

Report on a scrutiny visit to

HMP/YOI East Sutton Park

by HM Chief Inspector of Prisons

12–13 and 20–21 April 2021



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Introduction

HMP/YOI East Sutton Park in Kent, which was holding 81 women at the time of our visit, is one of only two dedicated women's open prisons in England. The prison has been under threat of closure since an announcement by HM Prison and Probation Service (HMPPS) in October 2013, but this has subsequently been delayed following a legal challenge. The main building is a grade II-listed Jacobean manor house, located in extensive grounds with a working farm. At our last inspection, in 2016, we found East Sutton Park to be an excellent prison, where very strong staff-prisoner relationships underpinned safety and where there was a respectful and purposeful approach to preparing women for release.

During this visit, we found the prison had largely maintained its strong rehabilitative function despite the pandemic. Women continued working both in and outside the prison during the national restrictions. Almost a third of the population was released on temporary licence (ROTL) every day to carry out essential work in the community, which was impressive. Extra work placements in the prison gardens and farm were available for women who did not have essential worker roles and were unable to benefit from ROTL. This had led to more women achieving qualifications in these areas and more women had also enrolled on distance learning and Open University courses.

At the start of the pandemic, prison leaders had gone to considerable lengths to put appropriate measures in place to manage the risk of COVID-19. Social distancing and keeping cohorts of women apart in the main house, which had dormitory accommodation, had been especially problematic. New accommodation, including four flats offering independent living and 20 temporary single-occupancy pods, had opened so women going out to work could live separately. The dormitory accommodation in the main building had been reduced from six to a maximum of three women per room to minimise the spread of the virus. A separate unit for new arrivals and others required to quarantine had been set up in the main house and extra portable toilets/showers installed outside. New transfers to the prison had been suspended at the start of the pandemic until September 2020 when the changes had been completed.

Despite these measures, there were 34 confirmed cases – more than 40% of the population – during a COVID-19 outbreak starting in December 2020. Prison leaders had worked in partnership with the health care department, NHS England and NHS Improvement and Public Health England to make sure appropriate steps were taken to contain further spread of the virus. COVID-19-safe procedures were strictly enforced. This included wearing face masks inside buildings and sanctions being applied to women for breaching social distancing rules.

During the pandemic, violent incidents had remained very low, although women reported an increase in bullying as relations became strained during the COVID-19 outbreak when regime restrictions were tightened. Recorded levels of self-harm were also low. However, vulnerable women who had been on an assessment, care in custody and teamwork (ACCT) case management plan for prisoners at risk of suicide or self-harm, said staff did not always give them the extra support they needed. Relationships were generally good, although more mixed than at the last inspection, especially in the main house, where only 60% in our survey said that most staff treated them with respect. This appeared to reflect, in part at least, frustrations that had built up during the period of restrictions. Women spoke very highly of some staff, but identified a small number as unhelpful. In our survey, women from minority ethnic groups were also less positive about the way they were treated by staff.

Opportunities for women to leave the prison temporarily to see their children and families had been suspended, in line with COVID-19 restrictions. The prison had promptly introduced the option for women to FaceTime their families and friends on a weekly basis using a mobile phone. Resettlement planning was generally timely but, until recently, plans had been developed remotely via questionnaire, which was not an adequate substitute for face-to-face contact. As one of the first prisons to receive HMPPS approval to progress to 'regime stage three' following the most recent

national lockdown, recovery plans (see Appendix III: Glossary of terms) were comparatively well advanced. Social visits, education classes and day release for resettlement purposes and to see family members had now re-started.

In summary, the prison had continued to be a safe and purposeful place during the pandemic. Opening new accommodation to minimise the risk of virus transmission had brought considerable improvements, and living conditions were better in the former dormitory accommodation. The challenge remains for prison leaders to address the decline in the previously very strong staff-prisoner relationships and improve support for women as they prepare for their release.

Charlie Taylor

HM Chief Inspector of Prisons

May 2021

About HMP/YOI East Sutton Park

Task of the establishment

East Sutton Park is a women's open establishment with a resettlement function.

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

Prisoners held at the time of this visit: 81

Baseline certified normal capacity: 96

In-use certified normal capacity: 96

Operational capacity: 96

Prison status and key providers

Public

Physical and mental health provider: Oxleas NHS Foundation Trust

Substance misuse treatment provider: Forward Trust

Prison education framework provider: Weston College

Community rehabilitation company (CRC): Kent, Surrey and Sussex CRC

Escort contractor: Serco

Prison group

Women's estate prison group

Brief history

East Sutton Park opened as a female borstal in 1946 and has been a female establishment ever since. The prison is a 15th century manor house set in 80 acres of land with a working farm.

Short description of residential units

Main house – 32 bedrooms, 15 of which had two beds and the largest of which normally had six beds; however, no bedrooms had more than three residents due to COVID-19 measures. The reverse cohort unit (see Appendix III: Glossary of terms) was also based here.

The Oaks unit – temporary accommodation, consisting of 20 pods each accommodating one resident.

The Willows unit – four separate flats, each accommodating four residents in two single rooms and one double room.

