Report on a scrutiny visit to

HMP Gartree

by HM Chief Inspector of Prisons

22 and 29-30 September 2020

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3rd floor
10 South Colonnade
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London
E14 4PU
England

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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/

ACCT
Assessment, care in custody and teamwork. Case management for prisoners at risk of suicide or self-harm.

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. Some prisons also use the CSIP framework to support victims of violence.

Email a prisoner
A scheme that allows families and friends of prisoners to send emails into the prison.

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. This scheme was paused in August 2020. See: https://www.gov.uk/government/publications/covid-19-prison-releases

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 will 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.

Naloxone
A drug to manage substance misuse overdose.

National Framework for Prison Regimes and Services
This framework sets out how HM Prison and Probation Service (HMPPS) will take decisions about the easing of the COVID-19 restrictions in prisons. The national guidance aims to ensure consistency in decision-making by governors. See: https://www.gov.uk/government/publications/covid-19-national-framework-for-prison-regimes-and-services

Personal protective equipment (PPE)
Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

Psychologically informed planned environment (PIPE)
PIPES are specifically designed living areas where staff specially trained in psychological understanding aim to create a supportive environment that can facilitate the development of prisoners with challenging offender behaviour needs.

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.

Red, amber and green risk ratings
A national panel of senior prison managers and health colleagues will determine the risk level of each establishment each week. 'Red' sites will either have active cases of COVID-19 or be located in or next to an area where regional restrictions are in place. 'Amber' sites are based on regional rates of the virus, although will take into account operational judgement, including the risk presented by prisoners arriving at the prison and other internal factors. 'Green' sites are identified as low risk and prisoners are not required to quarantine if they transfer to another prison.

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 under taken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

Social/physical distancing
The practice of staying two metres apart from other individuals, recommended by Public Health England as a measure to reduce the transmission of COVID-19.

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

Storybook Dads
A scheme enabling prisoners to record a story for their children.

Therapeutic community (TC)
Therapeutic communities provide group-based therapy within a social climate that promotes positive relationships, personal responsibility and social participation. TCs address a range of prisoner needs, including interpersonal relationships, emotional regulation, self-management and psychological well-being.

Introduction

HMP Gartree is a category B adult male prison in Leicestershire. At the time of our scrutiny visit the prison accommodated 645 prisoners serving indeterminate and life sentences. The roll was lower than usual due to a wing closure for maintenance work. This had enabled the transfer out of a significant number of category C and D prisoners to appropriate prisons, and had eased the burden on staffing at a challenging time.

The senior management team had implemented all relevant COVID-19 procedures as directed by the HMPPS National Framework (see Glossary of terms), and by and large prisoners and staff were being kept safe from the virus. However, as we are finding in many prisons, social distancing was not always possible or enforced. A small number of prisoners and staff had tested positive for COVID-19 since March 2020, but none at the time of our visit. Under new procedures there was no requirement for a dedicated reverse cohort unit (RCU), prisoner isolation unit (PIU) or shielding unit (see Glossary of terms). Instead, symptomatic prisoners or those transferring in from a prison where there was an outbreak of the virus were isolated on their current unit and provided with a separate regime. Given the low numbers of transfers in and the procedures in place, this was a proportionate response.

Some of the indicators of safety were concerning. The number of prisoner assaults and the seriousness of the violence remained similar to the period before the regime was restricted, even though prisoners were locked up for most of the day. Levels of self-harm and the use of force were higher than before March, and we had some concerns about oversight of segregation. When the restrictions were first imposed, the prison had stopped most of its strategic functional meetings to focus on the emerging crisis. While this might have been proportionate at the time, there seemed to be less justification six months on. A weakened strategic oversight of safety meant that although the prison was collecting and analysing data, the results were not being used effectively to learn lessons and drive improvement. The promotion of equality and diversity had also suffered because it too had been given insufficient priority when compared to the continued focus on managing the impact of the pandemic. The governor had, however, recognised this and recently taken action to start necessary improvements.

