



Annual Report of the Independent Monitoring Board at HMP Preston

**For reporting year
April 2021 – March 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

2.1 Overview

HMP Preston is a predominantly Victorian radial prison, constructed between 1840 and 1895. It operates as a category B adult male and young offender institution reception prison, servicing courts across northwest England. It holds male prisoners aged 18+ who have been remanded in custody, are awaiting trial, serving sentences of 12 months or less, or are awaiting transfer to another prison after sentencing. It is situated on a very confined site near to Preston city centre, and experiences all of the difficulties typical of this style and age of establishment. Its location, however, allows good transportation links for visitors.

2.2 Prison roll

The prison roll averages around 670 with an operational capacity of 680 against certified normal accommodation of 433. Being a local prison serving the courts requires the prison to release and/or transfer out approximately 50 prisoners per week in order to create spaces for those remanded to custody by the courts. This entails a consistent administration workload.

2.3 Prison facilities

In addition to the core residential accommodation and prison facilities, the following are available to the prisoners:

- 30-bed healthcare centre with regional beds for north west prisons
- 28-bed recovery wing for those with addiction problems
- dental surgery meeting current NHS guidelines
- a well-stocked and managed library and a resettlement area
- an education department which includes an IT centre and an art suite
- well-equipped PE facilities inconveniently on three sites, but well managed and delivered
- a textile workshop
- a horticulture centre

2.4 Partner agencies

2.4.1 Education and training

The education function is run by Novus, part of The Manchester College. It provides a mixed and balanced curriculum focusing on enhancing the employability prospects of prisoners on release and reducing reoffending. The training function is run by HMP Preston.

2.4.2 Healthcare and drug and alcohol recovery

HMP Preston operates a regional hospital facility, which includes a general medical ward with 12 beds as well as a mental health ward with 18 beds. It takes prisoners from other prisons who have serious conditions or who are recovering from operations, and it has a palliative care role.

Since 1 April 2017, these services, along with those in other prisons in the northwest and elsewhere, are run by Spectrum Community Health CIC (Spectrum). Spectrum provides primary care services, including integrated substance misuse services, pharmacy services and GP sessions. Spectrum is also responsible for the provision of the following services:

- mental health services (with their partners Tees, Esk and Wear Valleys NHS Foundation Trust)
- non-clinical substance misuse services
- optical services
- dental services
- a range of therapies (including physiotherapy and podiatry)

The integrated mental health team (IMHT) offers prisoners a full mental health assessment from initial reception through to discharge and also a crisis resolution service. The IMHT also attends all assessment, care in custody and teamwork (ACCT) reviews (for prisoners at risk of suicide or self-harm). The team is wing-based to facilitate access by wing staff and prisoners.

2.4.3 The library service

This service is provided by Lancashire County Council. The library is operating well, with very enthusiastic and committed staff, and now has books in 27 different languages, which reflect the needs of the prison population. The library is a particularly good place for orderlies to learn new skills because of the complexity of the job and the close supervision available.

2.4.4 Housing, debt and financial advice

Due to the national amalgamated probation service commissioning a new accommodation contract, no housing, debt and financial services have been provided this year.

3. Executive summary

3.1 Background to the report

Last year's reporting period coincided with the first year of the Covid-19 pandemic. This year's coincided with the second year. Like society in general, the prison has been subject to varying levels of restrictions, but has grown in confidence in dealing with situation. The prison service has had to continue to operate under the emergency delivery model (EDM). This is a system that recognises that prisons are located in different parts of the country and may be experiencing different levels of infections in both the locality and the prison. There are four stages that a prison can operate at, numbered 1 to 4. Stage 4 being the most severe, with only essential work including food preparation and cleaning being allowed. At Stage 1, most functions like work, cleaning, education and visits are back to normal. Each stage had national guidelines, but the prison had to establish what functions it could safely perform at each stage taking into consideration the layout of the prison, the staffing levels and the infection rates in the locality. Each plan had to be submitted to and agreed by Covid Gold Command. This entailed a lot of work by the management due to the large number of changes to EDM stages. The year started at Stage 4, progressed to Stage 1, went back to Stage 3 and then down to Stage 1 again. The experience obtained last year allowed the prison move forward from just dealing with the current situation, to managing the situation and putting back in place the performance meetings.

The pandemic has had similar effects on staffing levels in the prison as other employers. Staff have left the prison service for better paid jobs so that by the end of the year there was an attrition rate of approximately 10% for bands 3-5s. The prison has been running at a constant deficit of staff in the band 2 grouping. Constant advertising campaigns have failed to fill these rolls. This has had a devastating effect on the visits booking system (7.4). The situation was made worse by the fact that, due to the pandemic, the online visits booking system had been closed down nationally for two years. Also for a period the wrong phone number for visits appeared on the prison's webpage. The prison acknowledged the difficulty families had in booking a visit by placing all available staff on the telephones to answer the booking calls. The overall lack of staff at the right grade did not allow it to be solved. This lack of recruitment has not been limited to the directly employed prison staff. The works provider Amey, was not able to employ enough officer support grade staff (OSGs) to supervise the contractors working on the improvements to the showers, resulting in only half the work to be completed this year. Fortunately the finance has been carried over to next year.

The range of experience of the prison officers is reflected in that approximately 28% have a year or less of experience and approximately 31% have over 10 years. The former clearly do not have the experience of the latter. Their experience by necessity has been gained whilst the prison has been in various stages of EDM lockdown. Their learning curve will have to be steep when these restrictions are relaxed quickly in the new year.

The prison was classified as an outbreak site on two occasions. On these occasions the IMB did not enter the prison. Although our presence in the prison has been higher than it was the previous year, it has not been back to pre-pandemic levels.

3.2 Main judgements

How safe is the prison?

The use of force in the prison, which also is a good indicator of the incidences of violence, has increased over last year, but remains lower than the year prior to the pandemic.

The Board considers Preston to be a safe prison.

How fairly and humanely are prisoners treated?

