



Annual Report of the Independent Monitoring Board at HMP Lowdham Grange

**For reporting year
1 February 2021 – 31 January 2022**

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Introductory sections 1 – 3

1. Statutory role of the IMB

The Prison Act 1952 requires every prison to be monitored by an independent board appointed by the Secretary of State from members of the community in which the prison is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison and also to the prison's records.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that states designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The IMB is part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

HMP Lowdham Grange is a privately operated category B male training prison, located near the village of Lowdham, 12 miles north of Nottingham. It opened in 1998 under a 25-year private finance initiative (PFI) which is due to expire in February 2023. It is operated by Serco Justice and Immigration, a part of Serco Plc ('Serco').

The prison is part of the long-term high security estate (LTHSE) and usually receives category B prisoners. Many of the prisoners have convictions for offences involving violence. Invariably, they have spent a period at another establishment prior to arrival at HMP Lowdham Grange.

During the reporting year the population in the establishment has averaged 880 prisoners even though the prison has a certified normal accommodation of 894 and an operational capacity of 888. Transfers into the prison have been restricted in accordance with HM Prisons and Probation Service (HMPPS) directives for the control of Covid-19.

Although a number of prisoners are released directly from the prison when they have completed their sentences, they are usually transferred to a category C prison when they achieve category C status.

Education and facilities management services in the prison are provided by Serco.

Healthcare is contracted to the Nottinghamshire Healthcare NHS Trust. The commissioning of the service is the responsibility of the health and justice team of NHS England and the trust offers a range of services relevant to the needs of the prisoners, which correspond with that provided in the community.

The Director

The Governor of a private sector prison is referred to as the 'Director'. He/she is required to be a certificated prison custody officer and is appointed under the terms of the Criminal Justice Act 1991.

The Controller

All private sector prisons have a Controller's team, based in the prison. The role of the Controller is to monitor the contract between the Secretary of State for Justice and the private sector operator to ensure compliance. The Controller and members of her team have held senior positions in public sector-run prisons prior to appointment.

3. Executive summary

3.1 Background to the report

The Covid-19 outbreak has continued to have a significant impact on the Board's ability to visit the prison, gather information, and to talk to prisoners in order to prepare this annual report. The Board members endeavoured to cover as much ground as they could in these difficult circumstances but inevitably, there may be less detail and supporting evidence than in previous reports.

In the period February-April 2021, while the roll-out of the vaccination programme had not yet been completed in the prison or the community, Board members could not visit the prison or talk to prisoners. The regime was relaxed a little more in May and June and some members of the Board (those who were double-vaccinated) took the opportunity to visit the prison, talk to prisoners and monitor conditions in the house block wings.

At the end of June there was a significant Covid-19 outbreak and visiting ceased again for two months. From September onwards the prison started to 'open up' and Board visits began to take place. This was paused again in December when the site (and the country) was again subjected to restrictions and these continued to the end of the reporting period.

Despite the visiting restrictions, the Board is pleased to report that its members continued to attend video and telephone meetings, and in particular those meetings concerning health provision, segregation reviews and the daily morning briefings.

The current contract for the operation of the prison expires in February 2023 and during the period of this report, the procurement process for the new contract started. While the Board does not have any role in this, it is very much aware of the need to ensure that the new contract recognises the best possible outcome for the prisoners in terms of their safety, fair and humane treatment, physical and mental health and their progression towards release.

3.2 Main judgements

How safe is the prison?

The prison leadership has continued to focus on the risks from Covid-19 to ensure that prisoners, members of staff, and visitors to the prison were kept safe during times of increased infection rates in the community. This approach has been successful in controlling infections.

The negative impact of the continued restrictions on prisoners has been significant and total prisoner-on-prisoner assaults show a marked increase of almost 50%. Self-harm amongst prisoners has increased by 10% and there have been four deaths in custody. Therefore, it cannot be said that the prison feels as safe as in the previous reporting year.

How fairly and humanely are prisoners treated?

Prisoners at HMP Lowdham Grange are generally treated fairly. Although the prison houses some very challenging prisoners, the regime is built on a positive ethos and the HM Inspectorate of Prisons (HMIP) scrutiny visit of January 2021 commented on positive communication and relationships between staff and prisoners. HMIP also commented favourably on the prison's management of the Covid-19 outbreaks in the previous year. The Board does not feel that this has deteriorated but it has been concerned that prisoners were not given adequate opportunities to attend their adjudications in person for 11 months of this reporting year.

How well are prisoners' health and wellbeing needs met?

Healthcare services continued to be under great pressure throughout the period and prisoners' physical and mental health was seen as a priority. The service responded very efficiently to requirements for vaccination programmes and treatment and it is the view of the Board that the service has been equivalent to that provided in the wider community.

The mental and emotional wellbeing of prisoners remains a significant concern due to the effect of prolonged periods of time spent by prisoners in their cells.

The shortages of healthcare staff have increased the risk to the wellbeing of prisoners. Although it is appreciated that this reflects the situation throughout the NHS, every effort has been made by the on-site team to provide care and support to all prisoners.

How well are prisoners progressed towards successful resettlement?

Continued restrictions in the prison have compromised the overall progression of prisoners in their sentences. Nevertheless, by the end of the reporting period, 83 prisoners had progressed to category C status, and were awaiting transfer. Once again, there was no reduction in the number of indeterminate sentenced prisoners.

There has been some progress on learning through the provision of in-cell packs from the education department. A small number of prisoners continued to work on the production of scrubs for the NHS but otherwise the workshops and other vocational training opportunities were not available for much of the year.

The significant shortage of probation staff in the offender management unit (OMU) has meant that many prisoners have not received their sentence planning/reviews required this year.

3.3 Main areas for development

TO THE MINISTER

In its 2020-2021 report, the Board requested priority be given to holding coroners' inquests for deaths in custody to provide bereaved families with an understanding of the circumstances of the deaths of their relatives. No inquests into deaths in custody

at HMP Lowdham Grange have been held in the reporting period and this means that some families have been waiting four years for the answers to their questions. The Board considers that this is grossly inconsiderate to a prisoner's family and disrespectful to the deceased. Moreover, it does not allow the prison and healthcare partners to learn any lessons in avoiding and preventing other deaths in custody.

The Board believes there should be a greater focus on reviewing the sentences of indeterminate sentenced prisoners, enabling them to progress and move towards a safe release.

There is a compelling need for all government departments to work together to ensure that appropriate facilities are available for those prisoners with severe mental health disorders; this will avoid the need for prisons to hold such prisoners in segregation for extended periods.

TO THE PRISON SERVICE

To provide a framework in the post-Covid structured regime that supports and funds innovative programmes of rehabilitation, mental health provision, education, skills development and self-improvement for prisoners instead of requiring them to be locked in their cells for long periods.

To give priority to resourcing of probation services to the required levels within the prison estate and in the community, so that prisoners have adequate support and guidance before and after their release.

To give renewed emphasis to the development of a national system of storage and retrieval of prisoners' property when prisoners are moved between prisons. Despite a framework being developed in April 2020, nothing significant appears to have happened and greater efforts are needed to find a national solution to this problem.

To give priority for the training of family liaison officers (FLOs) in 2022 so that appropriate resources are allocated for this important role and to support those volunteer prison staff already undertaking it.

TO THE DIRECTOR

To continue to support the fair treatment of all prisoners by ensuring that adjudication hearings are held in person with the prisoner(s) present in the room.