Governor/director and date in post

Natasha Wilson, December 2018

Leadership changes since last full inspection

Robin Eldridge, May 2016–December 2018

Independent Monitoring Board chair

Peter Judges

Date of last inspection

8–18 August 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 one recommendation for the prison to address.
- S3 **Key concern:** The recording of medication administration did not meet the required standard. We found entries written on the consultation page of the record that were not linked to the prescription because the information was not also recorded on the medicines administration chart. Essential details, such as the dose administered, were missing. When a patient was on a repeat prescription it was not possible to determine which prescription was being used. The failure to record medicines administration on the chart meant the health care provider could not ensure its records were clear or accurate.

Recommendation: The health care partnership board should review how medicines administration is recorded to ensure that best practice standards and continuity of clinical information are maintained.

(To the governor)

Education, skills and work (Ofsted)

- S4 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

- S5 Leaders should promptly re-open the training kitchen to ensure women can complete accredited learning in customer services and hospitality and catering.
- S6 Leaders must make sure that they extend their quality assurance activities to prison work areas. They should ensure that the action set as a result of quality assurance focuses on improving the quality of teaching and learning.
- S7 Managers and staff should ensure that women can access resources and information that help them retain the new knowledge they gain from in-cell learning packs while they wait for practical areas to open.
- S8 Managers should make sure that staff supporting women in work areas recognise the progress women make in developing wider skills beyond those required for the qualifications.

Notable positive practice

- S9 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.
- S10 Inspectors found four examples of notable positive practice during this visit.
- S11 **Four flats for independent living were brought into use at the start of the pandemic. Each flat housed four women, who had been released every day for essential work in the community. Twenty single occupancy temporary ‘pods’ were also opened. The new accommodation had enabled better social distancing to take place in the main house and allowed women working outside the prison to live separately to minimise the risk of transmitting the virus. The 16 women in these flats, and the 20 in the new pod units, were happy with their accommodation. It provided women in the main house with the incentive to work towards the greater degree of independence offered by the new living areas.** (See paragraph 3.4.)
- S12 **Social care assessments had been maintained throughout the pandemic. The prison worked with the assessor to ensure that all COVID-19 risk assessments were completed and that personal protective equipment (PPE) (see Appendix III: Glossary of terms) was available for the duration of the assessment. The assessments supported women’s everyday equipment needs.** (See paragraph 3.27.)
- S13 **From the onset of the pandemic, the prison had promptly introduced FaceTime so women could connect with their family and friends on a weekly basis. The provision was well used and women greatly appreciated it as it helped them maintain contact with their children and families in the absence of resettlement release on temporary licence (ROTL) opportunities.** (See paragraph 5.2.)
- S14 **ROTL for essential workers and for those requiring a special purpose licence (see Appendix III: Glossary of terms) had mostly continued despite the regime and community restrictions, benefiting about 30% of the population.** (See paragraph 5.10.)

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 put appropriate cohorting arrangements in place to minimise the risk of transmitting COVID-19. This had been particularly challenging due to the configuration of the prison's main building, a grade II listed manor house dating back to Jacobean times with dormitory accommodation for up to six women in a room. Leaders had made considerable efforts to manage the COVID-19 risk, which included opening new residential units. Four self-contained flats, each accommodating up to four women, were opened in April 2020 to separate those on release on temporary licence (ROTL) to undertake essential work in the community. In addition, one-bed 'pods' were installed in July 2020 for 20 women who also did not mix with those living in the main house. The reverse cohort unit or protective isolation units (accommodation for known or probable COVID-19 cases) for new arrivals and others required to quarantine had been set up in the main house and temporary toilets and showers installed in the adjacent outside area. The dormitory accommodation in the main building had been reduced to a maximum of three women to a room, and the operational capacity of the prison had also decreased by five to 96 women. New transfers to the prison had been suspended at the start of the pandemic until September 2020, by which time appropriate measures were in place to better manage the COVID-19 risk.
- 1.2** Prison leaders had worked well in partnership with the health care department, NHS England and NHS Improvement and Public Health England to manage the pandemic risk. Appropriate steps were taken to contain a COVID-19 outbreak in December 2020 and the outbreak was closed on 24 February 2021. In total, there had been 34 confirmed cases among the women, more than 40% of the population.
- 1.3** COVID-safe procedures were in place and the management team ensured they were strictly enforced. They included wearing face masks inside buildings and requiring social distancing, which meant women were not allowed to enter each other's rooms or to sit together on benches in the gardens. Sanctions, which included suspension of ROTL, were applied to those found in breach of social distancing rules, although women complained that this punishment was disproportionate.
- 1.4** Prison managers communicated their response to the pandemic largely through notices. In our survey, 91% of women said they knew what the restrictions were, 92% said they had been explained to them, 75% agreed that the restrictions were necessary and 56% felt they had been kept safe from the virus.
- 1.5** Leaders had maintained a strong focus on purposeful activity during the COVID-19 period. Women had access to the open air for 14 hours a day and everyone able to work had a job. ROTL for almost a third of the population doing essential work in the community had continued during the pandemic.
- 1.6** As one of the first prisons to receive approval from HM Prison and Probation Service to progress to 'regime stage three' following the most recent national lockdown, prison leaders had been quick to develop recovery plans. Social visits, education and day release for resettlement purposes and to see family members had re-started.

