

Report on a scrutiny visit to

HMP Bure

by HM Chief Inspector of Prisons

16 and 23–24 March 2021



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Introduction

This report presents the findings from our scrutiny visit to HMP Bure to report on the conditions and treatment of prisoners during the COVID-19 pandemic. Situated on the former RAF Coltishall base in Norfolk and opened in 2009, HMP Bure is a category C training prison and a national resource for around 600 prisoners convicted of sexual offences. At the time of our visit, about three-quarters of the population had been assessed as presenting a high risk of harm and nearly all were serving long sentences of four years or more. More than half the prisoners were aged over 50 and a third were considered clinically vulnerable to COVID-19.

The prison was well led and attention to COVID-19-safe procedures was particularly impressive. Shielding and quarantine arrangements had been applied rigorously to minimise the spread of the virus. The potentially more serious consequences for an older and, in many cases, frailer population had been avoided during a recent COVID-19 outbreak. Although one prisoner had died of a COVID-19-related illness, there had been no confirmed cases on the residential unit where the most clinically vulnerable and many shielding prisoners were located. Communal areas were kept very clean and face masks were worn by staff and prisoners alike. Staff uptake of regular COVID-19 testing was high and the prison operated its own robust internal 'test and trace' system to help contain the virus. At the time of our visit, more than 40% of prisoners had received their first vaccination and almost all of who had been offered the vaccine had taken it. Health care provision was also good.

Prison leaders had taken swift action to limit access to the regime at times of increased risk of COVID-19, but had also acted quickly to ease restrictions when possible. As one of the first prisons to have a recovery plan approved by HM Prison and Probation Service following the most recent national lockdown, the prison had progressed to 'regime stage 3' during the week of our visit. Group worship, indoor gym, workshops and classrooms were in the process of reopening. However, plans were still in preparation for increasing the time unlocked on the residential units and for outside exercise. The amount of time unlocked for most prisoners remained limited to less than two hours a day, which included 45 minutes' access to the exercise yard. Without in-cell telephony, there was not enough time or privacy for calls, which were limited to only five minutes, on the communal telephones.

The prison was calm and well ordered, with low levels of violence and use of force, and a very sparing use of disciplinary measures during the period of restrictions. The segregation unit had been shut for the past three months. Staff-prisoner relationships were a strength, with 91% of prisoners in our survey saying that staff treated them with respect. Most also said that they had a staff member to turn to if they had a problem and we observed supportive and helpful interactions. This caring ethos was also evident in the additional support given to the most vulnerable during the pandemic, although we found some weaknesses in assessment, care in custody and teamwork (ACCT) case management. Levels of self-harm had reduced in the past 12 months, but the rate was still higher than at some similar prisons and we found examples of serious self-harm among the population. There had been two self-inflicted deaths during the pandemic. The demand for Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was very high.

Only around a fifth of prisoners had accessed any form of in-cell education and only a small proportion had remained in their work roles during the pandemic. More positively, some offending behaviour programme work had continued. However, the need to adapt delivery for one-to-one sessions or small groups had delayed completion rates and, ultimately, progression for some prisoners, which was an understandable source of frustration.

We found public protection procedures to be reasonable, although a lack of communication from community offender managers had had an impact on the timeliness of some risk management and release planning arrangements. Unlike at our 2017 inspection, dedicated resettlement resources were now available. However, the community rehabilitation company providing the 'through-the-

gate' support had withdrawn all face-to-face contact with prisoners at the start of the pandemic until the week of our visit.

In conclusion, the prison had managed well in protecting its frail and older population from the virus. The committed and caring leadership and staff group had maintained a safe, decent and very respectful prison despite the challenges of the pandemic. With national approval to move forward with its plan for recovery, the prison is in a strong position now to increase time unlocked and give much needed access to more purposeful activity.

Charlie Taylor

HM Chief Inspector of Prisons

April 2021

About HMP Bure

Task of the prison

HMP Bure is a category C prison for sentenced men convicted of sexual offences.

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

Prisoners held at the time of this visit 585

Baseline certified normal capacity: 604

In-use certified normal capacity: 604

Operational capacity: 624

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment provider: Phoenix Futures

Prison education framework provider: People Plus

Community rehabilitation company (CRC): Sodexo

Escort contractor: Serco

Prison group/Department

Bedfordshire, Cambridgeshire, Norfolk

Brief history

HMP Bure is built on part of the former RAF Coltishall site, seven miles north of Norwich.

Constructed in 2009, the prison is a mix of new buildings and converted RAF accommodation and service buildings. A new unit, built for 101 prisoners, was constructed in September 2013. The unit temporarily increased to 120 prisoners in 2020, but it had reverted back to 101 by the time of the inspection.

