

Report on a scrutiny visit to

HMP Leyhill

by HM Chief Inspector of Prisons

23 February and 2–3 March 2021



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Introduction

This report presents the findings from our scrutiny visit to HMP Leyhill to report on the conditions and treatment of prisoners during the COVID-19 pandemic. Leyhill is a category D open prison in Gloucestershire, holding almost 500 adult male prisoners in preparation for their release back into the community. With two-thirds convicted of sexual offences and the majority serving long sentences, half of which were indeterminate or for life, this is a complex population requiring careful management of risk.

The prison had responded well to the threat of transmission of the virus and there had been few confirmed COVID-19 cases to date. A small outbreak involving two staff in October had been successfully controlled and five prisoners, who had tested positive on arrival at the prison, had been effectively isolated. With half of the population aged over 50 and more than a third in high-vulnerability groups, these measures had limited potentially serious consequences from the pandemic. The self-contained shielding unit for 24 prisoners provided a safe and decent environment, and COVID-19-safe procedures were evident across the prison. Communal areas were clean and face coverings were worn both indoors and outdoors by staff and prisoners. Health care provision was good. However, we found that arrangements on the reverse cohort unit for those in quarantine carried some risk of cross-infection.

There were considerably fewer restrictions on daily life than we have seen in the closed prison estate. As before the pandemic, prisoners were unlocked for more than 11 hours a day and could access the open air during this time, with free movement around the site. Leaders had kept workshops open to provide a supervised, safe environment with more space to socially distance than on the residential units. Most prisoners who were able to work were employed, which was impressive. The number of reported incidents of violence and self-harm remained low, and absconds from the prison had reduced since the start of national restrictions. Although there were reports of an increase in illicit drug use, steps were being taken to address this.

Despite this relatively positive picture, we received many negative comments from prisoners in response to our survey. Less than two-thirds said that staff treated them with respect and almost a third reported that staff bullied or victimised them. Black and minority ethnic prisoners reported even poorer perceptions of treatment. The personal officer scheme, which had been suspended at the start of the pandemic, had been too slow to restart. The lack of release on temporary licence was also a source of much frustration. Although leaders had rightly taken a cautious approach, given the vulnerability of the prison population to the virus, only three prisoners were in essential work placements outside the prison at the time of our visit. Employer links were far too limited and, even before the start of the pandemic, were too few to fulfil the resettlement purpose of an open prison.

The lack of progression opportunities had prevented some prisoners from demonstrating their suitability for release to the parole board. Over half of the parole hearings held in 2020 had been deferred. There were not enough offender supervisors in post and contact with prisoners was inconsistent. However, the pathways enhanced resettlement service (PERS) provided good support for the most complex prisoners, to help them manage in open conditions.

Poor management oversight of public protection arrangements for those prisoners approaching release was a serious concern. The planning was not sufficiently robust or timely, particularly for those convicted of sexual offences. About half of prisoners went to approved premises owing to risk concerns, but a lack of places in such accommodation meant that some prisoners waited months for release after being granted parole. Extraordinarily, one prisoner with disabilities was still being held more than a year beyond the date that his release had been approved.

In summary, the prison had managed well in shielding its ageing population from the virus. It had remained safe and continued to provide a decent daily regime. However, prison leaders had been too

slow to address concerns, including deteriorating staff–prisoner relationships, poor perceptions of treatment among those from a black and minority ethnic background and frustration at the lack of progression opportunities during the pandemic. The management of public protection arrangements for the release of some high-risk prisoners also needed urgently to improve.

Charlie Taylor

HM Chief Inspector of Prisons

March 2021

About HMP Leyhill

Task of the prison

HMP Leyhill is an open prison, accommodating category D male prisoners.

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

Prisoners held at the time of this visit: 492

Baseline certified normal capacity: 515

In-use certified normal capacity: 515

Operational capacity: 497

Prison status (public or private) and key providers

Public

Physical health provider: Inspire Better Health

Mental health provider: Inspire Better Health

Substance misuse treatment provider: Inspire Better Health

Prison education framework provider: Weston College

Community rehabilitation company (CRC): Bristol, Gloucestershire, Somerset and Wiltshire

Escort contractor: Serco

Prison group/Department

Avon and South Dorset

Brief history

The prison first opened with hatted accommodation in 1946. It was then rebuilt in the late 1970s to early 1980s, and in 1986 residents were rehoused in new living accommodation. In 2002, again, new accommodation units were added, to create C unit.

An expansion of two 60-bed units is expected to start later in 2021. At present, there is long-awaited refurbishment work ongoing to both the roofs of the industries building and washroom facilities.

Short description of residential units

- Ash unit holds 208 prisoners
- Beech unit holds 199 prisoners and has a facility for prisoners with disabilities and complex needs. The shielding unit, with a capacity of 24, is located here.
- Cedar unit holds 108 enhanced prisoners.
- Cedar unit 4 temporary accommodation is a reverse cohort unit (see Glossary of terms), with 40 spaces.

The establishment has a purpose-built palliative care unit which can house two residents in end-of-life palliative care.