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** Transport arrangements focused on keeping women safe from COVID-19. Vehicles were clean and staff wore personal protective equipment (PPE). The number of new receptions received was low and on average there were two to three per week. Most women had been transferred from Bronzefield, Downview, Peterborough or Send, which meant journey times were not excessive.
- 2.2** Due to the size of the reception, the decision had rightly been made to process new arrivals in the reverse cohort unit (RCU). This arrangement allowed staff and women to carry out social distancing more effectively. Newly arrived women were interviewed in private and given useful information on COVID-19 and the restrictions in place at the prison. Health care screening also took place in the RCU in private.
- 2.3** Women could shower on their arrival and extra temporary shower and toilet blocks had been installed adjacent to the RCU. Although women had to go outside to use these facilities, most to whom we spoke appreciated them. The RCU only had one phone in the unit, which restricted the length of some calls women could make and those we spoke to told us there was little privacy.
- 2.4** The regime for women in the RCU was very good and the same as the rest of the prison. Women were never locked up in their rooms and could move freely around the unit. The unit held up to 10 women in five double rooms and there was a small secure courtyard which they could use for outside exercise. Women could also walk in the main grounds if they were supervised by a member of staff.
- 2.5** New arrivals still received a good induction. A safer custody officer spoke to women and a Listener (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) also saw them. They received useful information about COVID-19 restrictions, opportunities to work and debt management. Women we spoke to were very positive about their early days experience. All new arrivals were offered a COVID test and women were generally tested on the first day and then again on the fifth day. We were told that if women provided two negative tests, they would be moved from quarantine to the main prison after the eighth day, however Public Health England guidance advised that quarantining should be 14 days.

Managing behaviour

- 2.6** In our survey, 18% of women said they felt unsafe at the time of the inspection. There had been two recorded incidents involving violence in the previous two years, which was very low and all women we spoke to told us East Sutton Park was a safe place to live.
- 2.7** However, many women told us that antisocial and intimidating behaviour took place regularly and in our survey 43% of respondents said they had experienced bullying or victimisation from other women. Some women told us that relations among the population had become strained in December when the establishment went into a tighter restricted

regime due to a COVID-19 outbreak and that, other than having women move rooms, little was done by the prison to resolve this tension. Most women we spoke to said they had moved rooms at some point during their time at East Sutton Park because they had fallen out with others.

- 2.8** Use of force meetings did not routinely take place, but force had only been used once in the past 24 months. Paperwork we examined demonstrated it was used appropriately.
- 2.9** Security meetings had continued throughout the restricted regime, intelligence was well managed and there was no outstanding action for the security department to take. Three women had been returned to closed conditions in the previous six months and decisions to take this measure were all individually risk assessed. During our visit, two women absconded from the prison, however they had been the first to abscond from East Sutton Park since 2018.
- 2.10** Women told us that being at East Sutton Park gave them the incentive to behave well and almost all were on the highest level of the behaviour scheme. Any decisions to downgrade women were recorded and those on lower levels were appropriately managed. However, we felt it was inappropriate to remove women's access to some education facilities if they were on the standard regime.
- 2.11** Adjudications were rarely used – there had been 15 in the previous 12 months. Adjudication paperwork we looked at showed that hearings were conducted fairly. Women always attended them and were given the chance to dispute the alleged offence. Sanctions were proportionate to the offence and were mostly suspended.

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

- 2.12** Most women we spoke to told us their mental health had been affected, some claiming this was due to the regime restrictions, particularly the suspension of release on temporary licence for keeping in regular contact with children, families and partners. However, contact with the outside world had improved in the previous few months (see paragraph 5.2). Most women we spoke to told us that staff checked on their welfare regularly and case notes we examined showed good evidence of this. During our visit, none of the women were self-isolating and the open regime allowed for sufficient meaningful human contact.
- 2.13** Recorded levels of self-harm were low and there had been 16 incidents since April 2019. However, in our survey only 60% of women who had been on an assessment, care in custody and teamwork (ACCT) case management plan for prisoners at risk of suicide or self-harm said they felt they had been cared for by staff. Women we spoke to told us that being on an ACCT did not always give them the extra support they needed. One woman we spoke to said she relied on the allotted conversations agreed at her reviews as a support mechanism but that they did not always take place. ACCT documentation we reviewed was poor and did not provide a clear record of ongoing support, case managers were inconsistent and reviews were not always attended by a member of the health care team.
- 2.14** The peer support scheme provided by Listeners had continued throughout the restrictions. Women we spoke to valued these roles and appreciated being able to have free access to somebody to whom they could talk about their issues. Prison staff supported the Listener group as the Samaritans had not yet returned to the site and only offered remote support. The prison had no dedicated safer custody helpline where family members or women's partners could report concerns.