The Board is impressed with how prisoners held in the segregation unit for their own protection or for the good order and discipline of the prison (Rule 45) are dealt with and the positive approach taken by the governors chairing their reviews. This was particularly the case in the way a very difficult and challenging prisoner was dealt with over a several month period.

In general the Board have not witnessed any widespread unprofessional behaviour by the staff and the Governor is providing an excellent role-model for treating prisoners with respect and dignity. The Board has not found any reluctance by prison management to deal with any isolated cases.

How well are prisoners' health and wellbeing needs met?

HMP Preston is fortunate to have a fully functioning regional hospital wing that is very well managed. There is also a dental surgery, but currently the waiting list for treatment are excessive, Recent enquiries revealed a waiting list of over six weeks.

How well are prisoners progressed towards successful resettlement?

This has obviously been stalled due to Covid and the new contract for the new accommodation service, provided by Seetec has greatly reduced the prison-based staff to assist directly in this vital area of resettlement. It is the intention of the Board to monitor the homeless releases more closely during the next reporting period.

3.3 Main areas for development

TO THE MINISTER

- Preston is a well-run prison but valiant attempts to improve conditions in this Victorian edifice have only ameliorated conditions and regional investment has been piece-meal. HMP Preston requires a significant injection of funding. In particular major investment is required to purchase the county museum which form the boundary to the prison. This would allow the totally inadequate space in reception to be resolved.

TO THE PRISON SERVICE

- Prisons face a growing problem with shortage of administrative staff at bands 2 and 3. This leads to vital areas such as the administration of complaints, visits, prisoner's finances falling behind what is acceptable. The back-logs in these important areas directly impact adversely on prisoner welfare. The Board is informed that these particular administrative grades have low pay scales and poor working conditions. This needs addressing at a national level
- Preston recently received a prisoner from HMP Kirkham who was subject under the Imprisonment for public protection Order (IPP). He was sentenced over seventeen years ago. He was presumably being readied for release when he was sent to an open prison but he was so institutionalised he was unable to cope and his behaviour deteriorated. The IMB believe that we have reached a point where special arrangements should be introduced to assist the release planning of IPP prisoners who are way beyond their tariff dates.

TO THE GOVERNOR

- The backlog of Comp 1 forms needs addressing
- In-cell technology is now available in some prisons. The provision of lap-tops to prisoners provides prisoners with a form of communication that greatly enhances their lives and dignity. The IMB are hoping for Governor to ensure that HMP Preston is at the forefront of this bold new initiative.
- The use of lap-tops operated by OMU and Through the Gate staff, on Wings, would also greatly improve and speed up prisoner assessments and sentence planning.
- The waiting list for dental treatment has become excessive and this has become a barrier for prisoners receiving timely treatment for even serious and painful conditions.
- The prison should return to a full regime including education/occupational training/exercise
- There should be an integrated and improved resettlement service, including housing/financial advice/drug counselling/family liaison
- Cell conditions should be Improved and upgraded, including better toilet screening
- A return to qualification opportunities in horticulture and the gymnasium

3.4 Progress since the last report

Issue raised	Response given	Action taken
Delays in transferring patients to secure hospitals	Lack of suitable beds and unprecedented demand experienced across all communities and custody. Covid-19 also played a part.	The government is committed to introducing a maximum time limit of 28 days for transfers to mental health hospitals from custody that was proposed in the White Paper. This will commence once the new NHSE&I good practice guidance to the White Paper which was issued on 10 June 2021 is embedded. A new independent role to oversee the transfer process has also been committed which will further help reduce unnecessary delays.
Totally inadequate space in reception to be resolved by the purchase of the county museum which forms part of the boundary of the prison. This would also secure the boundary now that the museum is closed.	The high value of the bid may mean that it takes several years to deliver.	An estates investment proposal bid has been submitted, which would cover the redevelopment of the reception area and has included the purchase of the county museum.
It was hoped that the innovative use of technology to provide secure social video calls and tablets for socially important meetings between prisoners and their families could be continued after Covid had finished.		This has carried on.

4. Safety

4.1 Reception and induction

HMP Preston operates as a reception prison taking remand and convicted prisoners from both magistrates' and crown courts in the north west of England. However, when other prisons are full, it receives prisoners from courts in Merseyside, Carlisle and Durham, which are outside its designated catchment area. This can delay the arrival of the last prisoner, and it is a credit to the staff in reception and the first night centres that the prisoners are processed efficiently.

The physical layout of reception has been a concern of the Board's over a number of years and has been mentioned in previous reports. The introduction of the body scanner has been a welcomed addition in the fight against the bringing of contraband into prison, but has further reduced the space available.

The situation in reception is a continuing concern.

The reverse cohort unit (RCU) which was introduced last year at the start of the pandemic to replace the first night centre (FNC) has continued to operate. This unit carries out all the functions of the FNC, but holds the prisoners for 10 days to ensure they are not infected or symptomatic before they are moved onto the main locations. When the prison had a high number of new prisoners, this was reduced to 8 days. The prisoners are tested on day zero and day 5. If the tests are negative on both occasions the prisoner can move onto the main locations on day 10. If they test positive or are symptomatic they have to isolate for 10 days. The regime is similar to that on the main locations, with the exception that they are not allowed to go to work. This long period in the RCU has led to a number of prisoners convicted of sexual offences being identified. For their own safety they were moved onto the vulnerable prisoner's wing to complete their period of isolation.

The induction programme was effectively the same as pre-Covid, the only difference being the reduced time out of cell.

4.2 Suicide and self-harm, deaths in custody

There have been two deaths in custody this year. One was apparently self-inflicted, and the other was apparently of natural causes. There has been one death within 14 days of release. All are subject to a Prison and Probation Ombudsman's inquiry.

The prison offers support to the family of the prisoner who has died, and prisoners who may also have been affected. These prisoners may be sharing a cell, they could be friends or relative, or prisoners on the same training course. The prison also has an established network of support for staff who have been involved in a death in custody. In the first case above, the prisoner was on a training course. His colleagues on the course were notified as soon as possible and a notice was put out to all prisoners. The following day the officer running the training programme came in on his day off to organise counselling session with this group. They discussed their feeling and decided to create a memorial to the prisoner within the prison.