Governor/director and date in post

Steve Hodson, July 2020

Leadership changes since last inspection

Governor Neil Lavis, March 2019 to July 2020

Deputy Governor Ray Johnson, May 2015 to November 2020

Deputy Governor Sarah Coombs, February 2021

Independent Monitoring Board chair

Jane Holzgrawe

Date of last inspection

5–16 September 2016

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:** Staff–prisoner relationships had deteriorated since the inspection in 2016. Only 64% of prisoners said that they felt respected by staff, and almost a third that they had experienced bullying or victimisation by staff. Prisoners spoke negatively about their experience and staff were not visible on the residential units. Black and minority ethnic prisoners had even poorer perceptions of treatment. In our survey, only 43% of these prisoners said that they felt respected by staff, and almost two-thirds that they were bullied or victimised by staff. Prisoners from this group were not engaged in equality focus groups and said that they felt targeted by staff because of their ethnicity, and were afraid to speak up for fear of repercussions.

Recommendation: Leaders should improve staff-prisoner relationships, particularly with those from a black and minority ethnic background, so that all prisoners are treated with respect.

(To the governor)

- S4 **Key concern:** Video-call visits were proving increasingly popular but were not well enough resourced. Nearly 200 prisoners had signed up to the scheme, but only 36 prisoners could benefit each week and, when we arrived, there was a three-week wait for a visit. Without the allocation of more staff, the reintroduction of face-to-face visits could mean that video-call visits provision would be further reduced.

Recommendation: There should be enough video-call visit sessions each week to meet the needs of the population.

(To the governor)

- S5 **Key concern:** Employer links in the local community were far too limited and, even before the start of the pandemic, were too few for an open prison. Even if the pandemic eased and restrictions on release on temporary licence were lifted, at the time of our visit the prison had confirmed plans for only 26 prisoners, about 5% of the population, to work in the community.

Recommendation: There should be a broad range of community work placements which allow prisoners to progress, develop skills and demonstrate a reduction in their risk.

(To the governor)

- S6 **Key concern:** Two-thirds of prisoners were assessed as high risk, and the need for good oversight of their release had increased during the pandemic. Most prisoners had not had a chance to demonstrate any compliance while released on temporary licence, some were arriving at Leyhill with little time to serve and probation staff had been largely based off-site during the pandemic. There was no evidence of the interdepartmental risk management meeting taking actions to meet any gaps in release planning, and the meeting did not consider

the release of prisoners far enough into the future to be effective. Too little was recorded by offender supervisors in prisoner electronic records to show that effective planning was under way. Where good work had been completed by the offender management unit (OMU), it could not be accessed by partner agencies also planning for release.

Recommendation: Multidisciplinary management oversight of all high-risk releases should consider cases far enough ahead of release to identify any gaps in planning and take effective remedial action. Information to assist release planning should be shared effectively by offender supervisors with partner agencies.

(To the governor)

- S7 **Key concern:** Prisoners granted parole on the proviso that they reside at an approved premise to help manage their risk sometimes waited several months for release because there were not enough suitable places. Extraordinarily, one prisoner with disabilities who needed an adapted room was still being held at Leyhill more than a year after his approval date. This outcome did not fulfil the parole board's decision and prevented other prisoners from accessing open conditions.

Recommendation: There should be enough suitable places in approved premises to ensure that prisoners who require this accommodation as part of their licence conditions are released without delay.

(To HMPPS)

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 should increase substantially the number of prisoners engaging with work-pack learning and prioritise their enrolment in practical learning, once restrictions are lifted.
- S10 Leaders and managers should restart classroom-based and vocational learning as soon as it is safe to do so.
- S11 Leaders and managers should improve prisoners' access to digital learning technology, so that they are better supported in their learning and skills development as part of their resettlement plans.
- S12 Leaders and managers should restart the job club, to support prisoners into employment on release as soon as it is safe to do so.

Notable positive practice

- S13 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.

- S14 Inspectors found four examples of notable positive practice during this visit.
- S15 **Prison leaders had arranged for external support for transgender prisoners through an LGBT life coach, who regularly provided one-to-one support to these prisoners.** (See paragraph 3.19)
- S16 **The pharmacy shop provided by the medicines management team was open most afternoons. This enabled prisoners to shop for a variety of daily care products, encouraging a culture of self-care of their health and well-being, and was comparable to the community pharmacy service.** (See paragraph 3.30)
- S17 **Most prisoners who were able to work were employed. Leaders had created more than 350 full-time work opportunities in the prison. This was done through altering working conditions to allow for social distancing, creating new roles, adapting work times and creating split shifts to allow more prisoners the opportunity to gain employment. Workshops had stayed open throughout the pandemic to provide a supervised, safe environment with more space to socially distance than on the residential units.** (See paragraphs 1.6 and 4.4)
- S18 **The introduction of four new video-link facilities during the pandemic meant that the OMU was well resourced to conduct parole hearings and three-way conferences between prisoners, offender supervisors and community offender managers.** (See paragraph 5.7)