To implement a post-Covid structured regime that gives all prisoners the opportunity to progress through their sentences with sufficient and high-quality support and programmes of learning.

To exert pressure on the commissioners of Nottinghamshire Healthcare NHS Trust to secure and maintain staffing at a level to provide the service required for all prisoners' health and wellbeing needs.

3.4 Progress since the last report

Having reported on the following issues in year 2020-2021, the Board is disappointed that there is no evidence to suggest there has been progress or significant improvement during the year on the following items:

- There continue to be significant delays in finding appropriate treatment/beds in secure units for prisoners who have very serious mental health disorders.
- Analysis of the complaints log and the applications received by the Board indicates that there has been no improvement in the management and handling of prisoners' property when transferring between establishments.

The Board is encouraged to note the following positives:

- Since the introduction of new body-worn video cameras the number issued daily has been consistent for both day and night shifts, and the video evidence is logged and reviewed for each incident recorded.
- The continued use of the body scanner and X-ray equipment together with searches and the use of drug dogs has been consistent throughout the reporting period. This shows a continuing commitment to curb the entry of drugs and other prohibited items to HMP Lowdham Grange.
- The response by the on-site healthcare team members and prison staff has been remarkable in their handling of the serious outbreaks of Covid-19 and the demands for vaccination programmes, together with the need for tuberculosis screening and treatment of an outbreak of scabies during the year.

Evidence sections 4 – 7

4. Safety

The prison houses a large number of prisoners who are serving long sentences for violent crimes including robbery, murder and drug-related activities. Also, there is a significant number of prisoners who are undergoing mental health treatment or have developmental and behavioural disorders. Vulnerability, therefore, may arise from a range of factors, for example, those related to gang rivalry, drug debt, disabilities, learning difficulties, and those prisoners who are susceptible to bullying.

Prisoners may be reluctant to talk about their feelings of vulnerability and therefore they may demonstrate their emotional state by other means. For example:

- self-harm or suicide attempts,
- self-isolation in their cells,
- threatening to jump from the railings (incidents at height),
- committing acts of violence, including assaulting other prisoners or staff, or
- damaging cell and wing equipment, arson, flooding, dirty protests, etc.

The Board has observed that the prison custody officers are perceptive of these and similar signs of vulnerability and when signs are recognised, they alert the relevant departments to provide the necessary health and pastoral care to the prisoners. At times, the type of incidents described above may result in prisoners being placed in the segregation unit, off the residential wing, on what is known as 'Own Interest' to remove them from harm's way.

The prison management has informed the Board that there were four prisoners who could be considered as 'Vulnerable' during the reporting year. HMP Lowdham Grange does not have a dedicated vulnerable prisoner unit or wing.

However, the Board is pleased to note that potentially vulnerable prisoners are identified on arrival at the prison and during their time in the prison and these are 'tracked' to have priority attention during the regular key worker and other sessions. In contrast therefore to the four specific cases mentioned above, the prison has identified a list of in excess of 200 names of prisoners who could be considered as being vulnerable. The details of these prisoners are all known to members of the safer custody and psychology teams for priority attention during meetings and review sessions (also refer to section 5.3.2).

4.1 Reception and induction

All prisoner arrivals and departures take place through the reception and induction suite at the prison. Although the facility is basic and functional, it houses an office administration area, a private interview room, holding cells, X-ray, body scanner and other equipment. The Board continues to note that members of the reception staff are knowledgeable and helpful towards new arrivals.

All prisoners transferred from other establishments into the prison are interviewed and provided with information about the prison regime, first-night and induction arrangements. Following initial screening and documentation, which includes Covid-

19 testing, new arrivals are housed in a dedicated wing for a period of about two weeks during which various induction interviews and assessments are conducted by specialists from the health, education, safety and other teams.

The number of new arrivals during the year was 296 prisoners, of whom 44% were from Black, Asian and ethnic minority (BAME) communities. Almost 90% of all arrivals were British. Analysis of the arrivals data by the Board revealed that new arrivals at the prison through the year comprised prisoners from 18 different nationalities. The Board notes that foreign language interpretation and translation services were available through the Big Word service and some printed material was available during the screening and induction process for prisoners having limited English-speaking skills.

4.2 Suicide and self-harm, deaths in custody

4.2.1 Self-harm

There was a monthly average of about 44 acts of self-harm amongst prisoners in the year, which is an increase of almost 10% over the previous year. The Board notes that the numbers of incidents were at their lowest in the first six months of the year when time out of cell restrictions were in force throughout the prison. It also notes that 195 acts of self-harm occurred between October and December, the period during which restrictions were beginning to be relaxed.

It is important to note that acts of self-harm are usually carried out by a smaller number of prisoners who self-harm multiple times, with mental health being described as the main reason for self-harming behaviours.

From time to time, a small number of prisoners were reported to have self-harmed or attempted to self-harm, sometimes by threatening to jump from a height, in frustration and protest at the regime restrictions in the prison, for example, because of the non-availability of gym or recreational equipment.

There were 42 reported incidents at height during the year, a small reduction over the previous year, and each lasted for between a few minutes and two to three hours. The Board is pleased that the prison now has its own in-house trained staff and the safety equipment to respond to these incidents and manage them without delay.

Prisoners who self-harm are managed through the assessment, care in custody and teamwork process (ACCT). Please refer to 4.2.3 below.

4.2.2 Deaths in custody, suicide

Even though strict safety measures were in place at HMP Lowdham Grange, four deaths in custody occurred in the prison compared with two in the previous year.

One prisoner died in hospital of natural causes and sepsis. There was one apparently self-inflicted death in custody where the prisoner was found unresponsive in his cell and following emergency medical attention, he was pronounced dead at the scene. Two further deaths occurred which were suspected drug induced (psychoactive substances).

The Prisons and Probation Ombudsman's office (PPO) has carried out its investigations and the coroner has been notified of all incidents. Although the prison does not have a resourced family liaison unit (also refer to section 7.4.5), the prison's staff volunteer family liaison officers (FLOs) responded promptly by providing the necessary support and assistance to the bereaved families.

Once again it is necessary to note that the Board is very concerned about the backlog of delayed inquests. Currently, at the end of the reporting year, there are seven inquests outstanding, with three outstanding from the previous year where prisoners' families are awaiting verdicts. One of the inquests due relates to a death in custody in 2018.

4.2.3 The ACCT (assessment, care in custody and teamwork) process

The ACCT process is the system in prisons to support people at risk of self-harm and suicide. It is used to identify risks to prisoners, behavioural triggers and protective factors and to put in place care plans to provide individual support, address issues and reduce any risks.

Data obtained from the prison shows that there was an average of 16 ACCTs open at the end of each month in the year. The Board notes that this is a much smaller number than the average monthly number of self-harm incidences reported above in 4.2.1 and therefore, it is further noted that ACCTs can be opened and closed in the same month.

Self-harm and ACCT wellbeing checks have been conducted since the start of the restrictions as a means of supporting prisoners who are known to be vulnerable and/or on an ACCT.

Case reviews continued as scheduled through the year. The mental health and psychology staff offered support through care plans and guidance. The ACCT programme facilitators supported staff in providing prisoners with additional contact during difficult times. The team works closely with the safer custody department and the forensic psychology team, and is actively involved in ACCT reviews, weekly segregation, safety intervention, and safeguarding meetings. A range of self-help and wellbeing material was also available to everyone (see also section 6.3).

