

Report on a scrutiny visit to

HMP Lowdham Grange

by HM Chief Inspector of Prisons

12 January and 2 February 2021



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Introduction

This report presents the findings of our scrutiny visit to HMP Lowdham Grange and the conditions and treatment of prisoners during the COVID-19 pandemic. Lowdham Grange is a category B prison located near Nottingham and is privately managed by Serco. The prison is part of the long-term high security estate and at the time of our visit held around 880 prisoners, the majority of whom were serving sentences of 10 years or more.

We found a well-led prison that had faced some considerable challenges during the pandemic, including a serious outbreak of COVID-19 in late September 2020 in which nearly 200 prisoners and 160 staff had tested positive for the virus. One prisoner subsequently died with COVID-19-related symptoms. This outbreak was one of the biggest in a prison at that time. The leadership team had worked effectively in partnership with health care providers and an outbreak control team, which included the NHS and Public Health England (PHE), to bring it under control. Arrangements to have all prisoners and staff tested were introduced promptly to support a local track-and-trace scheme to isolate asymptomatic cases. Prison leaders had identified lessons to be learned from the outbreak and had taken a robust approach to minimising the risks of transmission, which meant that a smaller outbreak shortly before our visit was well managed and swiftly contained.

Communication with staff and prisoners about the current restrictions was effective and social distancing was well promoted. The prison had invested in technology such as proximity sensors to alert staff who inadvertently breached distancing protocols. Further innovative use of technology to normalise prison life was being trialled at the time of our visit and showed promise. In addition to testing of new prisoner arrivals, staff were offered weekly COVID-19 testing, and all wore fluid-resistant face masks.

Frontline staff were clearly visible when cells were unlocked, and we observed good relationships between staff and prisoners. This was reflected in our survey in which 79% of prisoners said staff treated them with respect. However, while the prison's data recorded that violence between prisoners had reduced between July and December 2020, compared with the same period in 2019, violence towards staff had increased. Leaders felt that this was due to growing frustration with regime restrictions, although there had been no detailed analysis to understand the causes.

Living conditions were reasonable and there was a programme to improve the flooring on the older units. Nearly all cells contained telephones and many also had integral showers.

Work to promote equality had continued throughout the pandemic period, although a promising race equality taskforce, established as a response to wider concerns raised by prisoners around Black Lives Matter, had to be suspended due to the September outbreak of COVID-19.

Health care provision was reasonably good and partnership working to address local outbreaks of COVID-19 was impressive. Despite this, GP waiting times were too long and some prisoners had excessive waits for transfer to mental health hospitals under the Mental Health Act. A COVID-19 vaccination programme for prisoners eligible under the government priority groups was being implemented at the time of our visit.

The prison had introduced a tier system to support prisoners having longer periods out of their cell to offset the impact if an individual prisoner tested positive or displayed symptoms of COVID-19. Prisoners in tier one or two could have 90 minutes a day out of cell, while those who were symptomatic or awaiting test results went into tier three and received at least 45 minutes out of cell, including access to the open air. Prolonged periods locked in cells were clearly taking their toll and many prisoners raised concerns about the impact of restrictions on their well-being.

Prisoners' access to the library was poor and the prison did not promote it enough as a resource, which was concerning given the need to promote in-cell activity to improve their well-being.

Education staff were directly employed by Serco and had remained on site since March. Education leaders recognised that they had been too slow to reinstate a broad curriculum and, while it was good that the proportion of prisoners engaging in education had increased during this period, too few had had their new skills and knowledge accredited.

The prison had taken far too long to introduce some critical aspects of prison life, such as family contact through Purple Visits video calling.

Lack of staffing had limited the contact between prisoners and their prison offender manager for several months, and over half of the population had not received a review of their risk and sentence plan in the previous year. Recategorisation reviews were timely, but population pressures in other prisons often affected moves of prisoners to lower category prisons.

Overall this is an encouraging report. The prison had learned from the serious COVID-19 outbreak, and partnership working between prison and health leaders was a real strength. Despite the requirement for national approval of recovery plans, the prison had been active in easing restrictions before the outbreak and had been able to reopen several key work activity areas during the summer. Nearly all strategic meetings had continued throughout this period and, while the two outbreaks combined with wider national restrictions had stalled progress, the prison was in a strong position to widen the regime when it becomes safe to do so.

Charlie Taylor

HM Chief Inspector of Prisons
February 2021

About HMP Lowdham Grange

Task of the prison

Male category B

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

Prisoners held at the time of this visit: 884

Baseline certified normal capacity: 894

In-use certified normal capacity: 888

Operational capacity: 888

Prison status (public or private) and key providers

Private: Serco

Physical health provider: Nottinghamshire Healthcare NHS Foundation Trust

Mental health provider: Nottinghamshire Healthcare NHS Foundation Trust

Substance misuse treatment provider: Nottinghamshire Healthcare NHS Foundation Trust

Prison education framework provider: Serco

Escort contractor: GEOAmev

Prison group

Long term high security estate

Brief history

The prison opened in February 1998 as an 'industrial prison' employing 300 prisoners in workshops with commercial partner companies. New house blocks expanded the prison by 128 additional prisoner places in 2007 and 260 in 2010.