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** Positive relationships between staff and women had been a strength of this establishment. We observed many good interactions and the women clearly had trust and confidence in several of the staff. Some officers interacted less proactively with the women, however, and the women's views of staff were considerably more mixed than at the last inspection, especially in the main house, where only 60% in our survey said that most staff treated them with respect. In the other residential areas, the women were much more positive – 95% said that most staff treated them with respect. These were mainly women working outside the prison, many of whom had not been restricted to the site during the pandemic. Women spoke very highly of some staff, but identified a small number as unhelpful.
- 3.2** Staff made regular entries in women's records and managers identified any missed weekly entries, providing feedback to drive improvement. Many of the entries showed that a proper conversation, based on staff's knowledge of the individual woman's situation and concerns, had taken place. However, only 50% of women in our survey said that a member of staff had talked to them in the previous week about how they were getting on, although 82% said that there were staff to whom they could turn if they had a problem. For those in the Oaks and Willows units alone, the figure was 100%.

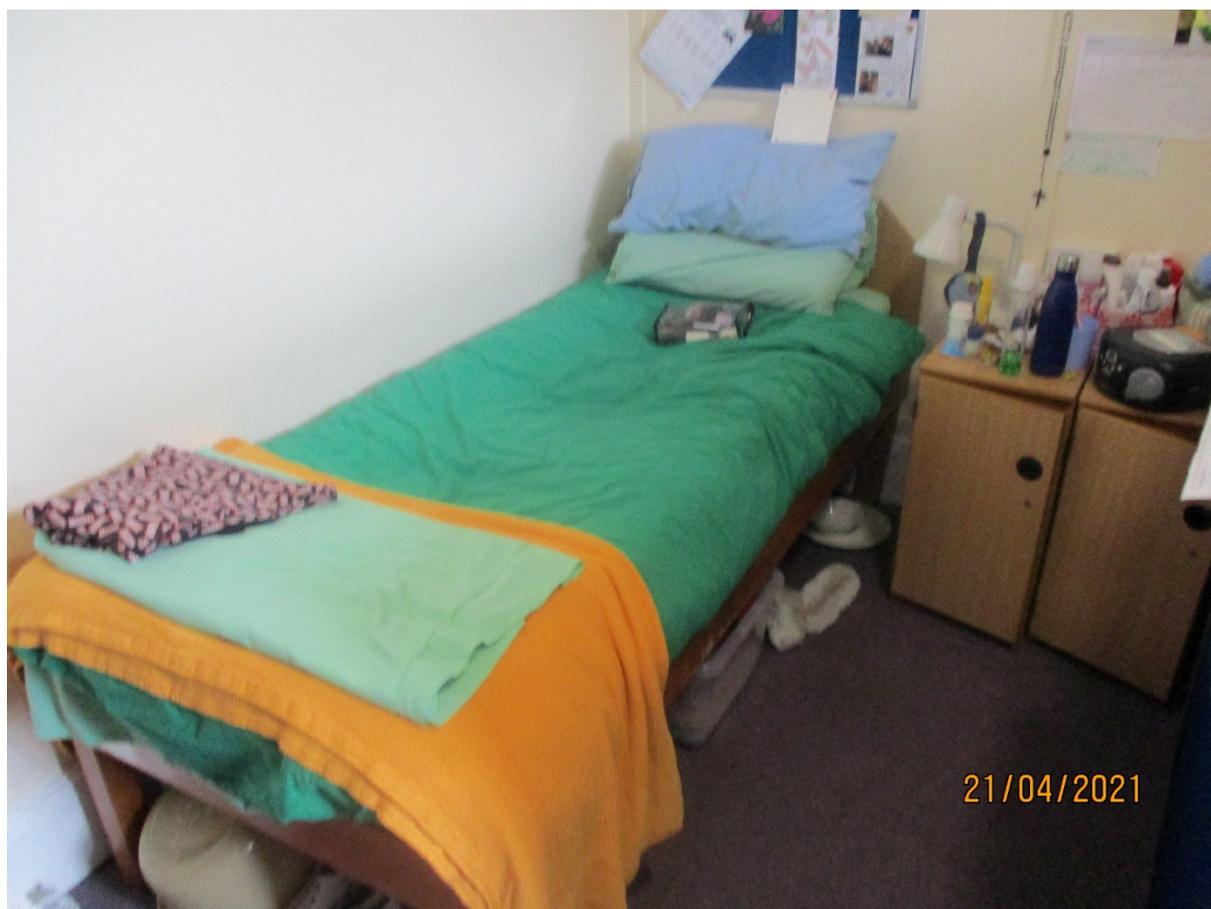
Living conditions

- 3.3** The rooms in the main house were clean and had recently been painted, although the layout did not make communal living easy – rooms that had been shared by up to six women before the pandemic had only waist-high partitions between the bed spaces. It was good that the number of women in a bedroom was capped at three at the start of pandemic. Inspectors thought that the limit of three people in one bedroom should continue after COVID-19 precautions have ended.
- 3.4** Two new accommodation areas had been opened during COVID-19. The Willows unit consisted of two former staff houses, close to the main house, each of which had been converted into two flats, each housing four women. The conversion had been carried out two years previously, however, a small number of additional staff was now required to ensure COVID-19 safety, but they had only been allocated to the unit in April 2020. The Oaks unit was a group of 20 one-person modular accommodation units, known as pods. An additional communal unit had been added to provide laundry and hot drinks facilities, and a further unit was shortly to offer an association area. The women in both areas, almost all of whom worked outside the prison, were happy with their accommodation, and the greater degree of independence offered in the new living areas provided women in the main house with an incentive. (See paragraph S11.)