The condition of the older residential accommodation was poor. Despite many bids to fund the refurbishment of the prison, and efforts to keep the units clean, much accommodation needed refurbishment or replacement. The showers on A to D units were unacceptably poor and, given the importance of cleanliness during a pandemic, this needed to be addressed with urgency. There was no privacy screening around most toilets, and an outdated heating system meant cells could be oppressively hot or very cold.

Good staff-prisoner relationships mitigated some of the negative aspects of the restrictions in place. Staff were knowledgeable about the prisoners in their care, and most prisoners said they had someone they could turn to. Unlike some other prisons we have visited during this period, most prisoners had benefited from a key work session (see Glossary of terms) in the last month, and the quality of the interaction was good, even though some of it was by telephone.

Since the last inspection, there had been improvements to the provision of health care. We were particularly encouraged to see the use of information technology to facilitate psychiatric consultations with patients. However, we were concerned about the continued delay in reinstating a full dental service due to a national industrial relations dispute; this had created a significant backlog of appointments and put the oral health of prisoners at risk.

The prison had retained essential work for about 12% of the population and these prisoners had more time out of cell than the majority, who were locked up for over 22 hours a day. Almost every prisoner could shower daily, and PE staff made the morning exercise period more purposeful by leading circuit classes on the exercise yard. Prisoners who were studying for GCSEs and AS levels

were supported through regular calls from tutors and assistance from trained peer mentors, and the success rate in the summer exams had been good. There were plans to return prisoners to work and education part time to enable social distancing, but these were not yet timetabled.

Purple Visits (see Glossary of terms) had been in place since June, but social visits were only reintroduced in early September. Take-up of both was disappointing, and adjustments were needed to make visits more attractive to prisoners and their families.

Rehabilitation and the ability for prisoners to progress were perhaps the greatest casualties of the pandemic. The prison was a national hub for programmes and therapeutic interventions, but both had been greatly affected by the restrictions. That said, it was reassuring that public protection work had not halted.

In conclusion, managers and staff at Gartree had responded well to the threats presented by the national pandemic. However, it is important that the senior team seeks to strengthen oversight and delivery of the prison's core work. This is needed to improve the outcomes for prisoners who have been subject to an extremely restricted regime for over six months. More specific and time-bound recovery plans would help the prison to do this more quickly in the move to the next stage of the national framework for easing restrictions.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons
October 2020

Fact page

Task of the establishment
HMP Gartree is a category B prison holding life and indeterminate sentence male prisoners.

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

Prisoners held at the time of this visit:	645
Baseline certified normal capacity:	708
In-use certified normal capacity:	648 (population reduced for maintenance project)
Operational capacity:	648

Prison status (public or private) and key providers
Public

Physical health provider:	Nottinghamshire Healthcare NHS Foundation Trust
Mental health provider:	“ “
Substance use treatment provider:	“ “
Prison education framework provider:	Milton Keynes College
Escort contractor:	GEOAmey

Prison department
Long-term high security estate

Brief history
HMP Gartree opened in 1965 as a category C training prison but changed its role and came within the high security system, reverting to a category B prison in 1992. Since then the population of indeterminate sentence prisoners has been growing, and in 1997 the prison's role changed to that of a main life-sentenced prisoner centre. In 2017 it became part of the Prison Service's new long-term high security estate.

Short description of residential units
A, B, C and D wings
Generic residential wings that are part of the original 1960s build and have since been refurbished. A-C wings have single cells only, and D wing also has two double cells.
G wing
induction/reverse cohort unit, opened in 2005-06. It has two double cells; the remainder are single cells.
H wing
Opened in 2005-06, it houses prisoners aged over 50 and the psychologically informed planned environment (PIPE) unit.
I wing
Houses 28 prisoners in 13 double and two single cells.
Gartree therapeutic community (GTC)
Holds up to 25 prisoners in single cells.
Therapeutic community plus (TC+)
For prisoners with learning difficulties or low IQ who require additional assistance and guidance, with 12 single cells.
The segregation unit
12 beds.

