Report on a scrutiny visit to

HMP Risley

by HM Chief Inspector of Prisons

17 and 24–25 November 2020

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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.

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.

Listeners
Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

PAVA
PAVA (pelargonic acid vanillylamide) spray is classified as a prohibited weapon by section 5(1) (b) of the Firearms Act 1988.

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

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

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

Shielding
Those who have health conditions that make them vulnerable to infection are held for at least 12 weeks in a shielding unit.

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).

Introduction

This report presents the findings from our scrutiny visit to HMP Risley on the conditions and treatment of prisoners during the COVID-19 pandemic. Risley is a category C training and resettlement prison near Warrington in Cheshire. The prison holds more than 1,000 adult male prisoners, a mixture of mainstream prisoners, foreign nationals and prisoners convicted of a sexual offence. At the time of our visit, almost two-thirds of the population were serving sentences of more than four years.

We found a well-led prison that had continued to progress despite the pandemic. The management team had worked effectively, in partnership with health care staff and Public Health England, to control a COVID-19 outbreak at the start of the pandemic and to contain a later outbreak on G wing in September. Quarantine arrangements for those in their first 14 days at the prison and shielding arrangements for those vulnerable to the virus had been implemented in accordance with national directives.

The management team had taken a robust approach to minimising the risks of transmission of the virus by promoting social distancing and cleanliness, with frequent cleaning of communal areas by a team of prisoner 'COVID cleaners'. Communication with staff and prisoners about COVID-19 had been good, with information provided in a range of languages. Staff were now wearing fluid-resistant face masks in all areas of the prison, and weekly COVID-19 testing of staff had started on-site.

Although the requirement for national approval of recovery plans (see Glossary of terms) had been cumbersome, senior managers had been proactive in their efforts to ease restrictions. The prison had been among the first in the country to reopen social visits and had resumed delivery of offending behaviour programmes to small groups in August. However, well-developed plans to progress to HM Prison and Probation Service stage 2 of recovery had been interrupted by the recent national lockdown in response to the second wave of the virus.

The amount of violence and self-harm had reduced at the start of the restrictions. There had been a subsequent rise in the number of incidents, but this remained below pre-pandemic levels. This was in the context of improved prison safety and reducing trends in both violence and self-harm in the year up to the pandemic. Safety meetings had continued throughout the pandemic and managerial oversight of this area was good. There had been two self-inflicted deaths during the period of regime restrictions. We found evidence of a good level of support for prisoners at risk of suicide or self-harm, supported by the assessment, care in custody and teamwork (ACCT) case management process.

We saw staff engaging well with prisoners. These observations were reflected in our survey, where most prisoners (79%) said that staff treated them with respect. Key work had been well embedded in the prison before the pandemic, and weekly checks on the well-being of more vulnerable prisoners and those near to release had continued during the COVID-19 period.

Although the residential units had suffered much wear and tear, with flooring in a poor condition and some showers below a decent standard, there had been considerable efforts to improve the environment as far as was possible in the absence of funding for proper refurbishment. The wing painting programme and the 'Creating Rehabilitation, Enabling Decency' programme of refurbishment of E wing by prisoners had continued despite the pandemic.

The participation of prisoners through peer support work and frequent consultation and community meetings had been a strength throughout the period of regime restrictions. The peer review of anonymised responses to complaints, discrimination incident report forms and use of force reports had been maintained. Work to promote equalities had improved considerably since our inspection in

2016, and had continued uninterrupted during the pandemic. The chaplaincy had also been visible and active.

Health care services had improved since our inspection in 2016. The full capacity of health services in the prison was underused because of social distancing and regime restrictions, which led to too many prisoners not attending for appointments and inefficient use of clinicians' time. The restrictions, which limited the dispensing of medication at the prescribed time, had also introduced unnecessary clinical risk.

For most prisoners, the regime was severely limited to around one hour a day unlocked, which was a serious concern. Although a larger proportion (30%) than we have seen in some other prisons had jobs, a lack of in-cell telephony placed further pressure on prisoners to make their calls during the short time available out of their cell. Prisoners now had weekly access to the gyms, but the sessions took place during their hour of unlock.

Social visits had stopped again because of national COVID-19 restrictions. The introduction of video calls ('Purple Visits'; see Glossary of terms) with family and friends was positive, and available capacity had allowed prisoners to access these twice a month. Welfare checks had been introduced following a Purple Visit, as this had been an emotional experience for some prisoners. There was also some good family support work, including a virtual family forum and video messages from prisoners to their families.

Sentence planning and risk assessment processes were up to date, but there was a large backlog in telephone call monitoring for public protection which the prison urgently needed to address. Although offending behaviour work had resumed, there were no interventions for those convicted of sexual offences. Progressive moves of category D prisoners to open conditions had continued during the restrictions, and restorative justice sessions had also taken place.

Release planning by the community rehabilitation company (CRC) was mostly through written correspondence, and not all prisoners had completed the questionnaire sent to them. Weekly virtual resettlement boards had started, but better communication with prisoners was required for them to feel involved. The 'through-the-gate' hub outside the prison provided good support for those being released but, as a result of the restrictions, this was available only to those deemed vulnerable by the CRC.

In conclusion, we found strong leadership and a motivated management team that had risen to the challenges of the pandemic. At the same time, plans to progress the prison had not stopped. Despite the lack of some basic facilities, such as in-cell telephones and decent showers, there were ongoing efforts to improve the environment and to build on the already considerable work that had been done to make Risley a more respectful and safer place. However, the impact of lack of time unlocked for most prisoners some eight months since the start of the pandemic was a serious concern.

