

Report on a scrutiny visit to

# HMP/YOI Thorn Cross

by HM Chief Inspector of Prisons

**12–13 and 20–21 April 2021**



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# Introduction

Thorn Cross is an open prison in Cheshire holding adult male prisoners, most of whom are serving lengthy or indeterminate sentences. At the time of our visit, there were 316 prisoners, 17% fewer than at our last full inspection in 2016 and slightly below the uncrowded capacity of 325.

The fundamental purpose of Thorn Cross is to prepare prisoners for their return to the community and previous full inspections found that it had performed this role consistently well. However, the pandemic had severely and understandably disrupted the prison's ability to sustain previous levels of pre-release preparation and support. While much resettlement provision remained in place and key tasks such as parole assessments were being completed, there was far less release on temporary licence (ROTL) for the purposes of work or training than in the past. Face-to-face contact with offender managers and resettlement support services had also been very limited and prisoners were often frustrated about their inability to obtain information from the offender management unit. Prison leaders had not done enough to address this problem.

In most other respects, Thorn Cross remained an impressive establishment with a culture and physical environment that supported rehabilitative endeavour and delivered positive outcomes for prisoners. Relationships between staff and prisoners were mature and respectful. Complaints were managed well and leaders had continued to undertake a good level of prisoner consultation. Leaders were aware of prisoners' main concerns and tangible actions were usually being taken to address them. The management of equality and diversity had been improving and was reasonable, although many black and minority ethnic prisoners lacked confidence in the fairness of prison procedures. Security was proportionate and it was encouraging that relatively few prisoners were returned to closed conditions. There was little violence, use of force or self-harm, but governance of segregation and use of force was weak.

The prison had progressed to a 'level three' regime shortly before our visit. Social visits had resumed and were popular, and there had been encouraging early progress towards increasing the number of prisoners able to benefit from ROTL. Notably, subject to appropriate risk assessment, a few prisoners had been able to undertake essential community work placements since autumn 2020.

Our Ofsted colleagues concluded that prison leaders had worked flexibly and innovatively to maintain a broad education, skills and work curriculum throughout the COVID-19 restrictions. The vast majority of prisoners were engaged in some form of work, training or education, and much of it was good quality. About a third of available education and training places were unfilled and more could have been done to increase the number of prisoners taking part in full-time activity.

Health care provision was also impressive and a very high percentage of prisoners in our survey said that the quality was good. An outbreak of COVID-19 in February 2021 had been managed efficiently and was resolved quickly with the cooperation of prisoners, who understood and accepted the extra restrictions that were imposed. Reverse cohorting procedures were effective and prisoners on the unit still had access to key services and could easily use an outside exercise area.

Overall, this scrutiny visit found a prison that had coped well with the challenges of the pandemic and was making reasonably good progress in safely increasing its provision. Prison leaders had realistic plans to improve the currently insufficient rehabilitative provision, which were supported by a positive staff culture, a good physical environment and generally good safety outcomes. An immediate challenge was to improve communication and dialogue between prisoners and their offender managers.

**Charlie Taylor**  
HM Chief Inspector of Prisons  
May 2021

# About HMP/YOI Thorn Cross

## **Task of the prison**

HMP/YOI Thorn Cross is a category D open resettlement prison for young adult and adult male prisoners.

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

Prisoners held at the time of this visit: 316

Baseline certified normal capacity: 327

In-use certified normal capacity: 385

Operational capacity: 325 (temporary reduction for fire safety improvement project)

## **Prison status (public or private) and key providers**

Public

Physical health provider: Greater Manchester Mental Health (GMMH) NHS Foundation Trust

Mental health provider: GMMH

Substance misuse treatment provider: Change, Grow, Live (CGL)

Prison education framework provider: Novus

Community rehabilitation company (CRC): Cheshire and Greater Manchester

Escort contractor: GeoAmey

## **Prison group/Department**

Greater Manchester, Merseyside and Cheshire Group

## **Brief history**

HMP/YOI Thorn Cross was purpose built in 1985 as an open establishment for male juvenile and young prisoners. It was re-roled in 2008 to become a prison for 18- to 25-year-old men but, due to the decrease in prisoners under 25, this upper age limit was removed in 2013.

## **Short description of residential units**

- Units 1-5 Each unit has 60 single rooms. Unit 4 is currently closed to enable the installation of a new fire alarm system.
- Unit 6 An enhanced unit with 10 single rooms for prisoners who are ready to progress to outside work opportunities. An additional four rooms can be used if a prisoner needs to be held securely before being transferred back to closed conditions.
- Unit 7 Unit 7 has 33 single rooms and is a reverse cohort unit (see Glossary of terms).
- Unit 8 Unit 8 has 44 individual self-contained temporary living units to accommodate prisoners on workouts and those who are shielding or isolating.

## **Governor and date in post**

Dan Cooper, February 2019

## **Leadership changes since last full inspection**

Governor: Pia Sinha, December 2013 to August 2016

Acting Governor: Mick Povall, August 2016 to February 2019

## **Independent Monitoring Board chair**

Geoffrey Thomas

## **Date of last inspection**

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 a small number of recommendations for the prison to address.