Name of governor and date in post
Babafemi Dada, November 2019

Independent Monitoring Board chair
Tim Norman

Date of last inspection
13-23 November 2017

About this visit and report

A1 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.

A2 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 several bodies making up the NPM in the UK.

A3 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.

A4 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.

A5 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/hmiprisons/about-hmi-prisons/covid-19/short-scrutiny-visits/.

A6 As restrictions in the community are eased, and establishments become more stable, we have expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) which focus 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.

A7 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.

A8 Each SV report includes an introduction, which will provide 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. 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 will be set out under each of our four healthy prison assessments.

A9 SVs are carried out over two weeks, but will 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/

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 key recommendations for the prison to address.

S3 **Key concern:** Levels of violence remained similar to those recorded before March 2020. Self-harm and the use of force had gone up. Although the regular safer interventions meetings were valuable, and there was some limited review of force incidents, multidisciplinary, strategically-focussed meetings to oversee safety, force and equality work had stopped. This limited the senior management team's ability to provide assurance and governance in some key areas.

Key recommendation: The prison should seek to improve outcomes for prisoners in important areas such as safety, use of force and the promotion of equality. This should begin with improved oversight, informed by the improved use of available data. (To the governor)

S4 **Key concern:** The conditions in the segregation unit were poor. The regime for prisoners segregated in the unit and on residential wings was insufficient and lacked purpose, some stays in segregation were excessive and reintegration planning was not meaningful or effective.

Key recommendation: Arrangements for the segregation of prisoners should be subject to review and revision. Outcomes for those subject to segregation should be improved significantly. (To the governor)

S5 **Key concern:** Some areas of the prison were dark, dingy and in need of repair. Despite many bids to fund the refurbishment of the prison and efforts to keep the units clean, much accommodation needed refurbishment or replacement. Living conditions on A to D wings were worse than on other wings, and the fabric of these units was tired and worn. Showers were in a poor condition, lacked ventilation and were not acceptable.

Key recommendation: There should be investment to improve living conditions on wings A-D, and ensure that all services and facilities are in good working order. (To HMPPS)

S6 **Key concern:** Prisoners' dental health needs were not being fully met due to national prison policy to restrict their access to routine aerosol generating procedures (AGPs), such as tooth fillings. This lack of access had caused the waiting list to grow to 104, with some patients waiting up to three months for treatments that would usually be completed within one or two weeks in the community. The dental team said that such excessive delays would lead to some patients experiencing deterioration in dental health and requiring more extensive dental treatment than ought to be the case.

Key recommendation: Full provision of treatments for dental patients should be provided promptly (equivalent to that in the community). (To HMPPS and the governor)

S7 **Key concern:** The regime was severely restricted. Other than the small number in essential work, most prisoners had less than two hours a day out of their cell, reduced to one hour for some prisoners on A-D wings. The vast majority of prisoners could not access purposeful activity.

Key recommendation: The Governor should work with HMPPS to expedite the safe restoration of regimes which increase access to work, education and other purposeful activity. (To the governor)

S8 **Key concern:** Social visits had been reintroduced recently but take-up was low. For many families who lived at a distance, visits were not a viable option, particularly as there were no weekend visits or refreshments available, any physical contact was banned and masks needed to be worn, despite social distancing. Additionally, there had been an arbitrary decision not to allow children on visits.

Recommendation: Social visits provision should take into account the distance travelled by families, offer weekend sessions and permit children to encourage better family engagement. (To the governor)

Notable positive practice

S9 We define notable positive practice as innovative practice or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

S10 Inspectors found the following examples of notable positive practice during this visit.

- The psychology department had drawn up ‘one-page plans’ for prisoners identified as high priority (on case management for risk of self-harm, on challenge, support and intervention plans, self-isolators and segregated prisoners). These one-page summaries included details about psychological behaviour traits and triggers, and provided a useful guide for staff. (See paragraph 1.11.)

- Psychology staff conducted weekly supervision sessions with segregation unit officers to help them manage prisoners who were the most challenging and complex cases. (See paragraph 1.18.)

