41 prisoners had been involved in 190 incidents. The number of prisoners receiving support through assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm fell at the start of the restricted regime but had begun to rise. There had been eight serious acts of self-harm since the restricted regime for which prisoners required medical treatment. In two cases the prison had conducted 'learning reviews' following the incidents.
- I.20** Our survey, showed that 22% of respondents had been on an ACCT and 57% of them reported feeling cared for by staff. The ACCT documentation indicated that case reviews were mostly multidisciplinary and involved mental health team input. Care maps were generally good. However, there was little evidence to show staff were in regular contact with prisoners' families, and ongoing entries in ACCT documentation were mostly observational and lacked any evidence of meaningful interaction.
- I.21** In our survey, only 33% of prisoners said it was easy to speak to a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) if they wanted to, while for prisoners on A, B, C and D wings the figure was 24%. Three prisoners were trained Listeners. Additional support was provided on E wing's RCU where two of the Listeners were based. The lack of available trained Listeners was offset in part by prisoners being able to contact the Samaritans via the in-cell telephones 24 hours a day, but this was of limited use for prisoners in double cells, who could not have a private phone conversation. Listeners could obtain support from the Samaritans via a designated number on the phone system.
- I.22** Most prisoners told us that if they pressed their cell bell it would receive a response within a reasonable time.

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, 87% of prisoners said most staff treated them with respect, which our observations confirmed. Staff were on the wings among the prisoners, and knew them by name – in most of the interactions we saw between staff and prisoners, officers used first names. On each wing, the same group of officers staffed the wing regularly, which helped build relationships as well as maintain order, especially among the young adults. The same was true of wing managers, who were visible and knew their prisoners.
- 2.2** A member of staff checked on each prisoner every day and an officer spoke to every prisoner three times a week while carrying out cell checks. At least once a week an entry was made in prisoners' electronic case records. This pattern had made sure that prisoners received individual care during the restricted regime. In our survey, 80% said there was a member of staff they could turn to if they had a problem. Key workers (see Glossary of terms) held regular sessions with most of those who presented high levels of risk or who had substantial needs, as well as with care leavers, and monthly key work for all prisoners was beginning. The custodial managers and the senior probation officer quality checked key-work records systematically.

Living conditions

- 2.3** The physical condition of the residential areas had improved since our last inspection in 2017. Prisoners on the four older wings, A to D, occupied small and basic cells, which were not suitable for adults, but the standard of the decor and the equipment in them had improved. Additional cleaners had been appointed in the residential units, and touchpoint cleaning was carried out between each 45-minute session when prisoners were unlocked.
- 2.4** Permanent painting teams of prisoners quickly dealt with any damage or defacing in the cells, so that graffiti was almost completely absent. Wing officers were each 'cell champions' to a group of cells, 'room ready' prisoner workers cleaned and prepared all cells as they became vacant and wing managers and governors carried out regular, recorded cell checks. On some wings, ongoing records were kept of the state of every cell. (See Notable positive practice.) There was a lack of privacy curtains around the in-cell toilet in shared cells.
- 2.5** Outside areas were generally well maintained and tidy, although in some residential wings, cell window grilles were clogged with large amounts of rubbish. Shower rooms were in reasonable condition, although poor ventilation had caused mould to grow in the corners of some of them.

Complaints, legal services, prisoner consultation and food and shop

- 2.6** The complaints system was administered well, and responses to complaints were timely. The senior management team considered the analysis of patterns and trends from the profile of

complaints in detail every month. Most complaints were answered appropriately, but a random sample produced several where the responses were flawed. Quality checking had begun and was beginning to lead to improvements, but further sustained attention was needed. The applications system worked reasonably well, but staff found it frustrating that there was no way of tracking when a response had been received.

- 2.7** Legal visits had not taken place since the beginning of the COVID-19 period, but the offender management unit arranged free conference calls so prisoners could talk to their legal advisers.
- 2.8** Before the restricted regime, there had been a network of wing-based and prison-wide meetings where prisoners' views and suggestions could be gathered. The meetings had now been suspended, and 'decency representatives' appointed on each wing. They had met frequently, during the early weeks of the pandemic, and several practical improvements had been made in response to issues raised at these meetings, which had led to better prisoner experiences. Managers saw this as a positive step towards developing a rehabilitative culture. The work of the decency team of staff and prisoners was widely appreciated, although under this system a relatively small number of prisoners were personally involved in the consultation process.
- 2.9** The kitchen had maintained a consistent service during the year. In our survey, 69% of respondents said the food was reasonable or good. Variations were introduced to the menus, particularly at special times of the year, such as during Black History Month. Extra food packs were still assembled and distributed to all prisoners every day, in view of the restricted regime. The prison shop continued to provide a good service, although prisoners still only had access to very limited provision during the first few days after their arrival.

