

Report on a scrutiny visit to

HMP Birmingham

by HM Chief Inspector of Prisons

24 November 2020 and 5–6 January 2021

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Introduction

HMP Birmingham is a category B local prison serving courts across the West Midlands that we have heavily criticised in recent years. At our 2018 inspection, our findings were so poor we felt compelled to issue an Urgent Notification to the Secretary of State, seeking immediate improvements. At our subsequent Independent Review of Progress in 2019, we were pleased to report that prison leaders had made progress against many of our recommendations, with significant work done to restore order to the prison.

Historically, Birmingham has held around 1,500 prisoners, but at the time of our scrutiny visit the capacity had been reduced to 977, with three of the older Victorian wings currently closed. We found that much of the progress seen in 2019 had been sustained, although in a few important areas oversight needed improvement to make sure this continued.

The COVID-19 pandemic had created significant challenges for leaders at Birmingham, and the prison had experienced three outbreaks. In the most recent, more than 100 prisoners had tested positive for COVID-19, and the establishment remained an outbreak site at the time of our visit. In addition, it had been returned to level four of the national recovery framework (see Glossary of terms) the day before our visit, restricting regimes significantly.

Leaders had made sure that there was effective communication with staff and prisoners throughout the period of restrictions, and they were visible on all wings, which contributed to a sense of order. Frontline staff were also visible when prisoners were unlocked, and we observed good relationships between staff and prisoners. Maintaining decent living conditions and providing a consistent, if limited, regime for all prisoners were clear priorities, and it was also encouraging to see useful work to actively promote equality and diversity, something many establishments have neglected during this period. Health care was reasonably good, but prisoners waited too long to see a GP or dentist.

Rehabilitation and release planning work was also reasonable; prison offender managers (POMs) and community rehabilitation company staff had maintained face-to-face contact with prisoners, making sure that key assessments were meaningful. Release planning was well organised, prisoners could access through-the-gate support and the new 'departure lounge' for prisoners on their day of release was a promising initiative. Around 90% of prisoners were released to sustainable accommodation, which is better than we have found at other local prisons.

In contrast, the reverse cohorting arrangements (see Glossary of terms), designed to prevent new prisoners potentially transmitting COVID-19 to the main population, were weak. Prisoners who arrived up to seven days apart were placed in the same cell, and some social bubbles (where prisoners associated and exercised in groups) included prisoners who had just arrived mixing with those about to move into the main population. This increased the risk of outbreaks across the prison.

We saw some good work to promote safety although this was undermined by the safety team's failure to record accurately all acts of violence and self-harm. Incidents were reported and investigated, but at this stage some data was missing, limiting its value to managers in seeking to monitor trends or make improvements.

The provision of education was not good enough. The provider had taken six months to deliver in-cell packs to prisoners and at the time of our visit provision was limited and badly organised. Prisoners waited for long periods to receive work, and when it came, the in-cell packs were sometimes not at the correct level. Prisoners were also uncertain about when they would see teachers or get support. Consequently, many were unenthusiastic about learning and very few had completed a course.

Overall this is an encouraging report. Given Birmingham's recent history, its continued provision of decent living conditions and a calm, well-ordered environment suggest improvements are being embedded. However, oversight of safety arrangements, practice in the reverse cohorting unit (RCU) and education provision require some immediate attention.

Charlie Taylor

HM Chief Inspector of Prisons

January 2021

About HMP Birmingham

Task of the prison

HMP Birmingham is a Category B adult male local prison serving the West Midlands courts.

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

Prisoners held at the time of this visit: 903

Baseline certified normal capacity: 1,099

In-use certified normal capacity: 789

Operational capacity: 977

Prison status (public or private) and key providers

Public

Physical health provider: Birmingham Community Hospitals (BCHC)

Mental health provider: Birmingham and Solihull Mental Health NHS Foundation Trust

Substance misuse treatment provider: Midlands Partnership NHS Foundation Trust (Psychosocial) and Birmingham and Solihull Mental Health Foundation Trust (Clinical)

Prison education framework provider: Novus

Community rehabilitation company (CRC): Staffordshire and West Midlands CRC

Escort contractor: GEOAmey

Prison group

West Midlands

Brief history

HMP Birmingham is a large local prison based in the city centre. The original Victorian wings were built in 1849 and these have been added to with more modern accommodation, most recently in 2004, which includes four new wings, a health centre, a gym, an education centre and workshops.

Short description of residential units

K and L wings	-	remanded and convicted prisoners
M wing	-	integrated drug treatment service detoxification
D wing	-	sex offenders
J wing	-	shielding unit and older/more vulnerable unit
N and P wings	-	reverse cohorting units for new arrivals
A, B and C wings	-	closed at the time of the inspection
G wing	-	enhanced prisoners

Governor and date in post

Paul Newton, April 2019

Leadership changes since last inspection

Shortly after an Urgent Notification was issued by HMI Prisons in 2018, HMPPS decided to take over the running of the prison temporarily. HMPPS replaced the G4S director with a public sector prison governor, reduced the prisoner population and provided additional public sector prison staff. In April 2019, the government announced its decision to place the prison under permanent public sector control and end the G4S contract from July 2019.