S3 **Key concern:** Governance of use of force and segregation was weak. Use of force paperwork was not completed thoroughly or checked for quality. A questionable use of a baton had not been reviewed by managers. The use of segregation was not always properly authorised or risk assessed.

**Recommendation: The use of force and segregation should be subject to rigorous management oversight which provides assurance that they are used proportionately and accountably.**

(To the governor)

S4 **Key concern:** Although there was little self-harm, there had been three serious incidents since the start of the pandemic, which had not been subject to review to establish lessons that could be learned.

**Recommendation: All serious incidents of self-harm should be reviewed so that lessons can be learned.**

(To the governor)

S5 **Key concern:** Prisoners were frustrated at the lack of regular face-to-face engagement and communication with their offender managers. They were unable to attend the offender management unit (OMU) without an appointment and often had to resort to asking wing staff to follow up queries on their behalf. The OMU was short of staff and face-to-face work was limited.

**Recommendation: Effective communication strategies should be implemented to make sure that prisoners are informed about the progression of their cases and are able to contribute to key processes involving them, such as ROTL boards and sentence plan reviews.**

(To the governor)

S6 **Key concern:** Attendance at the interdepartmental risk-management meeting was variable. Key departments were not always represented and minutes reflected few actions. Impending high-risk releases were not systematically considered, which was a significant omission.

**Recommendation: A multidisciplinary risk management meeting should review all high and very high risk-of-harm prisoners before their release and make sure that suitable actions are taken.** (To the governor)

## Education, skills and work (Ofsted)

- S7 During this visit Ofsted inspectors conducted an interim assessment of the provision of education, skills and work in the establishment. They identified steps that the prison needed to take to meet the needs of prisoners, including those with special educational needs and disabilities.

### Next steps

- S8 Leaders and managers should maximise the take up of allocated places in education and training.
- S9 Leaders and managers should increase swiftly the numbers of prisoners on work placements in the community, including voluntary and paid work, education and training.

## Notable positive practice

- S10 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.
- S11 Inspectors found six examples of notable positive practice during this visit.
- S12 **Despite the constraints of the pandemic and the frustration that many prisoners felt about lack of progression, Thorn Cross had retained a positive culture characterised by constructive and mature relationships between most prisoners and staff.** (See paragraph 3.1)
- S13 **The pre-fabricated ‘pods’ provided good quality living conditions for more than 40 prisoners and were popular among prisoners.** (See paragraph 3.5)
- S14 **Effective prisoner consultation had been maintained, including through weekly Prison Council meetings and forums for prisoners with protected characteristics. This consultation was appreciated by prisoners and had resulted in tangible actions; it also helped to support prisoner confidence in and communication with staff.** (See paragraph 3.18)
- S15 **Safer custody and mental health staff jointly assessed and, where necessary, supported patients with complex needs and vulnerability. This coordination of care avoided duplication of effort and enhanced shared understanding of prisoners’ needs.** (See paragraph 3.36)
- S16 **The availability of naloxone nasal spray, in addition to injections, enabled easier administration and swifter absorption of the medicine in an emergency. The uptake of naloxone on release had increased as patients were more open to using the spray rather than needles and syringes.** (See paragraph 3.40)
- S17 **Prisoners continued to be allowed to use their own mobile phones to maintain contact with their friends and family, including via video-calls, even after the**

**reintroduction of social visits. This was a popular and effective means of promoting family ties.** (See paragraph 5.3)

# 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** Thorn Cross had some well-established advantages, including a long-standing positive culture, a good physical environment and, in common with other open prisons, a largely compliant prisoner population focused on progression and release. Prison leaders had built upon these advantages reasonably well and had sustained a positive and proactive atmosphere in the prison, despite the challenges of the pandemic.
- 1.2** Leaders had ensured good communication with prisoners about the risks of the pandemic. In our prisoner survey, 93% of respondents knew about the restrictions and 73% agreed the measures were necessary. Senior leaders chaired useful and regular consultation meetings, which resulted in tangible actions to address prisoners' concerns. The governor was visible around the reasonably compact site; he was accessible to prisoners and aware of their main concerns. However, leaders had not done enough to maintain consistent dialogue between offender management unit staff and prisoners, who were often frustrated about the lack of face-to-face contact with their offender managers and the difficulty of finding someone to answer questions about their cases.
- 1.3** Prison leaders had communicated well with staff at the start of the pandemic, especially through routine staff briefings. However, some frontline operational staff told us that too much communication with them was now written rather than verbal. Frontline staff were also more negative in other respects; for example, while 72% of all staff responding to our survey said they understood what was expected of them, this included only 44% of frontline staff. Nevertheless, most staff responding to our survey were appreciative of the amount of information and support they received from managers. A high percentage were aware of the prison's recovery plan and thought it was achievable.
- 1.4** Advance recovery planning allowed prison leaders to make quick progress when the stage three regime in the recovery plan (see Glossary of terms) was approved a few weeks before the inspection. For example, suitability assessments for release on temporary licence (ROTL) had been undertaken throughout the pandemic to minimise delays for prisoners seeking work or training placements. There was also an ambitious vision for education, work and skills provision, although leaders had not fully exploited some opportunities to maximise participation in activities.
- 1.5** Prison and health care leaders worked well together and effective partnership work had contributed to the swift containment of a COVID-19 outbreak in February 2021. However, prison leaders had not focused enough on ensuring proper governance of the key safety areas of use of force and segregation. While neither was common, oversight and accountability were poor. Self-harm was also rare, but managers had not made sure that lessons were learned from some serious incidents.