4.3 Violence and violence reduction

The total number of minor and serious assaults in the prison (prisoner-on-prisoner and prisoner-on-staff) was 203 over the year. This is an increase of almost 21% over the number of incidents reported in the previous year. Serious assaults were those which resulted in hospital treatment for either the prisoner or staff, or both.

4.3.1 Prisoner-on-prisoner assaults

Prisoner-on-prisoner assaults during the reporting period increased by 49% and examination of the data indicated that the number of assaults increased sharply in those months when Covid-19 restrictions were relaxed at different times in the year as follows:

	2020-2021	Dec. 2021-Jan. 2022	% change
Minor prisoner-on-prisoner assaults	n/a	99	n/a
Serious prisoner-on-prisoner assaults	n/a	25	n/a
Total	83	124	49% increase

The Board notes that more than 50% of the serious assaults took place in the last four months of the reporting period.

4.3.2 Prisoner-on-staff assaults

In contrast to the increase in prisoner-on-prisoner assaults, the number of assaults on staff reduced slightly in the reporting period:

	2020-2021	Dec. 2021-Jan. 2022	% change
Minor prisoner-on-staff assaults	n/a	71	n/a
Serious prisoner-on-staff assaults	n/a	8	n/a
Total	85	79	7% decrease

The Board notes that the majority of the assaults on staff were reported to be minor and they occurred as a result of some prisoners' reluctance to follow the very stringent restrictions in the prison. They were, in general, low-level and have been attributed to prisoners resisting the Covid imposed regimes during cell opening and locking-up times.

4.3.3 Actions taken by the prison to reduce violence

The principal methodology implemented by the prison to reduce violence has been the challenge, support and intervention plan (CSIP) which is aimed at prisoners at risk of harming others. It identifies supporting measures needed to allow violent prisoners to address long-standing issues that may have contributed to their violent behaviour.

The plan has been particularly successful in managing prisoners relocating from the segregation unit and problematic transferees from other prisons. In total, 337 referrals were made to CSIP during the year and of these, 194 prisoners progressed through the plan. At any time, there were 20 prisoners participating in the plan and these prisoners continued to be reviewed regularly at healthcare, drug strategy and other multi-agency meetings.

Prison management has expressed the view that prisoners continued to be frustrated with the restricted regime during the pandemic and that this contributed to violence amongst the prisoners, and also to incidents of self-harm. Recent

comments (January 2022) by HM Chief Inspector of Prisons confirm this view and relate prison violence to: *'the vital importance of allowing prisoners out of cells to receive visits, work, training and education, take exercise and prepare for eventual release under the supervision of experienced staff, with the essential 'jail-craft' that they can impart to newer officers'*.

4.4. Use of force (UoF) and restraints

During the year there was a total of 278 incidents where force was used in the prison and this figure is almost 20% less than in the previous year. One third of the incidents were planned, for example, in transferring a non-compliant prisoner to a different location, and two thirds called for a spontaneous response by prison custody officers (PCOs) where violence or disorder had occurred amongst prisoners.

Approximately 75% of the incidents were recorded on video, either on body-worn or location cameras. It is instructive to note that the highest number of incidents took place in the third quarter of the year as some of the restrictions were being relaxed.

All UoF incidents are reviewed weekly at meetings attended by the Director /Deputy Director and a member of the Controller's team. The Board has had access to the video footage of the UoF, for example, when a prisoner has been transferred to the segregation unit as a result of an incident. It is noted that about 15% of the incidents took place in the segregation unit.

With regard to the use of restraints, the Board's examination of data provided by the prison revealed the following:

- Handcuffs were used 219 times. 165 of these were used to escort prisoners between locations.
- There was no reported use of body belts during the year.
- PAVA spray was not used in the prison at any time during the year.
- Batons were drawn on seven occasions and used on four occasions to control prisoners.
- The special accommodation cell in the segregation unit was not used during the reporting year.

Data available to the Board indicates that up to 6% of UoF incidents resulted in injuries to either prisoners or PCOs which required medical attention from the prison healthcare team or hospital.

4.5 Preventing illicit items

4.5.1 Drug finds

Random and mandatory drug tests for prisoners were suspended for most of the year and resumed only for three months between October and December 2021. A total of 124 tests were completed and of these 24 were positive for the presence of psychoactive substances (19.4%).

During the year, planned and ad hoc searches of cells and prisoners resulted in 142 finds of stimulant and psychoactive drugs, drug paraphernalia and other substances compared with 120 finds in the previous year.

During its first year of operation in the prison, the body scanner identified 115 instances of positive scans, some of which were drugs. The Board is encouraged that this equipment is beginning to disrupt supplies because it was noted that as the year progressed, the number of positive scans decreased.

The *Rapiscan* mail scanner continued to disrupt the supply of drug-impregnated mail to prisoners with the detection of 1,273 positive drug scans. Of these, more than 900 items of mail were contaminated with Spice or cocaine, heroin or amphetamine or traces thereof. There continued to be bogus confidential legal correspondence which contained or was contaminated with psychoactive substances for intended sale in the prison.

Although the Board recognises the efforts made by the prison management and staff to prevent drugs entering the prison, it continues to have real concerns about the availability of psychoactive and other substances and it looks forward to the implementation of a more rigorous screening programme applied to all people and material entering the prison.

4.5.2 Weapons and other finds

The discovery of weapons in the possession of prisoners (or in cells and other hiding places) is made during routine and ad hoc searches of the establishment, prisoners, and visitors. During the reporting period there were 180 weapons found as a result of searches, an average of 15 finds per month. This is an increase of about 25% over the previous year.

During the year the prison continued its efforts to identify sources and locations of all types of illicit items in the prison and in addition to weapons, many other prohibited items were found including:

- Communication devices, e.g. mobile phones, USBs, SIM cards, etc. (107 finds)
- Alcohol/hooch (518 finds, an average of 43 finds each month)
- Drugs and related paraphernalia (refer to 4.5.1 above)
- Other items, such as, smoking paraphernalia

The body scanner and X-ray equipment for screening prisoners' property continue to prove their worth. The removal of such prohibited items from circulation makes the prison a much safer place for prisoners, staff and visitors.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

Board members began to visit the prison again during the year and they observed that wings were generally clean and tidy. Social distancing, masks and hand sanitisation measures continued to be encouraged within the prison.

Some outside areas around the house blocks were noticed to have rubbish, but this had been removed on subsequent visits and the grounds have been well-maintained. Planned refurbishments to buildings and facilities continued and further improvements are planned across residential areas in the coming year. Cleaners and laundry workers continued to operate on each wing as per their normal schedules. Food is brought to house block wings in heated trolleys and small groups of prisoners have been allowed to collect hot food at designated meal times. Cold lunches were distributed to the cells.

Televisions and telephone sets are installed in all cells and a range of in-cell activities has been available to all prisoners including: education material, pastoral support, religious services and written literature. A new in-cell messaging service linked to in-cell IT is being installed; and at the close of the year there were in-cell IT facilities in three of the house blocks.

5.2 Segregation

5.2.1 Segregation – accommodation

The segregation unit is referred to as the reintegration unit (RIU). In the last year it continued to deal with very challenging prisoners on a daily basis. Some of the RIU prisoners abuse their surroundings and damage to cells is common through acts such as fire, flooding and dirty protests.

The conditions in the unit continue to be very challenging, with a significant number of prisoners displaying serious mental illness and behavioural problems. In the reporting period there were between one and three instances of dirty protest each month (with the exception of November and December), and the longest such protest was for nine days (also refer to section 6).