- In health care, the imaginative use of telephone and computer video equipment to assess and treat patients enabled safe contact during the restricted regime. (See paragraph 2.24.)

- Gym staff were visible and active in providing daily circuit training during exercise periods, in addition to structured weekly PE sessions, 5km runs and tailored in-cell workout guides. (See paragraph 3.3.)

- In the absence of classroom-based education, Level 3 accredited prisoner education mentors provided excellent support to their peers, which had contributed to good outcomes in the summer exams. Tutors also made weekly calls to learners to assist them in their learning. (See paragraph 3.5.)

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 At the commencement of the restricted regime in March 2020, the prison set up a COVID-19 command post to ensure that the relevant procedures were implemented in accordance with national prison guidance. There were procedures on entry to the prison to ensure social distancing and facilitate sanitising hands and keys. Signage and markers throughout the prison emphasised the importance of social distancing, but in some areas this was difficult to maintain because of physical restrictions, or the arrangements were not enforced.

1.2 One prisoner had died of a COVID-related illness during this period, but there had been few cases in the last six months and none at the time of our visit. The prison was well prepared to manage positive cases of COVID-19 but, given the static population and the low rate of cases, there was no dedicated reverse cohort unit (RCU), prisoner isolation unit (PIU) or shielding unit. Instead, new arrivals were located on the induction unit alongside other settled prisoners and were only quarantined if they came from a prison or area with an outbreak (known as a red site – see Glossary of terms). The prison told us that there were appropriate procedures to manage any prisoners who required isolation without compromising safety or the regime. Given that there were no prisoners currently shielding for medical reasons and none with symptoms at the time of our visit, it was difficult to test this.

1.3 Although some areas of the prison were dark, dingy and in need of repair, there were efforts to keep the environment clean to reduce the spread of infection. Communication relating to the COVID situation was through verbal briefing, notices and the prison TV channel (Way-Out TV). In our survey of both staff and prisoners, the majority indicated that they understood the restrictions in place. Staffing levels were appropriate to deliver a restricted regime but, other than the small number in essential work, most prisoners were locked up for over 22 hours a day (see paragraph 3.1 and key concern and recommendation S7). There had been good efforts to provide in-cell activity, but prisoners were bored and frustrated, and some were struggling with prolonged periods locked in cells.

1.4 Managers had clearly prioritised managing the impact of the pandemic, but this had meant that strategic oversight of some important areas had waned. Six months on, this carried some risk. For example, the prison needed to do more to address the rising use of force and self-harm, and to reduce levels of violence that had remained static even though prisoners were now locked up for longer. (See key concern and recommendation S3.)

1.5 Our staff survey indicated that 37% of staff who responded to the survey were unclear about the plans for recovery. The relevant plans for the next recovery stage had been signed off for implementation but some aspects were not yet implemented. Some plans were generic and not sufficiently time-bound to measure progress on implementation. Managers expressed a strong desire to move to a more purposeful regime and improve opportunities for rehabilitation, but the process to get there was cumbersome and the pace of change was slow. (See key concern and recommendation S7.)

Arrival and early days

1.6 Due to the static nature of the long-term population, very few new arrivals transferred into the prison. The reception area was set up to comply with COVID-19 procedures and was clean. Processes were generally efficient, and prisoners we spoke to were positive about their experience on arrival.

1.7 In compliance with updated national guidance, new arrivals transferring in from a 'green' site (see Glossary of terms) no longer had to isolate for 14 days. They were located on the induction wing, which also housed some segregated and self-isolating prisoners. Staff said it was difficult to manage several regimes for the different cohorts on the wing, and new arrivals were occasionally located elsewhere in the prison.

1.8 New arrivals were offered a shower and could make a telephone call on their first night. There was a private room on the wing to complete the first night safety interview, which was necessary to identify risks and vulnerabilities presented by a new arrival. However, we found two prisoners who had not received this interview until the day after their arrival.