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 provider and Public Health England, to put measures in place to prevent the spread of COVID-19 among the population. An outbreak in October 2020, when two staff tested positive for the virus, was successfully controlled. In addition, five prisoners tested positive on arrival at the prison, and were effectively isolated. At the time of our visit, more than a third of the population had been vaccinated against COVID-19 as they were in high-vulnerability groups. All prisoners were now tested for the virus on arrival at the prison and five days later. Staff were also offered routine testing on entry to the prison.
- 1.2** A self-contained shielding unit was well managed and the 24 prisoners located there had access to a regime that was equitable to that for the rest of the prison population. The reverse cohort unit (RCU; see Glossary of terms) was also self-contained and provided access to a good regime. It held up to 40 prisoners in newly installed temporary accommodation, with an ensuite shower and toilet. However, arrangements on the RCU risked cross-infection. All confirmed and suspected cases of COVID-19 were located there, as well as prisoners who had been out of the prison on escort and all new receptions. New prisoners were managed in one cohort and mixed together on exercise, regardless of their date of arrival. New arrivals stayed on the RCU until they had taken two negative COVID-19 tests. This meant that prisoners were being released into the main population after a week, which carried some risks as they were still within the incubation period of the virus.
- 1.3** COVID-19-safe procedures were evident across the prison. Communal areas were clean, foot-pump-operated hand sanitisers were located at the entrance to buildings and staff had their temperature checked before entering the prison. There was clear signage throughout the prison to encourage social distancing and limit the number of people allowed in an office at any one time. Face coverings were worn both indoors and outdoors by staff and prisoners. There was a weekly meeting involving partners to plan for pandemic recovery.
- 1.4** In our survey, more than 80% of prisoners said that the reasons for the restrictions had been explained to them and they agreed that they were necessary. Consultation with prisoners had continued throughout the pandemic and included a COVID-19 forum, but an outdated induction booklet set misleading expectations about the regime for new arrivals. Prisoners were especially frustrated about the lack of opportunities for release on temporary licence (ROTL).
- 1.5** Strategic meetings had continued. However, oversight of public protection arrangements was poor. The management of high-risk prisoners approaching release, particularly those convicted of sexual offences, was neither sufficiently robust nor timely.
- 1.6** Leaders had kept workshops open throughout the pandemic, providing a supervised, safe environment, with more space to socially distance than on the residential units. Seventy per cent of prisoners were employed, which was impressive. Leaders had created more than 350 full-time work opportunities in the prison. This was done through altering working conditions to allow for social distancing, creating new roles, adapting work times and creating split shifts to allow more prisoners the opportunity to gain employment. Prisoners had free access to the open air during more than 11 hours unlocked. We saw many

prisoners spending much of their time outdoors and involved in activities, such as cultivating the allotments.

- I.7** Recovery plans had allowed for some regime activity, such as the gym and social visits, to open, before being closed again because of the current national restrictions. ROTL and the personal officer scheme, suspended at the start of the pandemic, had been too slow to restart. Plans had been prepared to reintroduce ROTL and to ease other restrictions as soon as permitted.

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 The reception area was clean and well appointed, with facilities for a hot meal and drink available for prisoners on arrival. The waiting area had up-to-date noticeboards and signage to remind prisoners and staff to wear face coverings and social distance.
- 2.2 The reception process had been adjusted to make it COVID-19-secure, which seemed to work well. However, there was a lack of privacy at the initial reception, as two prisoners could be interviewed within the hearing of each other, which was inappropriate.
- 2.3 The safety screening process was good, with all new arrivals being seen in reception by prison and health care staff. There were no peer mentors based in reception, but the induction orderly, along with an officer from the RCU, collected all the new arrivals and escorted them to the unit.
- 2.4 The RCU was made up of new modular temporary units, each with its own shower and toilet. There were 40 of these units, housing a single prisoner in each. They were sealed off from the rest of the prison, with their own large garden area with chairs, and space to accommodate social distancing when outside.



RCU modular accommodation.

- 2.5 An officer was based on the unit, including at night, to ensure that prisoners on their first night in open conditions were adequately supported. The orderly also lived on the unit and was available as a peer mentor to offer support and help if requested.
- 2.6 As well as all new arrivals, prisoners with confirmed COVID-19 or symptomatic and waiting for test results were located on the RCU, along with those who had been out of the prison on escort – for example, to hospital. These prisoners were managed in four separate cohorts, which did not mix. However, all new arrivals were placed together in one cohort, which did not demonstrate good infection control (see paragraph 1.2).

- 2.7** Once located on the RCU, prisoners could ring family and friends, using one of 10 mobile phones allocated to the unit. The orderly conducted a brief induction into the running of the RCU and an overview of the prison. Some of the material used for this induction was out of date; several of the prisoners we spoke to who had just left the unit said that they had not been given any information.
- 2.8** Once prisoners left the RCU, they had a week-long induction, which was comprehensive and included a tour of the prison. Prisoners said that they found this useful and that it helped them orientate and know where to go. Professional telephone interpreting services had not been used for prisoners for whom English was not their first language. Although the service had not been needed for the last 12 months, induction staff were unaware of its existence.