Drop-in pod

- 3.5** None of the showers in the main house (apart from one in the area used as the reverse cohort unit (RCU), which was also supplemented by a portable unit) were in use during the inspection, because they were being refurbished. Portable shower units had been placed in the courtyard, near the main building and were reasonably convenient, but they were very near to the kitchen, also being refurbished, and contractors' employees were constantly close to the temporary showers during the working day. Women found this difficult.
- 3.6** Laundry facilities were good, as was the supply of bedding and cleaning material. Only 51% in our survey said communal areas were clean.



Living space

Complaints, legal services, prisoner consultation and food and shop

- 3.7** The complaints system was administered efficiently and responses to most were timely. The number of complaints was not large, although it was higher than at our 2016 inspection. Only 59% in our survey said it was easy to make a complaint; many women to whom we spoke were apprehensive about ‘rocking the boat’ in any way. Out of a sample of responses checked, some were very well presented, but a few were not to the point or were inadequate, and one was answered by a manager who had been involved in the events complained about. Access to legal services had not been restricted during COVID-19.
- 3.8** A group of women ran the Voice consultation meeting, which took place during our visit. Its monthly meetings had resumed in January and addressed many practical detainee well-being issues. Key managers attended the meetings and it was clear that changes, mostly small and uncomplicated, followed from the meetings.
- 3.9** During our visit, the kitchen was not in use because structural repairs were taking longer than expected. The training kitchen in the education building had been temporarily adapted and catering staff were working hard to make the best of it. The women appreciated their efforts. In our survey, 77% said the food was good or reasonable, and the quality and range was as good as was possible in the circumstances. The shop’s normal arrangements had been well maintained in the past year.

Equality, diversity and faith

- 3.10** While a governance structure for equality work was in place, there had been relatively little activity. Meetings that considered equality had re-started after a gap during the pandemic. The prison-wide governance meetings took place once a quarter, and forums for those with a protected characteristic were in place, with a separate manager responsible for each characteristic. The prison had an action plan for the current year and there were equality assessments for 12 major areas of activity, but the documents were not substantial enough for staff to form a clear basis for action. Some detailed monitoring took place locally, especially in the area of ethnicity, covering topics such as adjudications, release on temporary licence, complaints and use of the chaplaincy. There was, however, no clear evidence that any possible imbalances were being analysed or investigated, or that action took place as a consequence.
- 3.11** Our survey showed women from minority ethnic groups had poorer perceptions than their white counterparts. Only 50% of black and minority ethnic prisoners said in our survey that most staff treated them with respect, compared with 83% of white prisoners, and 25% said they did not feel safe at the time of the inspection. Almost all of the small number of discrimination incident reporting forms completed by prisoners in the current year related to ethnicity. Some positive events and displays had been organised to raise the profile of this aspect of equality, for example during Black History Month and in response to the Black Lives Matter movement. Nevertheless, not enough systematic analysis or action took place to address perceptions of less favourable treatment.
- 3.12** Thirteen women had been identified as having a disability and they received good support. They were content with their treatment despite the disadvantages of the largely unadapted building. The standard of the provision was offset by good practice in social care assessments (see paragraphs S12 and 3.27).
- 3.13** There were no transgender prisoners during the inspection, but one person had recently decided to change their gender identity while at East Sutton Park, and staff and prisoners described how this person had received good support.
- 3.14** Faith provision was good, having been expanded since our last visit in 2016. The managing chaplain was present three days a week. Women appreciated the role she and the other chaplains played, especially as some other support agencies had been unable to attend during the pandemic. Chaplaincy work was continuing to develop, particularly in the early evening and at weekends, when more women were on site. Chaplains had run imaginative outdoor activities to mark occasions such as Remembrance Day and the COVID-19 National Day of Reflection.

Health care

- 3.15** The pandemic was well managed and NHS England and Improvement, Public Health England, HM Prison and Probation Service (HMPPS) and the health care providers maintained good strategic oversight and liaised well with one another.
- 3.16** Outbreak control plans were in place and regular outbreak control meetings oversaw COVID-19 risks. In December 2020, an outbreak was declared and a management plan was implemented. After a period of 28 days without any further positive COVID-19 tests, the outbreak was considered over on 24 February 2021. All those who were eligible for a COVID-19 vaccination had been contacted and the uptake was just under 90%. Patients who had declined the vaccination were invited to discuss any concerns and the offer of a vaccination remained open.