1.9 Although the national recovery plan allowed for the reintroduction of face-to-face induction, this was not yet in place. Some departments contacted new arrivals through their in-cell telephones, but this was not coordinated with the induction process to ensure that it was tracked and identified prisoners' needs. New arrivals were given an induction booklet, but this was not tailored to the current restricted regime. Although peer supporters were available on the wing, this support was ad hoc rather than structured. However, new arrivals were positive about the support they had received on arrival, and said they had been told most of what they needed to know.

Managing behaviour

1.10 In our survey, 27% of prisoners said they felt unsafe, and around a third said they had been victimised by prisoners or staff. Levels of violence against staff had reduced since the introduction of the restricted regime. However, although not high compared to similar prisons, the level of prisoner-on-prisoner assaults, including serious assaults, had remained similar to the period before the restricted regime was introduced, even though prisoners now spent most of their day locked up.

1.11 The prison continued to analyse monthly safety data, although there had been no strategic meeting to discuss the analysis and plan actions to address violence within the restricted regime. (See key concern and recommendation S3.) Since March, the prison had continued to hold a weekly safer interventions meeting (SIM), which provided oversight of prisoners who were segregated, self-isolating and/or had complex needs. The psychology team had produced useful summaries about these prisoners – 'One-page plans' – which included information about their behaviours and triggers. These summaries provided a helpful guide to staff responsible for the care of prisoners with complex needs. (See also paragraphs 1.18 and 1.23.)

1.12 Local intelligence indicated a large rise in the manufacture of hooch (illicit alcohol) within the population, which had been linked to violence, debt and self-isolation. The security department was responding appropriately, and relevant information was disseminated to the safer custody department. Both departments were working well together and focusing on the risks of prisoners accruing debt during the restricted regime.

1.13 Prisoners involved in serious incidents of violence were assessed through the challenge, support and intervention plan (CSIP, see Glossary of terms) system, and alerts for both

perpetrators and victims were raised on the P-Nomis Prison Service IT system. CSIPs were widely used, although most plans were too basic and support for victims was underdeveloped.

1.14 Despite an increase in the use of force since the commencement of restrictions, governance procedures had largely lapsed, with no regular or formal scrutiny of incidents by senior managers and a backlog of outstanding documentation. (See key concern and recommendation S3.)

1.15 The prison had retained the facility for prisoners to progress to the enhanced level of the incentives scheme, and so prisoners were motivated to demonstrate improved behaviour and a commitment to the Gartree community during the pandemic. Although the prison was following national guidance by not using the basic level of the scheme, bad behaviour by a small number of prisoners had resulted in decisions by wing managers to restrict their already limited time out of cell further. We recognised the need for consequences for repeated bad behaviour, but would urge managers to revise the current methods of addressing this to ensure appropriate oversight and governance.

1.16 There had been no formal management meetings to monitor and review the use of segregation since the commencement of restrictions. The segregation unit was full at the time of our visit. It was an austere environment; most cells were sparse and lacked basic furniture, such as a table and chair. The regime for prisoners was poor; meals were served at cell doors and prisoners were only unlocked for short periods to exercise and shower. Some prisoners were also segregated on normal location, although they at least had a TV and all their personal possessions.

1.17 The use of the segregation unit for prisoners who required constant supervision because they were threatening to kill themselves was inappropriate. The cell designated for this purpose at the time of the visit was not fitted with a gate or glass to enable this to be done safely. We also found one prisoner who had been on a three-officer unlock for several weeks and who was only allowed to shower every three days; there was no evidence of a daily review to progress him off such an austere plan. The justification for the segregation of a self-harming prisoner on an ACCT (see Glossary of terms) was poorly recorded in one of the cases we reviewed. Reintegration planning generally was undeveloped, which contributed to the long stays, which were excessive in some cases. (See key concern and recommendation S4.)

1.18 Despite the limitations in the segregation unit, most prisoners were positive about the staff there, and staff were knowledgeable about the prisoners in their care. Psychology staff had produced useful one-page summaries on each prisoner (see paragraph 1.11), and delivered valuable weekly supervision to unit staff responsible for prisoners with complex cases and challenging behaviours.