Approximately 80% of prisoner population who have never self-harmed, 17% have self-harmed and 3% are active self-harmers. The incidences of self-harm number

between 38 and 63 per month and the vast majority manifest as cutting. High figures quite often indicate a prolific self-harmer in the prison. Life in prison could at any time re-ignite the desire in those with a history to recommence self-harming. The reasons why a prisoner self-harm can be many and varied. The most consistently recorded is lack of contact with family, either by phone or through visits. Preston periodically receives prisoners from out of area, due to local prisons being full. When these prisoners arrive they are immediately stressed as they know they will not be having face to face visits until they are relocated. Phone calls are therefore an essential way of keeping contact. Prisoners can become disappointed with the length of time it can take to clear a telephone number so that a prisoner can call it. This is not always the prison's fault. The lack of social visits was partly due to the pandemic, but also to the problems of booking visits (7.4). The change of medication that prisoners experience when entering prison can also confuse them. Certain medicines that prisoners are prescribed before they come into prison have a 'price' inside prison and are prohibited. When an alternative is prescribed, a prisoner may get upset that a long term medication is not available to him and he believes he is not being treated correctly.

Some of these concerns can be addressed by the staff on the wings. Shortly before the pandemic a key worker scheme was introduced whereby each prisoner was allocated a member of staff to spend time with him once a week to try to build a rapport and resolve issues such as the above. This was drastically reduced over the last two years, when prisons were operating under the EDM. Preston has exceeded the guidelines for Stage 2, by contacting every prisoner once a month. This is an achievement in a reception prison accepting 50 and releasing 50 prisoners a week.

Care is taken to ensure that any prisoner who expresses a feeling that they might self-harm is placed on an ACCT procedure and helped accordingly. This procedure is used to support prisoners who are, or who are thinking about self-harming. They meet with their support team at least once a week to discuss the support and supervision they need. They are also monitored at least once an hour. This could increase to four times an hour, or they could even be placed on constant watch. What has also helped, is that each person on an ACCT has a dedicated key worker, who attends each session.

The average number of ACCTS that have been opened in any one month is approximately 50, with approximately 25 being open at any one time. The main locations for opening the documents are reception and the RCU. This is not surprising as these represent the prisoner's first experience of the prison and when he is at his most vulnerable. It is also where the staff have to be at their most vigilant.

Prisoners also have access to Listeners. These are prisoners trained by the Samaritans to help prisoners who need somebody to talk to and listen. The numbers continually reduced due to prisoners completing their sentences or being moved to other prisons to allow them to complete their sentence plan. The Samaritans were also not entering the prison to run training courses to allow replacements to be forthcoming. In the second half of the year, the Samaritans recommenced their training courses and by the end of the year the number of Listeners had increased.

from four to over 20, which allowed of full regime to be run. Over the year a number of Listeners voluntarily deferred a transfer from Preston to maintain a Listener presence. They did this knowing this would delay them completing their own sentence plan. They should be acknowledged and thanked. To counter this lack of Listeners, Preston maintained, from last year, the dedicated mobile phone on each unit to allow prisoners to phone the Samaritans from their cells. The provision of in-cell phones early next year will improve the contact with the Samaritans.

4.3 Violence and violence reduction, self-isolation

The incidents of violence correlate very closely with those leading to the use of force. The only consistent disproportionality in violence is experienced by those in the 18-29 age range, as is reflected in the use of force figures. As a reception prison, HMP Preston does not run programmes that address violent behaviour that prisoners need to complete their sentence plan. It does, however, run a documented process to help prisoners address anti-social behaviour and/or perpetrator behaviour and also provide support for those who whatever reason become vulnerable. This is done under the challenge support and intervention plan (CSIP). It also runs a Time4Change programme for 18-24 year olds.

The CSIP programme addresses all offenders involved in violence. These incidents are then investigated with information obtained from all those interviewed. Those prisoners accepted onto the programme are referred to their wing custodial manager (CM), who has to draft an intervention plan. The CM has to implement the plan and ensure the offender is compliant with it. All relevant staff are made aware of the restrictions placed on for the said offender. The prisoner is interviewed weekly and his behaviour is reviewed. Approximately 20 prisoners a month have been placed on CSIP, with an increase shown in the last quarter, possible due to a relaxation of the regime.

Staff at HMP Preston were so concerned about the level of violence among the 18-24 year olds that they looked for initiatives within the prison estate to see if any work was being done to tackle this problem. They discovered the Time4Change programme being run at HMP Pentonville. With Pentonville's cooperation staff developed their own programme based the guiding principles of violence reduction, improved prisoner-staff relationship, improvements in education and employment, and attendance at purposeful activity. One afternoon a week for 12 weeks 10 the prisoners meet and are challenged. This ranges for listening to a talk on the consequences of knife crime, to discussing their lifestyles, preparing CVs and having mock job interviews. The course is run by two officers and has 3 prisoner mentors. The latter are generally over 25 years old. They are proof that if they do not change, a continued life in prison awaits them. The prisoners placed on this course are put on hold and are not transferred out until they have completed the course. The programme started within a very defined remit, but it was soon recognised as a way forward and won a cash award from HMPPS Operational Intervention Award 2021 in order to improve its facilities and finance external speakers. Two of the staff have won regional awards for their work, and the remit of the team has been increased to include foreign nationals, veterans in custody and prisoners convicted of sex offences. The results of these projects are often difficult to quantify as the results require a change of outlook in the person. This is not going to be achieved overnight,

and even if it is started once outside prison without the support group it is difficult to maintain. As HMP Preston is a reception prison and prisoners are moved out quickly, the results of this programme will not necessarily be felt at HMP Preston. So far, three of the participants have signed up to the Sycamore Tree – Understanding the Restorative Justice Process programme. For offenders so young this is commendable.