- 3.17** Managers were providing clinical leadership for GP, primary care nursing and mental health services, which were being restored in accordance with the HMPPS pandemic plan.
- 3.18** On arrival patients were assessed for signs and symptoms of COVID-19 before moving straight to the RCU or protective isolation units (see paragraph 1.1). Comprehensive health screenings were conducted in the RCU. New patients were offered COVID-19 tests when they arrived and those who took them were tested again five days later. Patients with two negative results were transferred to the main accommodation before completing 14 days in quarantine, which was not in line with best practice.
- 3.19** At the start of the pandemic, one patient had elected to shield (see Appendix III: Glossary of terms), medication was delivered to her and we were advised that she had been able to have access to fresh air and showers. No other patients required shielding.
- 3.20** During the first lockdown, the GP triaged all applications to prioritise those who needed to be seen face to face. GP clinics operated Monday, Wednesday and Friday and had now resumed in full.
- 3.21** Nurse-led clinics offered services such as wound care, phlebotomy, immunisation and NHS annual health checks for patients with long-term conditions. There was no evidence showing that patients with long-term conditions had individual care plans, which undermined continuity of care. However, patients in the care of mental health and substance misuse services had individual care plans.
- 3.22** Optician, physiotherapy and podiatry services had been reintroduced in the autumn.
- 3.23** In our survey, only 4% of patients said it was easy to see a dentist. Early on in the pandemic the dental provider gave notice that it was terminating its contract. Patients who were receiving treatment completed the course. Those complaining of swelling or pain received appropriate treatment and, if necessary, were referred to an emergency dentist. We were told that it was not possible to undertake aerosol generating procedures (AGP), which limited the range of procedures and treatments offered. Kent Community Health NHS Trust began mobile dental services in February 2021, undertaking additional sessions, and trust staff said there was no waiting list.
- 3.24** Emergency care had continued. Patient referrals for an urgent assessment (who were referred under the 'two-week wait' process) and routine referrals to hospital were ongoing. Telephone patient consultations with the hospital had proven successful.
- 3.25** The Forward Trust delivered clinical and psychosocial substance misuse services. All groups had been suspended at the start of the pandemic. Three patients were receiving opiate substitution therapy. Assessments, care plans, clinical reviews and face-to-face structured interventions were in place. In-cell workbooks and harm minimisation information were available. Peer support meetings organised by Alcoholics Anonymous and Cocaine Anonymous had resumed. During the COVID-19 outbreak, women continued to attend meetings using video links.
- 3.26** In our survey, 59% of the respondents stated that they had a mental health problem. The mental health service was effectively led. A mental health occupational therapist was based at the prison and saw patients face to face. Psychology and counselling services staff had been conducting telephone consultations, but plans were in place to return to face-to face contact in May. Consultant psychiatry staff oversaw patients with severe and enduring mental health problems. There was no waiting list.
- 3.27** Social care referrals were made to Kent County Council. Referrals and onsite assessments had continued throughout the pandemic. We were informed that the assessor had received

the full cooperation and assistance of prison colleagues to ensure that assessments were conducted safely and that personal protective equipment was available for the duration of the assessment. The assessments ensured that women's everyday equipment needs were supported. (See paragraph S12.)

- 3.28** The pharmacy and medicines management team managed medication provision well. In the first phase of the pandemic, medicines had been delivered to patients' room door if they were shielding. Most patients received medication in possession, while a small number attended the health care unit for their medicines. We observed a poor standard of record keeping for medication administration. We found entries written on the consultation page of the record that were not in the medicines administration chart, which meant the information was not linked to the prescription. Essential details, such as the dose administered, were missing. When a patient was on a repeat prescription, it was not possible to determine which prescription was being used. The failure to record medicines administration on the chart meant the prison could not ensure its records were clear or accurate. (See key concern and recommendation S3.)

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?

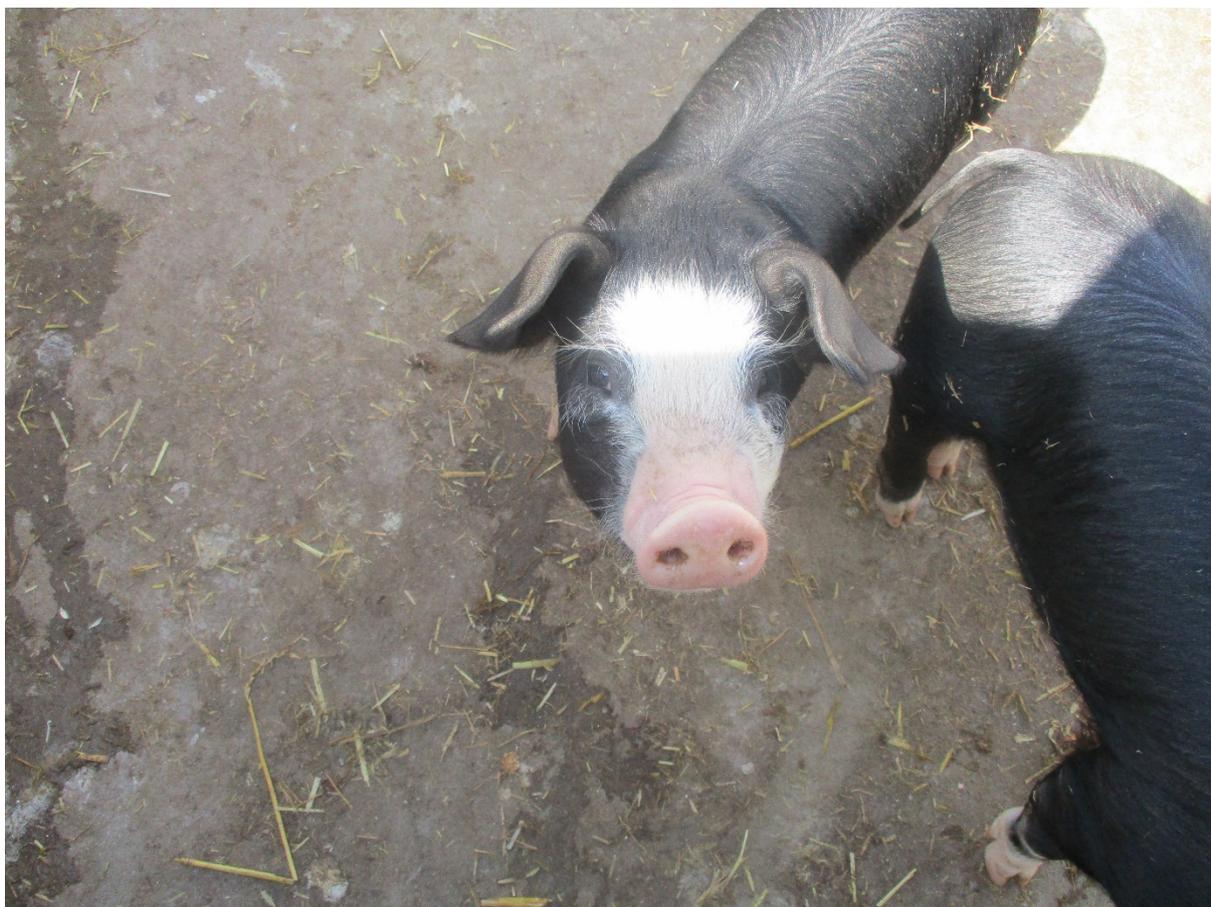
A summary of their key findings is included in this section. Ofsted's interim visit letter is published in full on our website: <https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>