Short description of residential units

House block 1 Four residential wings

House block 2 Four residential wings

House block 3 Two residential wings

House block 4 Two residential wings

House block 5 Two residential wings

Director and date in post

Mark Hanson, November 2016

Leadership changes since last inspection

None

Independent Monitoring Board chair

Barbara Morgan

Date of last inspection

August 2018

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 **Key concern:** Induction procedures lacked coordination and there was evidence of gaps in delivery. Incomplete records suggested the first night induction programme was not always delivered, and the recording of participation in induction from disciplines such as education, the offender management unit and gym highlighted the gaps in provision. Induction was also sometimes delivered informally by a member of staff or a key worker.
- Recommendation: All prisoners should receive a full, comprehensive and prompt induction to make sure that they fully understand the regime and facilities available.** (To the director)
- S3 **Key concern:** The restricted regime had greatly reduced prisoner access to peer mentoring schemes such as 'buddies' (peer supporters) just at the time when effective peer support should have been available to promote safeguarding and better support vulnerable prisoners.
- Recommendation: All prisoners should have prompt access to a peer mentor in a private setting.** (To the director)
- S4 **Key concern:** Waiting times for all health services had been affected by the pandemic, but the wait for a routine GP appointment was too long, with some prisoners waiting up to 14 weeks. This had also been a concern at the last full inspection. The waiting times for aerosol generating procedures (see Glossary of terms) in the dental suite had also been further delayed pending delivery of a ventilation machine, adding to the excessive dental waiting list.
- Recommendation: Routine GP appointments and treatment for dental patients should be provided promptly in timescales equivalent to those in the community.** (To the HMP Lowdham Grange health partnership board)
- S5 **Key concern:** Despite attempts by the mental health team to address the issue, patients requiring assessment and treatment in mental health facilities under the Mental Health Act had waited far too long to be transferred. Four patients had waited between 76 and 230 days for transfer.
- Recommendation: Patients requiring assessment and treatment in mental health hospitals should be transferred promptly and within the Department of Health target transfer time.** (To the HMP Lowdham Grange health partnership board)
- S6 **Key concern:** The library provision was underused even though the pandemic restrictions meant that increased in-cell activity was of even greater importance. Although tutors had been assigned to wings to oversee prisoner access to library services, there had been little take-up, and some officers were not aware of how prisoners could access the library.
- Recommendation: The library should be accessible and well promoted to encourage in-cell activity.** (To the director)

S7 **Key concern:** About 80% of the population had been assessed as high risk, but offending behaviour programmes to help prisoners reduce their risk had been suspended and most prisoners had also not received any structured support from their prison offender manager (POM). Over half the population had not had their risk and sentence plan reviewed in the previous 12 months to make sure that it was current and appropriate.

Recommendation: The prison should make sure that every prisoner has support to allow them to reduce their risk level and make progress against their sentence plan. (To the director)

Education, skills and work (Ofsted)

S8 During this visit Ofsted inspectors conducted an interim assessment of the provision of education, skills and work in the establishment. They identified steps that the prison needed to take to meet the needs of prisoners, including those with special educational needs and disabilities.

Next steps

S9 Leaders and managers need to make sure that learners with needs in English for speakers of other languages (ESOL) and those with lower levels in English are supported effectively to improve their skills.

S10 Managers and tutors should make sure that learners with a learning difficulty or disability are promptly identified and suitably supported to make good progress.

S11 Managers should check the quality of tutors' work rigorously to make sure that they are implementing the planned curriculum effectively.

S12 Leaders should make sure that effective careers advice and guidance is available for all prisoners so that they are able to make informed choices about their careers both inside prison and upon release.

S13 Leaders and managers should recognise the new skills and knowledge that learners achieve through in-cell learning and other activities, and accredit them as appropriate.

Notable positive practice

S14 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.

S15 Inspectors found four examples of notable positive practice during this visit.

S16 Staff wore proximity sensors to provide alerts and reminders when social distancing guidelines were breached due to the limitations of the prison's working environment. (See paragraph 1.7.)

- S17 The prisoner advice line (PAL) was staffed seven days a week by knowledgeable peer representatives with access to appropriate information and communications technology facilities. Prisoners could call the PAL from their in-cell telephone for information on a range of matters. (See paragraph 2.8.)
- S18 The well-being centre was a promising initiative overseen by the mental health team providing a therapeutic group room for when groups restarted, and a sensory room to help regulate physiological and emotional responses for patients assessed as benefiting from this form of therapy. (See paragraphs 1.30 and 2.28.)
- S19 The use of technology, including the media suite, supported prisoner learning and improved communication, while also improving family contact by providing over 500 video recordings from prisoners to their families. (See paragraphs 1.7 and 4.2.)