Short description of residential units

There are seven residential units, comprising mostly single cells. Residential units 1, 3, 4, 5 and 6 each have four double cells and residential unit 7 has one. Residential units 1–6 have communal showers and residential unit 7 has integral showers in every cell. All units serve as purely residential accommodation, except for residential unit 6, which has one landing of 10 cells assigned as induction cells. Residential unit 7's ground floor accommodation is allocated to prisoners with identified medical needs.

Under COVID-19 arrangements, there is additional accommodation in the form of 19 portable cabins, all of which have integral showers. In addition, residential unit 6 has been realigned to encompass 20 reverse cohort unit spaces and 20 protective isolation spaces. Those prisoners who are shielding are located on residential unit 7, unless they have requested to remain in their own cells.

Governor and date in post

Simon Rhoden, June 2017

Leadership changes since last full inspection

Sue Doolan, October 2010 to June 2017

Independent Monitoring Board chair

Maggie Dixon

Date of last inspection

27 March – 7 April 2017

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 recommendations for the prison to address.
- S3 **Key concern:** There had been two self-inflicted deaths during the COVID-19 restrictions, the first at Bure since its opening. Overall levels of self-harm had reduced but there were still some serious incidents and demand for the Listeners was high. Assessment, care in custody and teamwork (ACCT) case management procedures had too many weaknesses and these had also been identified by Prisons and Probation Ombudsman investigations. We found examples of unresolved care map actions causing anxiety, unachievable care map goals and the premature withdrawal of support.
- Key recommendation: Prisoners at risk of suicide or self-harm should receive effective support which delivers prompt actions to reduce their risk and continues until that risk has lowered.**
(To the governor)
- S4 **Key concern:** Most referrals for social care assessments had not been responded to within three months and one had been outstanding for over two years.
- Key recommendation: Response times to referrals for social care assessments should be monitored, to make sure that these are prompt and that prisoners are able to live independently.**
(To the governor)
- S5 **Key concern:** The prison did not have in-cell telephony. Prisoners could only use the landing-based communal telephones and the prison's supply of mobile devices during their daily periods of unlock, or apply to use one during the evening. Calls made on landing telephones were limited to only five minutes and lacked privacy.
- Key recommendation: All prisoners should have access to in-cell telephones.**
(To HMPPS)
- S6 **Key concern:** The lack of communication from community offender managers (COMs) was having an impact on the timeliness of the prison's risk management and release planning arrangements. Clarification from COMs of critical information, such as multi-agency public protection arrangements (MAPPAs) levels, accommodation arrangements and licence conditions, was too often confirmed only in the last few weeks, and in some cases days, before a prisoner's release.
- Key recommendation: COMs should ensure prompt communication and confirmation of critical information to the offender management unit, to enable timely risk management and release planning arrangements to be put in place before a prisoner's release.**
(To HMPPS)

Education, skills and work (Ofsted)

- S7 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

- S8 Leaders should safely reintroduce formal education, vocational training, work and adequate face-to-face information, advice and guidance sessions for prisoners as soon as possible.
- S9 Managers should increase the proportion of prisoners who engage with the in-cell education packs in preparation for attending face-to-face teaching and continuing with their vocational training.
- S10 Leaders and managers should make sure that they have a clear understanding of how successfully prisoners have retained the knowledge, skills and behaviour that they learned before the pandemic and that they have gained during their in-cell learning.

Notable positive practice

- S11 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.
- S12 Inspectors found four examples of notable positive practice during this visit.
- S13 **The prison identified prisoners with neurodivergent needs, including those with neurodevelopmental disorders such as autism, dyslexia, dyspraxia and ADHD, and acquired brain injury, on reception and provided a good level of subsequent care, including a support group.** (See paragraph 3.12).
- S14 **The mental health team had introduced a pre-admission questionnaire to acquire data from sender prisons on incoming prisoners with mental health problems. This enabled better identification of risks by reducing the likelihood of missing salient pre-admission information.** (See paragraph 3.27)
- S15 **All new prisoners were screened by primary care and mental health workers jointly at reception, thus increasing the likelihood of identifying undisclosed or undiagnosed vulnerabilities which otherwise might be missed.** (See paragraph 3.28)
- S16 **The prison had reinstated recategorisation review boards and invited prisoners to attend in person.** (See paragraph 5.11)

Section 1. Leadership and management

In this section, we report mainly on whether leaders and managers are responding effectively to the challenges of the pandemic, the proportionality of restrictions on activity and movement, whether recovery plans are in place and understood by staff and prisoners, the support provided to prisoners and staff, and the effectiveness of cohorting arrangements.