4.4 Use of force

There have been more incidents requiring the use of force during this reporting period than in the last one, the first year of the pandemic. However, both these years show a decrease on the year before the pandemic. This year's increase could be due to the increased activity and time out of cell than last year. The majority of these incidents, 95%, are reactive, caused by non-compliance, threats, prison on prisoner assaults and unfortunately assaults on staff. Only three incidences required the use of PAVA, and 3 where batons were drawn but not used.

The only disproportion use of force against any group on a consistent basis that against 18 to 24 year olds. In response to this, the Time4Change programme was introduced (4.3). Other groups have shown disproportionality in a particular month, but this has often been caused one or two individuals.

Preston has a comparable number of incidents as its comparator prisons and other local category B prisons. When repeat offenders are removed this figure improved with the exception of one month. In that month, seven repeat offenders were recorded, one of whom had seven uses of force against him. Two of these offenders had mental health problems and were ultimately transfer to a secure unit.

4.5 Preventing illicit items

The prevention of illicit items entering prisons primarily refers to drugs and mobile phones. A popular drug has been spice. This is largely because paper soaked in spice and then dried can be smoked. The prison has been photocopying all incoming mail to prisoners for a couple of years. Their original correspondence is kept in their personnel property. The "email a prisoner" scheme where people can email correspondence to a prisoner with all emails being printed in the prison, has also reduced the amount outside paper reaching a prisoner.

The other source of paper reaching a prisoner has been mail marked as R39 mail. This is privileged correspondence from a solicitor that cannot be opened by the prison. To ensure that only legitimate correspondence is classified as R39 mail, solicitors are now using a secure DX courier service to deliver mail to the prison.

This year has seen the first complete year of a body scanner being in operation in reception. All new prisoners from court and certain prisoners transferred to HMP Preston are scanned. All prisoners found to be carrying illicit items in body cavities are taken to the segregation unit. When they tell staff they have passed the item they are taken for another scan and if clear are processed as normal. The radiation dose is very small and is recorded on their prison record.

To help prevent items being brought into prison by people working there, all staff and other employees entering the prison have been issued with a clear plastic bag. This acts as a deterrent as all items being brought into prison can be seen. Irregular and random searches of all people entering is a further deterrent.

Due to the pandemic, the number of visits the prisoners have received has reduced severely, with this the opportunity to pass items in visits. Visitors are searched before being allowed into the visits room. Those visitors asked say the search teams are polite and respectful. The visits are monitored by CCTV and any suspicious activities challenged.

Possibly due to the above actions, the number of throw overs has increased this year. The main area targeted are the exercise yards. Although the yards are covered in netting, some throw overs have successfully reached the prisoners. Money has been allocated to improve the netting.

The prison has its own dedicated search team. Before the Covid pandemic arrived, amongst other duties the teams would carry out random searches of cells. This has been stopped, all searches now are intelligence lead. Intelligence can come from many sources, including the sniffer dogs indicating drugs and illegally brewed alcohol. Dogs are also used to check mail, including R39 legal correspondence.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

HMP Preston is a Victorian prison and inherent in that statement is the fact that in many ways the prison does not meet modern standards. The cells do not meet the standards laid out in HM Inspectorate of Prisons “Life in Prison: Living Conditions” report. Over the last couple of years the smallest cells have been designated as single occupancy, reducing the OPCAP from 811 to 680. The access around the prison is not mobility friendly, with no disabled access to the chapel, for example. The prison now has five dedicated disability access (DBA)

cells. These are allocated to the most disabled prisoners. The prison does, however, accommodate the needs of all the disabled prisoners in its care.

Another inherent problem with older prisons is the presence of vermin. The prison has a programme of vermin control. Towards the end of the reporting period a rise in the sightings of vermin was noticed. The prison instigated a survey to establish the true scale of the problem and solutions to improve the situation. It was found that the problem was mainly in the older prison buildings. Holes, that facilitated their movement, were found around pipework, cable runs that were boxed in did the same, and holes that had previously been filled in were found to have been opened up again. Food for the vermin was found on the servery floor and in waste food bins that were not properly closed. In the prisoner’s cells food was available and even some prisoners were feeding the mice. A deep clean of all the serveries was carried out, in particular the “hard to reach” areas under the heavy units. This cleanliness in the serveries has been reinforced by regular inspections by the kitchen staff, but an overall awareness within the prison has also helped. . An increase in the locations of baiting and an increase in the frequency has been instigated. The holes that allowed their movement has been filled. This work is beginning to show dividends, but it is still ongoing.

There has been a programme to shield the in cell toilets, but this has been curtailed due to the pandemic.

The Covid-19 pandemic has emphasised the need for communications between prisoners and families. To improve this, there is a contract currently ongoing to install in-cell telephones.

A clean, rehabilitative, enabling and decent (CRED) programme has been started in HMP Preston this year. This programme replaces the basic re-painting programme carried out by the works contractor with a collaborative programme using prisoners. The aim is not just to re-paint the cells, but to strip out the old furniture, re-paint and fix new furniture. It is hoped that the new environment will inspire the occupants to take pride in their living area and reduce re-offending.

Money has been allocated this year for improvement works to be carried out on the showers. This money is welcomed by the Board as the showers have long been an area of concern. It is disappointing that money allocated was for only six of the 21 shower units. A further disappointment was that due to the inability of the works

department to employ enough OSGs, who supervise the contractors, only 3 of the showers were actually completed. Fortunately the unspent money has been re-allocated to next year's budget.

The clothing exchange has worked as normal this year. The collection and washing of clothing and bedding of prisoners testing positive for Covid-19 or isolating has followed the procedures established last year. They are collected and washed separately.

Due to the Board not being present in the prison the food has not been sampled as often as the Board would have liked. There have, however, been few complaints about the food. Maintenance on the serveries, has continued with one being replaced.