Independent Monitoring Board chair

Jane Perera

Date of last inspection

Last full inspection 30 July–9 August 2018. Independent review of progress 7–9 May 2019.

Summary of key findings

Key concerns and recommendations

S1 Key concerns and recommendations identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.

S2 During this visit we identified some areas of key concern, and have made a small number of recommendations for the prison to address.

S3 **Key concern:** Reverse cohorting arrangements were poorly managed and were failing to safeguard against the spread of COVID-19 into the main population. Prisoners who had arrived up to a week apart shared cells, and prisoners about to be discharged into the main prison population were allowed to exercise and associate with prisoners who had just arrived.

Recommendation: Reverse cohorting arrangements should be implemented correctly and safely.
(To the governor)

S4 **Key concern:** Data around assaults and self-harm were not reported accurately and presented a misleading picture. This use of incorrect data limited managers' ability to understand or analyse correctly causal factors of violence and self-harm.

Recommendation: The prison should record incidents of violence and self-harm accurately and make sure this information is analysed and presented in a way that supports improvements in safety.
(To the governor)

S5 **Key concern:** The prison had been running a restricted regime for ten months to minimise the spread of COVID-19. This had the potential to affect the well-being of the prisoners. The majority did not receive any regular meaningful contact from staff unless they were in crisis. We were concerned that the gradual deterioration of prisoners could go unnoticed due to the lack of meaningful welfare checks or contact with staff.

Recommendation: Staff should interact with all prisoners regularly and meaningfully to make sure that their welfare is not deteriorating under the continued restrictions in their daily life.
(To the governor)

S6 **Key concern:** Work with the Health Partnership Board was lacking and more needed to be done to ensure meaningful governance and oversight of GP and dentist waiting lists. Prisoners waited too long for appointments.

Recommendation: Patients must be able to see the dentist or GP more quickly.
(To the governor)

Education, skills and work (Ofsted)

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

Next steps

- S8 Prison leaders and the education provider should devise a plan that increases the contact between prisoners and tutors to make sure that prisoners receive enough support, particularly those with additional learning or English language needs.
- S9 Leaders should finalise the de-escalation plan so that it considers the different delivery methods available so that there is a smooth return of prisoners to education, skills and work.
- S10 Leaders should make sure that prison instructors undertake refresher training and professional development to maintain their training and coaching skills in preparation for the reinstatement of face-to-face learning.
- S11 There should be greater availability of technology and specialist learning resources, such as dictionaries and calculators, for prisoners to help with their learning.

Notable positive practice

- S12 We define notable positive practice as innovative practice or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- S13 Inspectors found five examples of notable positive practice during this visit.
- S14 The prison had created the 'well-being navigators' support scheme, a good initiative in which trained prisoners provided mental health 'first aid' to their peers. (See paragraph 1.29.)
- S15 Leaders analysed prisoner treatment and access to services across a wide range of prison life, and used the data to identify, investigate and address disparities. (See paragraph 2.16.)
- S16 Training for mental health staff had been facilitated to expand the support available to patients, including those waiting for assessment by clinical psychologists. (See paragraph 2.31.)
- S17 The prison had provided a small collection of books in the Purple Visits (video calls) area so that prisoners could read a story to their children during their visit. (See paragraph 4.1.)
- S18 Community rehabilitation company staff saw all prisoners on their day of release. This allowed for the confirmation of release plans and prisoner understanding of their plan, and the opportunity to provide prisoners with any last-minute practical support or guidance. (See paragraph 4.18.)

Section 1. Safety

In this section, we report mainly on leadership and management; arrival and early days; managing prisoner behaviour; and support for the most vulnerable prisoners, including those at risk of self-harm.

Leadership and management

- 1.1 The establishment had experienced three outbreaks of COVID-19 since March 2020 and remained an outbreak site at the time of our visit. In November and December, more than 100 prisoners had tested positive, and staff had also been affected. The day before our visit, the establishment had been moved to level four of the national recovery plan (see Glossary of terms) and a further round of restrictions had been imposed in the community. In our staff survey, 50% of staff reported that their morale had declined since the beginning of the COVID-19 crisis, whereas just 12% reported an improvement. Despite this low staff morale, leaders had worked hard to maintain key services for prisoners and were providing a predictable regime.
- 1.2 At this visit we found a clear focus on maintaining decent living conditions. Managers of all grades were visible around the prison, which contributed to an ordered environment as well as ensuring that prisoners had access to everyday basics. Wing cleaners were well supervised and had been briefed on the importance of cleaning high-touch areas. Leaders had also maintained work in rehabilitation and release planning to make sure that sentenced prisoners were moved swiftly to suitable establishments, and release planning was effective. However, in-cell education was poorly organised, and very few prisoners completed their courses.
- 1.3 Safer custody managers had underreported the number of assaults and, to a lesser extent, incidents of self-harm during the period of restrictions. Although assaults were always reported to the safety team, investigations resulted in assaults being erroneously recorded as 'miscellaneous' incidents. We could not establish the reason for this practice, but its effect was to undermine attempts to understand the causes of violence and self-harm. It also presented a misleading picture to national managers. (See key concern and recommendation S4.)
- 1.4 In our survey, 83% of prisoners said that the restrictions in their daily life had been explained to them. The governor briefed staff daily and had made sure that there was good communication to staff and prisoners throughout the pandemic. Partnership working between the establishment, the main health provider and Public Health England was also effective.
- 1.5 Reverse cohorting arrangements (RCU, see Glossary of terms) for new arrivals were undermined by the practice of allowing prisoners who arrived up to a week apart to live in the same cell. In addition, social bubbles who accessed association and exercise together included prisoners who had just arrived and those who were about to enter the main population. (See key concern and recommendation S3.) In contrast, arrangements for prisoners who were symptomatic or shielding were good. Those who were shielding had the same regime as other prisoners, while symptomatic prisoners received an hour a day out of cell.
- 1.6 Social distancing was impossible in some areas because of the constraints imposed by the buildings, but we saw reasonable attempts by staff to maintain a safe distance, and good use