5.2.2 Segregation – staffing

The unit is led by a highly respected and skilled custodial manager with the support of four or five experienced officers during daylight hours, who play an important role in training and mentoring new staff. Board members continued to observe staff demonstrating concern and compassion towards all the prisoners, but especially to those who were the most disturbed. The staff have been seen helping prisoners whose behaviour needs to be stabilised.

Visits to the wellbeing centre, chess games and taking fresh air on the football pitch and exercise yard are examples of activities that staff in the unit have offered to prisoners who struggle with the regime or mental health issues (refer to section 6).

5.2.3 Prisoners in segregation

The unit has not been full to capacity during the reporting period and the average occupancy has been 16 prisoners at any given time. Four prisoners were on an open ACCT at any one time.

At the end of this reporting period there were two prisoners segregated on 'own interest' and during the year, there was a monthly tally of between one and five prisoners who had been moved to segregation on own interest. Moreover, during the Board's attendance at segregation reviews, these prisoners have said that they felt safer in the segregation unit (also refer to section 4). The Board has questioned whether the unit is the correct location for this type of segregation, for sometimes long periods, but acknowledges that Covid-19 has delayed transfers to other establishments and at times, reduced the number of suitable wings within the prison for reintegration.

A collaborative clinical and operational strategy operates within the prison and in the segregation unit. This has a clinical lead and includes specialists from healthcare, mental health and psychology to oversee the treatment, care and progression of prisoners. However, staffing shortages within the mental health team have led to representatives not being present on occasion at the weekly telephone meetings, and the Board has raised its concerns that the mental health team has not always appeared in full possession of information about prisoners of concern. On the other hand, the Board has been unfailingly impressed with the custodial manager's knowledge and understanding of prisoners' needs at every weekly meeting.

The Board remains concerned that some prisoners are segregated for extended periods. These stays continue to be undesirable, and in many cases, they are detrimental to the prisoners concerned. Attendance at the weekly meetings has highlighted difficulties in identifying suitable transfers, especially when prisoners are approaching their release date.

There continue to be significant delays in finding hospital beds at secure locations. Progression of segregated prisoners, either by transfer to other establishments or by relocation/reintegration to residential wings has also been delayed when only certain wings were suitable but no cell was available. However, the Board is satisfied that prisoners remain in segregation when the prison has considered all alternatives and where segregation provides the only option to keep prisoners and staff safe (also refer to section 4.2).

5.2.4 Segregation reviews and meetings

Face to face reviews with segregated prisoners continued to be held three times a week throughout the year. Board members have 'attended' these review meetings by telephone and when conditions were changed later in the year, they attended in person. The reviews were chaired by a member of the senior management team and were attended regularly by staff from healthcare, psychology, a Board member, and from time to time, another member of the prison management.

The Board has observed the supportive interactions between staff and prisoners and the time taken to explain procedure and progression in the unit. The Board is satisfied that the reviews were conducted fairly in an appropriate and sensitive way to achieve the best outcome for prisoners.

The monitoring and review group meetings, during which progression and exit strategies for segregated prisoners are discussed, continued to be held weekly. These meetings were chaired by the director and attended by senior management staff, healthcare and other staff, and a member of the Board. The absence of a representative from the mental health team has been noticed on some occasions. The Board continues to be satisfied that the prison is committed to finding solutions for segregated prisoners while transfers to other establishments or re-integration is awaited.

5.2.5 Adjudications

During the Board's 12-month reporting period 2,517 adjudications were heard and approximately 50% of these were 'proven'.

Adjudications are usually held with the prisoners present. The Board had noted early in the year that they were being held in the absence of the prisoners concerned. On investigation, the Board found that the reason for this was to minimise the movement of prisoners to different parts of the prison and so reduce the risk of spreading Covid. The alternative offered to prisoners was the opportunity to 'attend' their adjudication hearings via their in-cell phones and talk to the adjudicator.

However, the Board received complaints from prisoners that they had not been phoned or that they were on work duty (e.g. as wing cleaners) and adjudications were heard without their inputs. One prisoner described this as 'not being given a fair chance to defend himself at the adjudication'.

The Board repeatedly raised its concerns about fair treatment in respect of prisoners not being present at their adjudication hearings, particularly when regime restrictions were eased and more opening up was permitted. It is now noted that face to face hearings re-started in mid-January 2022 with prisoners attending.

5.2.6 Mental health and the segregation unit

The Board continues to be concerned about the long-term segregation of prisoners with severe mental health and personality disorders. It is to be noted that delays in transfers to hospital settings have affected the most unwell prisoners, some of whom require beds in secure mental units.

The Board has noted the reforms to the Mental Health Act which calls for a 14-day time limit for transfers of these prisoners. However, this limit is applicable only after a placement has been agreed. In the Board's experience, the process of agreeing such a placement may take many months and the continuing shortage of secure mental health beds in the country means that prisoners cannot be transferred within this time limit.

As at January 2022 there were four prisoners in the segregation unit waiting for placements in specialist units with one prisoner having been there for nine months. The Board acknowledges the efforts of the prison to mitigate this. There is now a multidisciplinary strategy support meeting, usually once a week, to review the condition of these prisoners and to agree the options and action needed to expedite progress. A member of the Board attends these meetings and it has been possible to observe and track the continuing deterioration in the mental health of segregated prisoners regardless of the efforts of the specialist mental health and psychology teams and the staff of the segregation unit.

5.3 Staff-prisoner relationships, key workers

5.3.1 Staff prisoner relationships

The opportunities for the Board to spend time on the wings were limited and it was not possible for IMB members to spend much time exploring this topic with prisoners and ask them about their dealings with staff, and whether they felt they were treated in the proper manner.

However, the prolonged periods of restriction appear to have affected prisoners' perceptions of staff, and the Board will monitor the interactions between staff and prisoners closely during the coming year.

5.3.2 Key workers

The key worker scheme was resumed during the reporting period. Approximately 500 sessions were completed each week, with 270 of those being prioritised for prisoners that were 'at risk' or open to vulnerabilities (refer to section 4). Prisoners in priority groups were seen weekly and prisoners in the wider population were seen monthly. Efforts were made for each prisoner to have a named key worker, but staffing issues did not always allow this (also refer to section 4).

Attendance at the daily morning meetings has allowed the Board to observe progress with the number of key worker sessions, but it has not been possible to monitor the key worker process in person.

5.3.3. Staffing

Taking into consideration the intermittent outbreaks of Covid-19, staffing levels within the establishment remained relatively stable through the year. Recruitment of officers continued to be difficult and at the close of the reporting year, the prison was about 15 PCOs (prison custody officers) below the authorised staffing levels. The prison management informed the Board that 39 PCOs resigned or retired during the year.

Recruitment of new officers continued to take place with online interviews and assessments. The Board understands from prison management that the online recruitment process has been more successful than physical attendance at interviews in current times.

Staff absence through illness or isolation varied depending on the levels of Covid-19 infections within the prison and in the general population. The Board notes the continued co-operation between the prison and other regional establishments to provide bed-watch and escort cover at times of staff shortage. Moreover, the prison implemented a contracted hours scheme which has worked well to cover shortfalls in staffing, and it does not rely on contract staff at times of staff absence.

5.4 Equality and diversity

5.4.1 General

Prisoners are screened during the reception and induction process on arrival at the prison. Care is taken to identify special needs to ensure that appropriate treatment and/or education can be arranged. The special needs most commonly identified are those related to learning difficulties and mental health. All such cases are referred to the relevant health and education staff for intervention. Prisoners with poor literacy skills are expected to engage in basic education. Learning difficulty awareness courses are being run for the senior management team and ACCT managers and it is planned to extend these to other staff.