1.19 Adjudications were still used for serious breaches of the rules, and there had been work to reduce the back log of remanded hearings. However, too many police referrals were outstanding, some for up to three years. Adjudicators used appropriate discretion in their awards, taking account of an already punitive restricted regime.

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

1.20 There had been three deaths of prisoners during the restricted regime. These had been referred to the Prisons and Probation Ombudsman for investigation, and were expected to lead to natural cause verdicts. One of the prisoners died of a COVID-19-related illness.

1.21 The number of self-harm incidents had initially reduced at the beginning of the restrictions, but then rose much higher than previously during June and August, and some incidents were serious. Despite this, there had been no investigations to identify any lessons to be learned.

1.22 The prison continued to analyse monthly safety data to identify hot spots and trends, and the information was shared with managers across the prison. However, there had been no strategic meeting to discuss the analysis and plan actions to address self-harm within a restricted regime. (See key concern and recommendation S3.) In mitigation, the weekly SIM identified and sought to address deterioration in some prisoners' well-being.

1.23 There were systems to identify vulnerable prisoners and those at risk of self-harm, and managers had taken swift action at the start of the restricted regime to provide additional support. We found that care for the most vulnerable was reasonably good, and the 'one-page plans' developed by the psychology department were a useful guide to help staff support prisoners (see paragraph 1.11). In our survey, only 49% of prisoners who had been on assessment, care in custody and teamwork (ACCT) case management for risk of suicide or self-harm said they had felt cared for by staff. The prisoners we spoke to were more positive and reported that the additional support they received, especially from wing staff, was helpful. We found reasonably consistent case management and documentation, although some care map actions lacked detail. We were concerned about the use of the segregation unit to manage some vulnerable prisoners, including prisoners who required constant supervision (see paragraph 1.17).

1.24 Prisoners who chose to self-isolate also received additional support from the prison, although the plans for them were not sufficiently individualised to ensure they had daily access to basic entitlements, such as time in the open air.

1.25 The prison had ensured that the Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) continued to operate throughout the period of restrictions. The Listener suite was too small to allow for social distancing but meetings were held in association rooms. Prisoners were able to contact the Samaritans from their in-cell telephones at no charge.

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 Although around a quarter of officers were in their first year of training, this was not an impediment to good relationships between staff and prisoners. In our survey, 83% of prisoners said that most staff treated them with respect, and 81% that they had a member of staff they could turn to for help if needed. During our visit we observed supportive interactions between staff and prisoners, and found staff to be friendly and approachable. Staff were knowledgeable about the prisoners in their care, and were making efforts to help and support them. Although the restricted regime offered little time out of cell (see paragraph 3.1), it was predictable and prisoners had time each day when they could approach staff to discuss any concerns.

2.2 There had been a significant improvement in the regularity of key work sessions (see Glossary of terms) in the previous two months. Most prisoners in the sample of cases we looked at had met with their key worker in the last month, and in our survey nearly half of prisoners (47%) said a member of staff had asked them how they were getting on in the last week. Prisoners who were identified as vulnerable were prioritised for key work, and there were good systems to ensure nobody was missed. Records of key work sessions were detailed and demonstrated better quality interactions than we have seen at some other prisons during this period. However, some sessions were carried out over the telephone rather than face to face.

2.3 It was not clear during our short visit why almost a third of prisoners in our survey reported being victimised by staff; this was something that managers needed to explore.

Living conditions

2.4 In our survey, almost three-quarters of prisoners said they could access cleaning materials for their cells each week. They also reported positively about access to the laundry, and getting cleans sheets and clothing each week. Prisoners on the newer units were broadly more positive about most of these facilities. Almost all prisoners (96%) said they could shower every day.