Managing behaviour

- 2.9** In our survey, 19% of prisoners said that they currently felt unsafe.
- 2.10** Levels of violence were low. No assaults on staff had been recorded in the 10 months before or after national restrictions had started. There had been six prisoner-on-prisoner assaults during this period, a reduction from nine in the 10 months before the pandemic. The number of serious assaults between prisoners had remained the same, with only two since April 2020.
- 2.11** Levels of use of force were low, with most incidents recorded as the use of handcuffs. Again, there had been a decrease since the start of the national restrictions, with handcuffs used only 10 times, compared with 23 instances during the 10 months before the restrictions.
- 2.12** There had been two planned interventions since April 2020, which was at a similar level to before the pandemic. Oversight of use of force had been maintained since the start of the national restrictions, and had improved since December 2020 with the introduction of learning panels that looked to scrutinise and improve use of force standards, providing feedback to the staff involved and informing training practice.
- 2.13** There was no segregation unit; very rarely, prisoners who posed a flight risk or who were violent had been held overnight in a large holding room in reception until they could be returned to closed conditions. Leaders had identified that these arrangements were inadequate and had begun to look at alternative options, but at the time of the visit no alternative plan or accommodation had been put in place.



Holding room in reception used as a cell.

- 2.14** Security procedures were proportionate for an open establishment and intelligence was used proactively. Leaders had identified an increase in illicit drug use, particularly new psychoactive substances (NPS), and had successfully targeted some areas of supply into the prison. In our survey, 44% of prisoners said that it was easy to get drugs in the prison, and 30% that it was easy to get alcohol.
- 2.15** There had been a slight reduction in the number of prisoners (73) returned to closed conditions during the pandemic, compared with the 10 months before (85). Leaders had taken the decision not to return prisoners to closed conditions for their first illicit drug use charge, instead referring them to the substance misuse service and placing them on frequent testing, allowing them to maintain their progression and seek support.
- 2.16** There were few absconds, with only four since April 2020, compared with seven in the 10 months before the pandemic. Prison leaders and the psychology department had carried out a good analysis of the reasons why prisoners absconded.
- 2.17** Prisoners found the incentives scheme confusing and it did not motivate them to behave pro-socially. There was little differential between the levels of the scheme, and prisoners did not understand how fully to meet what was called the 'above and beyond' criteria needed to access the highest level of rewards. Leaders had identified this and were about to launch a new, more clearly defined scheme.
- 2.18** Adjudication numbers were low and, although some charges were of a serious nature, most were for minor offences and could have been better dealt with at a lower level than a formal charge. Some of the adjudications we sampled demonstrated a poor level of inquiry from the prison leaders responsible.

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

- 2.19** Only 27% of prisoners in our survey said that a member of staff had talked to them in the last week about how they were getting on. The personal office scheme was suspended at the start of the pandemic and did not restart until December 2020 (see paragraph 3.4). Shielding prisoners and those who were clinically vulnerable but chose not to shield fared better, with at least three enhanced checks a week recorded in their individual electronic records.
- 2.20** In our survey, 8% of prisoners said that they had been on an assessment, care in custody and teamwork (ACCT) case management document for prisoners at risk of suicide or self-harm while at Leyhill, and 58% that they had felt cared for by staff when being supported through the ACCT process.
- 2.21** Since the start of national restrictions there had been 13 incidents of self-harm, compared with five in the 10 months before. None of these had been serious or required hospital treatment. Managers were aware of the reasons why this had happened and had offered good support to these prisoners through the ACCT process.
- 2.22** The quality of ACCT documents was good, and all identified actions we saw on care maps were appropriate and had been completed. Multi-agency reviews were timely, and it was clear from the content that the staff knew the prisoners they were dealing with and had good knowledge of their circumstances.
- 2.23** Each ACCT went through a good quality assurance process. They were checked daily by leaders on the wings and had a final check by the functional head following closure of the support document. Any learning was addressed and disseminated to wing staff.

- 2.24** Leyhill operated a Listener scheme supported by the Samaritans, who had returned to the prison in June. However, there were insufficient Listeners available (four), and in our survey, only 36% of prisoners said that it was easy to speak to one. The Samaritans had not been able to train new Listeners at Leyhill, so they were reliant on prisoners who had received this training in other prisons.
- 2.25** Safety intervention meetings had continued throughout the national restrictions. These were conducted on a multi-agency basis and looked at the needs and safety of the most vulnerable prisoners. Meetings took place monthly, and included an update on each prisoner that had been identified as needing this level of management. New actions were agreed where necessary and previous ones were monitored.
- 2.26** Social care referrals were also monitored through this forum, to make sure that appropriate care was in place both while the prisoner was in custody and immediately on release.
- 2.27** Both safer custody and peer support orderlies were visible around the prison and provided assistance. Notably, orderlies based on the unit for prisoners with physical disabilities carried the same type of hand-held radios as staff and could communicate quickly when an incident occurred. These prisoners underwent local training, but received little staff supervision and were mostly unsupported, despite their critical role.