5.2 Segregation

The segregation unit is a self-contained unit. It has 15 cells, each holding one prisoner. This includes one constant watch cell. It has its own servery, showers and adjudication room. It has direct access to three exercise yards. Although of limited size, two have fixed exercise equipment. It has two strip search cells which can double up as special cells. This year has seen the completion of the refurbishment of the cells with fixed steel beds and furniture. This has reduced the vandalism in the cells and ensured that each new prisoner enters a compliant cell.

The prisoners are entitled to a shower, exercise and a phone call each day, which they request when picking up breakfast. They also have a radio and can request distraction packs and access to the prison's library service. They are visited each day by a governor, chaplain and nurse and by a doctor twice a week. The Board usually visit the unit every week. In addition they visit every prisoner placed on R45, observe R45 reviews and adjudications. Over the last year this routine has not been as frequent due to Covid. When the prison has been in lockdown, R45 reviews have been conducted by conference call.

The unit receives prisoners who have broken prison rules and can be the more difficult prisoners to manage. The most difficult prisoners they manage are those whom healthcare staff consider not mentally ill enough to be placed on the regional mental health wing in the prison, but are too difficult to control in the normal prison environment. The unit has a good record of managing these prisoners, often having a long stay in the unit before transfer.

The average number of prisoners in the unit each week has been 10. The average length of stay has been six days. The number of prisoners who have stayed in the unit for longer than 42 days is seven. Forty-two days is the maximum a prisoner can stay in the unit without receiving authorisation from the deputy director of custody.

As in all areas in the prison the diversity of prisoners in this unit has been analysed. The 21-24 and 25-29 year olds have a disproportionate presence. The disproportionality by ethnicity and religion shows different groups peaking in different months, indicating no discrimination.

5.3 Staff-prisoner relationships, key workers

Preston's prisoner population below the age of 29 averages at approximately 35%. These prisoners are represented disproportionately in levels of violence within the prison. The prison has tried to improve the behaviour of this group of prisoners by improving the relationship between them and the staff.

The first initiative was to ensure the key workers were established and functioning to capacity. The EDM stage at which the prison is operating determines the number of key worker contacts made. This was always achieved. From November to January there was 100% compliance, the highest in the region. The key worker visits are also quality assured to ensure that officers are carrying them out correctly. This exceeds the guidelines, as it is not a requirement at all EDM stages. HMP Preston accepts on average 50 new prisoners a week, hence also has 50 prisoners leaving. This makes the allocation of key workers an ongoing process that cannot fall behind schedule.

Other initiatives include the commencing of the Time4Change course (4.3).

In addition, 28 young adults (18-25) had a two day presentation by Leaders Unlocked, a Barrow Cadbury Trust sponsored body, and each prisoner had an extra hour consultation with a mentor. 9 prisoners sought and were given an extra session. The feedback was:

- prison is seen as a punishment more than an opportunity, due to the lack of activities and time out of cell.
- Prison is acting as a deterrent, but they really do want more opportunities to gain working skill, experience and life skills.
- Covid has had a negative impact on staff-prisoner relationships. Staff do not have as much time to listen and carryout requests. The older staff being perceived in a better light than the younger staff.
- Some were resigned to failure due to lack of support. Some with family felt more positive with jobs held for their release. No one mentioned that they would be ok with the official support offered.
- Even with all the restrictions no one noted a deterioration in their mental health.
- Improvements they would make are more opportunities for jobs, more visits and more clothes parcels. They also would like their complaints being taken more seriously and actioned quicker. This could be achieved by better staff training.

The Board would endorse these comments

5.4 Equality and diversity

Equality and diversity is treated seriously within the prison. A dedicated staff member analyses the figures for inclusion in the minutes of all meetings concerning the prisoners. These figures have shown that certain groups can appear disproportionately represented in certain categories, but the when the figures for "repeat offenders" are taken out, the disproportionality can be heavily reduced or even eliminated. The 18-29 year olds do appear to be more volatile than other

groups, with the 24-29 years olds more represented in the segregation unit than others. In general most of the groups have shown a disproportionality in one field or another over a monthly reporting period, but no major theme appears. Although no one can say that incidences of discriminations have not taken place, the figures do not show any institutionalised discrimination.

After a request from prisoners who were hard of hearing, money was found to introduce sub-titles on all televisions in the prison.

5.5 Faith and pastoral support

The chaplaincy provided faith specific, one to one support as and when requested. Since March 2020 as religious service were suspended, those prisoners who requested a faith pack according to their registered faith received weekly faith packs from their respective chaplains. The total of approximately twenty-four thousand contacts were made with prisoners. They also provided support to staff.

Chaplains provided pastoral support to those prisoners who have requested it, those with bereavement or serious illness of a loved one, those on open ACCTS through regular visits, attending ACCT reviews and Rule 45 reviews.

Chaplains carried out generic duties, which consists of daily reception, healthcare round, segregation round and discharges. They also responded to general applications faith and non-faith related queries

Religious study groups recommenced in March 2022. Religious Services are expected to recommence in the near future.

5.6 Incentives schemes

The lockdown gave so few opportunities for prisoners to exhibit exceptional behaviour, either good or bad, that it seemed more appropriate that the incentives scheme was suspended. The lowest level of the scheme, “basic” was removed and all prisoners were placed on standard or enhanced. The basic level included the removal of the television from the cell, which was thought to be an unnecessary when prisoners were confined to their cells for so long.

5.7 Complaints

The prison’s complaint system is always subject to complaints by the prisoners, sometimes because they did not get the answer they wanted! The complaints are administrated in the same office that administers the family visits (7.4.1). The same issues concerning lack of staff to administer the visits, also applies to the complaints. Many prisoners did not even get an acknowledgement that their complaint had been submitted. This lead to a feeling that their complaint had been destroyed, even if they eventually got an answer.

5.8 Property

Property is sensitive issue for all prisoners. It was good to see that applications to the Board were down by a third in percentage terms this year.