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** Following the implementation of restrictions in March 2020 in response to the pandemic, the prison had adapted the regime to allow for the opening of key industrial work places during the summer and increased the time permitted for prisoners out of cell. Nevertheless, some critical aspects of prison life, such as Purple Visits, had taken too long to implement in comparison with similar establishments.
- 1.2** Despite the restrictions, there had been a serious outbreak of COVID-19 in September 2020; at its peak, nearly 200 prisoners and around 160 staff had tested positive for the virus. One prisoner had died as a result of a COVID-19-related illness.
- 1.3** It was commendable that both prison and health leaders had worked well in partnership with an outbreak control team that included Public Health England and the NHS to bring the outbreak under control. This included the creation of a local track-and-trace system, and testing of all prisoners and relevant key staff over a two-day period. Leaders had used the lessons learned from this outbreak to good effect, and a smaller outbreak affecting around six prisoners and 30 staff shortly before our visit had been contained promptly.
- 1.4** In January 2021, following the introduction of national restrictions, the establishment had been moved to level four of the HM Prison and Probation Service (HMPPS) national recovery framework (see Glossary of terms) and was still classed as an outbreak site following the recent small cluster of confirmed cases. Despite this and the operation of a local tier system, most prisoners could have 90 minutes a day out of cell, which included access to open air.
- 1.5** Communication with staff and prisoners about COVID-19, current restrictions and the plans for recovery were good. In our survey, 93% of prisoners said that the reasons for restrictions had been explained to them. The director held daily briefings with key departments, and recorded regular video briefings explaining various restrictions and plans for recovery, which prisoners could watch in cell. Partnership working between the establishment, health providers and Public Health England was positive.
- 1.6** Nevertheless, the impact of the pandemic on the well-being of both prisoners and staff was clear. While most prisoners were positive about their relationship with staff, many spoke of boredom and frustration due to the length of time that restrictions had been in place. It was the prison's view that such frustrations were linked to an increase in assaults on staff. We could not establish if this was the reason for the increase and there had been no detailed analysis by the prison to establish the actual cause. In our survey of staff, 38% who responded said that morale had declined during the COVID-19 crisis.
- 1.7** There were several examples of the innovative use of technology to support prisoners and staff during the restrictions. For instance, proximity sensors were used to alert staff if social distancing was not maintained, while the use of video media for prisoners to record stories for their children, and departments such as the chaplaincy to record broadcasts, was impressive. In-cell telephones provided further support for prisoners who could contact a

peer-led prisoner advice line service (PALS) for day-to-day advice or requests for information. Many of these innovative systems were notable positive practice, and improved the quality of life for prisoners during challenging times.

- I.8** At the time of our visit, all staff were wearing fluid-resistant masks and additional cleaning points had been created throughout the prison, while residential wing cleaners had been briefed on the importance of cleaning high-touch areas. Temperature checks and a traffic-light system had been introduced to control the flow of staff and visitors entering the prison.

Arrival and early days

- I.9** Prisoner movements through reception had reduced due to the pandemic and were minimised during the COVID-19 outbreak in September 2020.
- I.10** There were good arrangements to make sure that reception processes reduced the risk of virus transmission. Prisoners were given temperature tests on arrival, there was a portable Perspex screen for the booking-in procedure and holding rooms operated on reduced capacity to enable social distancing. Face masks were provided for all new arrivals.
- I.11** The recent installation of a body scanner enabled robust searching of new arrivals and had proven to be worthwhile with some finds of prohibited items.
- I.12** New arrivals were asked personal details in an open, non-confidential environment, which was not appropriate. There was minimal use of interpreters for non-English speakers and reception documents were not available in foreign languages. A private space was available for the first night safety interview.
- I.13** New arrivals were allocated to the reverse cohort unit (RCU, see Glossary of terms). Cells were prepared to a good standard, and prisoners could have a shower and make a phone call on the first night. Additional welfare checks were completed for the first 24 hours.
- I.14** The regime for prisoners on the RCU ranged from 45 to 90 minutes a day out of their cells, depending on the allocated tier for their cohort (see paragraph 3.1). Exercise was provided daily. Some prisoners had remained on the RCU despite having completed their isolation period.
- I.15** The recent introduction of COVID-19 testing for new arrivals on the day of arrival and day five was a positive initiative that allowed prisoners to move promptly to the lower tier cohorts and access improved time out of cell.
- I.16** Induction procedures lacked coordination and there was evidence of major gaps in delivery. Incomplete records suggested that the first night induction programme was not always delivered and the recording of the induction input from other disciplines, such as education, offender management unit and the gym, highlighted gaps. The prison's electronic case management system also showed that induction was sometimes delivered informally by a member of staff or a key worker. We were not assured that non-English speaking prisoners received the same level of induction as their peers. (See key concern and recommendation S2.)

Managing behaviour

- I.17** In our survey, only 16% of prisoners said they felt unsafe. Despite positive staff-prisoner relationships (see paragraph 2.1), more than a third of prisoners said they had been victimised by staff.
- I.18** The prison's data showed that recorded violence between prisoners in the six months to December 2020 had reduced considerably compared with the same period in 2019. However, violence against staff had increased, although very few of the assaults were serious. Leaders attributed this rise to frustration with the current regime restrictions, but had not yet conducted any detailed analysis for a better understanding of the actual causes.
- I.19** Leaders had maintained a range of regular safety meetings throughout the restricted regime. Monthly and quarterly strategic safety meetings were multidisciplinary and reviewed a range of data to identify any themes or patterns, while weekly operational meetings enabled inter-departmental communication to manage the needs of complex prisoners.
- I.20** Incidents involving use of force had increased in the first half of 2020, but had reduced considerably since July. All incidents were reviewed weekly by a small forum, including the deputy director, to supplement regular governance meetings. Where there was evidence in the incidents of over-representation of individuals with protected characteristics (protected from discrimination by the Equality Act 2010), further analysis was conducted. Despite the monitoring, some actions, such as the consistent use by staff of body-worn video cameras, were slow to progress.
- I.21** Security meetings had continued throughout the restricted regime. A reduction of intelligence reports during the major COVID-19 outbreak had been addressed. The flow of intelligence was analysed effectively and used to address emerging risks, such as the entry of illicit items. The introduction of a body scanner supported the prison's work in this area (see paragraph 1.11).
- I.22** The use of segregation had remained consistent throughout the restricted regime. A new segregation strategy to improve the collaborative clinical and operational oversight of segregated prisoners had been completed recently. This had resulted in the allocation of segregated prisoners to a clinical lead to oversee their care and progression, and the implementation of reintegration and one-page plans to better meet their needs. While it was too early to assess its impact, the strategy showed promise.
- I.23** The regime offered to segregated prisoners was basic. While all received daily exercise, showers were only offered on alternate days, which was poor. Prisoners requiring transfer on mental health grounds were accommodated in the segregation unit for too long (see key concern and recommendation S5 and paragraph 2.29).
- I.24** At the start of the restricted regime and in line with HMPPS guidance all prisoners were removed from the basic tier of the incentive scheme and this was only used in exceptional cases. At the time of our visit, four prisoners were on the basic level and senior managers had conducted independent quality assurance of these decisions. There was evidence that where prisoners had appealed against a downgrade that decisions were overturned and the individual returned to standard privileges.
- I.25** An innovative and progressive community rewards and incentive scheme (CRIS), designed to incentivise positive behaviour, allowed prisoners to collect points for rewards, but the restricted regime had considerably reduced their ability to earn points. This was partially offset by prisoners being offered points for collective good behaviour on the wing.