Equality, diversity and faith

- 2.10** Regular meetings of the equality action team had begun in September after being suspended since March. The meetings focused well on statistics, including those emerging from local monitoring of some areas, such as the use of force and the disciplinary process, as well as standard figures from the national equality monitoring tool. The full-time equality officer was able to spend most of their time on equality work.
- 2.11** A full range of regular forums for prisoners with protected characteristics had been established before the pandemic. The forums were gradually being resumed and had been held for black and minority ethnic and LGBT prisoners since September. A larger number of prisoners than at the 2017 inspection felt confident enough to disclose their gay or bisexual identity and to participate in the relevant forum.
- 2.12** There were few foreign national prisoners – they made up 3% of survey respondents. They were receiving support from the equality officer, who had used telephone interpretation recently with a prisoner who spoke no English, enlisting also the assistance of a staff member who spoke their language. However, the Home Office immigration team based at HMP Risley no longer visited Hindley, as they had before the pandemic.
- 2.13** There was also a small number of prisoners with mobility difficulties. They and others with known disabilities received support from the equality officer, and staff understood the plans for prisoners needing help in an emergency evacuation. There were no appropriate cells for wheelchair users, should one have arrived at Hindley.
- 2.14** Some regular activities had been organised for older age groups before COVID-19, but they had not yet been resumed. Prison data showed 23% of the population was under 21, and

there was a greater focus on this group. Video calling had been used to liaise with the young offender institution from which a boy was due to be transferred on turning 18, and a survey had been conducted to find out the needs and preferences of this group, and to take appropriate action. Some staff were trained in aspects of the maturation of young adults and their implications for working constructively with this age group in prison.

- 2.15** Veterans, for whom there had been monthly meetings before COVID-19, met in September and attended an open-air service for Remembrance Day in the chapel garden, but staff from external agencies who normally visited the prison every month, were not able to do so.
- 2.16** The chaplaincy had begun to offer a programme of faith study groups in October, which prisoners could attend once every three weeks, but they had been suspended when the restrictions were brought in again. Chaplains, most of whom had been able to visit the prison throughout the period, had provided individuals with considerable support.
- 2.17** The chaplaincy had also launched some imaginative initiatives, for example, it had created an outside garden area with small animals, which prisoners could visit to escape the stresses of the time, as well as a polytunnel, where they could grow plants. In the early months of the restricted regime, the chaplaincy had sourced large-scale book donations from the community and created informal libraries on each wing. The team had also extended the use of the iPads, primarily meant for those unable to attend close family funerals, to arrange contact with family members for specific purposes. (See also paragraph 4.5 and Notable positive practice.)

Health care

- 2.18** We found the contingency arrangements for managing pandemic risks were sound and good communication channels had been established between all partners. An outbreak control plan shaped local controls to reduce risks to prisoners. Three prisoners identified as being extremely clinically vulnerable, who had opted to shield, told us they felt well cared for. Recovery plans (see Glossary of terms) for health care had been developed and were helping to support service provision.
- 2.19** Although we did not observe any health reception processes, the clinical records we looked at indicated that registered health professionals undertook a full health screening of all prisoners on arrival. Health services were well led. There was a good team ethos and flexibility within the health team to ensure core services were maintained. As a result, a range of integrated services continued to be delivered throughout the pandemic with no prolonged waiting times for any clinical services apart from dentistry. Opticians, physiotherapy and podiatry input had also been maintained. However, staffing in some areas was stretched and there were several vacancies in the primary nursing team. Regular staff were working additional hours and experienced agency nurses filled the shortfalls, but this ongoing strain could affect patient outcomes if it was not resolved. In line with the wider community, local hospitals had cancelled some routine external appointments, but they were being rescheduled and greater use of telephone consultations with specialists had helped reduce risks.
- 2.20** The health care centre was the hub for most specialist clinics and additional officers were responsible for making sure prisoners had sustained access to clinicians, although this support was not always consistent. A number of patients' records showed that there had been occasions when prisoners did not have access to appointments. Many nurse-led clinics were delivered on the wings, which meant prisoners could more easily obtain health care. The clinical records sampled indicated that care plans for individuals with long-term conditions were still being reviewed.