2.5 Some of the older parts of Gartree were dark and dingy, and there had been a lack of investment in the fabric of the prison. Living conditions on the newer units were reasonably good, but conditions on units A-D were poor by comparison. Communal showers suffered from flooding, poor ventilation and drainage, and missing privacy doors. The heating system created extremes of hot and cold, which was a source of much frustration for prisoners. The prison had a painting programme, but it did not meet the demand. Staff and prisoners made some effort to keep the units clean, and managers conducted checks to maintain a level of decency, but ultimately the units required refurbishment or replacement. (See key concern and recommendation S5.)

2.6 Cells were in a reasonable condition, graffiti-free and personalised by their occupants. However, most lacked privacy screening for toilets that were situated in full view of the observation hatch. Some cells were also missing standard furniture. The quality assurance

process identified shortfalls, but orders for replacements had been affected by supply issues during the pandemic.

2.7 Enhanced cleaning schedules were in place and carried out reliably, including additional touch-point cleaning. We observed discarded clothing wrapped around the security razor wire and some littering in outside areas. A litter-picking party had recently been employed to address this.

Complaints, legal services, prisoner consultation and food and shop

2.8 In our survey, 72% of prisoners said it was easy to make a complaint, and complaint forms were available on units. The number of complaints received since March had remained static. Internal quality assurance to identify and address issues with complaints was managed reasonably well, although too many complaints were answered late.

2.9 In the early days of the restricted regime, the prison council had met fortnightly; this had recently changed back to a monthly meeting. The council meetings were chaired by the governor, which gave them authority and credibility. Prisoner council representatives told us that the meetings were a useful forum to get changes made and that they felt listened to. The prison had surveyed prisoners to understand their views during the restricted regime. Peer support continued in some areas, but was underdeveloped in improving work opportunities and supporting prisoners during the pandemic.

2.10 In our survey, 66% of prisoners said the quality of food was good. The prison still offered a hot meal option for both lunch and dinner, and the catering budget had been increased to provide an extra carbohydrate and vegetable portion each day. With the start of restrictions, all self-catering facilities, including microwaves and toasters, were withdrawn on hygiene and sanitation grounds. Long-term prisoners were frustrated that they could no longer cook for themselves to practise independent living skills, and we questioned whether this restriction was still justified six months further on. Prisoner access to the prison shop had largely been unaffected by the pandemic, although the supplier had initially restricted some items.

2.11 Legal visits had been reinstated the week before our visit. In their absence, the offender management unit had facilitated legal consultation through telephone conference calls involving prisoners. Those who needed to keep in touch with legal advisors had been authorised additional telephone credit.

Equality, diversity and faith

2.12 In our survey, there were few significant differences in responses from minority groups about their experiences during the restricted regime. However, during our visit, prisoners from some protected groups reported feeling unsupported during this period and unable to access what they needed.

2.13 There had been no equality governance meetings since the start of the restricted regime in March, and equality data monitoring and consultation with prisoners from protected groups had all but halted. (See key concern and recommendation S3.) However, managers and staff had recently been reallocated to this important work.

2.14 The number of discrimination information reporting forms (DIRFs) submitted had reduced significantly since March, and forms were not available on all wings. In the previous six

months, 18 DIRFs had been received compared with 49 in the six months before our last inspection. There was no independent scrutiny of DIRFs, but the governor looked at each one and identified issues to be addressed.

2.15 Foreign national prisoners made up 16% of the population. There had been no Home Office-led immigration surgeries since March. A foreign national coordinator had remained in post throughout the period to advise prisoners over the telephone, and had recently begun face-to-face support and assistance. Although managers told us that there were no prisoners who could not speak English, some foreign national prisoners who had English as a second language would have benefited from more structured support during the restricted regime. Material such as the induction booklet and complaints procedure were not translated. Some staff had little knowledge of the professional interpreting service, and its use was not recorded.

2.16 There was a Buddy scheme to support prisoners with disabilities, although Buddies had no formal training or supervision.