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

- I.26** There had been one self-inflicted death during 2020. The prison had conducted a detailed debrief and lessons-learned exercise with individuals involved in the incident. This was an active approach while awaiting the inquiry report from the Prisons and Probation Ombudsman (PPO).
- I.27** Levels of self-harm had been very high during the early months of the national restrictions imposed in March 2020; however, they had reduced in the latter half of the year, resulting in the prison now having much lower rates than similar prisons. Leaders reviewed a range of self-harm data monthly, identifying areas that required development. Progress on improving these areas was slow and local quality assurance frequently highlighted the same deficiencies in assessment, care in custody and teamwork (ACCT) case management documentation for prisoners at risk of suicide or self-harm.
- I.28** ACCT case reviews included attendance from the mental health team, and in some cases the psychology staff offered support through care plans and staff guidance. In our survey, only 53% of prisoners who had been on ACCT said they felt cared for by staff.
- I.29** Many prisoners raised concerns with us about the impact the regime restrictions were having on their mental and emotional well-being (see also paragraphs I.6 and 3.3). A member of the psychology team had drawn up a research paper on the 'psychological impact of quarantine in prisons', which looked at what prisons should consider to better understand and manage the impact of isolation during and after the pandemic. This included recommendations on how to support prisoners and staff moving forward, and highlighted the risk of self-harm increasing once the prison started move towards recovery. The work was yet to be approved by the director but showed promise.
- I.30** An impressive well-being centre, which included a sensory room, had been constructed before the pandemic. This was an interesting and promising initiative aimed at providing therapeutic support and intervention for vulnerable prisoners and those with complex needs. Although it was too early to assess the success of the centre, at the time of our visit two prisoners with complex and high-level needs were receiving intervention. (See paragraph 2.28.)
- I.31** A local buddy (peer support) scheme was available as an alternative to the recognised national Listener scheme operated by the Samaritans (where trained prisoners provide confidential emotional support to fellow prisoners). The buddy scheme was not fully used as the number of trained prisoners was low. Due to the current restrictions, it was also difficult for many prisoners to access support from a buddy, and both supervision and support for prisoner buddies was not sufficiently robust. (See key concern and recommendation S3.) The pandemic had paused the prison's plan to introduce a new peer mentoring scheme with the support of an external restorative justice charity, who had trained 10 mentors to provide peer interventions for other prisoners.

Section 2. Respect

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

Staff-prisoner relationships

- 2.1** Staff-prisoner relationships at Lowdham Grange were good. In our survey, 79% of prisoners said that staff treated them with respect, and during our visit we saw many positive interactions between prisoners and staff. The use of first names for both was common. It was positive that about three-quarters of respondents said there was a member of staff they could turn to if they had a problem.
- 2.2** Key work had been significantly constrained since the introduction of COVID-19 restrictions. Electronic records for many prisoners did not provide enough evidence of regular key work sessions or welfare visits between March and December 2020. In our survey, less than half of prisoners said a member of staff had spoken with them in the last week about how they were getting on. But there had been an improvement in recent weeks, with the focus on more vulnerable prisoners, such as new arrivals, those on assessment, care in custody and teamwork (ACCT) case management documentation for prisoners at risk of suicide or self-harm and those with an identified mental health need. At the time of the visit the prison was making contact each week with almost half the population, and the prisoner electronic case notes we reviewed were of reasonably good quality.

Living conditions

- 2.3** All prisoners lived in single cells, which were adequately furnished, and many had been personalised by their occupants. Prisoners were given a simple weekly cell cleaning pack and in our survey 65% said they could access cell cleaning materials each week. Cells and communal areas were reasonably clean.