Charlie Taylor
HM Chief Inspector of Prisons
December 2020

Fact page

Task of the establishment
HMP Risley is a category C resettlement prison.

Certified normal accommodation and operational capacity (see Glossary of terms)
Prisoners held at the time of this visit: 1,040
Baseline certified normal capacity: 1,061
In-use certified normal capacity: 1,061
Operational capacity: 1,115

Prison status (public or private) and key providers
Public

Physical health provider: Greater Manchester Mental Health NHS Trust
Mental health provider: Greater Manchester Mental Health NHS Trust
Substance use treatment provider: Change Grow Live
Prison education framework provider: Novus
Community rehabilitation company (CRC): Interserve
Escort contractor: GEOAmey

Prison group/Department
North-West

Brief history
Risley opened in 1964 as a remand centre for men and women. In 1989, the male part of the prison became a training prison. Although there were plans in the early 1990s to replace all the original buildings, some are still in use. The training prison was expanded further and refurbished in 2003 with the addition of a new wing (G). The population of prisoners convicted of a sexual offence was relocated to separate residential areas in 2009 and 2020. In 2009, Risley became a hub for up to 200 foreign national prisoners.

Short description of residential units
A wing – category C prisoners, with several foreign national prisoners
B wing – induction/first night unit for mainstream category C prisoners
C wing – developing incentivised substance-free living unit
D wing – category C prisoners
E wing – prisoners convicted of sexual offences
F wing – prisoners convicted of sexual offences; transitioning to a self-isolators support unit
G wing – prisoners convicted of sexual offences (including older prisoners and those with a disability)
R1 – independent living unit for prisoners on the enhanced level of the incentives scheme
Segregation unit

Name of governor/director and date in post
Nicki Smith (since January 2018)

Independent Monitoring Board chair
Albert Aldridge

Date of last inspection
13–24 June 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 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.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:** Prisoners' dental health needs were not being fully met. Too many prisoners were failing to attend appointments because of a reduction in waiting room capacity due to social distancing and the limited time out of cell. Aerosol generating procedures were unavailable despite agreement to proceed.

Key recommendation: Dental treatment should be provided promptly and be equivalent to that delivered in the community.
(To the governor)

S4 **Key concern:** The regime restrictions often presented prisoners with an unacceptable choice between attending their health care, dental and substance misuse appointments or taking a shower and exercise during their very limited time out of cell. The inability to release prisoners to receive not-in-possession medicines at the prescribed times was a serious concern as it increased the likelihood of medicines being ineffective or unwanted side-effects occurring, such as drowsiness in the early evening or pain in the early morning.

Key recommendation: Prisoners should be able to attend health care appointments on time and to receive their medicines at the prescribed time.
(To the governor)

S5 **Key concern:** Unless they had a job, prisoners were out of their cell for an hour a day, and for meal collection. Even with the full hour, this did not give them enough time for telephone calls, showers and other domestic needs, as well as outside exercise. Many prisoners spoke of the numbing and demoralising effect of being locked up for so long, especially as a 28-hour period was not uncommon from one morning to the following afternoon.

Key recommendation: Time out of cell for prisoners should be increased, to enable more purposeful activity and more time in the open air.
(To the governor)

S6 **Key concern:** Prisoners' contact with families was restricted by the lack of in-cell telephones. There were few telephones on the landings, and they could only be used at restricted times.

Key recommendation: Prisoners should have telephone in their cells to be able to have regular and frequent telephone contact with their families.
(To HMPPS)

S7 **Key concern:** As a result of staffing shortages, there was a large backlog in the number of telephone calls which needed to be listened to for public protection purposes.

Key recommendation: The backlog in telephone monitoring should be eliminated as a matter of urgency.
(To the governor)

Notable positive practice

S8 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.

S9 Inspectors found the following examples of notable positive practice during this visit.

- The interactive peer-led induction was delivered in the two 'welcome centres' on a one-to-one basis in separate booths, at a pace that ensured that each element was understood by new prisoners. (See paragraph 1.12)
- A catalogue of official stationery from legal advisers, which had been verified with the sender, was used to make comparisons with any suspicious packages. This assisted in detecting bogus Rule 39 (legal and confidential) mail, which was a known route for the trafficking of drug-impregnated paper. (See paragraph 1.16)
- All prisoners were promoted to the highest level of the incentives scheme at the start of the restrictions. This incentivised positive behaviour and gave prisoners greater spending power to buy additional telephone credit and items from the prison shop. (See paragraph 1.19)
- Prisoner representatives conducted structured quality checks of a sample of records of use of force, completed complaint forms and discrimination incident report forms, with anonymisation in each case. This was useful and likely to increase trust. (See paragraphs 1.18, 2.6 and 2.12)
- Prisoner council meetings had increased in frequency during the COVID-19 period, and were well used by the governor and senior managers to communicate and consult on developments. These, and regular wing meetings, were well organised, properly recorded and effective. (See paragraph 2.8)
- The availability of naloxone by nasal spray in addition to by injection enabled easier administration and swifter absorption of the medicine in an emergency and increased the options to keep prisoners safe after release. (See paragraph 2.35)
- The re-establishment of therapeutic groups within the substance misuse service enabled prisoners to support each other and receive valued mutual aid, such as Narcotics Anonymous, that had been curtailed at the beginning of the outbreak. (See paragraph 2.36)
- The availability of well-being and substance misuse peer workers despite the restrictions enabled some harm minimisation activities to continue and aided the delivery of health care and substance misuse programmes that would otherwise have stopped. (See paragraph 2.37)
- The introduction of welfare checks on prisoners who had been on a 'Purple Visit' was effective in supporting their emotional well-being. (See paragraph 4.2)
- Phoenix Futures facilitated several initiatives to support and promote family ties, which include virtual family forums and video messages from prisoners to their families. (See paragraph 4.5)
- Despite substantial restrictions to the regime, several restorative justice sessions had taken place. (See paragraph 4.14)

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

1.1 Strategic and partnership meetings had continued throughout the pandemic, and plans to progress the prison had not stopped. We found strong leadership and a motivated management team, with a clear vision and sense of purpose.