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 had deteriorated since the inspection in 2016. In our survey, only 64% of prisoners said that staff treated them with respect, and almost a third that they had experienced bullying or victimisation by staff. During our visit, many spoke negatively about staff. The encounters we witnessed were respectful but functional and took place mainly in the staff office, as staff were not visible on the residential units (see key concern and recommendation S3).
- 3.2** The deterioration in these relationships was even more stark for black and minority ethnic prisoners. In our survey, only 43% of these prisoners said that staff treated them with respect, and 64% that they were bullied or victimised by staff (see key concern and recommendation S3).
- 3.3** Prison leaders had initiated a survey in October 2020 to explore staff–prisoner relationships, and at the time of our visit were undergoing further consultation with staff and prisoners.
- 3.4** The personal office scheme had been suspended at the start of national restrictions and did not restart until December 2020. This scheme enabled prisoners to have meaningful monthly contact with a named member of staff. Many prisoners we spoke to were aware of their named personal officer, but not all had meaningful contact. We saw very few personal officer entries recorded on prisoners’ individual electronic records.

Living conditions

- 3.5** Residential units and outside areas were clean and tidy. Prison leaders had appropriately removed dormitory accommodation in response to the pandemic, which meant that all prisoners were now in single occupancy accommodation. In our survey, 84% of prisoners said that they could access cleaning equipment each week, and rooms were suitably equipped and to a reasonable standard.



The prison grounds.

- 3.6** Communal washrooms were in poor condition and there were no in-room facilities. A much-needed refurbishment programme had started. However, this put pressure on the existing washrooms and increased the risk of infection, with up to 50 prisoners using one washroom to access sinks, toilets and showers. Prisoners we spoke to complained that these were not regularly cleaned at weekends.



The A wing washroom.

- 3.7** In our survey, 95% of respondents said that they had clean sheets, and 93% clean clothes, each week. There was a full-time laundry worker, and laundry facilities were adequate.

Complaints, legal services, prisoner consultation and food and shop

- 3.8** Prisoner consultation had continued throughout the pandemic. A prisoner consultative committee that was led by prisoners and supported by senior leaders was in place and met regularly. There was an ongoing action plan, and improvements had been made during the pandemic. The committee had developed further through the creation of subgroups to work on specific areas, such as the incentives scheme, food and resettlement. The demographic of the committee was not representative of the population by age and offence profile.
- 3.9** The prison had created a COVID-19 recovery forum. This had originally been intended as a meeting for prisoner committee members, but any prisoner could now apply to attend, via a booking system.
- 3.10** In our survey, 74% of respondents said that it was easy to make a complaint. During our visit, we found empty complaint boxes on some wings, which meant that prisoners had to ask staff for a form. A total of 413 complaints had been submitted in the last six months, representing a slight reduction from pre-pandemic levels. The prison analysed complaints each month and had a good quality assurance process.
- 3.11** At the beginning of the pandemic, prison leaders had changed the food provision, reducing the number of hot meals, served in a central dining hall, from three to one a day. To facilitate this one hot meal, the prison had appropriately adapted the dining hall by creating a staggered dining service, with good social distancing measures in place.
- 3.12** In our survey, 74% of prisoners said that the food was reasonable or good, but black and ethnic minority prisoners were less positive, with only 52% saying this. Muslim prisoners had complained that the food in the kitchen was not being prepared and served in line with their religious requirements, but this had been rectified by the time of our visit. However, several prisoners we spoke to were no longer eating meat from the kitchen because of these concerns.

- 3.13** Prisoners had access to their legal representatives via legal visits on request, telephone calls and video-conferencing.

Equality, diversity and faith

- 3.14** In our survey, black and minority ethnic prisoners reported less positively in a range of important areas (for example, see paragraphs 3.2 and 3.12). Prisoners from this group said that they felt targeted by staff because of their ethnicity, and were afraid to speak up for fear of repercussions.
- 3.15** Prison leaders had maintained oversight of equality throughout the pandemic, holding equality meetings every two months, which were well attended. Data were analysed and disproportionate outcomes for prisoners with protected characteristics were identified. These were investigated when there were noteworthy or recurring themes, but there was little evidence of any action to improve outcomes for prisoners. An equality action plan was in place, but action taken was limited and some had been ongoing since June 2020.
- 3.16** The prison had no staff specifically assigned to equality work. As a result of the pandemic, staff with shared responsibilities had not been given adequate time to complete equality work.
- 3.17** We found that discrimination incident report forms (DIRFs) were not available on all units. Investigations took too long and did not always address the discrimination element of the complaint. Some DIRFs had been withdrawn or deemed not to involve discrimination, without any investigation. However, there was a good quality assurance process, provided by an independent adviser, who had highlighted the issues we identified during our visit.
- 3.18** Consultation with the protected characteristic groups had continued throughout the pandemic, although attendance at forums and engagement varied. Disabilities, faith and sexual orientation meetings were well attended, but those for black and ethnic minority, and transgender prisoners had limited engagement. Prison leaders had attempted to remodel these arrangements to improve engagement, but this had not yet improved outcomes.
- 3.19** There was tailored support for some protected characteristics. The over-50s, who made up more than half of the prison population, had a dedicated drop-in centre called the 'lobster pot'. This provided support and enabled these individuals to meet and take part in activities. An external LGBT life coach attended the prison regularly and offered one-to-one support to transgender prisoners. Prisoners spoke highly of both initiatives.
- 3.20** The arrangements for prisoners with disabilities were good, and there was a designated unit with adapted rooms. Each prisoner had a care plan, and peer support was visible.
- 3.21** Corporate worship had been suspended because of the current restrictions. The chaplaincy allowed prisoners to book one-to-one sessions to practise their faith or receive pastoral support. The chapel had been adapted to allow for corporate worship when restrictions eased, with adequate social distancing measures in place. This had been used until the national lockdown in November 2020. The chaplaincy continued to provide support to bereaved prisoners and had used technology to enable prisoners to attend funerals remotely.