6. Health and wellbeing

6.1 Healthcare: general

Healthcare is provided by Spectrum Community Health CIC (Spectrum). Spectrum provides primary care services, including integrated substance misuse services, pharmacy services and GP sessions. Spectrum is also responsible for the provision of the following services:

- mental health services (with their partners Tees, Esk and Wear Valleys NHS Foundation Trust)
- non-clinical substance misuse services
- optical services
- dental services
- a range of therapies (including physiotherapy and podiatry)

At the end of the reporting period the staffing levels were approaching full compliment. There was a weekend when staffing levels were critically low. This was noted and there has been no repeat of this.

The prison runs a prisoner consultative council (PCC) chaired by the governor, which discusses issues raised by the prisoners. Each major function of the prison runs its own sub-PCC. Any unresolved issues are passed forward to the main PCC. Healthcare runs its own sub-PCC so prisoners can raise issues of concern.

The Board does receive applications concerning healthcare. The IMB, however, cannot investigate treatment. The applications are mainly due to a change of medication on coming into prison, and an expectation that they will be seen by healthcare very quickly. The prisoners are seen within a timescale experienced within the community.

Healthcare staff are invited to all ACCT reviews and attend the majority, they also attend all R45 reviews in the segregation unit.

6.2 Physical healthcare

All prisoners have an initial healthcare screening by a nurse on arrival in reception. Those requiring medication for addictions are seen by the GP. The following day they have more detailed review in the RCU.

The two main clinics offered are GP and dentistry. Other clinic are offered on an occasional basis are podiatry and optician. Attendance for appointments is not one hundred percent. Attendance for the dentist has been difficult during Covid. As most dental procedures produce an aerosol, special precautions had to be taken to protect the surgery and the staff. Equipment had to have protection and staff had to wear personal protective equipment. The prisoners had to have a negative lateral flow test on the day of the appointment, which was not always achievable. For two periods the prison was in lockdown due to Covid infection rates. These factors combined to produce a waiting list that was excessive, even though it might have been comparable with that in the community.

The prison has a regional hospital wing. One landing for physically ill patients and one for mentally ill patients.

6.3 Mental healthcare

The in-house mental health team (IMHT) are fully staffed with a range of professionals these included psychiatrist, nurses, counsellors, senior counsellors, psychological wellbeing practitioners, higher assisted psychologist, clinical psychologist. They provide a service seven days a week.

Although there are waiting list for the mental health team this is not long in comparison to the services in the community.

The waiting times for mental health beds in a secure unit under the mental health act are variable and can change at any time as access is based on a priority need. If the prison has a prisoner who is deemed urgent they will take the next bed that is available. The level of security of the hospital, be it a psychiatric intensive care unit, a low, medium or high security unit, would made on the basis of current presentation, history of violence, risks to others and previous convictions. On occasions the Ministry of Justice do not agree with the level of security so therefore will not provide the prison with a movement order and the prison then have to refer to another setting. There were no prisoners waiting an excessive time to be allocated a bed this year.

Prisoners are often recalled to prison on a 28 day recall. Some of these prisoners are coming into prison (especially during Covid) who remain acutely psychotic and due to no beds in the community, the courts see the prison as a place of safety. This gives the mental health team little time to prepare them for release. When this is not achievable prisoner may have to be subject to a gate section. This is when on the day of release they are transferred to hospital for assessment/treatment. To accomplish this, a referral is made and the prisoner is assessed either the day before or on the day of release by a psychiatrist and an approved social worker. If they deem them to be appropriate for admission then they would have to find a bed in a mental health hospital and arrange transport to get there. This is a very time consuming process as well as if no bed can be found then they would be released into the community.

In terms of rehabilitation the release arrangements are crucial for vulnerable prisoners with mental health issues. The IMHT care team does have regular contact with the community mental health teams (CMHT). It is sometimes difficult, however, to handover the care to CMHT as they will not acknowledge the clinical diagnosis of the IMHT. A lot of the time our patients are homeless and without an address the CMHT's will also not accept them. If they have to go to approved premises this is identified at the last minute delaying the referral to a CMHT.

Reconnect is an initiative set up by the National Health Service to provide wrap-around support for a patient. The prison refers prisoners to Reconnect upon release. Some prisoners who have returned on remand may already be under the CMHT. Upon release Reconnect will not accept these prisoners who then miss out upon their support.

6.4 Exercise, regime

Exercise has been limited due to Covid, but this should return to normal in the new reporting period. The addition of static exercise equipment in the exercise yards are well used and provide a huge improvement on the bare yard format.

Access to the gym has also been limited, but again this should improve. There is, however, still a shortage of gymnasium staff.

The prisoners' time out of cell has again been limited when compared to the pre-Covid period. When the prison was on its most restrictive regime, Stage 4, the time out of cell was one hour for domestic purposes, phone calls and showers, and one hour on the exercise yard. The only prisoners who had more time out of cell were those 70 prisoners who performed essential work. When Stages 3, 2 and 1 were reached, more prisoners were involved in purposeful activity, education and work, (7.4) and the number of prisoners with more time out of cell increased. Whilst the pandemic was still in society in general, prisoners accepted the situation.

6.5 Drug and alcohol rehabilitation

This process commences on the arrival of the prisoner at Preston. At the prisoner's initial healthcare screening in reception the prisoner's substance use is explored and a national scoring system is used for determining withdrawal systems and the level of clinical intervention needed. At this point they are transferred over to see a GP who will prescribe an appropriate opiate substitute or relevant clinical interventions. The drug and alcohol service complete an initial assessment with these service users on day 2 in the RCU to explore initial needs. A comprehensive assessment is then completed within a further 15 days to explore more detail into a service user's recovery capital and set individual goals.

Referrals can be received from all other sources such as self-referrals, healthcare, OMU and probation. The same service is offered to service users as above, this will simply commence once the referral has been received rather than on day 2 in custody.

There is a range of interventions offered to service users at Preston. This can include development journals, one to one sessions, psychosocial group sessions, mutual aids and Breaking Free Online. Referrals are sent to community support services, and ongoing support needs identified. Release planning is commenced within the last 10 weeks in custody depending on their time in Preston. Release appointments are provided to services users and prescribing arrangements are made for all release and provisional court dates.