1.2 The management team had worked well, in partnership with health care staff and Public Health England, to control an outbreak in the prison at the start of the pandemic and to contain a later outbreak on G wing in September. There had been 18 confirmed prisoner cases of COVID-19 in April, and a similar number of cases among staff. Further control measures to suppress the spread of the virus had been implemented in September, following five confirmed cases among staff and prisoners on G wing. These measures included no movement of prisoners to or from the wing, mandated use of personal protective equipment (PPE; see Glossary of terms), and mass staff and prisoner COVID-19 testing. In total, there had been 40 confirmed prisoner cases on G wing. Public Health England declared the outbreak to be over on 20 November.

1.3 Quarantine arrangements for those in their first 14 days at the prison, and arrangements for those vulnerable to the virus to shield (see Glossary of terms) had been implemented in accordance with national directives. The regular flow of new prisoners each week (see paragraph 1.9) had been well managed, keeping those arriving together in the same cohort. There were also arrangements for prisoners who were symptomatic to receive daily exercise, a telephone call and a shower.

1.4 The management team had taken a robust approach to minimising the risks of transmission of the virus by promoting social distancing (see Glossary of terms) and cleanliness. Staff were now wearing fluid-resistant face masks in all areas of the prison, and weekly COVID-19 testing of staff had started on-site. There was regular cleaning of communal areas by 'COVID cleaners', and expenditure on cleaning materials had increased. Work to improve the environment, including the 'Clean, Rehabilitative, Enabling and Decent' (CRED) programme of refurbishment of E wing by prisoners, had continued despite the pandemic

1.5 Communication with staff and prisoners about COVID-19 and the plans for recovery had been effective. In our survey, 84% of prisoners said that the reasons for restrictions had been explained to them, 91% knew what the restrictions were and 77% agreed that they were necessary. More than two-thirds of prisoners (68%) said that they had been kept safe from the virus. Information had been provided in a range of languages. The governor's active participation in fortnightly meetings with the prisoner council had also been good for sharing COVID-19-related information.

1.6 Although the requirement for national approval of recovery plans (see Glossary of terms) had been cumbersome, senior managers had been proactive in their efforts to ease restrictions. The prison had been among the first in the country to reopen social visits and had started delivering offending behaviour programmes to small groups in August. The prison had also run training for workshop instructors in preparation for a return to increased purposeful activity. Well-developed plans to progress to HM Prison and Probation Service

(HMPPS) stage 2 of recovery had been interrupted by the recent national lockdown in response to the second wave of the virus.

1.7 For most prisoners, the regime was severely limited to around one hour a day unlocked, but a larger proportion (30%) than we have seen in some other prisons had jobs. There was also good use of peer support.

Arrival and early days

1.8 Transport arrangements to the prison from nearby local prisons were suitably focused on the management of the risks posed by COVID-19. Escort vans were cleaned and sanitised between uses. Due consideration was given to the mix of the population, with mainstream prisoners and those convicted of sexual offences arriving on different days.

1.9 There was a large volume of movement through reception, with around 35 new arrivals each week plus the daily escorts out to hospitals for medical treatments. This meant that it was not practicable to have a single reverse cohort unit (RCU; see Glossary of terms) so there were four areas of the prison that could be used as an RCU when required. Nevertheless, we were satisfied that arrangements were managed effectively and provided enough separation of newly arrived prisoners from the rest of the population.

1.10 The reception area was clean and the need for social distancing was carefully managed. Prisoners working in reception helped to put new arrivals at ease and, if needed, served them hot food and drinks. All new arrivals had the opportunity to contact family and friends to tell them of their safe arrival. Personal safety interviews were conducted in private, and few prisoners stayed in reception for more than two hours before being taken to one of the RCUs, where they would remain for the first 14 days of their stay.

1.11 The first night cells that we checked were clean and well prepared. Additional safety checks were routine during the first 24 hours at the prison and were documented in the 'arrival and induction passport' dossier. The newly arrived prisoners we spoke to told us about the supportive interactions they had had with staff, and understood the reasons for being isolated on one of the RCUs for 14 days. They all had access to daily exercise in the open air during a 60-minute domestic period.

1.12 The peer-led induction normally started on the day after arrival and took place in one of two well-equipped 'welcome centres'. This was interactive and delivered on a one-to-one basis in separate booths (see Appendix II). The range of information provided and the pace of delivery ensured that new prisoners had a good understanding of the facilities available.

Managing behaviour

1.13 In our survey, 21% of prisoners said that they currently felt unsafe; 19% reported having been victimised or bullied by other prisoners, and 22% by staff.

1.14 The frequency of violent incidents had been reducing in the year up to the pandemic. Levels of assaults had fallen sharply at the beginning of the pandemic and had increased since, but were still below pre-pandemic levels, with few being recorded as serious.

1.15 The safer custody team was well integrated into the running of the prison, and links to other key functions were well embedded. Safety meetings had continued throughout the pandemic, and a wide range of data was regularly analysed to identify emerging trends and to highlight any hotspots. The prison had responded well to data suggesting a change in the pattern and

location of violence, by establishing a greater staff presence in known and potential high-risk areas during prisoner movement. The weekly safety intervention meeting (SIM) was suitably focused on managing and supporting perpetrators and victims of violence alike.