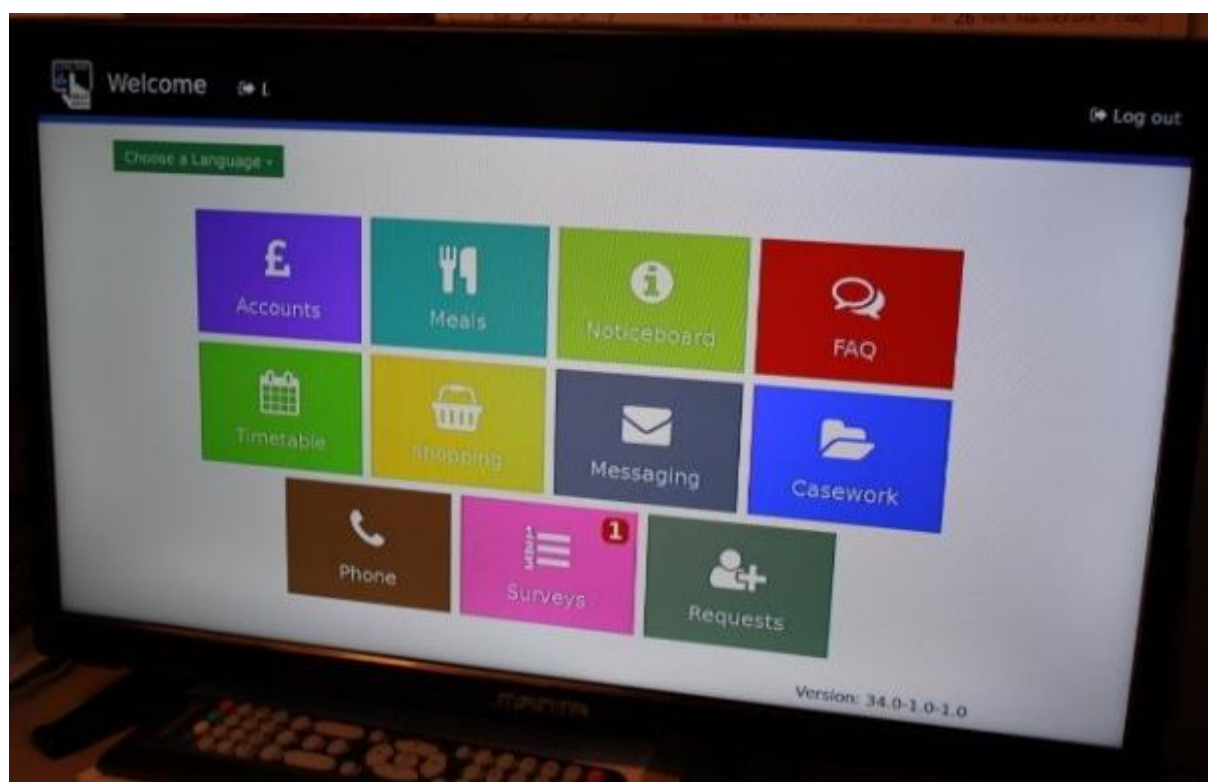


An empty cell in the segregation unit.



A typical landing.

- 2.4** Cells on three of the five house blocks cells had an internal shower. In our survey, 97% of respondents said they could shower every day and 72% said they had sufficient soap or sanitiser. Communal showers gave adequate privacy and were in reasonably good condition.
- 2.5** Prisoners could obtain a kit exchange on request; in our survey, 83% said they had clean sheets and 84% said they had clean clothes each week. There was a full-time laundry worker on each wing, which prisoners valued.
- 2.6** Prison leaders were attempting to improve the quality of prisoner life and their access to various aspects of the regime through a small in-cell IT pilot. The pilot covered several initiatives, such as enabling prisoners to access an in-cell messaging service to contact people on their approved contact list, purchase prison shop items, order meals and participate in surveys. While the pilot was currently focused on a small cohort and required final approval, the prisoners involved spoke positively of this innovative scheme.



In-cell messaging service home page.

Complaints, legal services, prisoner consultation and food and shop

- 2.7** The prisoner information and amenities committee (PIAC) was one of the primary forums for consultation. The PIAC had continued to meet until the COVID-19 outbreak in September, and resumed as a virtual meeting in December using in-cell telephones to speak with the prisoner peer representatives. Some of the PIAC representatives we spoke to said they were currently only unlocked with their own cohort, which restricted their opportunity to consult widely and limited their own association time for dealing with issues for others.
- 2.8** Prisoners could use their in-cell phone to call the prisoner advice line (PAL), which was staffed daily by two knowledgeable peer representatives. We had identified the PAL as a

positive initiative in previous inspection reports and it was commendable that the prison had kept this resource available through the period of restrictions. There had been over 16,000 calls to the line in 2020, which was more than double the number in 2019.

- 2.9** In our survey, only 49% of prisoners said it was easy to make a complaint. The number of complaints in 2020 had reduced by almost a quarter compared with the previous year. Complaints were well managed, but 10% took longer than seven days to resolve. The responses we reviewed were mostly polite and dealt with the issue, but in some complaints where the discrimination box had been ticked it was not always clear that this aspect had been explored.
- 2.10** Prisoners could place shop orders through wing kiosks and in our survey 91% said they could access the prison shop if required. During the restrictions, wing microwaves had been taken out of use, which was a source of frustration for some prisoners. In our survey, 77% of prisoners said the prison food was good or reasonable.
- 2.11** Legal visits were available, but very few legal advisors had attended the prison in the previous six months. Phone and video conferencing facilities were used more routinely.