In addition to the main service there is also a drug and alcohol throughcare service. It offers support to men on the main caseload who have less than 12 weeks left to serve and will also continue support for a further 12 weeks after release. Support for on the day of release is offered in the Preston Support Hub which offers a clothing bank, food bank and access to other services. Gate pick-ups can also be provided if needed for access to recovery and abstinence housing.

Naloxone training is completed with all relevant service users and offered at point of discharge. Naloxone is an opiate overdose reversal treatment.

Overdose awareness, harm reduction and tolerance levels is completed at the initial assessment and again prior to release.

In recent years the drug and alcohol service in partnership with the prison have facilitated a recovery wing to offer a more intense level of support whilst at Preston. This year the courses have been restricted due to Covid.

As part of a review of the drug and alcohol service, contract requirements discussions took place around the resources and responsibility of the recovery wing. The resources needed from the main service to facilitate the programme was then impacted on the rest of service delivery. A bid was placed to commissioners to propose additional funding within the contract to specifically staff this wing and offer a revised programme. This bid was successful, and the new programme commenced on 31st Jan. The new programme is an eight-week rolling course that offers an introduction to recovery interventions in a prosocial and positive environment. The programme includes a variety of staff-led group sessions, peer-led sessions, one to one support, holistic therapies, and through care practitioners to support with release planning and settlement. This is an ongoing project to develop the new programme as the restrictions of Covid change and new staffing resources are put into place.

6.6 Soft skills

This year Covid placed severe restrictions on group meetings. The only mindfulness and meditation courses that were run were run in very small numbers on the drug recovery wing towards the end of the year (6.5). Courses that had been previously run using external mentors were not run.

7. Progression and resettlement

7.1 Education, library

The library has been physically closed for all but three weeks of the reporting period. For all of the reporting period it has offered a library service to the prisoners by means of issuing library slips. The return of books from the prisoners is still a problem because the books are being passed on from prisoner to prisoner! Which is also good news because they are being read.

Due to its physical closure, the library has not been able to offer the Story Book Dad scheme until the last month of the year. This is a facility where prisoners record a story which is then sent to their home where their children can listen to them reading to them. The lack of this service reduced further family contact which was already reduced due to the pandemic. The pandemic also saw the closure of the Toe to Toe scheme where prisoner mentors helped other prisoners learn to read and write. It will restart when the library re-opens.

This year the library has been given its own financial allocation for news books, instead of being given the books by the county library service. This has enhanced the book choice by enabling the librarian to choose books from her knowledge of the prisoners.

As stated before, HMP Preston is a remand prison and receives and releases 10% of its population every week, although during the year this has been lower over certain periods due to the incidence of Covid. This has necessitated the learning and skill provision to develop to accommodate the short-stay population, by providing short courses and introducing bite-sized functional skills. The various different stages of EDM that the prison has had to operate at this year has meant the provision of education has had to vary with it. This has meant the introduction of in-cell courses/classroom-based taster courses/accredited and non-accredited classes. These include creative crafts, graphic design and interactive media. This has enabled the maximum number of prisoners to be reached throughout the year.

All prisoners on arrival receive a screening to assess their education needs. Those who score less than two on functional skills, English and maths, are encouraged to take courses to improve their score. This is achieved by the training courses for all posts in the prison consisting of half a day training, half a day of education.

7.2 Vocational training, work

The purpose of vocational training is not only to acquire a skill, but to experience a working environment. The two courses available are painting and decorating, and industrial cleaning.

The number of prisoners in employment and training has varied through the year, depending at what stage the prison was at under the EDM.

At Stage 4, the most severe stage of lock down, only those classified as essential workers were in employment. These included reduced number in the textile shop and the recycling workshop. Kitchen workers, wing cleaners, Q Branch workers,

orderlies in reception and the segregation unit, and waste management workers were also employed. In all locations the total number of prisoners employed was reduced from the normal numbers, due to the need ensure social distancing. This employed approximately 70 prisoners.

At Stage 3, the virtual training centre was opened, but running at only 25% capacity. None of the courses were accredited because the prison could not keep the prisoner long enough to complete a course. In-cell learning packs were given to prisoners who wanted them. They were marked and returned to them. The gym was also opened.

At Stage 2, more education classes were opened including the IT suite and horticulture, but only to 50%.

The prison achieved Stage 1, classified normal regime for only 3 weeks before the lockdown was reinstated in December. The classes were to be increased in capacity slowly.

The maximum of prisoners employed at any one time has been approximately 170 (around 25% of the prisoners). This is far less than the figure before the pandemic started when there were places for approximately 80% of the prisoners. This could have been considered full employment considering the number of prisoners on remand, attending court and short term recalls.

7.3 Offender management, progression

During the Covid lock-down prison offender supervisors (POMs) had little face to face contact with prisoners, and indeed most of the probation staff were working from home. Similarly key worker sessions did not take place. During Stage 2, however, vulnerable prisoners were seen, be it on a less regular basis.

When the prison reached Stage 1 the position is more or less back to normal. The OMU is fully staffed and all telephones and computers fully working (which was not the case a couple of months previously).

There are no OASys back-logs and sentence plans are quality assured by the senior probation officer. Home detention curfew (HDC) risk assessments took place in a timely way and OMU is functioning normally.

7.4 Family contact

7.4.1 Visits

The provision of visits has altered throughout the year as the level of Covid in the prison has altered as the EDM level varied. Initially at Stage 3 only 15 prisoners were allowed in the visits hall, but the length of the visit sessions was reduced to 45 minutes so two visits sessions could be accommodated each day. When Stage 1 was reached thirty prisoners were allowed and the session was extended to one hour.