1.16 The flow of local security intelligence was good and had steadily increased after an initial fall at the start of the pandemic. Violence and drug-related activity featured regularly. The prison had reacted well to changes in drug supply, particularly to the increase in attempts to send letters and documents impregnated with drugs into the prison. Electronic detection equipment was used to good effect, and a catalogue of official stationery from legal advisers, which had been verified with the sender, assisted in detecting bogus Rule 39 (legal and confidential) mail. The prison was well supported by the local police, who took an active role in reducing drug supply to the prison.

1.17 There had been far fewer use of force incidents between January and October compared with the previous year. Of the 284 recorded incidents, 208 had consisted of low-level interventions, such as guiding holds or the use of handcuffs to de-escalate potential incidents. The frequency of incidents had remained consistent during the year, at around one per day. The prison was a pilot site for PAVA incapacitant spray (see Glossary of terms). There had been nine deployments of the agent in the seven months of the pandemic to date, which was less than half of that in the same period in the previous year.

1.18 Managerial oversight of use of force was very good. The weekly scrutiny panel reviewed all incidents to identify good practice and areas of concern, in order to formulate immediate actions to improve practice and share learning with all frontline staff. The strategic monthly meeting, which included prisoner representation, further scrutinised incidents by reviewing a proportion of anonymised reports. Use of force documentation was completed to a good standard and, except for F213 'injury to prisoner' reports, there was an almost 100% completion rate.

1.19 The incentives scheme was mainly inactive at the time of our visit, with all prisoners having been promoted to the highest level at the start of the restrictions. This had given prisoners greater spending power to buy items from the prison shop and additional telephone credit to keep in touch with family and friends. Some prisoners we spoke to told us that this was a good incentive towards good behaviour and that having never been on the enhanced level before, they were doing their best to keep it.

1.20 Use of the basic level of the scheme was reserved for particularly poor behaviour. The removal of televisions for those on basic had ended during the restricted regime.

1.21 The segregation unit was clean, reasonably well decorated and relatively calm. The six prisoners held there at the time of our visit reported good relationships with staff on the unit and understood why they were there. Use of the unit was usually below capacity (14), with an average of nine prisoners held there at any one time. The adjudication process was well managed, and since the beginning of the restrictions, use of suspended awards was the norm for all but the most serious offences. Effective managerial oversight made sure that the system was used appropriately, and a regular standardisation meeting reviewed a wide range of data. Due consideration was given to the use of less formal procedures where possible, and the most serious offences were referred to the police or the independent adjudicator.

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

1.22 Prisoners who were considered clinically at risk were offered the opportunity to move to a designated shielding unit on B wing. Although this area was adjacent to one of the RCUs, we were satisfied that those on the unit received suitable protection.

1.23 There had been two self-inflicted deaths at the prison during the regime restrictions. Neither of the prisoners concerned had been subject to any additional monitoring at the time of their death. The prison was yet to receive any initial learning points from the Prisons and Probation Ombudsman.

1.24 The number of self-harm events had been decreasing steadily up to the start of the pandemic and then reduced sharply at the beginning of the restrictions. Although this had subsequently increased, at the time of our visit it remained lower than at the beginning of the restrictions, and below the average for similar prisons.

1.25 Case management of those subject to monitoring was good, and a member of the safer custody team took responsibility as lead in each case. The dossiers we looked at were completed to a good standard and evidenced effective interactions with staff. Prisoners we spoke to on assessment, care in custody and teamwork (ACCT) case management documents told us that they were well cared for, and appreciated the support that this process afforded them.

1.26 The Listener scheme (see Glossary of terms) had continued throughout the period of regime restrictions, although callouts had become rare. Listeners we spoke to felt that prisoners were afraid to call for a Listener because of the risks of COVID-19.

1.27 The Samaritans had stopped visiting at the beginning of the restricted regime, although they provided supervision support sessions with Listeners using video calls. All wings had Samaritans telephones, which were available 24 hours a day.

1.28 The SIM (see also paragraph 1.15) provided a regular forum in which to consider the needs of prisoners and implement support measures across a range of safeguarding issues. The issues raised and resulting actions then contributed to the overall monthly strategic safety meeting.

1.29 F wing had very recently changed its use to provide a safe haven for prisoners who found living on the main wings problematic. These prisoners had previously remained in their cells for fear of victimisation or violence, often as a result of issues external to the prison. Processes to support and reintegrate prisoners on the unit were underdeveloped and needed attention, to make sure that the unit provided a positive environment that supported prisoners' return to normal location.

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 We saw staff engaging well with prisoners in all locations. Officers on the wings knew the prisoners in their care, addressed many of them by name and treated them in a friendly and professional manner. In our survey, 79% of prisoners said that most staff treated them with respect, and 76% that there were staff they could turn to if they had a problem.

2.2 Managers were showing consistent and visible leadership, which supported good relationships and quick resolution of issues. There were many less-experienced staff, who spoke highly of the mentoring and support which they had received. Most of the newer staff's interactions with prisoners showed reasonable confidence and maturity.

2.3 Considerable work had been put into establishing the key worker system, which had been given final sign-off late in 2019 and appeared to have been well embedded before the start of the pandemic. During the COVID-19 period, prisoners in the more vulnerable groups, as well as those approaching release, had been receiving regular weekly welfare checks, which were recorded on the electronic case notes system. The establishment was preparing to move to a monthly key work session for all prisoners when given the go-ahead for this under HM Prison and Probation Service (HMPPS) stage 2 of the plan for recovery.