Equality, diversity and faith

- 2.12** The diversity equality action team (DEAT) was chaired by the director and had continued to meet through the period of restrictions. In August 2020, the prison had also established a promising race equality task force to understand and address perceptions among minority groups of prisoners and wider issues, such as Black Lives Matter. The group was suspended during the COVID-19 outbreak at the prison before it was able to implement any planned activities, although prison leaders were keen for the group to continue when safe to do so.
- 2.13** The prison had a designated equality manager, who oversaw discrimination reporting and data monitoring. The equality manager was supported by equality prisoner peer representatives for each wing. All recovery plans included a simple equality impact assessment (EIA), but some specific EIAs (e.g. allocations board and special diets) had taken a year to complete.
- 2.14** In 2020, 117 discrimination complaints were reported though discrimination incident reporting forms (DIRFs) (50 in the previous six months). A third of responses were late, but those we examined were mostly polite and supported by reasonably good and thorough investigations, one of which had led to a change in the hair products for black and minority ethnic prisoners available on the prison shop list. It was positive that the local scrutiny panel, which included prisoners, that reviewed DIRF responses had recently resumed. Prisoners could phone an equality discrimination reporting line, but the prison did not keep data on its use to inform how support for prisoners could be improved.
- 2.15** Although corporate worship remained suspended, the chaplaincy produced weekly faith sessions in conjunction with the prison media broadcasting suite that were broadcast on in-cell TV. The broadcasts were high-quality productions tailored to the prison and individual faith groups. The team also distributed faith materials in person weekly to maintain face-to-face contact.

Health care

- 2.16** Following a serious outbreak of COVID-19 in late September 2020, and another smaller outbreak shortly before our visit, Public Health England (PHE) had worked closely with

Nottinghamshire Healthcare NHS Foundation Trust (the main healthcare provider), the prison and NHS England to manage the situation, demonstrating robust partnership working. Effective collaboration between the prison and the trust was evident, and the outbreak control plan and a joint infection control risk register were updated regularly.

- 2.17** The head of health care demonstrated strong leadership and good oversight of the outbreak data. It had been a challenge to maintain adequate staffing levels due to COVID-19, but gaps were covered by overtime and some regular agency staff. A conscientious and skilled staff group said they felt supported and most had received their initial COVID-19 vaccination.
- 2.18** Health staff had access to personal protective equipment. Not all had received filtering face piece (FFP3, see Glossary of terms) face mask fit testing, but further training was being sourced. Emergency equipment was updated in line with current guidance.
- 2.19** At the start of the pandemic restrictions, prisoners who met the shielding criteria were identified and offered the opportunity to shield. Initially only five had agreed and 30 declined, but signed a disclaimer. They were regularly reviewed and given ongoing health advice and support. At the time of the visit, only two prisoners required shielding. Prioritisation based on age and clinical need, in line with national guidance, was being followed in the roll-out of the COVID-19 vaccination programme, with the first clinic scheduled during the week of our visit. The vaccines were stored appropriately, and all nurses had received relevant immunisation and vaccination training.
- 2.20** Reception health screening had continued with clear arrangements for reverse cohorting (see Glossary of terms) and receiving any symptomatic prisoners, with testing on their day of arrival with a further test at day five (see paragraph 1.15).
- 2.21** Most routine health provision had temporarily ceased in response to the pandemic and restarted in June 2020, but due to the major outbreak in September they were stopped again and were just recommencing, which had led to some lengthy waiting times. Essential services and urgent need had been prioritised by effective triage, followed by face-to-face appointments with nurses or GPs. However, waiting times for some routine GP appointments were too long, as at the last inspection, with a few prisoners waiting up to 14 weeks (see key concern and recommendation S4). A new advanced nurse practitioner was actively scrutinising the list and the number of GP sessions required was under review.
- 2.22** There was good clinical and administrative management of hospital referrals. Many of the appointments cancelled by the hospital had been rebooked.
- 2.23** None of the four social care referrals made during the last year had met the threshold for social care; some had needed equipment which was received following occupational therapy assessment. There was a memorandum of understanding with the local authority, and staff reported that assessments had been prompt.
- 2.24** Many aspects of pharmacy services had improved with a new pharmacy facility. It had been moved out of the health care centre creating more clinical treatment rooms, although some of the old flooring needed to be replaced to comply with infection prevention and control measures.
- 2.25** Around 68% of prisoners on medicine received it in possession. Health staff said administering medication at the cell door was challenging, but they had returned to patients collecting their medications at the hatch, unless they were shielding or isolating when medication was taken to them. A pharmacist had oversight of the service. Medication supplies and prescribing had been unaffected by the pandemic.