of masks to mitigate risk. There were useful track-and-trace arrangements for staff and prisoners who tested positive.

Arrival and early days

- I.7** Birmingham was a designated reception prison and received around 10-15 arrivals a day, six days a week. The majority were new arrivals and those attending court hearings.
- I.8** Reception arrangements were well organised to prevent the spread of COVID-19. On arrival, prisoners were screened promptly by a nurse for potential indicators of infection, including a temperature check and screening questions. Any prisoner deemed to be an infection risk was escorted to the protective isolation unit (PIU), where relevant assessments took place.
- I.9** The reception area was clean. Prisoners moved along a one-way route through various reception procedures while maintaining social distancing. They were offered a shower, meal and a phone call. Reception interviews were thorough but not routinely held in private.
- I.10** The RCUs were spread across two residential house blocks to accommodate the number of new arrivals each day. Prisoners on the RCUs received daily exercise and a period of association that allowed them to shower, use the kiosk (electronic information points where prisoners can access a range of services and information) and collect meals.
- I.11** Prisoners were held on the RCU for up to 14 days to prevent the spread of infection. We found several cases of prisoners who had arrived at least a week apart who had been made to share a cell. Additionally, prisoners about to be discharged into the main population were allowed to exercise and associate with prisoners who had just arrived, increasing the risk of infection spreading throughout the prison. (See key concern and recommendation S3.)
- I.12** COVID-19 testing had recently been introduced and was offered to all new arrivals on days one and six of their time on the RCU.
- I.13** New arrivals were not given information booklets to explain induction into the prison, COVID-19 arrangements and keeping safe. Peer workers did not routinely see new arrivals. In our survey, only 36% of prisoners on the RCU understood the restrictions at the prison.

Managing behaviour

- I.14** In our survey, a third of prisoners said they currently felt unsafe. About a quarter said they had experienced victimisation or bullying behaviour by other prisoners, and just over a third reported victimisation by staff.
- I.15** The prison's data on violence were inaccurate and presented a misleading picture. In the previous six months, managers had accurately reported 90 incidents of violence, but a further 68 incidents had been miscategorised on the incident reporting system. This meant that leaders were not using the correct data when monitoring violence, undermining the analysis. (See key concern and recommendation S4.)
- I.16** Violence had decreased since March 2020, and serious incidents had fallen. Data, including the misreported incidents, indicated the level of violence to be comparable to similar prisons. Since March, the prison had continued with a weekly safety intervention meeting, reviewing support for more complex or challenging prisoners. The strategic safety meeting had restarted in June 2020 but until recently did not create or track actions.

- I.17** Challenge, support and intervention plans (CSIPs, see Glossary of terms) were used to support both perpetrators and victims of violence. The majority of plans required improvement, as investigations lacked detail and subsequent targets were superficial. Prisoners on a CSIP were seen regularly by the safer prisons team.
- I.18** Use of force had risen and was higher than similar prisons. There had been 451 incidents in the previous six months, which was a 50% increase on the six months to March 2020. Leaders attributed the rise to prisoners' ongoing frustration at being locked up for long periods. Since use of force governance meetings had restarted in June, action had been taken to reduce the use of force and there was now a downward trend. It was of concern that oversight of individual incidents had only just recommenced; this had led to four formal investigations.
- I.19** Security intelligence was managed well, and the prison had a good understanding of current supply routes for drugs and alcohol. A monthly intelligence briefing and security meeting took place, as well as a weekly stability meeting to understand emerging threats to disorder. The prison had installed a body scanner in August 2020, which was having a positive effect in reducing the supply of contraband into the prison. Security-led searching had continued, although at a reduced level compared with pre-pandemic levels. Searching was yielding results at the same level. In our survey, 20% of prisoners said it was easy to get drugs into the prison.
- I.20** The segregation unit had been extended since our last inspection and was clean with cells in good condition. Prisoners were held in segregation for seven days on average. Those with more complex needs received multidisciplinary input and support. The daily regime consisted of a shower, exercise and phone call. Many prisoners did not have an in-cell radio, but the prison addressed this during our visit. Prisoners reported good relationships with the unit staff, and the interaction between staff and prisoners we saw was respectful. There had been a rise in the use of segregation in September 2020 after the body scanner had been introduced. Leaders oversaw segregation through a quarterly monitoring meeting.
- I.21** The adjudication process was well managed. The prison was conducting adjudications on prisoners' house blocks to limit their movement to the segregation unit. Adjudication outcomes were monitored through a monthly meeting. Leaders had a good relationship with the police who attended the unit daily to see all new charges; the more serious charges were referred to the police.
- I.22** The prison had suspended the use of the basic regime in the incentives scheme, in line with national Prison Service guidance. Prisoners were still able to progress through the incentives scheme. There were very few complaints regarding incentives.