- 4.1** The women were not locked up at any time and were permitted to move around the site between 6am and 8pm, subject to COVID-19 restrictions. In our survey, 77% of respondents said they usually spent six hours or more out of their room each day.
- 4.2** The library had lent books and DVDs. The service was organised by the orderly until the librarian had returned in August two days a week. The library was now fully open, all women had access, and reading promotion activities took place. A remote reading club continued and a booking system for written academic work was still being used to provide women with access to the computers in the library during COVID-19.
- 4.3** Outdoor exercise classes were run by physical education staff throughout this period, first with body-weight exercises and later with resistance training equipment. The staff had also marked out a running route and exercise stations in the grounds. Women organised many outdoor events at weekends, such as bingo, quizzes and scavenger hunts. The gym, which was spacious and well-equipped, had been in full use for a week during the inspection, with suitable distancing and doors open to the outside at each end.



Gym

- 4.4** Prison managers focused on ensuring that women accessed education and work activities. They worked with the education provider to develop a range of interesting in-cell learning packs. Women enjoyed completing the packs and found them informative. They particularly liked completing topics, such as history and assertiveness. In-cell learning packs were clearly presented and women received detailed and helpful feedback on their work. A large proportion of women completed the learning packs. More women had enrolled on distance learning and Open University courses than before the pandemic.
- 4.5** Women worked inside and outside the prison during the national restrictions. Women on release on temporary licence (ROTL) worked in essential roles such as, in supermarkets. Leaders ensured that extra work placements in the prison gardens and farm were available for women who did not have essential worker roles and who were unable to go out on ROTL. This meant more women had access to and achieved qualifications in these areas. Prison managers recognised that women did not achieve qualifications in customer services, catering and barista work because of the closure of the training kitchen.



Working farm

- 4.6** Teachers had attended a range of training activities that helped them implement the in-cell curriculum. Instructors had access to useful industry updates and had themselves gained additional qualifications during the pandemic. Prison managers had quality assured the learning packs. They had listened to women's suggestions for improving the packs and made appropriate changes. Managers had not extended their quality assurance activities to teaching and learning in work qualifications areas.
- 4.7** Staff used the induction period to identify women's additional learning needs and gave them advice and guidance on the education and employment opportunities available at the prison. This helped women choose the appropriate course to take and established if they needed extra help. Teachers provided women with extra help to complete their in-cell learning packs based on this discussion. However, they did not always give women the resources that helped them retain their learning while they waited for practical sessions to re-start.

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** In our survey, 96% of women said they could use a phone every day if they had credit, despite the prison not having in-cell telephony. As an open prison, women were not locked in their cells and generally had enough time and free access to use communal telephones. However, this was not the case for those in the reverse cohort unit, where telephone access was limited to after 4.30pm.
- 5.2** Since March 2020, opportunities for women to go on release on temporary licence (ROTL) to see their children and families had been suspended, in line with COVID-19 restrictions. In response to this gap, the prison had promptly introduced FaceTime so women could contact their family and friends every week, using either their own phone or a mobile phone issued by the prison. The provision was well used and greatly appreciated – over 1,000 calls had been made in the previous six months. (See paragraph S13.) We were pleased to see that weekend social visits and day-ROTL to enable women to see their families had resumed the week before our visit.
- 5.3** The Purple Visits scheme (see Appendix III: Glossary of terms) had been introduced in July and women could book one 30-minute session every month. Uptake was low as women preferred to use the much valued and longer weekly FaceTime sessions.
- 5.4** The Email a Prisoner scheme was also available and appeared to be reasonably well used. Women could reply to messages they received and families could attach up to four photographs per email.
- 5.5** The Prison Advice and Care Trust, a national charity, had been working off site up until January, offering one-off or ongoing telephone support to women and their families. Some face-to-face contact with women had since resumed, but the family engagement worker was still not on site full time, which limited the support that could be provided.