Health care

- 3.22** The health care services were provided by Inspire Better Health, a combination of providers, including Hanham Health, Time for Teeth and Avon and Wiltshire Mental Health Partnership

Trust. Strategic partnership oversight was in place and supported by clear delivery plans, meaningful risk registers and regular local quality and delivery board meetings, where joint local operational decisions were agreed. Complaints, compliments, applications and incidents were managed well.

- 3.23** Infection control and prevention measures had been implemented, and the health care environment was clean and appropriate. Infection prevention meetings took place fortnightly, chaired by the regional Public Health England lead and attended by senior managers. There was a local outbreak control plan, and prisoners who were newly arrived, infected or shielding were managed in separate cohorts, although the local interpretation of the guidance increased risk (see paragraph 1.2). Prisoners being held on the RCU and those with symptoms were carefully monitored daily by health care professionals. Reception health screening continued in the RCU, and 179 prisoners who were within the high-vulnerability groups had received their first COVID-19 vaccination.
- 3.24** Access to health care provision was good, as a result of the open conditions and free movement to health care appointments. Health care staff had applied some restrictions to manage the risks to the unit by reducing the numbers waiting, introducing a one-way system and placing a roof outside the dispensary, to improve the conditions for those waiting outside for medicines. The unit was clean, and many prisoners spoke positively about the health care provision. In our survey, 75% of respondents said that the quality of health care was good.
- 3.25** The service was delivered by experienced health care professionals, and waiting times were managed well. The wait to see a GP was often a couple of days, with urgent cases and emergencies being seen on the same day, unless it was a weekend. In our survey, 49% of respondents said that it was easy to see a doctor, and 80% that it was easy to see a nurse. Physiotherapy and optometry providers had maintained a slightly reduced but effective service throughout the pandemic. There remained some ongoing waits where services had not resumed, such as a 52-week wait for podiatry, but these were the exception.
- 3.26** The monitoring of patients with long-term conditions was not fully appropriate. Not all such patients had a comprehensive care plan, and those with outstanding care needs were monitored through clinical reporting, rather than quality outcomes. We were not confident that all patients with long-term conditions could be picked up through this method because of the lack of key clinical codes and data. The senior team had identified this as a risk. A project plan had been implemented to remedy the deficit, and staff training to run more review clinics was being undertaken during our visit. There was evidence that the position was improving but some work was still needed to ensure that patient needs were being fully met.
- 3.27** Throughout the pandemic, the prison continued to facilitate those external hospital appointments that had not been cancelled by the hospital. There had been no delays with cancer referrals, although the arrangements to receive calls from hospital consultants at agreed times had been challenging. This was mostly due to delays at the hospital and the difficulty of keeping clinical rooms free while waiting for a call.
- 3.28** A good standard of social care had been maintained for prisoners with a care package. This was provided by Agincare. Even with an older than average population, only three prisoners had qualified for a care package, but we saw many with additional walking aids, and so forth. Prisoners we spoke to told us that there had not been any delays in receiving this equipment, and those at risk of falls had received a wrist band that could alert staff in the offices if there was a problem. The prison also employed support orderlies (see paragraph 2.27).
- 3.29** Mental health, substance misuse and psychosocial services were delivered by an integrated well-being team. There was no counselling or psychotherapy service, and groups had not

taken place since the beginning of the pandemic. All prisoners identified as having a need were assessed on arrival and managed through regular face-to-face appointments. Those on group waiting lists were also reviewed regularly, to ensure that they were stable in the meantime. Clinical records were clear and comprehensive, and care was planned and actioned. There were two nurse prescribers within the team: a substance misuse nurse, who reviewed her small caseload once a fortnight, and a mental health nurse prescriber. Although there had been no mental health transfers under the Mental Health Act in the previous six months, two prisoners had been transferred to HMP Bristol owing to serious mental health issues. Plans were well under way to recruit a learning disability nurse and diagnostic practitioner for the cluster of prisons, which was a positive initiative.

- 3.30** Medication was well organised; the single point of administration was within the health care department. Medicines were stored safely and administered in line with professional practice, and keys were stored safely. Most medicines were held in-possession, and all arrived on time, from HMP Bristol. The medicines management team opened the pharmacy most afternoons to provide a pharmacy shop, where prisoners could buy a wide range of self-care products, additional toiletries and supplements, and was comparable to a community pharmacy service. Prisoners greatly appreciated the range of provision and the culture of encouraging them to manage some of their own care needs, and felt that it enabled more autonomy and less medicalisation of everyday issues.
- 3.31** Emergency dental care had been available throughout the pandemic. The longest wait for routine care had been 33 weeks. Delays were partly due to the initial national shutdown of treatment and the now ongoing reduction in capacity because of the required fallow time for cleaning between patients. There were mechanisms to escalate those in dental pain or on repeat antibiotic therapy to a higher priority, and to be seen more quickly. Aerosol generating procedures continued for those in greatest need, and we observed these during our visit. Prisoners we spoke to were positive about their dental care, but only 29% of respondents to our survey said that it was easy to see a dentist, which was indicative of the current waiting times.
- 3.32** There were discharge plans for those being released, and medicines were provided if needed. Naloxone training and provision were available for those being released who remained at risk of an opiate overdose. All prisoners being released were reviewed two weeks beforehand, to ensure that they were prepared.