The prison population is diverse in terms of age, faith, ethnicity, disabilities, health and nationality. Equalities issues, which include race, are monitored and managed by an appointed prison equalities officer who records and analyses data in key areas. Board members have access to this information at all times.

The prison's race equality task force was activated as planned during the year to facilitate regular and auditable prisoner consultations for considering matters of concern and for learning points. The task force consists of three prisoners with the support of nine prisoner equality representatives, all of whom receive pay. The task force reports to prison management on issues raised and helps to provide a better understanding of attitudes and events in the wings and thereby promote consciousness of equalities issues running through all aspects of prison life. The Board has not had the opportunity to track all of this very important work during the reporting year because of restrictions.

The Board was also informed by the prison that the diversity and equality action team resumed the planned monthly meetings towards the end of the reporting year. A prisoner survey is planned which will help identify equality and discrimination issues more clearly. This survey will also be used to raise staff awareness and understanding of prisoners' needs. Black History month was observed in October and with the support of the Black Minds Matter organisation it was delivered by the race equality task force.

5.4.2 Equality data

- Age profile:

21-25 yrs	26-29	30-39	40-49	50-59	60+
14% (of pop.)	16%	38%	19%	10%	3%

- Ethnicity:

White	Black	Asian	Mixed	Other
61%	20%	10%	8%	1%

- Religion:

Christian	Muslim	Buddhist	Other	None
37%	28%	3%	8%	24%

- Disability:

Prisoners declaring a disability: 24%	Prisoners not declaring a disability: 76%
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- Sexual orientation:

Heterosexual	Bisexual	Not disclosed
91%	1%	8%

- Foreign national prisoners: 11% of the population (also refer to section 7).

5.4.3 DIRFs (discrimination incident reporting forms)

There were 120 discrimination complaints submitted by prisoners during the year, an increase of 2.5% over the previous year. Such complaints are reported to the prison through the DIRF process. The outcome for complainants is shown on the following table:

Outcome of the complaint	Number of DIRFs
Complaint upheld	26
Inconclusive (insufficient evidence)	3
Not upheld	85
In progress at year end	6
Total DIRF complaints	120

Further analysis by the Board revealed that 60% of the DIRFs submitted to the prison were related to racial discrimination of one form or another and 34% concerned religious discrimination.

Prisoners from the Muslim population submitted 52% of DIRFs while prisoners from the white population were responsible for 31%.

Out of the total number of DIRF complaints, 60% were allegations about the conduct of named prison staff and the Board notes that two staff members had six complaints submitted about them. Although the Board notes that complaints are handled by the prison diligently in the light of the evidence provided by the complainants, it considers that it needs to further examine the investigation and review process of discriminatory behaviour by staff.

5.5 Complaints

During the reporting year there were 1,935 COMP1 complaints made to the prison management by prisoners, an increase of 13.5% over the previous year. In common with previous years, a small number of prisoners submitted multiple complaints through the year; based on past experience, this alone is unlikely to have accounted for the increase.

Closer examination of the COMP1 log revealed that complaints about residential matters increased by almost 70% to 472 over the previous year and complaints about food/kitchens increased by 15% to 106.

It is noted that for much of the year Board access to the wings has been limited and the number of conversations with prisoners has been reduced greatly. It has not, therefore, been possible to determine the root causes of the complaints.

5.6 Faith and pastoral support

There are six members of the chaplaincy at the prison and the Board notes that they have continued to be positive and enthusiastic in the delivery of pastoral care to all. Every new arrival in the prison is visited by a chaplain within 24 hours and every prisoner in segregation or cellular confinement is visited daily. The pastoral care extends to the provision of information and guidance for prisoners nearing release. The chaplains are also available to prison staff who request emotional or spiritual support in dealing with challenging prisoners.

The chaplaincy team continued to make full use of the prison's 'Inside Media' facility for in-cell delivery of religious services and prayers for all denominations. Faith leaders record their own material for the broadcasts, which are accessible by all prisoners, and these are augmented with printed information leaflets (also refer to section 7).

Bible studies continued to be delivered online and the high uptake by prisoners of the Emmaus Bible study course has earned the chaplaincy team at HMP Lowdham Grange a silver category for their participation.

The Board is pleased to note that every effort is made by the prison to ensure that the major faith festivals are observed in the appropriate manner. In addition, during

the year, Armed Forces Day was celebrated in a special outdoor non-denominational service attended by prisoners and prison staff.

5.7 Incentives schemes

With regard to the incentives scheme, all prisoners on the basic level were transferred to the standard level during the year. This meant that all prisoners had access to in-cell televisions and telephones during the restrictions. The standard regime was withdrawn from those prisoners who had committed violence towards other prisoners or staff and for other major breaches of discipline.

The Board notes that in June 2021 seven prisoners were on basic regime and then, as restrictions began to be lifted towards the end of the year, more prisoners were 'demoted' with 73 reported to be on the basic regime at 31 January 2022.

5.8 Property

The management of prisoners' property, especially during transfer, has been reported by the Board as being unsatisfactory over a number of recent years. The current year is no exception.

This issue continues to cause distress to many transferees into the prison and gives rise to anger and frustration to those affected which, at times, leads to breaches of discipline. The Board's analysis of the prison's complaints log showed that property-related complaints increased by slightly more than 5% with, on average, one complaint being received every day by prison management.

6. Health and wellbeing

6.1 Healthcare – general

Health and wellbeing services in the prison are provided through a contract with Nottinghamshire Healthcare NHS Trust. The services are governed by the local delivery board (LDB) and the NHS commissioners with formal meetings taking place monthly. The meetings are chaired by the prison Director and include also representation from commissioners, social care providers, the prison Controller, head of healthcare, senior nurses and key prison managers. In the past year, the meetings were conducted virtually and were attended by a member of the Board.

Prisoner access to healthcare information and appointments is supported by the use of technology. All prisoners have their own accounts and use the ATM terminals on the house block wings to make non-urgent appointments. The in-cell telephones have proved particularly useful for consultations where face to face contact has been limited through the year. The plans to further extend the use of such technologies has now reached the stage where the facilities will be available in every prison cell in the coming year.

For routine healthcare needs including dentistry, physiotherapy, optician and podiatry, the healthcare team provided a responsive nurse triage so that GP referrals could be prioritised through initial telephone consultations highlighting the need for face to face assessments and treatments. These arrangements have been effective through the different stages of the Covid-19 pandemic.

The Board considers that these arrangements are equivalent to what has been available in the community during this time and it will continue to monitor access as the prison emerges from restrictions.

6.2 Physical healthcare

With regard to Covid-19, the healthcare team provided the testing of symptomatic prisoners while the prison staff managed the contact tracking and tracing in line with national public health requirements. This was done with the full co-operation and support of the prison managers and it required a considerable effort to provide the necessary information to obtain consents for vaccination. This was then followed up with rapid deployment of nursing staff assisted by the residential prison staff in the logistics of the programme. The prison has delivered an immunisation programme which corresponds with the national attainments.

The Board is pleased to acknowledge these responses, which contributed greatly in the prompt control of the outbreaks of the different Covid-19 variants.

The healthcare team also responded to an outbreak of scabies and, most recently, provided a tuberculosis (TB) screening programme following the diagnosis of TB in a prisoner transferred into the prison. The initial screening showed an over 40% positive latent TB presence amongst those tested. This is now being followed up by an on-site chest X-ray programme and treatment. In addition to these public health demands, the prison has promoted screening for bloodborne viruses and has worked with the Hepatitis C Trust to deliver screening and immunisation.