## 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** Thorn Cross received about 30 new arrivals a month. Reception procedures were good. The reception area had not been used to process new arrivals since the start of the pandemic. Instead, newly arriving prisoners were taken directly to the designated reverse cohort unit (RCU, see Glossary of terms), which helped to reduce the risks of transmission of the virus. On arrival on the RCU, prisoners were greeted by a peer worker who gave them basic information about the unit and provided a hot drink and food. Prisoners were seen by a member of health care staff who carried out a COVID-19 test and took their temperature. They were then interviewed in private by prison staff to assess any immediate concerns or risks.
- 2.2** The RCU was isolated from the rest of the prison, but prisoners located there could move around freely within the unit and on to the exercise yard. Prisoners arriving on the same day were placed in a bubble and advised that they should only mix with those prisoners while inside the unit. This separation was difficult to achieve, but the policy afforded a reasonable balance between safety and imposing disproportionate restrictions on movement. Prisoners and staff told us that individual prisoners were occasionally asked to share the same landing as a group of new arrivals for a few days before going to the main prison. They were asked to observe distancing, but this was hard to achieve and increased the risk of virus transmission.
- 2.3** Once prisoners had finished their period of isolation on the RCU, formal induction was delivered by peer mentors with staff support. Prisoners also met their offender supervisor during this period.
- 2.4** Prisoners we spoke to who were on induction or had recently been through the process were generally positive about their experience.

### Managing behaviour

- 2.5** The prison had a relaxed and respectful atmosphere and there was little violence. In our survey, 7% of prisoners said that they currently felt unsafe. Levels of violence were about the same as before the pandemic. One assault on staff and five prisoner-on-prisoner assaults had been recorded in the 12 months since the start of restrictions compared with three staff and four prisoners in the 12 months before the pandemic. Over the same period, there had been two serious assaults between prisoners compared to one in the previous year.
- 2.6** Levels of use of force were low and most incidents involved the use of handcuffs or guiding holds. There had been a decrease since the start of national restrictions, with seven incidents of use of force in the year since the start of the pandemic compared to 30 before the restrictions. Most records that we reviewed were not detailed enough to provide assurance of proportionality, for example in two cases handcuffs were used with no indication of the reason. Management oversight of use of force was weak. There had been no formal review or investigation into what appeared to be an unwarranted use of a baton. Minutes of the use

of force meeting did not demonstrate enough discussion of incidents and lessons that could be learned.

- 2.7** The segregation of prisoners was rare and usually for short periods before transfer to other prisons. The four segregation cells were clean and furnished, although the toilets had no seats or privacy screens. We were told that prisoners were only located on the unit for a maximum of four hours, but some had been held for longer. In one case a prisoner had been held overnight for more than 20 hours, with no authorising documentation and only a partially completed safety screen. In another case, a manager had completed a safety screen and authorised segregation before health care staff had completed their section despite the declaration stating that the manager should read the health section first. This practice was dishonest and potentially dangerous as the manager would have been unaware of any medical reason for segregation being inappropriate (see key concern and recommendation S3).
- 2.8** Security procedures were proportionate for an open establishment. Intelligence reports were processed quickly and were of a good quality. Managers were aware of the key threats. They had identified an increase in illicit drug use and were taking action to address it. About four weeks before our visit drug swab testing of prisoners had been introduced, since when 17 prisoners had been tested based on intelligence. Fourteen of these had proved to be positive. Mandatory drug testing had been reintroduced following suspension during the pandemic, and the positive result rate was about the same as pre-pandemic levels at around 8%.
- 2.9** There had been a reduction in the number of prisoners returned to closed conditions during the pandemic. Sixty-two prisoners were returned in the six months before the pandemic (September 2019 to February 2020) compared with only 35 in the six months before our visit (October 2020 to March 2021). Managers took an individual approach to risk assessment in dealing with infringements rather than automatically returning prisoners to closed conditions.
- 2.10** The number of prisoners absconding had reduced from 22 in the 12 months before the pandemic to 11 since the start of restrictions. The mandatory documentation was completed following an abscond, but there was no local analysis of why a prisoner had absconded. An enhanced reception package had been used before the pandemic to identify and work with groups of prisoners who were at greater risk of absconding. This had not been updated to confirm that the right prisoners were still being targeted for extra support.
- 2.11** The number of adjudications had reduced from 232 in the year before COVID-19 to 134 in the 12 months since restrictions had been imposed. We reviewed a sample of paperwork which indicated that charges were appropriate and that a good level of inquiry was conducted in most cases.