- 2.26** The integrated primary and secondary multidisciplinary mental health team was available seven days a week and a psychiatrist attended weekly. The team caseload was approximately 209. Referrals had fluctuated over the last year with around 34 a month on average. The team provided telephone and face-to-face support to patients on the caseload. A range of self-help and well-being material was available to everyone. Routine assessments were completed within five days and a daily duty worker responded to urgent need.
- 2.27** The team worked closely with the safer custody department and the forensic psychology team, and was actively involved in ACCT reviews, the weekly segregation, safety intervention and safeguarding meetings.
- 2.28** The well-being centre was a promising initiative overseen by the mental health team, including occupational therapy staff. It provided a therapeutic group room for when groups would restart, and a sensory room to help regulate physiological and emotional responses for patients following assessment who would benefit from using this form of therapy. Although the official opening had been postponed due to the pandemic, it was being used by a few patients who found it calming and beneficial to their mental health. (See paragraph 1.30.)
- 2.29** Despite action by the team to escalate the issue, patients waited too long for transfer under the Mental Health Act to mental health hospitals. For the four transfers since January 2020, the 14-day transfer guideline had been exceeded in all cases with waits of between 76 and 230 days, which was unacceptable. (See key concern and recommendation S5.)
- 2.30** Prisoners requiring substance misuse treatment were identified at reception and received appropriate continued prescribing. Prescribing was flexible and there were regular reviews, although not all were conducted jointly with a member of the psychosocial team, which would have improved the provision. Support and harm minimisation were offered to all prisoners suspected of using illicit substances, including hooch. At the time of the visit, the team was supporting 119 prisoners, including those receiving opiate substitution therapy, with 53 on maintenance doses and 12 on a reducing regime.
- 2.31** A drug recovery wing had been established since the last inspection with three cohorts having graduated following completion of the residential substance misuse programme, but this had been suspended along with all groups.
- 2.32** In early 2020, 80% of prisoners had been tested for hepatitis C and nine prisoners identified for treatment, which they received. The specialist hepatitis nurse had continued to come in weekly until the COVID-19 outbreak in September and then when necessary.
- 2.33** Time for Teeth provided limited dental services. The dental team had attended throughout the period of restrictions, offering advice, analgesia, and antibiotics, and saw any urgent cases face to face. Although the team had reviewed its caseload to prioritise those with urgent need, the inability to provide aerosol generating procedures (see Glossary of terms) since August 2020 had led to excessive waiting times. A ventilation system was due to be installed to recommence this work, though the delay in ordering this had lengthened waiting times. (See key concern and recommendation S4.)
- 2.34** A nurse saw all prisoners at a pre-discharge health clinic and before release, providing advice on COVID-19 and any medication if required. Training in using naloxone (to reverse the effects of opiates) and support was offered to those who needed it, and links with drug and alcohol and mental health services were established.

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. Ofsted inspectors joined us on this visit to provide an assessment of the provision of education, skills and work in the establishment. They focused on:

- What actions are leaders taking to provide an appropriate curriculum that responds to the reasonable needs of prisoners and stakeholders and adapts to changed circumstances?
- What steps are leaders, managers and staff taking to make sure the approaches used for building knowledge and skills are appropriate to meet the reasonable needs of prisoners?

A summary of their key findings is included in this section. Ofsted's interim visit letter is published in full on our website: <https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>

- 3.1** Prisoners' time out of cell had remained severely restricted since March 2020. The prison had introduced a three-tier system ranging from 45 minutes a day out of cell for prisoners who were higher risk, such as new arrivals or prisoners who were symptomatic of COVID-19, to 90 minutes for those who had no symptoms or had not tested positive. Each wing could potentially be operating several regimes, depending on the number of cohorts in each tier, but this approach had the benefit of containing a potential virus spread to one cohort and allowing more time out of cell where it was safe to do so.
- 3.2** Exercise yards remained open for a free flow of movement throughout the periods of unlock to maximise opportunities for prisoners to access fresh air.
- 3.3** While this approach enabled a consistent regime, prisoners still spent a prolonged period locked in cell and many raised concerns about the impact of the regime restrictions on their mental and emotional well-being (see also paragraph 1.29).
- 3.4** The library provision was operating nominally with little take-up. Although a tutor had been assigned to each wing to oversee access to the library, it was clear that take-up was minimal. Some officers were not aware of how prisoners could access the library service. Records showed a notable underuse of the library at a time when the need for in-cell activity was greater than ever. (See key concern and recommendation S6.)
- 3.5** Gym staff had adapted well to the regime restrictions and responding accordingly to level of risk. Even under the most restricted regime (stage 4), prisoners could still use a large sports field with their cohorts to participate in safe physical activity. During periods when no physical activity could be offered, prisoners were provided with in-cell physical and well-being workouts, such as 30-day fitness programmes and yoga, via the impressive in-cell media system (see paragraphs 1.7 and 2.6).



Sports field prepared for socially distanced activity.

- 3.6** Ofsted found that education leaders had recognised that they had been too slow to reinstate a broad education, skills and work curriculum, and had recently broadened provision to include more courses. The proportion of prisoners engaging in education had increased during the pandemic period, although too few had their new skills and knowledge accredited.
- 3.7** Regime managers had amended the allocations process to provide fair opportunities for some prisoners to work safely. A new NHS contract for scrubs and protective equipment had expanded textiles work. However, managers could not accurately monitor the skills and knowledge that prisoners gained through education, skills and work activities.
- 3.8** Leaders made sure that prisoners had access to activities that provided important links to their families and the community. Nearly three-quarters of the prison population engaged in these activities.
- 3.9** Leaders made effective use of technology to support prisoners with their learning. Staff used prisoners' requests for specific topics of interest to create themes for distraction packs.
- 3.10** In-cell work packs were informative and included a range of activities, but they contained a lot of text, which was difficult for prisoners with low-level reading skills.
- 3.11** Managers recognised that prisoners with poor English skills, including those with English for speakers of other languages (ESOL) needs, were the most adversely affected by the pandemic restrictions. They also recognised the need to improve support for prisoners with learning difficulties or disabilities.
- 3.12** Most tutors' feedback to prisoners did not focus sufficiently on the knowledge and skills that they had gained and how to develop these further. Where tutors set targets for prisoners, many were too vague to assess progress against curricular goals.

- 3.13** Prisoners we spoke to said that they enjoyed completing education work packs in their cells. They were highly motivated to learn new skills and understood the importance of their learning in relation to their resettlement goals.