- 1.1** Prison leaders had worked well, in partnership with the health care team and Public Health England, to limit the potentially serious consequences of COVID-19 for older and clinically vulnerable prisoners during the 18 December 2020 to 3 March 2021 outbreak. A total of 79 prisoners and 45 staff had tested positive for the virus and one prisoner had died of a COVID-19-related illness. There had been confirmed cases on all residential units apart from residential unit 7, where the most clinically vulnerable and many shielding prisoners were located. It was the view of managers that poor ventilation on residential units 1 to 6 had affected transmission of the virus, but this had now been addressed through a new system of vents. The installation of a 19-bed temporary accommodation unit had allowed the prison to return some double cells to single occupancy, which had further reduced the risk of the virus spreading. Shielding and quarantine arrangements had been applied rigorously to minimise spread of the virus.
- 1.2** The attention to COVID-19-safe procedures was impressive and a weekly COVID-19 meeting for leaders provided good oversight. Communal areas were kept very clean, hand-sanitising stations were available at the entrance to buildings, one-way systems were in place to help social distancing and face masks were worn by staff and prisoners alike. More than 90% of staff underwent regular testing and the prison also operated its own robust internal 'test and trace' system to help contain the virus.
- 1.3** Ongoing communication via prisoner consultation forums, regular notices, COVID-19 information boards and the prison's 'Wayout TV' channel were effective. In our survey, 93% of prisoners said that the reasons for the restrictions had been explained to them and 87% agreed that they were necessary. Eighty per cent felt that they had been kept safe from the virus.
- 1.4** Prison leaders had taken swift action to limit access to the regime at times of increased risk of COVID-19, but had also acted quickly to ease restrictions when possible. As one of the first prisons to have a recovery plan approved by HM Prison and Probation Service (HMPPS) following the most recent national lockdown, the prison had progressed to 'regime stage 3' during the week of our visit. Group worship, indoor gym, workshops and classrooms were in the process of reopening. However, plans were still in preparation for increasing the time unlocked on the residential units and for outside exercise.

Section 2. Safety

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

Arrival and early days

- 2.1** Reception procedures were well organised. There was enough space in waiting rooms to allow new arrivals to be held safely while they waited to be booked in, one at a time, and helpful information was displayed.
- 2.2** Cohorting arrangements prevented the spread of infection. Prisoners were tested for COVID-19 on their first night and then five days after arrival. Their property was quarantined for 72 hours. Throughout their 14-day stay on the reverse cohort unit (RCU; see Glossary of terms), the temperature of new arrivals was taken daily and they associated only with prisoners they had transferred in with.
- 2.3** Prisoners told us that a hot meal had been waiting for them on arrival in the RCU. They were routinely checked during their first night and after that received a daily welfare entry while they quarantined. They felt well supported by the peer workers and Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners), who lived alongside them on the unit and were available daily to answer questions. Peer workers provided a face-to-face induction, presenting up-to-date information on a flip chart and speaking about life under COVID-19 restrictions. Other available literature about what new prisoners could expect mostly predated the pandemic.
- 2.4** Time out of cell for new arrivals on the RCU was very limited. They had just half an hour each day to shower and use the telephone and only one hour of outdoor exercise a week. This was partly because separate regimes had to be facilitated for two poorly behaved prisoners who also lived on the RCU.

Managing behaviour

- 2.5** The prison was calm and well ordered. In our survey, however, 16% of prisoners said that they currently felt unsafe. The number of prisoner-on-prisoner assaults had reduced during the COVID-19 restrictions and was at a comparatively low level, partly because opportunities for prisoners to encounter each other had been curtailed by the restricted regime. The number of assaults on staff was also low and remained similar to that in the period before the pandemic. The challenge, support and intervention plan (CSIP, see Glossary of terms) process for managing challenging prisoners was rarely used because of these low levels of disorder. This meant that the process was not always well understood by the wing staff who were required to monitor prisoners on a CSIP.
- 2.6** Most of the population were already cooperative in a prison setting and were not motivated by the incentives scheme, which was currently ineffective. Annual reviews to enhance or reduce prisoners' privileges were currently suspended and about a third of prisoners on the standard level of the scheme had not been reviewed since the start of the restrictions, 12 months earlier.
- 2.7** The amount of intelligence submitted by staff had declined since the 2017 inspection and was currently at a low level, which meant that managers could not be completely confident of

recognising any emerging threats. They had identified this as a deficit and had taken action to address it. There were very few drug finds and no prisoners had been found under the influence of drugs during the pandemic.

- 2.8** Given the reduced levels of violence, the use of force was correspondingly low. Oversight had continued during the pandemic and there was a monthly review of the few incidents that had occurred. Staff routinely failed to record incidents using their body-worn video cameras and managers had yet to address this gap in evidence gathering. PAVA incapacitant spray had been drawn once since its introduction at the prison. Following an internal investigation, this action had been found to be inappropriate and had been dealt with robustly.
- 2.9** Staff had used disciplinary measures sparingly during the current restrictions. The number of adjudications had reduced considerably and was very low. Use of segregation had decreased and the unit had been shut for the past three months. Four cells on the segregation unit had been converted to hold category B prisoners, in order to manage any challenging prisoners transferring from other prisons. Apart from during the first quarter of the pandemic, the governance of segregation and adjudications had continued.