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

- I.23** Prisoner self-harm had reduced in the early stages of the restricted regime, but incidents had risen to previous levels in June 2020, averaging 73 incidents a month, which was higher than similar prisons. Of the 448 incidents that took place in the previous six months, 41 had not been reported correctly, limiting leaders' understanding of the causes of self-harm (see also paragraph I.3 and key concern and recommendation S4).
- I.24** Acts of serious self-harm had doubled from the six months prior to the restrictions. Investigations were conducted and were thorough, but the safety meeting did not share any lessons learned. There had been no self-inflicted deaths in the prison since our last full inspection.

- I.25** In our survey, 31% of respondents said they had been on assessment, care in custody and teamwork (ACCT) case management for risk of suicide and self-harm. Only 40% of those who had been on an ACCT said they felt cared for. The quality of ACCT documents varied, but case management arrangements were good. The prison had made sure that prisoners had received consistent case management since March, but many ACCT documents recorded insufficient actions on care maps and reviews were not always multidisciplinary. Entries in ACCT documents often lacked evidence of meaningful staff interaction with prisoners.
- I.26** The weekly safety intervention meeting (see also paragraph I.16) managed those who posed a heightened risk of harm. A multidisciplinary approach supported the progress of the prisoners managed through this arrangement. The safer prisons team supported prisoners who were on an ACCT, CSIP, a terrorism-related sentence (TACT) or had additional complexities through regular face-to-face engagement.
- I.27** Although the prison was going into its tenth month of restrictive regime, with the potential to affect the well-being of the prisoners, the majority did not receive any regular meaningful contact from staff unless they were in crisis. We were concerned that the gradual deterioration of prisoners could go unnoticed with the lack of meaningful welfare checks or contact with staff. (See key concern and recommendation S5.)
- I.28** The number of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) had reduced to eight from 20 in March 2020, but managers continued to facilitate prisoner access to Listeners if needed.
- I.29** The prison had created the 'well-being navigators' scheme before March 2020 to offer advice and support to prisoners in distress. Prisoners identified as well-being navigators were trained in mental health 'first aid'. They were used by prisoners on ACCT, CSIP and in segregation, who benefited from positive outcomes.
- I.30** The prison had a designated safer custody telephone line for friends and family to call if they had concerns about a prisoner. We left a test message, but this received no response from the prison.

Section 2. Respect

In this section, we report mainly on staff-prisoner relationships; living conditions; complaints, legal services, prisoner consultation, food and canteen; equality, diversity and faith; and health care.

Staff-prisoner relationships

- 2.1** In our survey, 72% of prisoners said that staff treated them with respect and the same proportion reported that there was a member of staff they could turn to if they had a problem. Prisoners and staff said that managers visited the wings regularly. We observed staff and managers visible on all wings interacting with prisoners, which contributed to an ordered atmosphere.
- 2.2** Leaders had established several peer support and prisoner representative roles. While the scope of these had been reduced by the COVID-19 restrictions, they provided valued support to many prisoners and facilitated consultation with the wider population.
- 2.3** The prison was reinstating the key worker scheme (see Glossary of terms), but we found that most prisoners had not seen their key worker during their time at Birmingham. The lack of regular meaningful interaction with staff was of concern given the potential impact of continuing restrictions on prisoners' well-being (see paragraph 1.27 and key concern and recommendation S5.)

Living conditions

- 2.4** The prison had commenced work to improve living standards following our inspection in 2018. The progress we had seen during our independent review of progress (IRP) in 2019 had been sustained, and there was now a generally good standard of cleanliness on wings and in communal areas, with some prisoners benefiting from improvements such as private in-cell toilets and good quality communal showers. The three largest Victorian residential units (A, B and C) remained closed with refurbishment work scheduled for 2022.
- 2.5** The newer residential units, opened about 17 years ago, were beginning to show some wear and tear, with some cells requiring redecoration and maintenance. Many toilets in shared cells lacked seats, covers or adequate screening. Some showers were blighted by excessive condensation and peeling paint, although a prison-wide shower refurbishment programme had begun.
- 2.6** While limited, the daily regime still provided prisoners with enough opportunity to clean their cells. Prisoners we spoke to were generally positive about access to basic cleaning items, and clean clothing and bedding. Most prisoners could wash their own clothes in wing washing machines but were unable to have clothing parcels sent in, which was a source of frustration for many. Manager-led decency checks helped to make sure that cells were equipped with basic items such as telephones, kettles and televisions.
- 2.7** External areas and most exercise yards were stark, but clean and free of debris, with little evidence of physical damage such as broken cell windows.