The visits booking process has been a problem this year, made worse by the closure of the national online booking system. Family members trying to ring the visits line

have experienced having the connection fail, just hearing the engaged tone, and the telephone ringing but then disconnected within various timescales. Families persisting to try to book a visit had over one hundred attempts over a two-day day period. To make the matter worse, the wrong visits booking number was on the website for a period. This situation was known outside the prison. Partners of Prisoners and the national family helpline being sympathetic but being unable to help. The prison was aware of the situation. The main problem being the inability of the prison to recruit administration staff at the relevant level. The prison has had five vacancies for a number of months and had never been able to fill all of them. Staff were temporarily transferred to help, but this was not sustainable.

Secure social video calls have been facilitated throughout the year to allow visual contact between family members. Due to security measures to enable visual facial recognition to take place on the video call, the calls have a tendency to cut out when sudden movement take place. There are certain instances, however, where movement is inevitable, such as talking to a dying relative, seeing a new born child or observing a funeral when attendance was prohibited. In these circumstances an IPAD was used. This has had a positive impact and has been utilised to their fullest.

Legal visits via video was introduced in January 2021 and has continued. Face to face legal visits are now taking place.

7.4.2 Family days

Family days have been suspended throughout Covid, but plans are being drawn up to restart them in the near future.

7.4.3 Social media

A social media account on Twitter has been managed by the managing chaplain and families and significant others (F&SO) lead. The Governor approved the use of Twitter on the grounds of creating better communication between the prison and families. Overall it has been a huge benefit in getting updates out quickly as well as promoting the good work which is happening in HMP Preston.

7.4.4 Family services provider

Partners of Prisoners (POPS) is the family services provider. It has stayed on site throughout the Covid and have been active within the prison. It provides support and information concerning the Covid measures put in place at HMP Preston.

The POPS lead has been very visible around the prison and attends to any applications submitted to POPS. They have also helped the F&SO considerably with completing joint projects helping to maintain family ties.

7.4.5 New born video visits

Any prisoner who is expecting a baby can apply for one new-born video call, a printed photograph along with a four-week parenting pack to inform them of the first four weeks of their baby's life. This educates the father as well as making them feel involved even when being in HMP Preston.

The video call is facilitated on the IPAD (7.4.1).

7.4.6 Family forums

The F&SO lead and POPS lead have been holding bi-monthly family forums over Zoom. The prisoner of those families attending have received an extra visit. Plans are to have these forums face to face when it is safe to do so.

7.4.7 Care leavers

Care leavers (CL) may not have had the best family contact prior to Covid and the extra seclusion this pandemic has brought can make them quite a vulnerable group. It was and still is important that they were monitored and supported throughout the pandemic.

The F&SO lead has been the main point of contact for CL and their personal advisors.

In light of CL Day on 28 February 2022, there was a voices competition by Coram Voice. This competition is for CLs to create a poem, rap, song or story of up to five hundred words about being in care titled 'This is Me'. The entries will be judged by an expert panel of authors and poets, some of whom have care experience with the winners being announced in April 2022.

The CL forums have been suspended since March 2020, but are expected to re-commence soon.

7.5 Resettlement planning

In June this year the model for resettlement changed. A new duty to refer policy framework was issued. This changed the emphasis for housing provision for those expected to be homeless on release from prison, from a prison-based system to one driven by community probation practitioners (COMs). It should be noted that prisoners on remand have been excluded from these procedures. In the previous model, probation practitioners and 'through the gate' staff were based in the prison. Shelter were part of 'through the gate' and had five members staff working within the prison on housing, with access to the prison's electronic systems. The new model relies on the COM notifying the local housing authority. They can only do this after they have been informed by the prison, because they have no access to the prison's electronic system. This lack of access also means they have no information about the prisoner's time in prison, for example any accrued risk factors. To overcome this lack of co-ordination the prison has instigated monthly homelessness prevention meetings between the prison, the local housing authorities and the commissioned service for resettlement.

There are plans for POMs taking lap-tops on the wings in order to facilitate assessments and even include Zoom hand-over meetings for those close to release. This appears to the Board to be a huge improvement and an indication of creative thinking.

In terms of employment new guidance is awaited and it is assumed this will include the involvement of short-term prisoners. Other future initiatives include arranging for

members of the Department of Work and Pensions (DWP) to conduct interviews in the prison, a community based employment support service (Achieve) also coming into the prison and providing prisoners with advice on CV plans etc.

With regard to finance, debt and benefits there is no current provision, but there are plans to rectify this.

It has to be mentioned that the reorganisation of the accommodation service has caused a loss of in-house knowledge concerning housing. It has caused a lot of concern within the prison on how the new system would work, though staff in the prison are actively trying to make it work.

The work of the IMB

The Board has had a difficult year due to Covid. The presence in the prison has reflected the stage of Covid in the prison. Our attendance in the early part of the year was very low, but increased as the EDM stage decreased. By the end of the year the Board was monitoring normally. The Board lost three of the four new members appointed last year and a further two existing members. All of those members had reasons to resign that were not critical of the IMB. A further two members took a sabbatical for part of the year. This resulted in a Board with only four functioning members.

When Board members were not entering the prison, rota reports were completed by telephone and R45 reviews were attended by conference call.

The Board has a professional working relationship with the senior management team.

Board statistics

Recommended complement of Board members	15
Number of Board members at the start of the reporting period	11
Number of Board members at the end of the reporting period	6
Total number of visits to the establishment	198
Total number of shifts on the 0800 telephone line*	N/A
Total number of segregation reviews attended	65

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	2	9
B	Discipline, including adjudications, incentives schemes, sanctions	0	3
C	Equality	1	1
D	Purposeful activity, including education, work, training, library, regime, time out of cell	2	4
E1	Letters, visits, telephones, public protection restrictions	3	19
E2	Finance, including pay, private monies, spends	1	9
F	Food and kitchens	1	0
G	Health, including physical, mental, social care	11	17
H1	Property within this establishment	8	13
H2	Property during transfer or in another establishment or location	4	5
H3	Canteen, facility list, catalogue(s)	1	5
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	6	9
J	Staff/prisoner concerns, including bullying	11	17
K	Transfers	0	1
L	Miscellaneous, including complaints system	14	27
	Total number of applications	65	139



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