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

- 2.10** In our survey, 87% of prisoners said that they could turn to a member of staff if they had a problem. Weekly welfare checks by wing staff were evident in case notes but were sometimes generic, if not identical, providing too little evidence of individual care and concern. The safer prisons team provided good additional support for the most vulnerable prisoners identified at the weekly safety intervention meeting, which had continued throughout the pandemic. In some cases, the care evidenced was impressive.
- 2.11** Prisoners placed in isolation for infection control could not always access daily exercise. Some lived on the prisoner isolation unit (the dedicated unit for any prisoners with a positive COVID-19 test result or showing any symptoms of COVID-19), which had a similarly limited regime to that on the RCU. Older prisoners with in-cell showers sometimes preferred to remain in their own cells, but did not then have access to daily exercise. Recorded welfare checks for isolating prisoners had been inconsistent.
- 2.12** The practice of isolating prisoners for four days before their release, even if they tested negative for COVID-19, was disproportionate and was stopped during our visit after we raised concerns.
- 2.13** Recorded levels of self-harm had reduced in the previous 12 months but were still higher than at some similar prisons and we found examples of serious self-harm among the population. Some of the Listeners we spoke to talked about additional, hidden self-harm that went unreported while prisoners spent almost all of their day locked in their cell. The safer prisons team had asked one of the prison's psychologists to analyse and understand these trends.
- 2.14** During the COVID-19 restrictions, there had been two self-inflicted deaths, the first since the opening of the prison, in 2009. Although there had been good individual actions to address emerging issues, such as installing prominently displayed anti-barricade toolkits in wing offices, the two-monthly safer prisons meetings did not coordinate a multidisciplinary response to any lessons learned. The draft investigation reports by the Prisons and Probation Ombudsman (PPO) were not discussed in any depth, and any early progress against recommendations was not measured at these meetings.

- 2.15** The PPO had identified weaknesses in assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm, and we found similar problems. In one case, a care map action which had been outstanding for a month was causing the prisoner considerable anxiety. In another, support for a prisoner who had seriously self-harmed had been withdrawn prematurely and an unrealistic care map goal had been marked as complete. Managers had been quick to notice this and had restarted support. Sometimes, the attendance of staff from departments such as the offender management unit (OMU) at case reviews, to explain decisions beyond the control of the prisoner, was needed to allay prisoners' distress, but they were not always available (see key concern and recommendation S3).
- 2.16** The demand for Listeners was very high and some described answering up to 50 calls a month. COVID-19 restrictions had sometimes prevented them from offering support to prisoners on other residential units and their numbers had halved during the pandemic. However, the scheme had kept going and was highly valued by prisoners. Some Listeners were currently unlocked throughout the day to offer drop-in sessions to their peers. Samaritans support meetings for the Listeners had just restarted and a new group of recruits, who would double the number of available Listeners, had just completed their training. Samaritans telephones were routinely available from wing offices.
- 2.17** The safer custody hotline for family and friends to report any concerns about prisoners was well managed. Calls were answered by control room staff and information was relayed to wing staff for action.

Section 3. 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

- 3.1** Staff–prisoner relationships continued to be a strength at the prison. In our survey, 91% of prisoners said that staff treated them with respect and 56% that a member of staff had checked how they were getting on within the last week (see also paragraph 2.10).
- 3.2** Throughout our visit, we observed supportive and helpful interactions and it was evident that there was a feeling of solidarity between staff and prisoners in managing the conditions imposed by the pandemic. Staff and prisoners expressed their frustration at the repetitive and very basic nature of their days during the restrictions and were looking forward to getting back to normal.

Living conditions

- 3.3** Living conditions across the prison were generally good. Residential units 1 to 6 were converted Royal Air Force accommodation units. Cells were reasonably well equipped and were maintained to a good standard. With the exception of residential unit 7, cells were smaller than we normally see. Prisoners told us that, outside of COVID-19 restrictions, this was not normally an issue, given the relatively full regime and amount of time unlocked. However, the current restrictions, which meant that they were unlocked for only around two hours a day, made the cells feel cramped and exacerbated their feelings of isolation. Residential unit 9 comprised 19 self-contained portable cabins. Prisoners within the last 12 months of their sentence and who were deemed to pose a lower risk were selected for this unit. Each cabin had its own shower facility, allowing prisoners a good degree of privacy while showering, and they were not locked in their room for long periods.



Residential units 1 to 6



The self-contained portable cabins

- 3.4** Communal areas, including food serveries and shower areas across the prison, were among the cleanest we have seen. Access to cleaning materials was very good and it was evident that cleaning schedules were adhered to throughout the prison. External areas were tidy and

clean. Prisoners on all wings told us that access to laundry facilities was good and that they could exchange prison clothing and bedding weekly. Wing laundries were in a good state of repair and prisoners working in them said that repairs were carried out promptly whenever needed.

- 3.5** We welcomed the return of some double cells to single occupancy, which further reduced the risk of the spread of COVID-19 during outbreaks.