Complaints, legal services, prisoner consultation and food and shop

- 2.8** The number of complaints submitted in the six months since March 2020 had more than halved compared with the previous six months from 1,597 to 765. The prison believed this was a result of its communications strategy, although the national restrictions and limited regime might have also been contributory factors.
- 2.9** Although wing complaint boxes were in place and stocked with relevant forms, in our survey, only 48% of prisoners said it was easy to make a complaint, and some were critical about the promptness and quality of responses. Regular complaints and quality assurance meetings had initially ceased in March but had now restarted. The subjects of complaints were analysed but some trends, such as complaints about property, recurred with little evidence of any change in practice in response to prisoner concerns.
- 2.10** Prisoners could submit applications using the electronic kiosks on residential units, but the process was not subject to the same scrutiny as complaints.
- 2.11** Face-to-face legal visits had stopped for almost six months but resumed in September and were continuing, despite the recent suspension of social visits (see paragraph 4.1). Video-link facilities enabled legal visits to take place remotely and had been expanded to ensure sufficient capacity. Two experienced prison offender managers (POMs) assisted prisoners with information about legal services.
- 2.12** Before the national restrictions, a prison council had met monthly. Its work was supported by a group of prisoners, the 'expectations team', who looked at outcomes for their peers and consulted on policy and procedure with prison leaders. Since March the council had met only twice, but informal ad hoc wing consultation on a variety of issues had continued.
- 2.13** In our survey, 51% of prisoners said the quality of the food was good or reasonable. Since March, menu choices had reduced from five to three options at each meal to allow for social distancing in the kitchen. Despite the reduction, all dietary needs were met, and prisoners were able to pre-order their meals through the electronic kiosks. Catering staff reported working well with the chaplaincy to make sure that religious and cultural festivals were recognised and celebrated. However, many prisoners we spoke to were critical of current catering arrangements, citing portion size, temperature control at point of service and the provision of at least one cold meal a day, which many found unsatisfactory, particularly in the winter. On some wings, meals were served too early, for example we observed one lunch service begin at 11.15am.
- 2.14** The prison shop had continued to operate without restrictions, and most prisoners we spoke to felt that the service was adequate.

Equality, diversity and faith

- 2.15** It was positive that equality work had continued throughout the period of restrictions. Strategic meetings were suspended in March but restarted in August. The governor gave equality work a high priority and had resourced an equality advisor and two officers to support this vital agenda. The monthly meetings were well attended, including external agencies and prisoner representatives.
- 2.16** Leaders used data concerning equality better than we normally see. They had established ways to monitor issues that were important to prisoners but not covered by the national

equality monitoring tool, such as access to employment. Disparities in treatment or access to services were swiftly identified and investigated.

- 2.17** While regular consultation groups had been suspended, leaders had carried out several ad hoc consultations with prisoners and staff, including on the impact of the incentives scheme. The governor had used the responses to consultations to create an equality, diversity and inclusion statement, which articulated a clear vision for how equity would be promoted in the future.
- 2.18** The discrimination incident reporting form (DIRF) system operated well with management oversight and investigations at the appropriate level. Responses to some DIRFs were late but this was mainly due to staff sickness during the pandemic period. The equality team carried out an analysis of DIRFs every six months to inform leaders about the main issues causing allegations of discrimination.
- 2.19** In our survey, only 56% of black and minority ethnic prisoners said that most staff treated them with respect compared with 83% of white prisoners. Disabled prisoners and those with poor mental health were more likely to feel unsafe than prisoners without disabilities or mental health problems.
- 2.20** The chaplaincy provided for the varied religious needs of the population throughout the national restrictions. Although corporate worship has been suspended since March, the team had continued to carry out their statutory duties. The chaplaincy provided in-cell worship packs to prisoners who would otherwise have attended services, with a take-up by around 100 prisoners from a variety of faiths. Critical pastoral care had continued with prisoners who needed support allowed to attend the chapel on an individual basis. The prison had also facilitated virtual attendance at funerals through use of computer tablets.

Health care

- 2.21** Effective partnership working was evident during our visit and had been in place since the start of the national restrictions. Outbreak plans described all the key milestones associated with COVID-19, and there was a clear strategy for the management of any escalating concerns through regular outbreak-control meetings with partners. There had been outbreaks of COVID-19 and positive cases among prisoners and the staff group. Prisoners presenting with symptoms were managed well, and there were clear pathways for patients requiring quarantine and those still choosing to shield. COVID-19 vaccination plans were in place to facilitate the roll-out of the vaccine.
- 2.22** All new arrivals were screened before entry into the establishment. Prisoners with symptoms were taken directly to the reverse cohort unit (RCU, see Glossary of terms) and health care screening undertaken there. As well as face-to-face initial health screening, new arrivals were assessed by substance misuse and mental health staff in reception.
- 2.23** Birmingham and Solihull Mental Health Trust was the lead provider of health services. In our survey, 65% of prisoners said it was difficult to see a GP. All applications to see the GP were triaged by the doctor. Face-to-face appointments took place in wing clinics or in the health centre. There were 155 prisoners on the waiting list for routine GP appointments with the longest waiting time of 34 weeks. There was no oversight of the waiting list to make sure that prisoners received assessment or plan of care. (See key concern and recommendation S6.)