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

- 2.12** There was little self-harm in the prison, but the three incidents that had taken place in the previous 12 months were all serious. Each of these prisoners had required treatment in hospital, but there had been no investigation to establish if lessons could have been learned (see key concern and recommendation S4). There had been no self-harm in the 12 months before the pandemic.
- 2.13** The quality of ACCT (assessment, care in custody and teamwork case management system for prisoners at risk of suicide or self-harm) documents that we reviewed was good. Suitable actions had been recorded on care maps and had been completed. Multidisciplinary reviews

were conducted and entries in case records were of a good quality. Quality assurance of ACCT documents took place regularly. In our survey, most prisoners who had been on an ACCT said they had felt cared for by staff.

- 2.14** The Listener scheme (prisoners trained by the Samaritans to provide emotional support to fellow prisoners) had been supported by the Samaritans via telephone since the start of the pandemic. There were 13 trained Listeners at the time of our visit and prisoners had good access to them. Only 2% of those responding to our survey said it was difficult to see a Listener.
- 2.15** Weekly safety intervention meetings had continued throughout the national restrictions. At these useful meetings a range of issues were discussed including the needs of the most vulnerable prisoners and prisoners who were subject to enhanced behaviour monitoring processes, often as a result of poor behaviour. New actions were agreed where necessary and previous actions were monitored.

## 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** In our survey, 85% of prisoners said that staff treated them with respect, and 83% that they had a member of staff they could turn to with a problem. We observed friendly and positive interactions between staff and prisoners. Many prisoners told us that wing staff were polite, supportive and proactive.
- 3.2** Only 34% of prisoners in our survey said that a member of staff had asked them how they were getting on in the last week. NOMIS notes (Prison Service electronic records) that we examined showed that some prisoners – particularly men who were vulnerable – had good quality personal officer entries, although this was inconsistent. Managers were due to implement checks to make sure that personal officers made adequate records of their interactions.
- 3.3** Many prisoners had not had regular contact with a personal officer during the pandemic because of a staff dispute. This had now been resolved and weekly contact was scheduled to take place for all prisoners from June 2021.

### Living conditions

- 3.4** External areas were very well kept and the prison grounds had plenty of space and greenery. Communal areas in the units were clean and tidy and in a good state of repair. In our survey, 77% of prisoners said that the communal areas in their houseblock were kept clean. Prisoners working as cleaners performed COVID-19 ‘spot cleaning’ of high contact points such as handles and bannisters.



Prison grounds



Communal area on unit 1

- 3.5** Unit 8 consisted of 44 pre-fabricated individual living 'pods', 42 of which were being used at the time of our visit, mainly by prisoners working outside the prison (see paragraph 5.4). The pods were in good condition with bathrooms and telephones, and prisoners spoke positively of living in them. A servery, laundry, association area and staff office were being added to the unit, and the pods were expected to remain in use for the foreseeable future.



Unit 8, modular pods accommodation

- 3.6** Some showers were mouldy and in need of repair as a result of poor ventilation. New extractor fans and ventilation were to be installed and the showers repainted with a moisture-resistant paint once the installation had been completed.
- 3.7** Communal areas across the prison were being repainted. The foyer areas of two units which had been completed were bright and clean.
- 3.8** At the time of our visit, units were being closed on a rota basis for essential improvements to be made to the fire safety system. Prisoners were aware of this and understood why temporary relocation was necessary.
- 3.9** Most cells in the prison were for single occupancy, apart from three cells on unit 7 which were being used as doubles. The cells that we looked at were in good order. Most prisoners kept their cells clean and had been allowed to paint or decorate them appropriately. In our survey, 79% of prisoners said they could get cell cleaning materials every week. Cleaning cupboards on the wings were well stocked.
- 3.10** Wing staff carried out basic checks of living conditions each day and recorded them in the wing diary. Managers performed monthly quality assurance checks. Records that we

examined indicated that problems were identified effectively and referred to the works department for repair.

- 3.11** All prisoners in our survey said that they could shower every day, and 80% said they could access adequate soap or sanitiser to keep their hands clean. Each prison landing had communal showers and bathrooms which prisoners could use at any time.
- 3.12** Almost all prisoners had their own clothes, and a laundry was freely available on each wing. In our survey, 91% of prisoners said they could get clean sheets each week, and 91% that they had enough clothes for the week.

## Complaints, legal services, prisoner consultation and food and shop

- 3.13** In our survey, 58% of prisoners said the food was good or reasonable. We saw a variety of meal options being served, although prisoners told us that there was sometimes not enough fresh produce. Many prisoners cooked their own food using kitchenettes on each unit.
- 3.14** Prisoners could buy a good range of items from the shop. The supply of some items had been affected during the pandemic, and the farm shop on site had been opened to sell fresh items such as fruit, vegetables, chicken and eggs. This had been well received by prisoners. Catalogue orders had continued normally during the pandemic.
- 3.15** Complaints were well managed and most prisoners who responded to our survey said they could make a complaint easily. During the previous 12 months, 98 complaints had been received, 28% of which had been upheld. Most complaints were responded to in a timely manner. Responses in our sample were polite and constructive and showed that staff engaged with prisoners in person to resolve issues. Responses were quality assured by a manager and the independent monitoring board.
- 3.16** There was little formal analysis of complaints, but staff had an understanding of the most common issues. Managers told us that the complaints clerk had recently been asked to provide more detailed analysis for discussion at future meetings.
- 3.17** Prisoners had indicated that the response to applications was slow and that some had been lost. In response, a tracking system had been introduced to identify delays in responses.
- 3.18** The deputy governor had continued to facilitate weekly prisoner councils throughout the pandemic, with a reduced number of prisoner representatives attending. Both the meeting that we attended and minutes from previous meetings showed that the councils were constructive. Prisoners were able to discuss a range of issues freely, and actions were agreed and allocated to appropriate staff. For example, Muslim prisoners had complained that they were not given enough food during Ramadan. This had been discussed at the Prison Council and managers had acted swiftly to increase the portions.
- 3.19** Legal visits had resumed and prisoners could contact their solicitors by phone. Video-link facilities were also available for court appearances.