Living conditions

2.4 The prison was kept clean in almost all areas, inside and out. Extra cleaners, including some who concentrated wholly on cleaning frequent touch points to counter infection, were working to a good standard, under close supervision. The amount spent on cleaning materials had been raised, although in our survey only 62% of respondents said that they received cell cleaning materials every week.

2.5 The residential blocks were showing their age and had suffered much wear and tear. On several wings, the flooring in many cells and in communal areas was in a poor condition. Facilities management staff did what they could to cut out unsafe areas of flooring and to patch up and paint where possible, but thorough cleaning remained impossible in many places. Some shower facilities were below a decent standard, with patches of mould and rust. However, in the absence of funding for proper refurbishment, commendable efforts were being made on several wings, through regular painting and small-scale improvements, to humanise the living environment and make it less stark. Prisoners were involved in this work through the Clean, Rehabilitative, Enabling and Decent (CRED) programme (see paragraph 1.4), especially on E wing.

Complaints, legal services, prisoner consultation and food and shop

2.6 Complaints were managed efficiently, and the sample of responses we examined were plain, clear and to the point. Senior managers regularly examined complaint data and common

topics arising, and took action as a result. Prisoner representatives scrutinised an anonymised sample of complaint responses; they completed structured assessments, in line with HMPPS's four principles of procedural justice (voice, respect, neutrality and trustworthy motives). This was useful and was likely to increase trust.

2.7 Legal visits had stopped for almost six months but resumed in September and were still taking place, despite the recent suspension of social visits. Prison offender managers (POMs) helped prisoners to access legal advice by telephone when needed. Immigration officials returned to work on-site in August, and they cooperated well with prison staff and the offender management unit (OMU). At the time of our visit, 15 individuals were being held under immigration powers. We were told that, where delays occurred as a result of the pandemic, staff tried hard to communicate clearly with prisoners, to try to reduce their frustration.

2.8 Prisoner council meetings had doubled in frequency, to be held fortnightly during the COVID-19 period. These were chaired by the governor, with three or four other senior members of staff, and also a prisoner representative from each of the wings, always present. The meetings were well organised, and prisoners appreciated the regular authoritative briefings from the governor. Actions were followed up; with senior managers present, issues and queries were often clarified or resolved quickly. Wing meetings were also held regularly, and records kept.

2.9 The food provision was reasonably good, with menus adjusted from time to time, including during the COVID-19 period, in response to prisoner preferences. In our survey, 73% of respondents said that the food was good or reasonable. Extra items were still being provided in consideration of the restricted regime, including fresh toast at intervals through the day.

2.10 The prison shop had continued to operate, with a few items no longer available during the COVID-19 period. Since our inspection in 2016, a 'tuck shop' for basic items had been established for newly arrived prisoners, who would otherwise wait for up to two weeks for their first regular shop order.

Equality, diversity and faith

2.11 Work to promote equality had improved considerably since our inspection in 2016, and had been maintained to a commendable extent since the start of the pandemic. The prison-wide equality meetings had continued uninterrupted, and the minutes showed some helpful discussion of key issues. Regular prisoner forums for those from each protected characteristic had resumed from June, in a limited form. There was good examination of national and local data to track potential evidence of discrimination, especially in the incentives scheme, use of force and segregation.

2.12 The responses to discrimination incident report forms were courteous, helpful and of a good standard. In each case we examined, the matters raised were taken seriously, records showed that careful enquiries were carried out, and evidence was taken from several sources. Where allegations had been upheld, suitable action had been taken. Prisoner equality representatives provided peer review of an anonymised proportion of the responses.

2.13 There was a focus on identifying any evidence of racial discrimination – for example, in the allocation of prison jobs. In our survey, there were no differences in perceptions of treatment between prisoners from black and minority ethnic and other backgrounds.

2.14 The growing number of foreign nationals currently amounted to 21% of the population. COVID-19 information and other local material had been translated into the six commonest languages, and the use of professional telephone interpreting was encouraged, with a dual handset on each wing. Zoom video calls had occasionally been facilitated to prisoners' families in countries where the 'Purple Visits' scheme (see paragraph 4.2 and Glossary of terms) could not operate. Forums for these prisoners were held regularly, and immigration surgeries took place once a month on all wings. However, legal advice on immigration issues was not easily accessible for many prisoners. In our survey, only 38% of foreign nationals said that they felt they had been treated fairly in the incentives scheme, compared with 64% of British nationals.

2.15 The forum for gay, bisexual and transgender prisoners was well attended, although numbers were currently limited, to maintain social distancing. These prisoners told us that they felt safe in being open about their sexual identity at Risley, in contrast to some other prisons, and that they felt well supported. A transgender prisoner told us that she was content with her treatment and that her practical needs were met.

2.16 There was good provision for those with disabilities, especially on the specialist unit on G wing. The 'buddy' system was well developed, with suitable training and oversight. Care was taken to protect this vulnerable group from COVID-19. However, in our survey more than twice as many prisoners with disabilities as others said that they had experienced bullying or victimisation from other prisoners.

2.17 Forums had been held with young adults, with some useful discussion, but without identifying tangible needs. Older prisoners were regarded as being covered generally by the consultation with those with disabilities. However, both of these age groups needed to be kept under review through consultation, even if their needs might seem less obvious.

2.18 Despite staffing pressures as a result of the pandemic, the chaplaincy had remained active throughout the period of the restricted regime. They had continued to fulfil their statutory duties, and chaplains had been visible and active on the wings.