- 2.21** A dedicated health telephone line had also been set up so that practitioners could ring prisoners in their cells. This had helped with communication, but not all professionals were aware of this facility and there were no dedicated lines in clinic rooms. There were plans to adopt video-conferencing and use electronic handheld devices linked to clinical reporting systems. Pre-release clinics were operating to support prisoners moving on from the establishment.
- 2.22** Dental services had been maintained throughout the pandemic. The level of service and patient contact was impressive and members of the dental team periodically visited wings to see patients on waiting lists to assess their needs and explain treatment options. Clinical input was broadly similar to community provision and routine care and check-ups were curtailed, but acute clinical needs were prioritised appropriately, including the use of aerosol generating procedures, which took longer to prepare and were more difficult to deliver. Waiting times had increased due to the restrictions on treatment pathways and because of enhanced COVID-19 measures in the dental suite. There were still too many missed appointments and recovery plans had not yet considered how the backlog could be reduced.
- 2.23** A social worker from the local authority visited regularly and attended key meetings, which had established good working relationships with the prison. A memorandum of understanding between the prison, health partners and the local authority was in place to ensure prisoners' social care needs were assessed and met, although no prisoners needed personal care support during the inspection.
- 2.24** Prescribing and medicine supply arrangements made sure that treatment was continuous. The medicines administration that we observed, which included administration for opiate substitution, was safe and well managed. Although core services were being delivered, pharmacy staffing was stretched and only one pharmacy technician was in post. Some pre-COVID-19 work, such as systematic cell checks for in-possession medicine, was now only completed on an individual intelligence-led basis. Cover and contingency staffing arrangements were unclear.
- 2.25** Mental health and substance misuse services were delivered through an integrated team approach and a good range of mental health support was available across most pathways. This included additional generic welfare support, which was being provided in response to an increased demand across the prisoner population since the pandemic. This was reflected in our survey, which indicated that over 59% of prisoners said they had a mental health problem. Three patients had been transferred to hospital under the Mental Health Act in the previous six months with no reported delays. Enhanced mental health input into the preparation psychologically informed planned environment (PIPE) unit had been commissioned and the unit itself had successfully resumed its core functions following a short spell operating as a shielding unit.
- 2.26** Forty-three prisoners with drug dependencies were receiving individually tailored and evidence-based clinical treatments. Phoenix Futures provided psychosocial support for prisoners with drug and alcohol problems. The recovery wing ceased to function during the pandemic. Although other support to prisoners was being maintained, staffing was extremely stretched, caseloads were too high and there was limited evidence of recovery planning to address prisoners' future needs. Phoenix Futures was delivering group sessions and in-cell packs, and welfare support was offered on an individual basis, but no structured, individual face-to-face work took place. (See key concern and recommendation S4.) The team continued to liaise closely with the resettlement team and prisoners to support pre-release arrangements. Harm reduction advice and access to naloxone (a drug to manage substance misuse overdose) were provided if required.

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** Almost all prisoners were unlocked for two 45-minute periods each day in the morning and afternoon. Some of those in the reverse cohort units (RCUs), who were in their first 14 days at Hindley, had just 30 minutes of exercise and a short period for a shower and to clean their cells. (See also paragraph 1.18 and key concern and recommendation S5.) For most prisoners, the 45-minute periods were consistent, with 10-minute intervals between sessions, during which key parts of the communal areas were cleaned. Many prisoners we spoke to expressed frustration after so many months of restrictions but said that the certainty of spending some time out of their cells each morning and afternoon, including weekends, helped reduce their negative feelings.
- 3.2** Prisoners could use the wing exercise yard at any time when they were unlocked. The yards were large, but featureless apart from one or two benches. Prisoners could access a variety of activity areas within the unit, although they could not use recreational equipment.
- 3.3** Approximately 24% of prisoners were in paid work, full- or part-time. The amount of part-time working had been increased, so that more prisoners could spend some extra time undertaking a constructive activity. No prisoners were working in any of the contract workshops. Essential work, such as catering, garden maintenance, waste management and recycling had continued, as had a television repair workshop, which meant many in-cell TVs could be repaired and put back into use. The number of cleaners had been increased considerably during the pandemic.
- 3.4** From the start of the restricted regime, in-cell activity packs had been provided. At first the chaplaincy had assembled and distributed the packs, along with the faith-based weekly material. Once education staff had resumed work in the prison in August, they had quickly brought into use a range of in-cell learning packs, each providing 45 hours of guided learning, covering the full range of education provision. Teachers could demonstrate how they had adapted the material in these packs to the needs of individual learners. All packs were marked, and feedback was given. Good records were kept, and learners' achievements were recorded and tracked.
- 3.5** Vocational instructors offered the theoretical components of courses in cells. Biohazard training and qualifications continued to be delivered.
- 3.6** A considerable amount of face-to-face work was being undertaken in residential areas, often using the interview rooms which had been created on each wing. Teachers and vocational instructors undertook this work. Information, advice and guidance (IAG) staff had also been providing a full programme of induction and release planning work, focusing on improving prisoners' employment prospects. They saw all newly arrived prisoners in person. Education peer mentors were beginning to be appointed across the wings.
- 3.7** A commendable range of enrichment activities had been organised, with a varying selection continuing since March. These included a partnership with specialist creative arts group Odd Arts, working with 10 prisoners who found it hard to participate in the standard curriculum and two projects involving social enterprise White Water Writers, during which a book of Hindley prisoners' writing was published. (See Notable positive practice.)
- 3.8** Informal libraries on the wings had filled the gap until August, when library staff returned to the prison. From September, library staff collected prisoners' requests and delivered orders