Section 4. Purposeful activity

In this section we report mainly on time out of room 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** The daily regime had not changed during the pandemic; prisoners were not locked in their rooms and had free access to the prison grounds from 7.45am to 8pm. The shielding unit had a designated space outdoors, with free access. Although this area was small, it was partitioned with seating. Prisoners located on the RCU had time in the open air, but not free access.



Allotment area outside the 'lobster pot'.

- 4.2** Gym activity was limited to outside exercise because of the current restrictions. There were three sessions available each day. Staff limited the number attending a session, to allow for social distancing, and prisoners applied via application to ensure that access was equitable.
- 4.3** The library did not reopen until August, which was too slow. Prison leaders had put in place an adapted library application service. The prison did not collect or monitor data on library use.
- 4.4** Senior prison leaders, managers and teaching staff had developed and maintained a workable education, skills and work curriculum since the start of the restrictions, in March 2020. The number of prisoners taking Open University or distance learning courses had increased and two prisoners had applied to start a PhD. A few one-on-one tutorials were provided for prisoners on the steps of the education centre. Full-time work now occupied 350 prisoners, around 70% of all prisoners.

- 4.5** Prisoners could complete paper-based work packs, created in collaboration with other prisons, to develop underpinning theory and knowledge in a range of subjects, in preparation for their return to practical studies. The work pack curriculum included independent living skills, and English and mathematics courses, together with vocational options including painting and decorating, bicycle maintenance, barbering and catering.
- 4.6** Our survey indicated that the proportion of all prisoners actually using the work pack-based courses was small. Leaders considered that this was because there were numerous competing activities available, including work, and prisoners did not have digital technologies to support their learning in their cells. However, we found that most prisoners who started a work-pack course completed it. Prisoners we interviewed who had completed a work pack told us that they were motivated to succeed.
- 4.7** Instructors in some work areas, such as estates and woodworking, had changed working practices to accommodate smaller working parties, and introduced additional health and safety measures. Prisoners in the woodwork workshop were building the component parts of a modular house for a charitable organisation. The estates working party had been tasked with building covers for all the external walkways around the prison.
- 4.8** Skills action planning for prisoners had continued, although the number of prisoners engaging with this was much reduced, compared with pre-pandemic levels. Catch 22 advisers had continued to offer a wide range of face-to-face pre-release support services during the pandemic, but the job club had been suspended.

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** Prisoners' options for staying in touch with their families and friends were limited. In an open prison, they would typically expect to progress to resettlement day-release to spend time with their relatives, and even overnight stays with their families. Since March 2020, there had been no such opportunities, which reflected restrictions on travel and family contact in the community. It was not yet clear when they would resume.
- 5.2** Face-to-face visits had been suspended at the start of the pandemic, had then been reintroduced in an adapted form, but were now once again suspended because of the latest community restrictions. When face-to-face visits had restarted, Prison Advice and Care Trust (PACT) workers and volunteers had helped to facilitate them.
- 5.3** Video-call visits, introduced during the pandemic, were becoming increasingly popular with prisoners, but were not well enough resourced. In our survey, only 12% of respondents said that they had been able to use video-call visits more than once in the last month. There were only 36 slots each week, even though 190 prisoners were now signed up to the scheme. There was a three-week wait for the next available session. Concerningly, staffing shortfalls meant that the reintroduction of face-to-face visits as restrictions eased could potentially come at the expense of video-call visits, reducing the number of weekly sessions just as the scheme was gaining in popularity (see key concern and recommendation S4).
- 5.4** In our survey, 97% of respondents said that they were able to use the telephone each day. Prisoners relied on the telephones on the landings, but, unlike in the closed prisons we have visited during the COVID-19 restrictions, there was sufficient time unlocked to avoid queues forming.
- 5.5** A small amount of family engagement work had continued. A PACT family engagement worker supported about eight prisoners to rebuild family ties. Where face-to-face work was deemed essential, she met prisoners on site.

Sentence progression and risk management

- 5.6** The pathways enhanced resettlement service, introduced since the 2016 inspection, provided good support to the most complex prisoners, to help them cope in open conditions. Under this scheme, about 20 prisoners benefited from the support of prison and psychology staff, and this had mainly been able to continue during the COVID-19 restrictions.
- 5.7** There were not enough probation or prison offender supervisors in post. It was unlikely that the prison would be ready to move to the new Offender Management in Custody model at the end of March 2021, as planned, as there was a shortage of probation staff in the region. Probation offender supervisors had mostly worked off site for the previous 12 months, attending on a rota basis. For the first few months of the pandemic, valuable offender

supervisor time had been taken up arranging for prisoners to speak to colleagues based at home. The arrival of new administrators had allowed them to focus on their core work. Telephone conferencing had been used well, and the impressive addition of four new video-link facilities meant that the prison was unusually well resourced to hold virtual parole hearings. There had been good efforts to hold three-way meetings with the prisoner and the community offender manager. Nonetheless, caseloads were high and recorded contact with prisoners was inconsistent.