2.19 There were detailed plans to resume the safe use of the chapel and the multi-faith facility, although this was not yet permitted for corporate worship or holding groups. Over 300 chaplaincy packs, specific to each faith, were issued weekly, by hand, to prisoners who would normally have attended religious services, or expressed an interest in receiving one. Prisoners could also attend the chapel individually to see a chaplain, but this rarely happened as an officer was required to escort them.

2.20 Chaplains normally attended all assessment, care in custody and teamwork (ACCT) reviews. It was regarded as a priority for chaplains to attend these, and they received clear information in advance about where and when these reviews would be taking place. Effective use was also made of technology to enable prisoners to view funeral proceedings remotely and maintain contact with relatives who were very ill. This facility had been used on around 20 occasions over the previous six months.

Health care

2.21 Health services had been provided by Greater Manchester Mental Health NHS Trust (GMMH) since April 2020. Services had developed since our inspection in 2016. Partnership working between the prison, health commissioner and GMMH was effective.

2.22 Partners had created workable joint COVID-19 business continuity and recovery plans, underpinned by a shared understanding of risks. Public Health England had joined the partnership, offering valued guidance during the two outbreaks of the virus at the prison.

2.23 Leadership from GMMH was strong. An inability to recruit nurses was an ongoing issue, mitigated by the use of long-term agency nurses and the introduction of new roles. Retention of nurses had been made harder by the COVID-19 restrictions (see paragraph 2.40).

2.24 Health care staff had been well prepared to deal with the pandemic, including acquisition of the required personal protective equipment (PPE; see Glossary of terms). There were measures to minimise transmission of the virus throughout the prison.

2.25 New arrivals were monitored for COVID-19 via reception screening, followed by a comprehensive health assessment within 72 hours. All prisoners who were isolating in their first 14 days at the prison or because of COVID-19 symptoms received enhanced monitoring. During the restricted regime, health care staff had provided vitamin D supplements to prisoners who needed them.

2.26 Most primary health care activities that had been curtailed during the outbreak had now resumed, although several had long waiting lists. For example, there were 32 prisoners on the podiatry list, waiting up to 19 weeks for treatment. Revised arrangements for triage and treatment by nurses and GPs, introduced during the restrictions, gave reasonable access for prisoners. Some prisoners told us that their access to health services was limited, which reflected the ending of routine activities. Despite this, access was at least as good as in the community.

2.27 Prisoners needing to see a GP or non-medical prescriber could be seen on the same day, or for non-urgent matters within 14 days. The well-being advisory service from Warrington Borough Council had continued to be available throughout the pandemic.

2.28 Prisoners had good access to hospital appointments during the restrictions, except when the hospitals had limited appointments available because of COVID-19. Diagnostic services, including X-ray and ultrasound, were available in the prison, and GPs consulted a variety of hospital specialists by telephone, in the presence of the prisoners concerned, which was efficient. The absence of in-cell telephony meant that health services could not be modernised in line with changes in primary care in the community, where GPs commonly provide triage and consultations with patients by telephone.

2.29 The full capacity of health services in the prison was underused because of social distancing and regime requirements, which led to too many prisoners not attending for appointments and inefficient use of clinicians' time. This was being monitored by the health care manager and the governor.

2.30 Social care provision remained good, with three prisoners currently in receipt of care packages (see Glossary of terms) commissioned by the local authority and delivered by visiting carers. There were suitable arrangements to offer end-of-life care as required.

2.31 Dental services were provided by Bridgewater NHS Trust. The dental surgery continued to offer emergency advice and treatment during the COVID-19 restrictions. The full range of dental treatments had subsequently become available, except for aerosol generating procedures (AGPs), which had not yet resumed despite the regime recovery plan being signed off several weeks before our visit. It was unclear how many prisoners were waiting for dental treatment. There appeared to be a separate waiting list of about 22 prisoners needing AGPs, in addition to 18 who had waited up to 22 weeks for follow-up treatment and a similar number waiting for assessment (see key concern and recommendation S3).

2.32 There was an open referral system to the mental health team, with urgent cases being seen within 72 hours. At the time of our visit, there were 200 prisoners on the mental health caseload, which had increased since March. Face-to-face contact with these prisoners had been re-established since May, with an emphasis on support for the most vulnerable and increased use of self-help and in-cell materials.

2.33 The care programme approach was used as appropriate, although some external mental health services had been unable to participate during the restrictions. Recent transfers to hospital under the Mental Health Act had been reasonably quick, although in excess of the target of two weeks. One patient had been waiting two weeks for a second opinion at the time of our visit.

2.34 Change Grow Live provided substance misuse services. At the time of our visit, 229 prisoners were receiving psychosocial support and 69 were in opiate substitution therapy (OST), in the latter case representing a reduction since March. The OST administration procedures we observed were exemplary, and clinical reviews occurred in line with national guidelines.

2.35 Innovative and safe prescribing practices meant that naloxone (an opiate reversal agent) was available via nasal spray as well as by injection. This enabled easier administration and swifter absorption of the medicine in an emergency, and increased the options to keep prisoners safe after release. Nasal naloxone had been successfully used to support the revival of a collapsed prisoner.

2.36 Change Grow Live workers had continued face-to-face contact with prisoners since May, with increased use of in-cell and self-help materials. Two therapeutic groups been re-established in October on C and E wings, in small socially distanced 'pods' of four to six prisoners. These were highly valued, and enabled prisoners to support each other and receive valued mutual aid, such as Narcotics Anonymous, that had been curtailed at the beginning of the outbreak.

2.37 Peer workers from the well-being and substance misuse teams had maintained their support of other prisoners throughout the day, enabling some harm minimisation activities to continue. Substance misuse peer workers also contributed to the re-established therapeutic groups.