every day to all the wings. They promoted reading and use of the library's resources through printed leaflets, competitions and special activities.

- 3.9** The two gyms were back in full use, and prisoners could access them up to three times a week, in COVID-safe conditions. Additional spaces were created to encourage those who felt less at ease in a noisy fitness area to participate. Physical education staff delivered circuit training in the wing exercise yards regularly from the start of the pandemic and distributed 30-day in-cell activity packs. In the summer they offered body pump training in the open air outside the gym, before it had been possible to reopen the gym buildings. (See Notable positive practice.)

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** All prisoners had in-cell telephones and could use them 24 hours a day, which helped prisoners maintain family contact. Prisoners appreciated the additional weekly £5 telephone credit and a reduction in call costs.
- 4.2** Social visits had been reintroduced briefly on two separate occasions during the summer but were suspended following national and local lockdown restrictions affecting the north-west region. When visits did take place, uptake was low. We were told community restrictions meant fewer visitors were willing and able to travel. The limitations placed on visits – there were no children's play facilities or refreshments and physical contact was banned – had also discouraged prisoners and families from booking. Plans had been underway to temporarily reinstate visits for two weeks over Christmas.
- 4.3** Video calling facilities (known as Purple Visits) had been introduced on 13 August. Prisoners were initially allowed one half-hour video call per month on weekdays only, but this had now been extended to two calls per month, and there were plans in place to include weekends. Uptake had been low – only 224 calls had been made by 139 prisoners in total, since the system's inception. The prison had tried to find out why this was, and prisoners had reported their frustrations with technical limitations, connectivity issues and general scepticism about the technology.
- 4.4** Prisoners could receive and reply to correspondence from their family and friends through the 'email a prisoner' scheme – the use of this service had increased since the restricted regime had been introduced. Prisoners could send an extra four letters per week and staff told us there were no delays in prisoners receiving their mail. However, in our survey, 35% of prisoners said they had problems sending and receiving mail.
- 4.5** iPads allowed prisoners to contact dying immediate relatives and sick extended family members, as well as to livestream funerals. The technology was also used to arrange family intervention visits for prisoners whose children had learning difficulties who might have struggled with the technical limitations of Purple Visits. Prisoners appreciated the initiative. (See also paragraph 2.17 and Notable positive practice.)
- 4.6** Partners of Prisoners, a charity providing support for prisoners' families, had remained on site throughout the pandemic. Dedicated staff had adapted and increased the support they could offer. The families telephone helpline and social media platforms had seen a surge of calls and activity at the beginning of the pandemic. Face-to-face interactions with vulnerable prisoners on assessment, care in custody and teamwork case management for prisoners at risk of suicide or self-harm had started to take place. Contact between prisoners and their families was arranged and valuable emotional and practical support provided. Similar support for families of prisoners due for release in Greater Manchester had been extended to all age groups and additional emotional and practical support for families of prisoners aged between 18 and 25 living in Merseyside had been introduced.