Although it is the opinion of the Board that these healthcare demands have been managed effectively, it has significant concerns that as at January 2022 the healthcare team is staffed to only 60% of the funded posts. While this reflects the general position of NHS staff shortages in the community, it continues to be particularly challenging in the prison at times of staff shortages due to sickness and the need to fulfil the isolation protocols. More than this, however, has been the impact of those staff shortages on the provision of nurse night-cover (also refer to section 4 and 6.3 below).

The Board is aware that contingency healthcare arrangements have been put in place only recently to ensure that healthcare staff are available for night duty. Nevertheless, it considers the current situation to be unacceptable and unsafe because there are prisoners with high-risk healthcare needs and no night nursing cover.

The Board has been informed that on-site ultrasound and telemedicine will restart as the healthcare services recover in the prison. Also, proposals to undertake suturing at the prison will be piloted when staffing allows and this will relieve the staffing pressures resulting from prison-to-hospital escorts. The Board will follow developments in these areas and report on progress in due course.

The Board is aware of the general limitations of space and the impact of this on the healthcare facilities and is pleased to note that space has been created in the segregation unit to ensure that prisoners there can be clinically-assessed in an appropriate environment. It is also pleased to report that ventilation in the dentistry suite, which had long been inadequate, has now received funding approval and also funding has been obtained for the installation of secure medicine lockers in the house blocks.

6.3 Mental health

In the past year the cumulative effects of regime restrictions on prisoners' mental health and emotional wellbeing have been apparent when there is already a challengingly high prevalence of mental health problems within the prison. Towards the end of January 2021 HMIP conducted a random sample prisoner survey at HMP Lowdham Grange. Analysis of the completed surveys showed that 44% of the prisoners said that they 'have mental health problems'. It is the opinion of the Board that there has been no significant reduction in this percentage and indeed, it may have increased.

The shortage of healthcare staff has been problematic and the Board has noted the absence of mental health nursing support at some important multidisciplinary meetings including, for example, the daily morning meetings and some segregation reviews. Management in the prison's healthcare service has taken steps to address the shortfall in staffing and recruitment is in progress. Nevertheless, throughout the year, the mental health team has continued to provide treatment and crisis intervention and, when restrictions have allowed, face to face support.

A wellbeing centre had been constructed in the prison before the pandemic with the aim of providing therapeutic support and intervention for vulnerable prisoners and those with complex needs. The facilities were designed to help regulate physiological

and emotional responses for patients who were assessed as being likely to benefit from this therapy. The Board is pleased to note that the centre is now becoming operational.

The Board is optimistic that the improved expertise and facilities available at the prison, including a fully operational wellbeing centre, will go a long way towards helping prisoners with their mental health needs and contribute to stability within the establishment. See also section 5.2 for the Board's concerns regarding the long-term segregation of prisoners with severe mental health and personality disorders.

6.4 Social care

The relationships with local health and social care services continued to develop strongly through the year and a representative from the care services now attends the monthly meetings of the local delivery board (LDB). The representative provides specialist advice and guidance for equipment and treatment and also monitors provision of social care services through the action-tracking process of the LDB.

In addition to matters concerning living aids for prisoners with physical disabilities, the wider scope of social care included, for example, the need for vitamin supplements and thermal underwear for older prisoners, and the reinstatement of monthly 'coffee meetings' in the visits hall exclusively for the over-50s cohort of prisoners.

6.5 Exercise, regime

All workshops and out-of-cell exercise in gyms were paused during much of the year. However, essential wing work by prisoners, such as cleaning, laundry and kitchens, continued (also refer to section 7.2). In addition, one to two hours per day of out-of-cell time was available to all prisoners and all of the segregated prisoners were allowed access to the segregation exercise yard.

During periods when physical activity could not be offered, prisoners were provided with in-cell resources via their televisions and printed material. The gyms and exercise equipment were brought back into use at times during the year and prisoners were allowed to use them in smaller groups according to the regime plan defined by HMPPS.

The Board is pleased to note that the removal of some restrictions will enable the prison to implement the provision of additional recreational and gym equipment that has been funded.

6.6 Drug and alcohol rehabilitation

Ongoing programmes have remained suspended because the drug recovery wing was adapted for Covid-19 isolation purposes and many of the prisoners were dispersed to other parts of the prison.

The START courses (substance misuse, treatment and recovery therapy) were discontinued in their present form with the graduation of the final group during this

reporting year, and there has been no similar programme for more than six months. In the absence of this course and the drug-recovery wing, the Board acknowledges that all prisoners, when referred to the well-staffed substance misuse team, continued to be offered: face to face meetings, telephone calls, supervision and use of the appointed prisoner-mentors.

It is noted that the substance misuse clinical lead had started the preparation of an improved recovery programme before the close of this reporting year. The Board understands that the new programme will be bespoke for offender health needs and will embody group sessions similar to the START courses when they are introduced.

Random and mandatory drug testing was suspended during most of the year except for three months (Oct-Dec 2021) when restrictions were eased. During this period 124 prisoners were tested and almost 20% of these tested positive for presence of Spice or cocaine (also refer to section 4). The Board will continue to monitor the trends in use when data are again available.

The Board notes that prisoners with substance misuse problems continued to receive appropriate treatment. Referrals to the substance misuse team are made from a number of sources including:

- At reception and induction, where substance misuse is identified, details of prisoners are routinely referred for follow-up assessment and treatment.
- From prison custody officers, who routinely report instances of intoxication and other evidence of drug and alcohol use on the house block wings.
- In the prison, where some prisoners self-refer to seek help and treatment.

While the Board acknowledges the limitations imposed by the pandemic on the range of treatments available, it remains impressed with the dedication of the substance misuse specialists and the levels of assistance and support available to prisoners affected by substance dependency.

7. Progression and resettlement

7.1 Education, library

In common with other functions in the prison, the education services department faced another very challenging year. Nevertheless, it has continued to pursue constructive and innovative approaches in the delivery of material through the use of in-cell courses with telephone support for those studying and revising for accreditation and qualifications.

Apart from the formal course materials prepared by the educational team, a range of other 'distraction' materials was available to all prisoners, including to those in the segregation unit.

The Board's analysis of prisoners' take-up of the in-cell education offerings at the end of January 2022 revealed the following:

Course	No. of education packs issued	Packs returned for marking and feedback*
English	276	212
Maths	473	501
ESOL (English for speakers of other languages)	177	177
Key work skills	507	605

*Some packs were carried over from the previous year

By the end of the reporting year prisoners have gained 20 qualifications in English, maths and ESOL and 524 key work skills.

Eleven percent of the prisoners in the prison are foreign nationals and not all of them are proficient in English. Although it was necessary during the year to suspend the ESOL face to face tuition, in-cell tuition packs continued to be available and classes are due to resume in the coming year.

All prisoners are screened for educational needs on arrival in the prison and the Board is encouraged by the additional resources being provided for prisoners with learning difficulties. The appointment of a special educational needs co-ordinator (SENCO) in December 2020 has improved provision and the service will be further enhanced by a learning support practitioner from March 2022. The department is working towards obtaining the autism *Kite Mark*. With this in view, it has recently recruited staff volunteer autism champions who will be trained during 2022.