2.38 Pharmacy services and medicines management were technically very good, with meticulous administration of not-in-possession medicines and minimisation of risks associated with taking medicines to cells for those in self-isolation. Prisoners told us that they appreciated the pharmacy-led clinic on G wing.

2.39 Some prisoners were unable to receive their medicines at prescribed times because of the limitations in the regime and social distancing, leading to medicines administration sometimes taking up most of the morning. Prisoners were presented with unacceptable choices between attending health care, dental and substance misuse appointments, undertaking other personal care activities or taking exercise while out of cell. Some prisoners had to take not-in-possession medicines before 5pm, when they should have been taken 12 hours after the morning dose. This introduced unnecessary clinical risks, such as drowsiness in the evening or pain in the early morning (see key concern and recommendation S4).

2.40 Since March, four nurses had become frustrated by medicines administration taking up much of the working day, so that nurse-led activities were usually cancelled. Service managers told us that their frustrations had caused them to seek employment elsewhere.

2.41 Too many prisoners complained of their in-possession medicines being unavailable at the medicine hatches on the days following their transfers between wings. Health care staff told

us that this was a daily problem, and we observed prisoners complaining about it. Plans to improve communication, to address the issue, were under consideration at the time of our visit.

2.42 Pre-release preparation for prisoners was good, with help to find a GP in the community, medications to take home, harm minimisation advice and naloxone as necessary. Advice was given on avoiding COVID-19 transmission, along with a supply of masks, to encourage prisoners to keep safe and allay their fears.

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 Most prisoners were out of their cell for around an hour a day, and for meal collection. This appeared to be consistently delivered, although in our survey 48% of prisoners said that they usually spent less than an hour out of their cell every day. The very limited time out of cell did not give enough time for telephone calls, showers and other domestic needs, as well as outside exercise (see key concern and recommendation S5).

3.2 Many prisoners spoke of the numbing and demoralising effect of being locked up for so long, especially as a 28-hour period was not uncommon from one morning to the following afternoon. Prisoners told us that the regime was damaging to their mental health.

3.3 A total of 312 prisoners were engaged in paid work, representing 30% of the total. Of these, 224 were working as cleaners or in similar roles on their own wing. Most of the workshops remained closed, although those providing essential services had continued.

3.4 The education provider had delivered in-cell work packs on a variety of academic and vocational subjects; education staff had collected these when completed, and in many cases provided feedback. The packs were subject specific, but not matched to the individual needs of the learner. In our survey, only 44% of prisoners said that they had been provided with an in-cell activity pack, and 49% of these said that they had found them useful. No face-to-face or classroom teaching had resumed, other than training in industrial cleaning.

3.5 The library delivered books and distraction materials daily to the wings, as requested by prisoners, with the application forms having been quarantined for 24 hours. They also delivered CDs and DVDs to those joining a club, for a small deposit. Library staff, who had returned to the prison in August, also distributed welcome packs to all new arrivals, and had made prisoner well-being packs available, including puzzles, information on mental health, and resources for in-cell physical exercise. A short story competition had been held, and the Reading Ahead programme, to encourage reading, had resumed. The library had been relocated to a site which would give more equal access to all prisoners.

3.6 The two gyms had been brought back into use seven days a week, with a variety of activities, including racquet sports. Each prisoner could attend once a week; this allowance was being well used and prisoners said that it was important for their well-being, although the sessions took place during their hour of daily unlock. Gym staff had provided circuit training on the exercise yards during the period when gym use was not permitted, and they had continued to carry out physical activity readiness assessments on newly arrived prisoners.

Section 4. Rehabilitation and release planning

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

Contact with children and families

4.1 Social visits had restarted on 8 July but stopped again on 23 October. During this time, the uptake of visits had been lower than usual. This had been attributed, in part, to the local COVID-19 restrictions in the areas that people were visiting from. The social distancing measures which had been introduced reduced capacity from 42 to 15 per session.

4.2 'Purple Visits' (see Glossary of terms) with family and friends had started on 24 July. Some prisoners spoke positively of the facility, but others complained that, for those with a big family, it was difficult to use as there were restrictions on the number of people who could appear on-screen; others said that they found it too emotional to see inside the family home. In response to this, the prison had introduced welfare checks for those who had been on a Purple Visit. Between July and October, 334 video calls had been made, with a further 176 taking place in November. Prisoners were initially offered one video call a month, but managers had increased this to two because of excess capacity. However, prisoners located on a reverse cohorting unit (RCU; see Glossary of terms) were unable to access Purple Visits until 12 November.

4.3 There were few telephones on the landings, and prisoners could only use these during their brief period of unlock. However, there was some evidence that staff would accommodate requests to make important calls at other times of the day. There were restrictions on the length of calls that prisoners could make, which limited contact with their families (see key concern and recommendation S6). This had been increased since the start of the restrictions, from 10 minutes to 15 minutes. Although the prisoner council was consulted, and said that this was enough, the installation of in-cell telephony would provide prisoners with the opportunity to contact family more often and at more convenient times. The prison had been issued with 45 mobile phones linked to prisoners' existing PIN accounts, which were mostly used by isolating prisoners. Prisoners welcomed the additional weekly £5 telephone credit they had been given since the start of the restricted regime.

4.4 Prisoners could receive and reply to correspondence from their families via the 'email-a-prisoner' scheme, and 130 emails, on average, were received each day. Tablet computers had been used, on occasion, since the start of the restricted regime, to allow prisoners contact with their families in exceptional circumstances, such as to livestream funerals and for a prisoner under end-of-life care, to maintain contact with his family.