Sentence progression and risk management

- 4.7** About half the population presented a high risk of serious harm to others and were serving long sentences of four years or more. Nearly a quarter of prisoners were under 21 years of age and most prisoners had been at Hindley for less than one year.
- 4.8** In our survey, 61% of prisoners said they knew what their custody plan objectives and targets were and of those, only 46% said staff were helping them to achieve them. Since the end of March, the level of contact, including face to face interactions, between prisoners and prison and probation offender managers (POMs) had been reduced. While prison POMs had remained on site for the duration of the restricted regime, probation POMs were still only in the prison for about 50% of their usual time. Contact had mainly been triggered by milestone events, such as re-categorisation reviews, upcoming parole hearings and release dates. However, some face-to-face contact had been resumed and was steadily increasing, and in September, the offender management unit (OMU) had started weekly surgeries on each wing, which prisoners welcomed.
- 4.9** Prisoners continued to arrive at Hindley without an assessment of their risks or needs. Offender managers prioritised undertaking initial assessments for those arriving within 10 weeks of being sentenced and despite the relatively high turnover of prisoners, most had an offender assessment system (OASys) report. About two thirds of prisoners' OASys reports had been reviewed since the start of the restrictions, but the lack of face-to-face interactions potentially undermined the quality of the plans.
- 4.10** Re-categorisation reviews had continued to take place but were not always timely. Seventy-seven prisoners had moved to open conditions since the end of March. OMU staff told us there had been delays in transferring prisoners to HMPs Kirkham and Thorn Cross over the previous months, but the situation had since improved. During our visit, only seven prisoners, four of whom had been re-categorised in the previous seven days, were awaiting a transfer.
- 4.11** The monthly inter-departmental risk management team (IRMT) had continued to meet, but contributions from staff across the prison were poor. The IRMT meeting's focus was appropriate and included discussions on new arrivals subject to public protection requirements and multi-agency public protection arrangement cases due for release. However, its work was undermined by a five-month backlog of calls waiting to be listened to where prisoners were subject to public protection monitoring. During our visit, 69 prisoners were subject to these monitoring requirements. The prison did not know what risk these prisoners posed, potentially putting the public in danger. The lack of evidence to inform reviews meant monitoring had to be continually extended. (See key concern and recommendation S6.)
- 4.12** Offending behaviour programmes had been suspended since March and many prisoners left Hindley without having their offending behaviour needs addressed. Limited plans were in place to begin programmes in the new year, although some were subject to staff availability. Since the restricted regime, the programmes team had continued to take referrals and had assessed the needs of 227 prisoners. Of those, 26% (60) were assessed as suitable for either the Thinking Skills Programme, Resolve (a cognitive-behavioural intervention for violent offenders) or Kaizen (for high risk prisoners convicted of a sexual offence), and of those, 22% (13) had been issued with pre-course in-cell work packs.

Release planning

- 4.13** Hindley released about 45 prisoners a month and resettlement services worked well together and with other prison departments.
- 4.14** Merseyside, Cheshire and Greater Manchester Community Rehabilitation Company (CRC) had withdrawn its face-to-face contact with prisoners at the beginning of the restricted regime, but had continued to engage prisoners via the use of internal mail and, in some cases, in-cell telephone calls.
- 4.15** In our prisoner survey, only 41% of those expecting to be released in the following three months reported that someone was helping them to prepare for release. Resettlement plans were mostly developed remotely, informed by desktop reviews of prisoners' files, OASys reports and P-Nomis notes, or prisoners completed self-assessment paper questionnaires. Not all prisoners returned the paper questionnaires sent to them in enough time for action to be implemented, which meant that for some, their up-to-date resettlement needs might have remained unaddressed. However, in September, resettlement staff had resumed face-to-face contact with some prisoners considered the most vulnerable and with the greatest needs, such as care leavers and those likely to be released as homeless.
- 4.16** Resettlement boards had been reinstated in early November and focused on prisoners due for release within the following eight to 10 weeks. Wider prison partners attended the boards and information sharing and joined up resettlement planning were good, which offset the lack of face-to-face contact with prisoners.
- 4.17** Despite considerable efforts from Shelter to make sure prisoners' housing needs were met on release, in the previous six months 7% of prisoners were released to no fixed address and a further 2% were housed in short-term, transient accommodation.
- 4.18** On release, staff provided prisoners with face coverings and tailored discharge packs, including information about their licence conditions, appointment details and COVID-19 information. The CRC had been able to provide about 20 mobile phones to those in need during the early months of the restricted regime, but they were now no longer available.
- 4.19** Since the restricted regime, 130 prisoners had been released on home detention curfew. During our visit, five prisoners had been held beyond their eligibility date.
- 4.20** Of the 22 prisoners assessed for the end of custody temporary release scheme (see Glossary of terms), only two had been released. No prisoners had been released on special purpose licence (see Glossary of terms).

Section 5. Appendices

Appendix I: Scrutiny visit team

| | |
|------------------|------------------------|
| Martin Lomas | Deputy Chief Inspector |
| Sarah Pennington | Team leader |
| Hayley Edwards | Inspector |
| Martin Kettle | Inspector |
| Tamara Pattinson | Inspector |
| Jade Richards | Inspector |
| Steve Eley | Health care inspector |
| Charlotte Betts | Researcher |
| Amilcar Johnson | Researcher |

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.