Prisoners have not been able to attend the library during the year because of the Covid-19 restrictions. They were, however, provided with a mobile library service which was maintained and managed through the prisoner advice and liaison service (PALs) with wing prisoner representatives managing deliveries and collections. This popular innovation has both improved the efficiency and take-up of the service and will be retained. During the year 1,174 books were borrowed.

7.2 Vocational training, work

Vocational training towards qualifications was resumed during the last three months of the year. This training covered instruction in performing manufacturing operations together with Open University, pro-social modelling classes, and sports academy courses. In order to accommodate small 'cohorted' groups and social distancing requirements, it was necessary to restrict the numbers attending. Throughout the period there were inevitable cancellations and drop-outs which coincided with the variation in the restrictions imposed by the lockdown stages in the prison.

The 'passports to employment' scheme, which embeds English and mathematics learning with work skills (such as behaviour and timekeeping) lapsed during the year. However, plans are in place to relaunch it over the next few months.

It was necessary to cut back capacity and activities in the prison workshops for most of the year and no more than 40% was in use. This work capacity was turned to producing clothing, bedding, PPE and other similar items for in-house use within the prison and for the NHS. This included the production of scrubs throughout the year for the local NHS Kingsmill Hospital.

Other essential 'housekeeping' work by prisoners continued and more than 200 prisoners were employed daily in kitchen and servery duties, wing cleaning, laundry, prisoner councils, etc.

7.3 Offender management, progression

7.3.1 The offender management unit (OMU)

Once again, it is necessary for the Board to report that the probation staffing in the OMU was not fully resourced for the entire reporting period. This situation has deteriorated compared with the Board's last reporting period. During the year there was a shortfall of about 50% from a full complement of probation offender managers (POMs) and together with the cell restrictions, this reduced significantly the number of face to face meetings with prisoners.

Probation officers reported to the Board that the staff shortages have caused role definition to be poor and workloads difficult to manage. The result is that a substantial number of high-risk prisoners are still being managed solely by the prison's offender managers, taking on workload that should be managed by probation officers.

At the time of compiling this report there were 25 low or medium risk and 184 high risk prisoners with incomplete or out-of-date offender assessments, which are undertaken and updated by the POMs.

The Board notes that prisoners continued to be transferred into HMP Lowdham Grange from other establishments without up-to-date assessments. Although new arrivals are reviewed by reception staff as part of the prison's checks on custodial behaviours, the lack of accompanying up-to-date paperwork created backlogs in updating the offender management system for use by other prison departments. When prisoners have been transferred to residential accommodation, the process of offender management while in custody has been affected in a similar manner.

In view of the potential for unfavourable outcomes for prisoners with these arrangements, the Board regards the shortage of POMs as unsatisfactory and it remains concerned about the possible risks to staff and other prisoners posed by potentially violent prisoners whose backgrounds are incomplete or that have not been fully assessed in their early days in the prison (refer also to section 4).

Sentence planning reviews continued as staff tackled the backlog of work resulting from the staff shortages and Covid-19 absences. The aim has been to ensure that every prisoner serving a determinate sentence has an assessment review at least every two years and every three years for prisoners serving life sentences.

Community offender managers (COMS) have been involved for all recall cases, parole cases, and prisoners entering the pre-release stage. OMU staff work closely with the COMS to ensure that prisoners are sufficiently supported during these stages up to the point of their release.

The provision of in-cell telephones has greatly assisted in overcoming regime restrictions and it facilitated communication between the OMU staff and prisoners throughout the reporting period. When accessing their COMs from in-cell phones, the call-costs incurred by prisoners are refunded by the prison. Similarly, parole reviews were able to continue during the year with hearings taking place remotely by telephone or by video conferencing.

7.3.2 Recategorisation reviews

Prisoners' security categories are reviewed every year, and every six months in the final three years of sentence when leading up to release planning.

The prison population at the end of the reporting year was 881 as follows:

Type of sentence	No. of prisoners
Life sentenced prisoners	223
Indeterminate sentenced prisoners (ISPs)	27
Determinate sentenced	631

There were 798 category B prisoners in the establishment at the close of this year and there were 83 category C prisoners. This is an increase of 40% (24 prisoners) over the previous year of prisoners waiting for transfers to category C establishments as they progress towards release. There were no category D prisoners.

It is a matter of continuing concern to the Board that the number of prisoners serving indeterminate sentences has not reduced during the year. Currently, there are 27 prisoners in this group (27 at the end of the previous reporting period). Some of these prisoners are many years over their original tariff and find it very difficult to progress with their sentence plans despite the fact that prison management and the psychology team review the notes for prisoners in this group on a monthly basis to try to ensure appropriate focus and support is in place.

7.3.3 Delivery of offending behaviour programmes

Staff in the OMU complete referrals for the accredited offending behaviour programmes 'Kaizen', 'Resolve', and 'Thinking Skills' provided by HMPPS, and liaise with the psychology department. These courses are designed for prisoners with a high risk of reoffending with convictions for violent offences and they all have as their aim the achievement of pro-social behaviours amongst the prisoners. The post-course reviews link into sentence planning and risk assessments. However, the Board notes with some concern that the provision of these interventions has been very much limited through the year.

The operation of the social responsibility unit (SRU) and the face to face delivery of offending behaviour programmes continued to be curtailed during the year. Nevertheless, contact with prisoners on paused treatments and all scheduled post-programme reviews took place by telephone by programme facilitators. Further support in the form of wellbeing checks for prisoners was undertaken by the facilitators who also took part in the ACCT reviews for appropriate prisoners.

The Resolve programme was discontinued at the end of the last reporting year and some prisoners who were due to join the course were transferred to a waiting list for an alternative programme. However, the Board received an application from a prisoner about this matter and on investigation, it found that he was not on the waiting list for the alternative course. Priority for all courses is now being given to prisoners who are over tariff or life-sentenced and to indeterminate sentenced prisoners when they are at the one-year point prior to parole eligibility.

7.4 Family contact

7.4.1 Visits – general

Face to face family and social visits for prisoners were again restricted during much of this reporting year. In place of these, prisoners could only be offered two alternatives:

- i) In-cell telephones for regular contact with approved family and friends. In connection with this, the prison continued to provide additional PIN phone credit to prisoners.
- ii) Online supervised video calls with approved family members through the Purple Visits service provided by HMPPS.

The Board is pleased to note that during the year, the prison management took the opportunity to remodel the visiting hall and installed sofa-style seating with tables, together with other improvements including the reopening of the tea bar. Unfortunately, these works were completed just before a further outbreak of the virus in the prison and the imposition of a more stringent restricted regime, which was in force at the end of this reporting period (31 January 2022).

Although the works in the visiting hall are a big improvement, concerns have been expressed by prison staff to members of the Board that the design of the new sofa seating compromises security and safety in the hall during visiting times.

7.4.2 Technology-based visits

The alternative to face to face visits during the restrictions was the Purple Visits service which allowed video calls between prisoners and approved members of their families. The video calling equipment (laptop computers and special connection ports) was set up in the visits hall and calls were supervised by prison custody officers.

There were numerous technical difficulties with the computer equipment and these were continuing at the close of the reporting year. Equipment failures resulted in severe restrictions on the numbers of prisoners and families able to use the system. Family links are important to the wellbeing and, in some cases, the mental stability of prisoners, and therefore the Board is not satisfied that adequate measures were taken promptly to rectify systems and equipment.