4.5 The family services provider, Phoenix Futures, facilitated several interventions to support and promote family contact. Monthly virtual family forums had been set up, allowing families to dial in and receive updates on, and ask questions about, what was happening in the prison. A family worker had been appointed to support prisoners if they had concerns about family members or if family members needed support in accessing services. Additionally, prisoners could record short video messages to send to their families. There were plans to run a Christmas Storytime project for children. This would enable children to send a story they had written to their family member in prison and have this read on video and sent back to

them. There were also plans to deliver a family learning course, in partnership with the learning and skills provider.

Sentence progression and risk management

4.6 Office space in the OMU had been risk assessed, and offices allocated maximum occupancy numbers. Staff observed these measures, carried out social distancing and wore face masks. The OMU had maintained good staffing levels during the restrictions, including probation staff, of whom half had returned to work at the prison. POMs, probation staff and other resettlement agencies shared a working area, which supported team working.

4.7 There were 405 prisoners convicted of a sexual offence, a higher number than at the time of our inspection in 2016, and 218 foreign national prisoners. Sixty-three per cent of prisoners were serving sentences of more than four years.

4.8 At the time of our visit, POMs had less contact with prisoners on their caseloads than before the COVID-19 restrictions. However, parole and release were prioritised for prisoner contact. Parole boards were held virtually via video call or conference telephone facilities, and the prison had credible plans to conduct these hearings face to face in the near future.

4.9 POMs had tried to keep prisoners focused on progression using in-cell work packs which were appropriate to their sentence plans – for example, on victim awareness, anger management and substance misuse.

4.10 Most prisoners had had an offender assessment system (OASys) assessment completed within HMPPS timescales. In our survey, 64% of prisoners said that they knew what the targets in their custody plan were, but less than half of these said that staff were helping them to achieve their targets. Although 61% of prisoners who identified themselves as having mental health problems knew what their custody plan targets were, only a third said that staff were helping them to achieve these.

4.11 Offending behaviour group work had restarted. However, the accredited interventions needed by those convicted of sexual offences were not offered. There was some one-to-one offending behaviour work taking place – for example, delivering the 'Choices and Changes' programme to young adults.

4.12 Recategorisation reviews had continued, which had increased the number of prisoners assessed as suitable for open conditions. Moves to open prisons had taken place during the restrictions. At the time of our visit, 17 prisoners were on waiting lists for open prisons. Eight of these had a date planned for transfer. No use had been made of release on temporary licence.

4.13 Public protection measures had been maintained but there was a large backlog in telephone call monitoring, which was a concern. We were told that this was because of staffing shortages (see key concern and recommendation S7). However, the interdepartmental risk management team had continued to review and manage prisoners who presented the most risk.

4.14 Several restorative justice sessions had taken place during the restrictions.

Release planning

4.15 In our survey, only 32% of prisoners who expected to be released in the next three months said that they had received help to prepare for release.

4.16 Resettlement services were provided by Interserve Justice. Staff from this service had withdrawn from prisoner contact at the start of regime restrictions. They now had limited face-to-face contact with prisoners who were deemed in critical need – for example, those with learning disabilities or mental health problems. As a result of the restrictions, release planning had not taken place face to face, but was carried out through written correspondence with the prisoner. However, not all prisoners completed the paper questionnaires sent to them and, despite reminder emails being sent, there was no systematic process to chase these up. There was a reliance on using information which the prison already had, rather than having discussions with the prisoner directly, in planning for release. In one case we looked at, there was little information available, as the prisoner had not been at the establishment for long and was due to be released quickly. This had not been picked up as he was located on an RCU and the OMU department would not engage until he had left this area. This was a missed opportunity to use the mobile phones and start planning for release, even though the prisoner was isolating.

4.17 The introduction of the weekly virtual resettlement boards around a month before our visit was useful, bringing departments together to plan for release. However, better communication with prisoners was needed to make sure that they felt involved and understood what was happening.

4.18 Home detention curfew processes were managed appropriately. Most eligible prisoners received a decision about their release in time for their earliest release date. In the cases that were delayed, this was because of issues relating to accommodation.

4.19 Despite the efforts of the community rehabilitation company (CRC) and the OMU, 11 prisoners had been released without accommodation during the previous six months.

4.20 Four prisoners had been released through the end of custody temporary release scheme (see Glossary of terms).

4.21 On release, prisoners were provided with packs, which included a face covering. The 'through-the-gate' hub provided good support to these prisoners. For example, it offered support in the completion of applications for benefits, and probation appointments could be facilitated in the area on the day on release. However, as a result of the restrictions, the hub was available only to those deemed vulnerable by the CRC, which was a missed opportunity to provide greater support to all those being released during unprecedented times. The hub had been issuing mobile phones to prisoners on release who needed these, but this had recently stopped. We were told that this was a national decision. This had had an impact on some prisoners' ability to make calls to agencies – for example, about accommodation. This was a concern, as most local authority offices were not offering face-to-face appointments because of the pandemic, which made telephone access vital.

4.22 The prison arranged transport for prisoners on release if they were not being picked up by family or friends.

Section 5. Appendices

Appendix I: Scrutiny visit team

Martin Lomas	Deputy Chief Inspector
Sara Pennington	Team leader
Tamara Pattinson	Inspector
Martin Kettle	Inspector
Ian Macfadyen	Inspector
Paul Rowlands	Inspector
Paul Tarbuck	Health care inspector
Rahul Jalil	Researcher
Amilcar Johnson	Researcher
Charlotte Betts	Researcher

Appendix II: Photographs

The well-laid-out welcome centre, which enabled newly arrived prisoners to gain an understanding of the facilities and regime opportunities at the prison during a rotation through separate 'booths'.


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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.