## Equality, diversity and faith

- 3.20** A newly appointed equality manager had recently revised the equality and diversity policy and had improved oversight of this area. Leads had been appointed to oversee each

protected characteristic and to promote a more proactive approach to equality. Monitoring data were scrutinised by managers and no significant disparities were identified between groups.

- 3.21** Equality meetings had resumed in January 2021 after a break of six months and took place every two months. The meetings were well attended, including by the governor or deputy governor. Minutes demonstrated a good understanding of the population and actions were followed up at subsequent meetings. There was evidence of positive practice emerging through these meetings, for example it had been agreed that the lead for younger prisoners would visit prisoners aged 21 and under regularly to see how they were getting on.
- 3.22** Consultation with prisoners with protected characteristics had continued through the pandemic. Black and minority ethnic prisoners, prisoners with disabilities, and older and younger prisoners had been invited to attend forums with managers. Older prisoners had been surveyed about their needs in relation to COVID-19. At the time of our visit, no LGBTQ+ prisoners or prisoners from a Gypsy, Roma and Traveller background wanted to participate in consultation, but they had been consulted previously. There were no foreign national prisoners at Thorn Cross at the time of our visit.
- 3.23** The measures taken by prison leaders had not yet improved trust sufficiently among minority ethnic prisoners. A number told us that they still felt there was discrimination against them, particularly regarding access to release on temporary licence (ROTL) and the fairness of complaints procedures. In our survey, 40% of black and minority ethnic prisoners who responded said that it was easy to make a complaint compared to 77% of white prisoners.
- 3.24** No discrimination incident report forms (DIRFs) had been submitted during the previous six months. Managers encouraged prisoners to submit DIRFs when incidents occurred, but prisoners were often reluctant to pursue discrimination through official channels and some told us that they lacked confidence in the system.
- 3.25** Three prisoners required personal emergency evacuation plans (PEEPs) at the time of our visit. Their needs had been clearly recorded, and staff knew how to support them in an emergency. They were visited each month by custody managers to identify any change in their needs.
- 3.26** The chaplaincy had continued to provide religious support to prisoners throughout the pandemic, including distributing faith packs and religious materials and engaging in prayers with individual prisoners. From April 2021, corporate worship in small groups had resumed in the chapel. Prisoners who had attended the chapel told us they were pleased that they could now attend worship, especially over recent religious holidays and festivals.
- 3.27** The chaplaincy also delivered enthusiastic pastoral support. Chaplains visited the units each day to speak to prisoners informally and offered support to prisoners who had had a bereavement. They also marked occasions such as Remembrance Sunday and Black History Month.

## Health care

- 3.28** Greater Manchester Mental Health NHS Trust (GMMH) had delivered health services since April 2020, during the first and subsequent pandemic restrictions. Mature working relationships between GMMH, the health commissioner and the prison ensured that services were responsive to patients' needs. Health services were well led, and 79% of prisoners in our survey said the overall quality of health services was good.