Sentence progression and risk management

- 5.6** Most women were serving long sentences of four years or more. Just over a third of the population had been at East Sutton Park for over one year and about 20% were assessed as presenting a high risk of serious harm to others.
- 5.7** Staff in the offender management unit (OMU) knew women well and case files demonstrated that realistic, thorough and meaningful interactions focusing on progression and risk management took place. In our survey, 73% of women said they knew what their custody plan objectives or targets were; however, only 57% said that staff were helping them to achieve them, which was lower than at our previous inspection.
- 5.8** The OMU had experienced some staffing changes and shortfalls. Face-to-face contact between offender managers and women had been reduced and contact was generally driven

by key milestone events such as to undertake sentence plan reviews. However, this shortfall was somewhat offset by good levels of helpful and supportive personal officer contact.

- 5.9** Structured sentence planning boards had continued to take place face to face between offender managers and women, and one was held within about six weeks of a woman's arrival. Women's needs and risks were assessed, and they were actively involved in developing their own plans. All women had an offender assessment system report and nearly all had been reviewed in the previous 12 months, but the standard was variable.
- 5.10** HM Prison and Probation Service (HMPPS) had suspended most types of day and overnight ROTL opportunities at the beginning of the pandemic, which was frustrating for many women. However, it was very positive that ROTL for essential workers and for those requiring a special purpose licence to attend medical appointments or for compassionate reasons for example, had mostly continued, benefiting about 30% of the population. (See paragraph S14.) ROTL risk review boards were still held and were mostly timely.
- 5.11** Public protection arrangements had been maintained and were managed reasonably well. The monthly inter-departmental risk management meeting (IRMM) had mostly continued, although attendance by staff from across the prison had recently declined. The meeting's focus was appropriate and deliberations thorough. It discussed new arrivals, women of concern, those on monitoring arrangements, high risk releases and those subject to multi-agency public protection arrangements (MAPPA).
- 5.12** The IRMM tracked women due for imminent release effectively, requiring community offender managers to confirm their MAPPA management levels, but they were not always timely in their responses. It also provided an additional layer of scrutiny and assurance for those women subject to reviews undertaken by the special circumstances review board, when eligibility for ongoing ROTL needed to be reassessed.
- 5.13** While most, but not all, women whose release was upcoming were routinely discussed in the IRMM, conversations with staff and case notes and files we reviewed assured us that the prison provided suitable oversight to manage risks. Women who required monitoring for public protection reasons were identified and during our visit there was no backlog of calls waiting to be monitored. The monitoring reviews, and annual reviews of some women on child contact restrictions, did not always take place promptly.

Release planning

- 5.14** Relatively few women were released from East Sutton Park. In the previous three months, 12 women had been released. A further 15 were due for release in the three months following our visit.
- 5.15** Kent, Surrey and Sussex Community Rehabilitation Company provided through-the-gate resettlement support, but its staff had been working entirely remotely since the beginning of the pandemic until about September. A part-time worker had then returned to the prison two days a week, but had only returned full time in January and started to provide women with face-to-face contact in the previous couple of months.
- 5.16** Resettlement planning took place promptly, but until recently, all plans had been developed remotely, mostly relying on women to complete paper-based self-assessment questionnaires, which was not an adequate substitute for face-to-face contact. This might indicate why, in our survey, only 33% of women who expected to leave the prison in the following three months, said someone was helping them to prepare for their release.

- 5.17** Before COVID-19 restrictions, women could expect to access ROTL opportunities to attend appointments in the community to sort out some of their own resettlement needs. However, the suspension of ROTL for this purpose had affected some women's ability to open their own bank accounts in enough time before their release, because they could not present their identification in person to the bank to complete the process. It was positive that day release for resettlement purposes had resumed the weekend before our visit.
- 5.18** Ixion, a non-profit training provider, offered women support to obtain personal identification such as birth certificates and citizen cards, although the service had been delivered remotely until the beginning of the year. Jobcentre Plus had withdrawn all face-to-face support at the start of the pandemic.
- 5.19** Prison staff told us that in the previous three months, nobody had been released to no fixed address, and a third of women (four) had been released to temporary accommodation. Only three women had been released as part of the end of custody temporary release scheme (see Appendix III: Glossary of terms). However, in the previous six months, seven women had been released on home detention curfew and the prison's management of these processes was timely and effective.

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
Martin Kettle	Inspector
Jade Richards	Inspector
Darren Wilkinson	Inspector
Jonathan Coombs	Health care inspector
Sarah Goodwin	Health care inspector
Annie Bunce	Researcher
Becky Duffield	Researcher
Joe Simmonds	Researcher
Jed Waghorn	Researcher
Jane Hughes	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.

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.

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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