- 2.24** Nurse-led clinics, including wound care, sexual health, immunisation and NHS annual health checks for patients with long-term conditions, had continued since March. There were individualised care plans for patients in primary care, physical and mental health units.
- 2.25** The initial restrictions on services, and challenges with getting prisoners to appointments, had exacerbated waiting lists. However, dental, optician, physiotherapy and podiatry services had recommenced in autumn 2020.
- 2.26** There were 108 prisoners on the dental waiting list with the longest wait of 43 weeks. A new dental suite in the outpatient unit was awaiting final completion. Dental services had resumed in the older dental suite but we were told that it is not possible to undertake aerosol generating procedures (see Glossary of terms) in that surgery, which limited the range of procedures and treatments available. (See key concern and recommendation S6.)
- 2.27** Emergency care and referrals to hospital had continued from the start of the restrictions. Ongoing monitoring of the progress of external appointments confirmed access and minimised the risk that the referral might not succeed. Telephone patient consultations with the hospital had been successful. Patients had been referred and transferred to the local hospice for end-of-life care.
- 2.28** Substance misuse services delivered a range of face-to-face interventions and in-cell packs. There were 133 prisoners receiving opiate-substitution medication at the time of our visit. An initiative to run a parallel drop-in clinic for prisoners with substance misuse needs during medication administration had been implemented, and we were told this was an effective intervention to address patient concerns.
- 2.29** There was no first night prescribing for patients on opiate substitution therapy. Instead, symptomatic relief was offered at reception and on the first night, and on the following day the GP or non-medical prescriber undertook a remote review of the patient's clinical records and observations before prescribing medication. The patient was seen daily for monitoring and observations while on the RCU.
- 2.30** The range of substance misuse psychosocial services provided by Inclusion had diminished as all groups had been suspended. All new arrivals were offered the service while on the RCU. Assessments, care plans and face-to-face structured interventions were in place. In-cell distraction packs and harm-minimisation information were available. Daily drop-in sessions were provided on M wing (the recovery wing) and twice-weekly drop-in sessions on a further two wings.
- 2.31** Mental health services were led effectively and service development had continued throughout the period of restrictions. Waiting times for prisoners to access mental health services were not long except for the clinical psychologist, where there was a waiting list of 12 weeks. Nurses had received additional training and offered patients interventions to address psychological needs. Consultant psychiatry had oversight of patients with severe and enduring mental health problems, and those with autism or ADHD (attention deficit hyperactivity disorder) or dementia. Transfers of mental health patients to secure hospital beds took place promptly.
- 2.32** Social care referrals were made to Birmingham local authority. On-site assessments had been suspended in March and had not resumed. Social care was provided by Advanced Healthcare Ltd services who attended daily to see prisoners requiring a care package. These prisoners had a comprehensive care plan available on the wing. There was no evidence of unmet need.
- 2.33** Medicines provision and administration were effective and managed well by the pharmacy and medicines management team. In the first phase of COVID-19, medicines had been

delivered at the cell door in the segregation and shielding units but most medicine administration had returned to collection at wing hatches and on the recovery unit.

- 2.34** Prisoners were reviewed by health staff on release and given medicines and naloxone (a drug to manage substance misuse overdose) if required. More robust community arrangements were made where necessary for those with mental health and substance misuse needs.

Section 3. Purposeful activity

In this section we report mainly on time out of cell; access to the open air; provision of activities; participation in education; and access to library resources and physical exercise. Ofsted inspectors joined us on this visit to provide an assessment of the provision of education, skills and work in the establishment. They focused on:

- What actions are leaders taking to provide an appropriate curriculum that responds to the reasonable needs of prisoners and stakeholders and adapts to changed circumstances?
- What steps are leaders, managers and staff taking to make sure the approaches used for building knowledge and skills are appropriate to meet the reasonable needs of prisoners?

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

- 3.1** The prison timetable restricted prisoner time out of cell to 90 minutes a day, comprising 30 minutes outside in the open air, and a 60 minute-association period to complete domestic tasks such as showering and accessing the electronic kiosk. Prisoners on the reverse cohort unit (RCU, see Glossary of terms) told us they did not always receive their full regime entitlement, and in our survey 62% of prisoners on the RCU said they only received an hour or less out of their cells. It was positive that prisoners who were isolating or had symptoms of COVID-19 received their regime each day.
- 3.2** The library was closed, but since September 2020 the prison had offered a book-ordering system via the electronic kiosks. Prisoners could also order puzzles, distraction materials and DVDs. Uptake was increasing with an average of 70 requests a week, although too many prisoners did not know about the service.
- 3.3** Although the gym had closed following the initial COVID-19 restrictions, since May the prison had offered outside sport sessions during the period when prisoners were having time in the open air. Each wing was allocated two sessions per week. The indoor gym had reopened in October but had subsequently closed again. Throughout the period of restrictions, the prison has provided individuals with information on in-cell workouts.
- 3.4** Ofsted found that access to education, skills and work was very limited for most prisoners. A long delay in the introduction of in-cell education packs meant that prisoners had been left for an extended period without any education opportunities.
- 3.5** Many prisoners had found the in-cell education packs a frustrating experience and argued that they needed more support than they received. Support from tutors was sporadic and prisoners were unaware of any timetabled routine. Prisoners found that they were unable to schedule their learning clearly enough. In addition, some workbooks were too easy or difficult for the level of the course. As a result, prisoners did not feel motivated to do their work.
- 3.6** Only a small number of prisoners had undertaken learning during the period of restrictions and only a very small number had completed the courses they had started.
- 3.7** Prison leaders were keen to reintroduce face-to-face learning as soon as the easing of national restrictions allowed them to do so, but they had not developed plans to implement the return to learning. These plans needed to be ready for when the reintroduction of teaching and training in classrooms and workshops was permitted.