Complaints, legal services, prisoner consultation and food and shop

- 3.6** In our survey, 76% of prisoners said that it was easy to make a complaint. Prisoners we spoke to said that most complaints were taken seriously and that replies were generally timely. Complaint forms were freely available and were tracked from the date of submission. Regular monitoring had been maintained throughout the pandemic, to identify any emerging and repeat issues, which were discussed at strategic meetings. A range of data was made available to some other key forums, such as the diversity and inclusion team meeting, which made sure that any potential discriminatory issues were escalated through the correct channels.
- 3.7** Consultation arrangements were sound and, whenever possible, a wide range of forums had been run during the pandemic, to make sure that prisoners received key messages and continued to have the opportunity to engage with senior managers, and to have a voice at the prison.
- 3.8** In-person legal visits had restarted in October 2020. These had stopped at the beginning of the recent outbreak (see paragraph 1.1) but restarted during our visit. However, uptake was low and only five had taken place since October. Access to video-link facilities had continued throughout.
- 3.9** Menu choices had been reduced in order to enable adequate social distancing in the kitchen. Special and cultural diets continued to be provided and were constantly reviewed. During the week, the main meal was served in the evening, with a hot snack served at lunchtime. This was reversed at the weekend. Breakfast packs continued to be meagre and served on the day before consumption. Meals were supplemented by weekly snack bags. An outbreak of COVID-19 among the staff and prisoners in the kitchen at Christmas had been managed exceptionally well, ensuring that the provision of meals over this period had been maintained to a good standard.
- 3.10** Other than a shortage of some items at the start of the restrictions and a recent delay by one day due to a COVID-19 outbreak in the supply chain, the prison shop service had remained largely unaffected by the pandemic.

Equality, diversity and faith

- 3.11** Strategic oversight of equality had been maintained throughout the pandemic under the direct leadership of the governor, who chaired the diversity and inclusion meetings whenever it was practicable for these to take place. Wherever possible, these meetings had included prisoner representation. The prison's action plan was kept up to date and reviewed regularly.

3.12 The allocation of the lead for protected characteristics to individual members of the senior management team promoted prison-wide engagement, and these leads chaired the forums for protected groups. These groups had run throughout the year, unless outbreak conditions had prevented this. Work to support most protected groups was generally sound, including for younger prisoners (defined locally as the under-30s) and the relatively large proportion of older prisoners (defined locally as the over-50s); almost half of all prisoners were over 50, with over 25% of the population being over 60. Support for the large number of frail and older prisoners was good. Most were located on residential unit 7, which afforded the best accommodation and had a wide communal area on the ground floor, which was essential, given the large number of walking aids in use on the unit. A 'buddy' system was in place, to provide daily support to some of the less able prisoners. Oversight of this system was good and all buddies were clear about the parameters of their roles. The identification of prisoners with neurodivergent conditions, including those with neurodevelopmental disorders and acquired brain injury, in reception and the good level of subsequent care provided for them, including a support group, were impressive.



Residential unit 7

- 3.13** Useful work was being undertaken to try and better understand the experiences and feelings of black and minority ethnic prisoners, who made up around 17% of the population. Steps had been taken to understand and address their concerns, including additional personal interviews on arrival. Despite this, our survey results relating to staff relationships were worse for those from a black and minority ethnic background than for white prisoners.
- 3.14** We considered the provision for foreign nationals, who made up around 10% of the population, to be underdeveloped. A review of the diversity and inclusion meeting minutes showed that the prison had also identified this and there were advanced plans to rectify this shortfall.

- 3.15** The chaplaincy had provided pastoral support to prisoners and continued its statutory duties, and its involvement in the wider prison functions, throughout the restrictions. The chapel was a multi-faith facility and, as the largest open space in the establishment, had been used throughout the pandemic as the central site for socially distanced meetings by the wider prison.
- 3.16** The cessation of formal services and supporting classes and events had allowed the chaplaincy more time to spend out on the wings, talking to a far wider proportion of the population than they would normally see. Centrally provided 'religion packs' were welcomed by prisoners and in high demand. The team had established that some prisoners preferred to follow their faith in private, rather than in a more formal setting, and had made plans to continue to provide this wider faith support beyond the current regime restrictions. The managing chaplain had oversight of the provision of computer tablets to facilitate virtual visits to seriously ill friends and family members, and had also facilitated virtual attendance at funerals.
- 3.17** The gradual return to communal worship had stopped at the start of an outbreak in December, although, having recently moved into 'regime level 3', group worship restarted during our visit.