- 3.29** An outbreak of COVID-19 had been managed and contained successfully with advice from Public Health England. Prison staff and health providers were well prepared to deal with further outbreaks with social distancing and cohorting measures, and personal protective equipment (PPE, see Glossary of terms). Enhanced reception screening included temperature checks and COVID-19 testing, followed by monitoring as required. At the time of our visit, there were no symptomatic or COVID-19 positive prisoners.
- 3.30** A good range of primary care clinics had resumed and waiting lists were short. Patients could see a GP within two working days if necessary. The GP and other health care staff had tried to carry out consultations using wing telephones, but this had not proved satisfactory because confidentiality could not be guaranteed. Despite occasional staff shortages, clinicians had remained reasonably accessible at the peaks of the pandemic.
- 3.31** Age-appropriate immunisations such as influenza and health screening including bowel cancer prevention were up to date. First vaccinations for COVID-19 had been administered to 104 prisoners.
- 3.32** The flooring in the health centre needed repair to ensure compliance with infection control and this was scheduled to start in May 2021. Resuscitation equipment contained upgraded PPE items as required.
- 3.33** Hospital appointments had remained accessible during the pandemic with the exception of spring 2020 when hospitals had limited appointments.
- 3.34** Warrington Borough Council health and wellbeing team had not been able to attend the prison during the restrictions. Despite this, they had continued to support the prisoner wellbeing representatives in imaginative health campaigns in the prison and had worked with individual prisoners to improve their health. No prisoner had been referred to the Council team for social care assessment in the previous eight months, and no prisoner was in receipt of a package of care (see Glossary of terms).
- 3.35** Smart Dental Care had assumed delivery of dental services at the start of April 2021 and were completing a review of the service. The surgery was of high quality, triage was used to prioritise patients, and the waiting list for non-urgent treatments was comparable with the community. At the time of our visit, 51 patients were waiting for an average of 20 weeks for aerosol generating treatments (AGPs), although four had waited for more than a year. Smart Dental Care delivered proposals to reduce the AGP list during our visit.
- 3.36** Mental health services had improved since our last inspection. Regular oversight and support were now provided by the GMMH manager, the mental health nurse and cognitive therapist, and a visiting psychiatrist. All new admissions were triaged by the nurse and 23 prisoners were on the combined caseload. Most interventions were solution-based, although there were plans to introduce group therapy for those with mental health problems. The mental health nurse and safer custody staff worked closely together and had undertaken joint assessments and reviews of patients.
- 3.37** Use of the care programme approach (mental health services for individuals diagnosed with a mental illness) was rarely necessary and there had been no transfers to hospital under the Mental Health Act during the pandemic.
- 3.38** Change Grow Live (CGL) delivered impressive substance misuse services. There were 121 patients on the caseload and recovery workers and peer supporters had continued face-to-face contact with patients during the restrictions, which was commendable. Therapeutic groups had ceased during the pandemic and high quality in-cell materials had been used to mitigate the impact of this. The groups had recently restarted.

- 3.39** At the time of our visit four patients were in opiate substitution therapy (OST). Joint clinical reviews were held every 13 weeks and most patients entering the prison on OST discontinued the therapy while there, which was good.
- 3.40** The innovative and successful use of naloxone (an opiate reversal agent) via nasal spray and injection replicated CGL practices in the community and at HMP Risley. CGL noted that the take-up of naloxone on release had increased as patients became more willing to use the spray rather than needles and syringes.
- 3.41** Pharmacy services had improved since our last inspection. The GMMH pharmacist from Risley visited regularly to provide oversight and supervision and a pharmacy technician on site ensured that stock management met professional standards. GMMH and CGL were working to stop secondary prescribing which, while uncommon, was contrary to expected standards. Otherwise, administration of medicines was exemplary, with 99% (150) of patients having medicines in possession.
- 3.42** Preparing patients for release was very good, including health checks, help to find a GP in the community, and medications to take home including naloxone, if required. Patients were advised on how to minimise harm and to avoid COVID-19 transmission in the community.

## 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** Prisoners could move freely around the prison during the day and had keys to their cells. In our survey, 71% of prisoners said they were out of their cell for six hours or more each day. Two per cent said they had less than an hour out of their cell each day.
- 4.2** Prisoners who were employed were unlocked at 7.30am each day for exercise. The wings were unlocked from 8am to 8pm each day, apart from a roll check twice a day, when units were locked, but prisoners were still able to leave their cells. Prisoners could leave their cells to use the bathrooms, kitchens and phones at night. Prisoners on the reverse cohort unit (RCU, see Glossary of terms) were able to move freely around the unit and a separate outdoor area.
- 4.3** Despite the re-opening of libraries in the community, the prison library was not fully open, but a delivery service was operating. Prisoners could request books which were delivered to the unit by designated library orderlies. There was also a small selection of books on each unit.
- 4.4** Access to the gym was good. At the time of our visit, the gym was back in full use and most prisoners could have five sessions a week in COVID-19-safe conditions. Outdoor sessions had been facilitated by gym staff before the re-opening of the gym. Prisoners we spoke to were positive about the gym and valued the sessions.
- 4.5** The governor and prison leaders had a focused and ambitious vision for education, skills and work. Prisoners had returned to face-to-face teaching, training and industries in September 2020 apart from a month of in-cell learning in January 2021 because of a local COVID-19 outbreak. Teachers had provided learners with regular feedback on their in-cell work packs. At the time of our visit most prisoners were engaged in education, skills and work.
- 4.6** Leaders had developed a coherent education and training curriculum and had worked flexibly throughout the pandemic to maintain a broad curriculum. However, they did not make sure that all the available education and training places were taken up and one-third remained unfilled at the time of our visit.
- 4.7** Prisoners had had limited access to activities from March to August 2020. Learners on education and training courses completed their workbooks in their cells with no feedback or support from teachers. About half the learners made slow progress on their course and the remainder were released without gaining a qualification.

- 4.8** Teachers delivered the curriculum in a logical sequence so that learners could build their knowledge and skills progressively and meet their resettlement goals.
- 4.9** Challenges had been faced in getting prisoners out to work. Leaders planned to increase the number of prisoners on work placements in the community from 33 to 120 by July 2021. They had maintained links with employers during the COVID-19 restrictions and had developed new ones (see paragraph 5.12).
- 4.10** The small sample of prisoners we spoke to said they felt well supported by their teachers whom they found to be knowledgeable and experienced. The feedback they received from teachers helped them to develop their knowledge and skills and they were proud of the progress they had made.