- 3.8** Education staff had undertaken much professional development, although it was too early to judge the impact of this on their teaching practice. Prison instructors had not taken any training due to operational demands across the prison. Leaders recognised that they would need to provide them with some professional development to support them as they reopen workshop-based training.
- 3.9** Teachers had focused on assessing prisoners' submitted work to make sure that it enabled the achievement of qualifications. Their feedback to prisoners, however, was not effective enough to support prisoners to improve the quality of their work over time.
- 3.10** Prisoners did not have access to the technology and specialist learning resources that they needed to help them with their learning. Those who had additional learning needs, or who spoke English as a second language, had not received support to enable their participation in learning.

Section 4. Rehabilitation and release planning

In this section, we report mainly on contact with children and families; sentence progression and risk management; and release planning.

Contact with children and families

- 4.1 Social visits had been reintroduced in July 2020 but were stopped again in November and had not resumed since as the prison had been designated a COVID-19 outbreak site. National restrictions had been introduced again at Christmas. Although approximately 700 social visits had taken place in the period they were permitted, take-up had been lower than anticipated. Many prisoners we spoke to were not keen on having a social visit when available for various reasons, including the restrictions on any contact, a lack of privacy and that families could not buy refreshments. While social visits had been operating, prisoners and visiting families had heeded social distancing instructions.
- 4.2 Video calls through Purple Visits (see Glossary of terms) had also been in operation since July but, unlike social visits, had continued to take place. These were generally appreciated by the prisoners who had used them, and the prison had ensured adequate capacity and good access. Local records indicated that over 1,000 Purple Visits had taken place from July to the end of November. The prison had provided a small collection of books in the Purple Visits area so that prisoners could read a story to their children during their visit. We considered this a simple yet effective example of good practice.
- 4.3 All cells benefited from in-cell telephones. In March 2020, restrictions on when the phones operated had been removed and they were now available for use 24 hours a day. Prisoners had been given additional phone credit to stay in touch with family and friends, which they appreciated. In our survey, 94% of respondents said they were able to use the phone every day if they had credit.
- 4.4 The prison offered a voicemail scheme, which enabled prisoners to receive recorded messages, and the 'Email a prisoner' scheme (allowing families and friends of prisoners to send emails into the prison) was well used, with the prison having dealt with over 3,000 emails over each of the previous three months. A reply function to the scheme enabled prisoners to draft responses that were returned to the sender via an online portal. Families could also send in photographs, which were printed and issued to prisoners. Tablet computers were available to stream funerals or for other exceptional visits, such as contact with terminally ill relatives.
- 4.5 HALOW (Birmingham) ran the visitors' centre and provided face-to-face support to prisoners' families and remote engagement with prisoners. At the start of the COVID-19 restrictions they had withdrawn from the prison and worked remotely but staff returned in July when social visits recommenced. In the six months to December 2020, they had received 65 self-referrals from prisoners for their services, and remained focused on trying to identify innovative and sensitive approaches to develop their work. For example, over Christmas they had sent advent calendar workbooks to over 47 families, benefiting some 70 children, and they were currently exploring setting up a mobile telephone support line so that families could access support and advice outside normal working hours.