Health care

- 3.18** Strategic oversight arrangements were good, so that the prison, health commissioners, Practice Plus Group (PPG) and respective health providers delivered effective health care services, underpinned by shared contingency planning. In our survey, 64% of prisoners said that the overall quality of health services was good.
- 3.19** The prison and its health partners, with advice from Public Health England, were well prepared to manage outbreaks of communicable diseases and the prison had successfully contained a recent outbreak of COVID-19, so that most of the prison population had been protected. At the time of our visit, no prisoners were COVID-19 positive or symptomatic.
- 3.20** There were highly visible markers for social distancing; hand sanitiser and personal protective equipment (see Glossary of terms) were accessible; and there were suitable reverse cohorting and isolation arrangements.
- 3.21** The schedule of COVID-19 vaccination of prisoners was in line with that in the local community. Priority groups two to nine comprised 381 prisoners, of whom 33% were clinically vulnerable. Of the 249 prisoners offered the first vaccine to-date, 98% had taken it.
- 3.22** Primary care services had been affected by the pandemic restrictions. Wherever possible, they were delivered on the wings, although confidential GP triage consultations by telephone had proved unsatisfactory. Full primary care services had now resumed and were very good, with no waiting list to see a GP.
- 3.23** During our visit, the optician was offering clinics over the whole week and had cleared the waiting list. Other waiting lists were being reduced as we visited, including the list for dental aerosol generating procedures (AGPs). The number of community dental services sessions was doubling from April, to drive down the AGP list. The floor covering of the dental surgery was split and rising, increasing the risk of infection and introducing a potential trip hazard.
- 3.24** Norfolk County Council had continued to offer social care assessments throughout the pandemic, with these being undertaken remotely. However, of the 11 prisoners on the

referral list for assessment at the time of our visit, eight had waited longer than three months and one had been waiting since 2018, which was unacceptable (see key concern and recommendation S4).

- 3.25** At the time of our visit, two prisoners had a social care package (see Glossary of terms) provided by PPG. Social care was led by an occupational therapist (OT), who made referrals and advised on solutions to enable prisoners to live independently. The OT had provided training for 'buddies' and support in developing their roles, so the social care provided was professionally overseen and of good quality.
- 3.26** Prisoners with formal do-not-resuscitate arrangements in place because of long-term, life-limiting conditions had agreed to this information being shared in the prison (via the daily briefing), so that all staff involved in their care were aware of their wishes.
- 3.27** The PPG mental health team of nurses and a psychiatrist had a caseload of over 30 active patients at any one time, with inactive ones being monitored. The team had introduced a pre-admission questionnaire to acquire data from sender prisons on incoming prisoners with mental health problems, as information in the prisoner escort records was insufficiently detailed. This enabled better identification of risks by reducing the likelihood of missing salient pre-admission information.
- 3.28** All arrivals at the prison were promptly screened by primary care and mental health staff jointly, increasing the likelihood of identifying undisclosed or undiagnosed vulnerabilities which otherwise might be missed, and a daily duty worker triaged new referrals. Therapies were solution based, with monitoring of those with serious and enduring mental disorders.
- 3.29** The wellbeing service team of psychological therapists from Norfolk and Suffolk NHS Foundation Trust helped around 50 prisoners, using cognitive therapies to promote resilience to unacceptable emotions, and counselling for those with trauma-related psychological problems.
- 3.30** Few prisoners (two at the time of our visit) received opiate substitution therapy. They were well supported by Recovery Inside (RI), from Phoenix Futures. RI had 93 prisoners on the caseload, of whom 65 were in therapy and 28 were listed for pre-release support.
- 3.31** RI recovery workers had been unable to provide individual and group substance misuse therapies during the recent outbreak, so they had prioritised prisoners before release and the most vulnerable. During the pandemic, working materials had been adapted to use in-cell and recovery workers visited the cells, when possible, to encourage engagement with the work. Peer workers continued to inform new prisoners of RI services but were restricted from offering peer support groups at this time.
- 3.32** PPG pharmacy services were busy, with approximately 82% of the population receiving medication, 68.3% of whom had medicines in-possession, and all of the latter had an up-to-date risk assessment. Careful oversight made sure that trends in prescribing were used to improve practice.
- 3.33** During the restrictions, there had been a small increase in requests for pain medications because of muscle aches and pains, probably caused by a lack of exercise at this time. Prisoners were able to obtain vitamin D free from the prison shop, which was a vital preventative measure for those unable to access enough sunlight each day.
- 3.34** Medicines were administered safely and confidentially from two hatches in the health centre. While not ideal, some prisoners received medicines at their cell door; two pharmacy technicians administered these from a lockable trolley, with good officer support.

Section 4. 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/>

- 4.1** Planned time unlocked for most prisoners remained limited to 90 minutes a day. This consisted of 45 minutes' domestic time, to shower, use the communal telephones, clean cells and attend to daily needs such as submitting applications, and 45 minutes' access to the exercise yard. The collection of meals potentially extended the daily time unlocked to two hours in total. A few prisoners were also unlocked each evening to access the communal telephones (see paragraph 5.1).
- 4.2** The gym had continued to provide the opportunity for structured exercise periods, although until very recently these sessions had been restricted to outdoor circuits, until the move to 'regime stage 3' on the week of our visit. This afforded the opportunity for three sessions a week, each lasting 45 minutes, using the individual work stations in place for indoor workouts.