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** Almost every cell had a phone installed and, like other prisons, since the start of restrictions prisoners had been given £5 phone credit a week to help maintain contact with their families and friends. In our survey, 99% said they could use the phone daily. There was currently an impressive small-scale pilot to allow prisoners to send and receive text messages to and from their approved contacts at any time (see paragraphs 1.7 and 2.6).
- 4.2** The prison had started to offer Purple Visit (see Glossary of terms) video calls in the third week of December 2020, which was much later than at most other prisons. The prison told us this was mainly due to technical issues outside their control. In April 2020, the prison had introduced a facility for prisoners to record video messages to send to family members and since then over 500 had been sent. The prison media team had engaged with prisoners on residential units to use technology to enhance these, such as including animations and appropriate backgrounds during the festive period. This provided both learning opportunities for prisoners as well as the notable benefits in family contact.
- 4.3** The family link worker had continued to support prisoners during the period of restrictions, with issues such as maintaining contact and family court matters.

Sentence progression and risk management

- 4.4** Delays in recruiting probation prison offender managers (POMs) and cross-deployment of some prison officer POMs had limited the capacity for POM contact with prisoners. The prison had prioritised contact to support key processes, such as parole and recategorisation, and contact was almost exclusively by phone to prisoners' cells. For many prisoners we found no evidence of contact and structured support from their POM for many months.
- 4.5** There had been over 200 admissions to the prison in the previous six months, mainly from other establishments, many of who arrived without an initial offender assessment system (OASys) review of their risk and sentence (custody) plan. Prison POMs were not trained to complete OASys assessments for high-risk prisoners (who made up 80% of the population), placing additional strain on the probation POMs.
- 4.6** Since March 2020, about 20% of the current population had had their OASys reviewed, although just over half the population had not had a review in the previous 12 months, which was of concern for a training prison (see key concern and recommendation S7). However, 80% of prisoners had an up-to-date OASys in line with HM Prison and Probation Service (HMPPS) timescales. In our survey, 79% of prisoners said they knew their custody plan targets, of whom 52% said staff were helping them to achieve these targets.
- 4.7** Offending behaviour work was suspended when restrictions were first imposed and most prisoners had not had any structured support from POMs to help them reduce their risk

since then. The psychology team had carried out one-to-one offending behaviour work with two prisoners with complex needs to reduce the risk they posed before they were released.

- 4.8** Recategorisation reviews were on time and in the previous six months over 120 prisoners had progressed to a category C establishment, but at the time of the visit there were still 70 category C prisoners at the prison and a handful of category D prisoners. In many instances, the reason for the delay was a lack of places in other establishments and issues with transport.
- 4.9** The prison interdepartmental risk management team (IRMT) had continued to meet monthly throughout the restrictions, with a focus on high-risk releases, multi-agency public protection arrangements (MAPPA) and public protection. At the time of our visit, 42 prisoners were subject to child contact restrictions and six to phone and mail monitoring. The IRMT reviewed public protection arrangements at a monthly as well as a weekly monitoring meeting.

Release planning

- 4.10** Eighteen prisoners had been released in the previous six months. Resettlement needs were identified and managed by the community offender manager with support from the POM. We found evidence of discussion between offender managers in relation to such needs, although these were not always clearly documented on OASys assessments.
- 4.11** Most prisoners released were high risk and usually released to approved premises with associated support. No prisoners had been released homeless in the previous three months.

Section 5. Appendices

Appendix I: Background and methodology

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.

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.

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.

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.

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/hmiprison/about-hmi-prison/covid-19/short-scrutiny-visits/>.

As restrictions in the community eased, and establishments became more stable, we expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) focusing 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 make sure that lessons can be learned quickly.

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.

Each SV report includes an introduction, which provides 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. SV 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 are set out under each of our four healthy prison assessments.

Ofsted inspectors joined us on this visit to provide an interim assessment on the education, skills and work provision in the prison. A summary of their findings is included in Section 3 and a list of the next steps they expect the prison to take follows our key concerns and recommendations. Ofsted's interim visit letter is published in full on our website:

<https://www.justiceinspectorates.gov.uk/hmiprison/inspections/>

SVs are carried out over two weeks, but entail only up to three days on site; this visit spent only two days on site due to national restrictions at the time. For more information about the methodology for our scrutiny visits, including which *Expectations* will be considered, see our website:

<http://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prison/covid-19/scrutiny-visits/>

Scrutiny visit team

This scrutiny visit was carried out by:

| | |
|------------------|-----------------------|
| Ian Dickens | Team leader |
| David Owens | Inspector |
| Nadia Syed | Inspector |
| Maureen Jamieson | Health care inspector |
| Raul Jalil | Researcher |
| Shannon Sahni | Researcher |
| Rebecca Perry | Ofsted inspector |

Appendix II: 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.

Ofsted interim visit report

Ofsted's interim visit letter on how the establishment is meeting the needs of prisoners during COVID-19, including prisoners with special educational needs and disabilities, is published in full alongside the report on our website: <https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>

Appendix III: Glossary of terms

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Aerosol generating procedures (AGPs)

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

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.

FFP3 masks

Filtering face piece (FFP) masks come in three respirator ratings: FFP1, FFP2 and FFP3. FFP3 offers the wearer the highest level of protection and is recommended for use during outbreaks of SARS, avian flu and coronavirus.

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.

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 undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc., but not medical care).

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