## 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 in an open prison can usually access resettlement day release regularly to spend time with their families and eventually progress to overnight stays. There had been little opportunity for this over the previous 12 months as a result of the restrictions on travel and family contact in the community. Face-to-face social visits had also been suspended for long periods. Following recent approval to move to level 3 of the recovery plan (see Glossary of terms), social visits had restarted promptly and were proving popular. Managers were also about to reinstate temporary release to maintain family ties.



Visits room



#### Socially distanced social visit arrangements

- 5.2** Purple Visits (see Glossary of terms) had been introduced in July 2020. Take-up had been low, with only about 60 visits since that time. Prisoners had expressed dissatisfaction with the service, including intermittent connection problems.
- 5.3** Prisoners were also able to use their own mobile phones to contact their families and friends under supervised conditions, including via video-calling. This had proved much more popular. A risk assessment was carried out before approval and all calls were conducted in the visits hall. More than 20% of the population were regularly using this facility. This arrangement was to continue despite the re-introduction of social visits, which was positive.
- 5.4** In our survey, 99% of prisoners said they were able to use telephones every day. Prisoners located in the pod accommodation (see paragraph 3.5) had individual mobile phones issued by the prison. Prisoners were also able to receive and respond to messages from family and friends via the 'email a prisoner' scheme. This scheme and the arrangements for mail were well managed, with no backlogs.
- 5.5** The charity Partners of Prisoners (POPS) provided a limited amount of family engagement work. There was otherwise little specialist support to help prisoners and their families at the time of our visit.

## Sentence progression and risk management

- 5.6** Seventy per cent of the population had arrived during the pandemic. The majority had received long sentences, with a third identified as presenting a high risk of harm. At the time

of our visit, 51 prisoners were serving indeterminate sentences, 60% of whom were beyond their tariff.

- 5.7** The offender management in custody (OMIC, see Glossary of terms) model had been introduced at the end of March 2021 and managers were in the process of embedding the new procedures and upskilling staff. Despite some probation staff vacancies, individual caseloads were not high and prison offender managers were no longer routinely redeployed to other duties. Most probation staff had worked off site for the previous 12 months, attending the prison on a rota basis.
- 5.8** Contact with prisoners at key points in their sentence was reasonable, although largely undertaken remotely. Many prisoners we spoke to were frustrated by the lack of regular, face-to-face engagement and communication with their offender managers. Prisoners were unable to go to the offender management unit (OMU) without an appointment and they found it difficult to get their questions answered. This had an effect on wing staff, who told us they were obliged to act as go-betweens. A weekly drop-in session was to be re-introduced, but this was unlikely to increase face-to-face contact with the OMU sufficiently (see key concern and recommendation S5).
- 5.9** In our survey, 78% of prisoners knew their sentence plan targets and 58% of them said that staff were helping them to achieve their targets. A small number of prisoners had not received an updated OASys assessment of their risk and needs following their transfer to open conditions and a quarter of the population had not had an OASys review in the previous 12 months.
- 5.10** The use of release on temporary licence (ROTL, see Glossary of terms) to support reintegration into the community had also been affected by the pandemic. The prison had responded promptly in summer 2020 when HMPPS policy permitted temporary release for prisoners in essential work placements. This was positive, but had applied to only a small group of prisoners at Thorn Cross and for most prisoners, ROTL, a core function of an open prison, had not been available for the previous 12 months.
- 5.11** Despite the restrictions, almost 500 initial and review ROTL boards had been held over the last year to ensure that risk assessments were up to date and prisoners could take advantage of ROTL once circumstances permitted. Prisoners were unable to attend or participate in these boards.
- 5.12** At the time of our visit, more than 30 prisoners were on ROTL in a variety of work, training and education placements. Some links with employers and work placements had been lost over the previous 12 months, particularly in the catering and hospitality industries. However, prison leaders were engaging with existing and potential employers to enhance provision (see paragraph 4.9).
- 5.13** Parole and home detention curfew procedures were timely. However, the lack of ROTL and opportunities to progress for prisoners serving indeterminate sentences had given them little opportunity to demonstrate a reduction in risk to the Parole Board. We looked at records of recent Parole Board hearings where the lack of a recent ROTL history had contributed to some prisoners being assessed as unsuitable for release. Appropriately, indeterminate sentence prisoners were given priority for ROTL activities, and a lifer and IPP (Imprisonment for Public Protection) forum was being re-introduced.
- 5.14** Before the pandemic, prisoners had completed offending behaviour courses in the community through ROTL. These had been suspended during the pandemic, but the prison was hopeful of their reinstatement when community restrictions allowed. The OMiC offender personality disorder pathway was to be introduced which would enable additional multidisciplinary supervision of more complex cases.

- 5.15** The interdepartmental risk management meeting was being held virtually. Attendance varied and few actions were generated. The meeting focused on newly arrived high-risk prisoners and public protection monitoring reviews. There was no systematic discussion of the impending release of high-risk prisoners, which was a significant omission (see key concern and recommendation S6).
- 5.16** There was generally effective and timely engagement with community offender managers, including three-way meetings involving prisoners. At the time of our visit no prisoners were subject to offence-related telephone or mail monitoring.