Individual work stations in the gym

- 4.3** The library continued to offer an ‘on demand’ service, with a catalogue of books, DVDs and games available on each residential unit. Additionally, there was a small selection of books on each unit that prisoners could access easily while the library was shut.
- 4.4** Managers had provided a much-reduced curriculum throughout the pandemic, concentrating on English and mathematics. They had also introduced new subjects in the form of ‘taster packs’, to encourage prisoners to engage in education classes once restrictions allowed. They spoke about how they intended to return to a full regime of education, skills and work once restrictions and space allowed this.
- 4.5** Leaders recognised that the current regime did not meet the needs of the whole prison population. Only around a fifth of the prisoners accessed any form of in-cell education, despite managers introducing in-cell education packs early in the pandemic. Prisoners participating in vocational training in the workshops before the pandemic had not completed any training since March 2020.
- 4.6** Managers had been able to keep only a small proportion of prisoners in their work roles, to make sure that essential services were maintained. At the time of our visit, managers had also opened two workshops with limited capacity, along with allowing a very small priority group of prisoners (who were close to taking their examinations and needed one-to-one support) to attend education classes.
- 4.7** Managers had developed plans to allow prisoners to attend education and work once the restrictions allowed; they had risk assessed classrooms and workshops, and identified those prisoners who would need to access the provision first.

- 4.8** Managers recognised that prisoners' education and skills induction and the provision of effective information, advice and guidance had been compromised with the introduction of remote activity. They felt that there was a need to return to delivering these services face-to-face as soon as the restrictions allowed this to happen.
- 4.9** The few prisoners we spoke to told us that they fully understood why formal education and the workshop activities had been suspended as a result of the pandemic. However, they did not think that the current in-cell education offer was consistently promoted across the prison. Some told us that they found the work very basic and not challenging enough. However, they said that they benefited from constructive feedback on their work.

Section 5. 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

- 5.1** The prison did not have in-cell telephony, which was a source of frustration for many prisoners wishing to maintain contact with their friends and family. Prisoners could only use the landing-based communal telephones and the prison's supply of mobile devices during their daily periods of unlock or by applying to use one during the evening. Calls made on landing telephones were limited to only five minutes and lacked privacy (see key concern and recommendation S5).
- 5.2** Social visits remained suspended following the recent COVID-19 outbreak in the prison (see paragraph 1.1) and national lockdown restrictions. However, when visits had taken place before the latest outbreak, uptake had been low. Staff told us that about a third of prisoners did not use their entitlement to have any visits, even when COVID-19 restrictions were not in place.
- 5.3** The prison was located a long way from many prisoners' home areas and their families. Some prisoners with elderly relatives told us that they were worried about their loved ones travelling such long distances during the pandemic, and the reduced visit time slots of 45 minutes to one hour on Fridays only had had an impact on families' willingness and ability to travel, thereby discouraging them from booking.
- 5.4** Video-calling facilities (known as 'Purple Visits'; see Glossary of terms) had been introduced in August. Prisoners were offered one 30-minute call per month and slots were available on weekday evenings and at weekends. Only about a third of prisoners had signed up to using this facility and only 689 calls had been made in the last six months.
- 5.5** Prisoners could receive and reply to correspondence via the 'email a prisoner' scheme. It was well used and appreciated by prisoners as an alternative method of contacting their friends and family. In the last six months, over 6,300 emails had been sent to prisoners, with over 4,000 replies.
- 5.6** Prisoners told us that they were frustrated with delays in sending their postal mail and in our prisoner survey, 37% said that they had had problems with sending or receiving mail. Staff attributed delays to the 72-hour quarantine period for incoming mail when the prison was officially a COVID-19 outbreak site.
- 5.7** Spurgeons (a children's charity) managed the booking both of social visits, when they were taking place, and Purple Visits. Family support work for prisoners to maintain or re-establish contact with their families and children was limited.

Sentence progression and risk management

- 5.8** The prison held a complex mix of prisoners. About three-quarters of the population had been assessed as presenting a high risk of harm to others and nearly all were serving long

sentences of four years or more. All prisoners were convicted of sexual offences and about 10% of the population were serving indeterminate sentences.