7.4.3 Face to face visits

When face to face visits were allowed during periods of relaxed restrictions, the prison offered and arranged one-hour visits 'for family' only as mandated by HMPPS. However, prisoners regularly reported that family members were often reluctant to travel long distances, possibly by public transport, to HMP Lowdham Grange, which is in a remote rural location, for a visit of just one hour. This problem was compounded by difficulties experienced by prisoners and visitors alike when they attempted to book in-person visits.

The telephone booking line was criticised heavily by visitors and prisoners for being open only for limited periods during the day and when the booking line was open, it appeared that the service was understaffed. These difficulties are reflected in the minutes of the prisoners' information and activity committee (PIAC) meetings and therefore the Board has concluded that for a considerable time this impacted upon the number of social visits completed.

The prison addressed this issue by providing prisoners with a facility for booking visits directly at the houseblock wing ATM terminals. This service started in November 2021 and it improved the situation considerably. The Board notes that by the end of January 2022, the ATM facility is the only method of booking visits.

7.4.4 The Inside Media facility

The Inside Media team in HMP Lowdham Grange provides in-house TV and video services within the prison. In addition to providing jobs and skills training opportunities for prisoners, it provides a wide range of TV content for prisoners in all house blocks.

The facility produced and adapted TV content covering education, entertainment, religion, wellbeing and other information. Of note was the development of the in-cell technology (iHub) to deliver video on demand to cells and the creation of the dedicated education channel.

In addition to these services, the facility produces video recordings for prisoners' families and in the previous reporting year, the Board reported that a total of 550 recordings had been produced for prisoners in all parts of HMP Lowdham Grange. These recordings consisted of stories read to prisoners' children (Storybook Dads) and video messages for families. The Board was surprised to learn, therefore, that because the prison operator is contracted to three other HMPPS establishments, the Inside Media team applies much of its time and effort producing material for other prisons in the estate.

The immediate effect of this contract is a very significant reduction in the provision of this family-oriented service to this prison in the current reporting year and this is confirmed by the data provided by the prison:

Video recordings produced	Total videos	For other prisons	For Lowdham Grange
Stories read to prisoners' children	205	146	59
Video messages for prisoners' families	172	121	51
Total	377	267	110

This means that more than 70% of the Inside Media team's output for family-related videos is for the benefit of prisoners in other establishments:

The Board also notes that the Inside Media team produced 149 videos during the first eight months of the year of which only 15 videos related to Lowdham Grange prisoners and their families. Moreover, only 11 videos were produced for Christmas in the month of December.

The Board acknowledges that this additional contract work is an expansion of the Inside Media service which will provide more jobs and skills opportunities to prisoners in Lowdham Grange and there is no contractual requirement on the prison operator to confine this innovation to the prison. Nevertheless, it is very disappointed by these findings and considers that they are an unfortunate failing by the prison operator to provide a valuable resource to prisoners in HMP Lowdham Grange during a difficult and stressful time when, in the main, face to face visits were prohibited.

7.4.5 Family liaison

There is a team of three volunteer family liaison officers (FLOs) in the prison. They are all full-time members of staff and they also work in other roles within the establishment.

The FLOs continued to support prisoners throughout the year in matters such as maintaining family contact and family court hearings. Their work was particularly commended by the PPO in connection with the support provided by the prison to a family following a death in custody.

The Board notes that at the close of its reporting year HMPPS has no FLO training courses planned for 2022 and therefore, the prison is not currently able to recruit more staff to the role, one that the Board considers to be a vital component in the prisoner/family welfare structure.

7.4.6 Education and services involvement

The education department has continued to work with the Family First team to support and develop family links and there are plans to recontract the Safe Ground initiative (formerly Fathers Inside) for access by prisoners. This is a group-work programme which uses a range of engaging techniques to develop understanding of parental responsibilities for children's education, development and well-being.

7.5 Resettlement planning

As part of the long term high security estate (LTHSE) for category B prisoners the prison does not have a dedicated resettlement function. However, prisoners are released from time to time if they complete their sentences in the prison or if the release has been instructed by the court or Parole Board.

With regard to the progression and release of foreign national prisoners, the external immigration services would normally visit the prison to review these cases on a quarterly basis. However, these visits have been suspended.

The Board notes that in the absence of resettlement resources, the prison management adopts a safe and compassionate approach to the exit of prisoners into the community by ensuring that:

- Appropriate risk management plans and licence conditions are in place;
- High-risk prisoners are released only to approved accommodation with associated support;
- Prisoners are given the opportunity to open bank accounts and arrange appointments for the Job Seekers Allowance scheme;
- Pre-release meetings take place between prisoners and their community offender managers;
- Pastoral care is provided in the form of printed information and a directory of community and church helplines;
- No prisoner is released without first-night accommodation.

This work is undertaken by a number of departments in the prison including, amongst others, the OMU, chaplaincy, family liaison personnel and custody officers.

The Board is satisfied that the prison does what is necessary to ensure the safe release of prisoners into the community. It also notes the prison's willingness to go above and beyond by, for example, paying for weekend accommodation for one prisoner who was released on a Friday.

The work of the IMB

The continued strict limitations necessary to minimise the risks of Covid-19 infections amongst prisoners and staff has had an adverse impact on the number of visits by Board members during the reporting period. The Board made a decision that members should not attend the prison until they had received two vaccine doses. Given the diverse ages in the Board, some members did not get their second vaccine until autumn 2021.

Monitoring was undertaken on a rota basis by a mixture of in-person and virtual attendance at a range of multidisciplinary meetings including:

- the daily management meetings (five times a week)
- the weekly progress review meeting about prisoners in segregation
- segregation reviews with individual prisoners (three times a week)
- the weekly healthcare delivery meetings and local delivery board
- the weekly prisoner consultation meetings

The Board's attendance at these enabled it to monitor closely the progress and care for some of the most vulnerable prisoners. When restrictions allowed, Board members began to visit the wings and houseblocks in accordance with the safety protocols which were in place at various times.

Board meetings were held each month and these were also attended by the Director and the Controller. Some of the meetings were in person and some, during restrictions, by video conference.

The year has been one of rebuilding for the Board and it is very important to acknowledge the commitment and dedication of members who continued to take on monitoring duties despite the various challenges. It has also been gratifying to recruit two new Board members and to assist them on their induction programmes.

Board statistics

Recommended complement of Board members	15
Number of Board members at the start of the reporting period	9
Number of Board members at the end of the reporting period	11
Total number of visits to the establishment	177
Total number of shifts on the 0800 telephone line	Not applicable
Total number of segregation reviews attended	100

Applications to the IMB (including via the 0800 telephone line)

During the reporting year there were 127 applications from 86 different prisoners. Below is a breakdown of the applications by subject area.

Code	Subject	Previous reporting year (2020-2021)	Current reporting year (2021-2022)
A	Accommodation, including laundry, clothing, ablutions	3	7
B	Discipline, including adjudications, IEP, sanctions	2	6
C	Equality	3	4
D	Purposeful activity, including education, work, training, library, regime, time out of cell	7	6
E1	Letters, visits, telephones, public protection restrictions	6	4
E2	Finance, including pay, private monies, spends	3	4
F	Food and kitchens	1	3
G	Health, including physical, mental, social care	6	4
H1	Property within this establishment	8	5
H2	Property during transfer or in another establishment or location	15	16
H3	Canteen, facility list, catalogue(s)	2	2
I	Sentence management, including HDC, release on temporary licence, parole, release dates, re-categorisation	2	10
J	Staff/prisoner concerns, including bullying	10	12
K	Transfers	1	3
L	Miscellaneous, including complaints system	7	17
CA	Confidential access	22	24
	Total number of applications	98	127



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