## Release planning

- 5.17** Approximately 30 prisoners were released each month and, in our survey, 44% of prisoners who expected to be released in the next three months said someone was helping them to prepare.
- 5.18** Resettlement workers from the community rehabilitation company had maintained a limited presence in the prison throughout the pandemic and estimated that over the previous 12 months they had engaged in face-to-face work with half the prisoners on their caseload. Local data indicated that 86% of eligible prisoners had received a resettlement plan in the previous eight months. Most resettlement plans that we looked at had been completed in a timely manner, but varied in quality.
- 5.19** Discharge boards had recently been introduced to discuss all prisoners who were scheduled for release within the next eight to 10 weeks. This was a useful initiative to address outstanding resettlement needs, but it was too early to assess outcomes for prisoners.
- 5.20** Accommodation and finance and benefit advice was subcontracted to Shelter. Shelter staff had now returned to the prison after a period working off site. They alerted prisoners to appropriate support and helped them to open bank accounts before release. Good efforts were made to secure accommodation for prisoners, although three had been released with no fixed abode in the previous year. A small number of prisoners had to wait weeks, and in one case three months, for release after being granted parole because of a lack of available approved premises places.
- 5.21** During the previous 12 months one prisoner had been released on special purpose licence to protect them from COVID-19, and nine had benefited from the end of custody temporary release scheme (see Glossary of terms).

## Section 6. Appendices

### Appendix I: Background and methodology

Her Majesty's Inspectorate of Prisons (HMI Prisons) is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

All visits carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of 21 bodies making up the NPM in the UK.

During a standard, full inspection HMI Prisons reports against Expectations, the independent criteria against which we inspect outcomes for those detained. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to prisoners and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic means that it is not currently possible to carry out inspections in the same way, both for health and safety reasons and because it would not be reasonable to expect places of detention to facilitate a full inspection, or to be assessed against our full set of *Expectations*, at this time.

HMI Prisons has therefore developed a COVID-19 methodology to enable it to carry out its ongoing, statutory duty to report on treatment and conditions in detention during the current challenging circumstances presented by COVID-19. The methodology has been developed together with health and safety guidance and in line with the principle of 'do no harm'. The methodology consists of three strands: analysis of laws, policies and practice introduced in places of detention in response to COVID-19 and their impact on treatment and conditions; seeking, collating and analysing information about treatment and conditions in places of detention to assess risks and identify potential problems in individual establishments or developing across establishment types; and undertaking scrutiny visits to establishments based on risk.

HMI Prisons first developed a 'short scrutiny visit' (SSV) model in April 2020 which involved two to three inspectors spending a single day in establishments. It was designed to minimise the burdens of inspection at a time of unprecedented operational challenge, and focused on a small number of issues which were essential to the safety, care and basic rights of those detained in the current circumstances. For more on our short scrutiny visits, see our website: <http://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prison/covid-19/short-scrutiny-visits/>.

As restrictions in the community eased, and establishments became more stable, we expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) focusing on individual establishments, as detailed here. The SV approach used in this report is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic, but recognises that it is not yet the right time to reintroduce full inspections. SVs provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly.

SVs critically assess the pace at which individual prisons re-establish constructive rehabilitative regimes. They examine the necessity and proportionality of measures taken in response to COVID-19, and the impact they are having on the treatment of and conditions for prisoners during the recovery phase. SVs look at key areas based on a selection of our existing Expectations, which were chosen following a further human rights scoping exercise and consultation.

Each SV report includes an introduction, which provides an overall narrative judgement about the progress towards recovery. The report includes a small number of key concerns and recommendations, and notable positive practice is reported when found. SV reports include an assessment of progress made against recommendations at a previous SV, but there is no assessment of progress against recommendations made at a previous full inspection. Our main findings are set out under each of our four healthy prison assessments.

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

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

SVs are carried out over two weeks, but entail only three days on site. For more information about the methodology for our scrutiny visits, including which *Expectations* will be considered, see our website: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>

## Scrutiny visit team

This scrutiny visit was carried out by:

Charlie Taylor	Chief Inspector
Hindpal Singh Bhui	Team leader
Rebecca Mavin	Inspector
Tamara Pattinson	Inspector
Kam Sarai	Inspector
Paul Tarbuck	Health care inspector
Heather Acornley	Researcher
Charlotte Betts	Researcher
Amilcar Johnson	Researcher
Helen Ranns	Researcher
Alison Cameron-Brandwood	Ofsted inspector
Malcolm Fraser	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/hmiprison/about-our-inspections/>

### **Certified normal accommodation (CNA) and operational capacity**

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

### **End of custody temporary release scheme**

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

### **Key worker scheme**

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

### **Offender management in custody (OMiC)**

The offender management in custody (OMiC) model has been implemented in two phases across the closed male prison estate. The first phase entails prison officers undertaking key work sessions with prisoners and was implemented during 2018 to 2019. The second phase, case management, was introduced on 1 October 2019 and is still being rolled out. It established the role of the prison offender manager. On 31 March 2021, a bespoke OMiC model, which does not include key work, was rolled out across male open prisons.

### **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.

**Social care package**

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

**Special purpose licence ROTL**

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

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