- 5.8** About 15% of the population did not have an offender assessment system (OASys) assessment of their risk and needs completed in the last 12 months, which was a particular concern in an open prison.
- 5.9** Opportunities for progression were very limited and prisoners were extremely frustrated. ROTL, normally a core function of an open prison, to help prisoners reintegrate into the community, had been suspended for most of the pandemic. For the last 12 months, HM Prison and Probation Service restrictions had not allowed temporary releases to help build family ties (see paragraph 5.1). However, it had been possible to release prisoners to essential work placements, such as cleaning public transport, since July 2020. No such releases had happened until December, and at the time of our visit there were only three prisoners employed outside the prison. Progress had been slow. About 50 prisoners had an overdue ROTL assessment, in part because of the lack of up-to-date OASys assessments.
- 5.10** Employer links in the local community were far too limited and, even before the start of the pandemic, were too few for an open prison. Even if the pandemic eased and restrictions on ROTL were lifted, at the time of our visit the prison had confirmed plans for only 26 prisoners, about 5% of the population, to work in the community (see key concern and recommendation S5).
- 5.11** Just over half the population were serving indeterminate sentences, a slight reduction since the 2016 inspection. The lack of progression opportunities had prevented some from demonstrating to the parole board their suitability for release. In the most recent dossiers we checked, the parole board asked for more evidence of a reduction in risk while working and seeing family in the community on ROTL. Over half of the parole hearings held in 2020 had been deferred.
- 5.12** Sixty-five per cent of prisoners were convicted of sexual offences and about two-thirds of the overall population was assessed as high risk. Management oversight of high-risk prisoners approaching release was not sufficiently robust or timely to address any gaps in planning. This was a particular concern for several reasons. Prisoners had had virtually no opportunity to demonstrate their level of risk on ROTL for the last 12 months. Additionally, prisoners were being transferred into Leyhill from closed prisons with just weeks until their release, and the probation staff overseeing the riskiest prisoners had been predominantly off-site for the last 12 months (see key concern and recommendation S6).
- 5.13** The interdepartmental risk management meeting showed no evidence of actions being taken to address concerns about release planning. The meeting also did not consider prisoners far enough ahead of their release to take any effective action if gaps in planning were identified. We checked the case notes for some prisoners who were due to be discharged in the weeks after our visit and there was too little recorded to explain the actions being taken by offender supervisors to ensure a safe release. Although we were shown documentation demonstrating some good preparatory work by OMU staff, this could not be accessed by other agencies working towards release, such as the CRC. When we spoke to some of the prisoners concerned, they were sometimes unclear about the plans for their release. As a result of the lack of information sharing, chaplains had sometimes intervened and called approved premises and community offender managers on prisoners' behalf (see key concern and recommendation S6).

- 5.14** Only three prisoners were subject to offence-related telephone and mail monitoring, and this was well managed. However, contact restrictions for prisoners who posed a risk to children or victims were confused. Although alerts on their case records indicated that nearly 300 prisoners were supposed to have no contact with children, a separate spreadsheet used by staff overseeing mail and visits listed fewer than 100 individuals with contact restrictions.

Release planning

- 5.15** Resettlement workers from the CRC had remained on site throughout the pandemic. Provision had improved since the 2016 inspection and there were now several resettlement case workers. Some resettlement reviews had been completed using paper questionnaires during the most challenging periods of the pandemic, but others had been face to face and therefore more effective. Most reviews were timely and there was evidence of staff taking actions to address outstanding resettlement needs.
- 5.16** A small minority of prisoners had no accommodation on the day of release. About half went to approved premises owing to risk concerns. However, a lack of suitable places in approved premises meant that some prisoners waited several months for release after being granted parole. In these instances, the board had specified that release should be to an approved premise, to manage risk safely. Extraordinarily, one prisoner with disabilities who required an adapted room was still being held at Leyhill more than a year after his release approval date. This outcome did not fulfil the parole board's decision and prevented other prisoners from accessing open conditions (see key concern and recommendation S7).
- 5.17** Since March 2020, two prisoners had been released on special purpose licence, to protect them from COVID-19, and two had benefited from the COVID-19 end of custody temporary release scheme.

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
David Foot	Inspector
Jonathan Tickner	Inspector
Donna Ward	Inspector
Tania Osborne	Health care inspector
Shannon Sahni	Researcher
Becky Duffield	Researcher
Nick Crombie	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/>

Certified normal accommodation (CNA) and operational capacity

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

End of custody temporary release scheme

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

Recovery plan

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

Reverse cohort unit (RCU)

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

Shielding

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

Social care package

A level of personal care to address needs identified following a social needs assessment under taken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

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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