- 5.9** In our survey, only 51% of prisoners who knew what their custody plan objectives or targets were said that staff were helping them to achieve them. Overall, the frequency of contact and levels of face-to-face contact between prisoners and prison offender managers (POMs) to drive sentence progression had reduced. Offender managers appropriately prioritised contact for new arrivals and for prisoners with upcoming milestone events, such as parole hearings and releases. However, most prisoners had very little contact with their POMs; this was compounded by the absence of key worker input and was a source of frustration for many.
- 5.10** In the last six months, 40% of prisoners had arrived at the establishment without an initial offender assessment system (OASys) assessment of their risk and need, half of whom had arrived in the last two months. The completion of initial assessments was prioritised and nearly all prisoners (90%) had one in place. Just over half of all prisoners had had an OASys review in the last 12 months and many had been undertaken remotely, which potentially undermined their quality.
- 5.11** Recategorisation reviews had continued to take place and were timely. The prison had reinstated boards and invited prisoners to attend in person. In the previous six months, 57 transfers had taken place, 17 of which had been progressive moves. At the time of our visit, there were nine prisoners waiting for a transfer to open conditions, with the longest waiting about 11 months.
- 5.12** Overall, public protection procedures were reasonable. The monthly interdepartmental risk management team (IRMT) had continued to meet and its focus was appropriate, routinely discussing new arrivals, monitoring arrangements, high-risk prisoners and those subject to multi-agency public protection arrangements (MAPPA). Most high-risk prisoners due for release were discussed, to ensure that their risks were being appropriately managed, but there was a risk of missing prisoners for whom the parole board had directed immediate release, or whose risk management level had recently changed.
- 5.13** The lack of communication from community offender managers (COMs) was having an impact on the timeliness of the IRMT's risk management and release planning arrangements. We saw evidence of POMs' tenacious efforts to chase COMs for clarification of critical information, such as prisoners' confirmed MAPPA levels, accommodation arrangements and licence conditions. However, too often, these were confirmed only in the last few weeks and in some cases days, before release (see key concern and recommendation S6).
- 5.14** The identification of prisoners who required monitoring for public protection reasons was managed appropriately and reviews were timely. At the time of our visit, there was no backlog in telephone call monitoring.
- 5.15** Some offending behaviour programme work had restarted in spring 2020, where regime restrictions had allowed. Access was prioritised appropriately, based on prisoners' sentence plan objectives and release dates. Since May 2020, five prisoners had completed Kaizen (a high-intensity programme for prisoners convicted of sexual offences); four had completed Horizon (a moderate-intensity programme for prisoners convicted of sexual offences); three had completed New Me Strengths (for prisoners convicted of sexual offences who have been identified as having learning disabilities and challenges); and one had completed the Healthy Sex Programme.
- 5.16** Programme delivery had been adapted to be undertaken one-to-one or in small groups of up to three, which delayed completions and, ultimately, progression for some prisoners. This

was an understandable source of frustration for prisoners keen to progress and was particularly important at Bure because of its function as a training prison.

Release planning

- 5.17** Bure was not a resettlement prison but, because of difficulties in moving prisoners to resettlement prisons, continued to release some prisoners directly into the community. A total of 109 prisoners had been released in the previous six months, many of whom would have presented a high risk of harm to others.
- 5.18** Unlike at the time of our 2017 inspection, dedicated resettlement resources were now available. Sodexo CRC provided ‘through-the-gate’ support but, since the end of March 2020, had withdrawn all face-to-face contact with prisoners and had been working off-site until the week of our visit.
- 5.19** In our survey, only 45% of prisoners who expected to be released in the next three months said that someone was helping them prepare for release. Resettlement plans had been developed entirely remotely, mostly relying on prisoners completing paper-based self-assessment questionnaires and sometimes on telephone interviews. Plans were mainly limited to focusing only on accommodation, finance and health care needs. The lack of timely referrals from COMs to trigger CRC support, coupled with the lack of direct contact with prisoners, meant that plans were often developed too late for them to be meaningful.
- 5.20** Anglia Care Trust provided support for prisoners identified as being at risk of homelessness on release, along with some limited low-level finance and debt advice. However, prisoners were not able to access specialist benefits advice as all provision had been withdrawn since March 2020.
- 5.21** Most prisoners were released to approved premises or to permanent accommodation. However, the prison told us that, in the last six months, two prisoners had been released with no fixed abode and nine prisoners to temporary/emergency accommodation, which is a concern in high risk of harm cases. No prisoners had been released under the end of custody temporary release scheme (see Glossary of terms) or on special purpose licence release on temporary licence (see Glossary of terms).

Section 6. 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 ensure 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/hmiprisons/inspections/>

SVs are carried out over two weeks, but 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/>

Scrutiny visit team

This scrutiny visit was carried out by:

Sara Pennington	Team leader
Paul Rowlands	Inspector
Jonathan Tickner	Inspector
Jade Richards	Inspector
Paul Tarbuck	Health care inspector
Annie Bunce	Researcher
Rahul Jalil	Researcher
Heather Acornley	Researcher
Charlotte Betts	Researcher
Stephen Hunsley	Ofsted inspector (remote inspection)

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/hmiprison/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/>

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

End of custody temporary release scheme

A national scheme through which risk-assessed prisoners, who are within two months of their release date, can be temporarily released from custody. See: <https://www.gov.uk/government/publications/covid-19-prison-releases> This scheme was paused at the end of August 2020.

Key worker scheme

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

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).

Special purpose licence ROTL

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

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