Sentence progression and risk management

- 4.6** Since our last inspection, the population had reduced by approximately one-third with remand prisoners now forming the largest group held. The prison had reduced its sex offender population by more than 50% since we last visited. Many convicted prisoners were serving short sentences, and because the prison needed to have sufficient capacity to serve the local courts, turnover was high, with nearly 90% of the population having been at Birmingham for less than one year. In our survey, only 51% of prisoners knew what their custody plan objectives or targets were. Of those, only 31% said that staff were helping them to achieve these.
- 4.7** Since the start of the restrictions, the offender management unit (OMU) had prioritised key areas of work, such as recategorisation, parole, public protection and the completion of initial OASys (offender assessment system) assessments. Probation prison offender managers (POMs) managed high-risk cases and prison POMs medium- and low-risk cases.
- 4.8** POMs' face-to-face contact with prisoners was limited to key events, and tasks such as confirming public protection arrangements, preparation for parole hearings or OASys assessment completions. Partly due to the regular redeployment of operational POMs, much of the routine building of supportive and relationship face-to-face contact with prisoners had ceased, and communication was through prisoner applications on the electronic kiosks.
- 4.9** There was a small backlog of initial OASys assessments for the prison to complete but there was sufficient oversight. Due to the HM Prison and Probation Service offender flow strategy, most prisoners were transferred within weeks of their sentence. Consequently, a prison-estimated quarter of prisoners were transferred out without an up-to-date OASys assessment, with the responsibility and resources for completion falling on the receiving prison.
- 4.10** At the time of our visit, offending behaviour work had recommenced with delivery of the Thinking Skills Programme (TSP) cognitive skills programme addressing offenders' thinking and behaviour, although COVID-19 delivery arrangements meant smaller groups, which would affect overall completion levels. Positively, POMs were offering some workbook-based 'Choices and Changes' interventions to the small group of prisoners aged under 25 for whom maturity screening indicated heightened need.
- 4.11** Recategorisation processes were timely, with no overdue assessments at the time of our visit. There had been over 1,000 transfers in the previous six months; most were progressive moves to local category C prisons with a small minority to category B prisons. Although there had been some moves to open conditions, these had been more difficult to facilitate, and 16 category D prisoners remained in Birmingham at the time of our visit, of whom nine were ready for progressive transfer.
- 4.12** Information-sharing between the prison and community probation services was reasonable. There was a good focus on attending and contributing to external multi-agency public protection arrangements (MAPPA) meetings where possible, and the prison participated in risk management decisions.
- 4.13** Although monthly interdepartmental risk management meetings had continued to take place, attendance had fluctuated, with the focus on high-risk prisoners due for release within the next two months. This had recently been reviewed and a timescale of six months to release was now used.
- 4.14** Decisions to authorise mail and telephone monitoring were suitable, but there was a seven- to 10-day backlog of calls waiting to be monitored. The prison made some pragmatic and

defensible decisions in prioritising cases and continuing monitoring. There were annual reviews of prisoners presenting a risk to children.

Release planning

- 4.15** An average of 125 prisoners a month had been released from Birmingham in the previous six months. Positively, the Staffordshire and West Midlands Community Rehabilitation Company (CRC) had retained a presence in the prison from the very start of the restricted regime in March 2020, with staff working in the prison on a rota and continuing to see prisoners face to face.
- 4.16** The CRC now worked towards prisoners' home detention curfew (HDC) eligibility date to make sure that needs were identified and addressed in adequate time. Despite the challenges presented by prisoners serving short sentences, leaders were active in identifying and prioritising these cases. There was a clear focus on addressing issues relating to accommodation, mental health, and finance, benefit and debt. In the previous six months over 70% of prisoners eligible for HDC had been approved. Only one prisoner had been released under the end of custody temporary release scheme (see Glossary of terms).
- 4.17** The number of prisoners released without confirmed accommodation in the previous six months was below 10%, which was much less than we have seen recently in similar prisons. The CRC had access to a wide variety of housing providers. A majority of those released with no fixed accommodation were from outside Birmingham, in areas with potentially less available accommodation and fewer providers.
- 4.18** The CRC met all prisoners on their day of release to make sure they were aware of their release plans, and to support them with any practical support arrangements, including issuing mobile phones to those who required them. Various agencies also provided through-the-gate support, including accommodation providers, the prison liaison diversion team, St Giles Trust, Shelter, and community and resettlement support workers.
- 4.19** A relatively recent initiative was the establishment of a 'departure lounge' run by New Leaf (a Community Interest Company working to support people with convictions), which aimed to support prisoners with their transition into the community and provided various financial and practical support and signposting to education, training and employment opportunities.

Section 5. Appendices

Appendix I: Background and methodology

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

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

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

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

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

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

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

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

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

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

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

Scrutiny visit team

This scrutiny visit was carried out by:

Angus Mulready-Jones	Team leader
Kam Sarai	Inspector
Esra Sari	Inspector
Donna Ward	Inspector
Sarah Goodwin	Health care inspector
Heather Acornley	Researcher
Annie Bunce	Researcher
Amilcar Johnson	Researcher
Joe Simmonds	Researcher
Kenneth Merry	Ofsted inspector

Appendix II: Further resources

Some further resources that should be read alongside this report have been published with it on the HMI Prisons website. For this report, these are:

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of the scrutiny visit, the results of which contribute to our evidence base for the visit. A document with information about the methodology, the survey and the results, and comparisons between the results for different groups are published alongside the report on our website.

Staff survey methodology and results

A survey of staff is carried out at the start of every scrutiny visit, the results of which contribute to the evidence base for the visit. A document with information about the methodology, the survey and the results are published alongside the report on our website.

Ofsted interim visit report

Ofsted's interim visit letter on how the establishment is meeting the needs of prisoners during COVID-19, including prisoners with special educational needs and disabilities, is published in full alongside the report on our website: <https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>

Appendix III: Glossary of terms

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Aerosol generating procedures (AGPs)

Certain medical and patient care activities that can result in the release of airborne particles (aerosols), and a risk of airborne-transmission of infections that are usually only spread by droplet transmission.

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

End of custody temporary release scheme

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

Key worker scheme

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

Purple Visits

A secure video-calling system commissioned by HM Prison and Probation Service (HMPPS). This system requires users to download an app to their phone or computer. Before a visit can be booked, users must upload valid ID.

Recovery plan

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

Reverse cohort unit (RCU)

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

Shielding

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

Social care package

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

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