2.17 The chaplaincy had remained active in the prison since the start of the restrictions, providing socially distanced face-to-face pastoral support. Faith leaders made weekly visits to vulnerable prisoners on case management (ACCT) and daily visits to prisoners in the segregation unit. There were plans to reinstate some corporate worship, but these were not yet in place despite being permitted within the HMPPS recovery models. The team provided valuable support for prisoners who had suffered bereavement, and had facilitated the use of computer tablets to stream the funerals of relatives and friends. The prison was risk-assessing prisoners to attend funerals in person, although none had yet been approved.

Health care

2.18 Health services were provided by Nottinghamshire Healthcare NHS Trust (the Trust) and had markedly improved since our last inspection, particularly in clinical governance, care of patients with long-term conditions, social care and pharmacy services. Improvements had enabled the service to contribute effectively to partnership working at strategic and operational levels to meet the health needs of the population.

2.19 Partners had joint operational contingency plans for COVID-19 and had created workable recovery plans, underpinned by joint understanding of risks. Public Health England had joined the partnership, offering valued support and guidance at pertinent points during the pandemic.

2.20 Health services were well-led and most of our previous recommendations had been addressed. Improvements required by the Care Quality Commission (CQC) had been completed. Several service improvements, such as increasing staff numbers, had continued during the restricted regime.

2.21 Prison and health staff were aware of procedures to deal with COVID-19 and were equipped with suitable personal protective equipment (PPE – see Glossary of terms). Adequate measures to reduce the infection were evident in the prison. We observed social distancing markers in some areas, and COVID-19 information posters throughout the prison. However, rules regarding social distancing was not always adhered to.

2.22 New arrivals were monitored for COVID-19 during their reception screening, and had a comprehensive health assessment within 72 hours. They were all seen by a drug recovery worker during induction, and the relationship between drug-taking and COVID-19 was

explained. At the time of inspection, three patients had chosen to self-isolate, following the end of shielding, and they received enhanced monitoring, as clinically indicated.

2.23 Most primary care clinics had been curtailed in March, but nearly all had been fully restored when we inspected. Wing-based triage and treatment by nurses and GPs, introduced during this period, ensured good access for patients. A face-to-face GP clinic was available for non-urgent patients with a waiting time of no more than seven days. During the restricted regime, health staff had been alert to patients who had limited access to exercise outdoors, and precautionary supplements of vitamin D had been prescribed.

2.24 Clinicians had made more use of technology to treat patients in the last six months, including telephone consultations with hospital specialists and the use of electronic tablets to allow the psychiatrist to observe the patient while undertaking an assessment. Patients had had good access to hospital appointments during and following the restricted regime, although some hospitals had initially limited appointments because of COVID-19.

2.25 Some waiting lists were too long as a result of the pandemic, with 86 waiting to see the optician and 61 to see the podiatrist. Specialist clinics had resumed in September and extra clinics were being considered to reduce the numbers waiting.

2.26 The dental surgery had continued to run clinics as usual during the restricted regime and offered triage, prescribing and emergency non-aerosol treatments. The surgery was fully equipped to offer aerosol generating procedures (AGPs), which minimised risks in line with national guidelines. In our survey only 9% of patients said it was easy to see the dentist. Although there had been an easing of restrictions, the prison was not yet providing treatment that required the use of AGPs. This had led to 104 patients waiting for routine treatments, such as tooth fillings, for up to three months – treatments which would usually be delivered within one or two weeks. The dental team told us that some patients would experience a further deterioration in their dental health while waiting so long for treatments. (See key concern and recommendation S6.)

2.27 Prison and health partners' plans to introduce a well-being centre in 2020 had been placed on hold due to COVID-19 restrictions. The health care department had reintroduced health promotion events from the national calendar as soon as practicable. These included screening for blood-borne viruses, with over 500 prisoners tested for hepatitis C, which was impressive.

2.28 Social care provision had improved since 2017. Five prisoners were currently receiving support through social care packages provided by the Trust. Although Leicestershire County Council had not provided assessments since July because of local lockdown restrictions, it had arranged for the Trust to undertake these on its behalf, which worked well. An end-of-life care pathway had also been introduced since 2017.

2.29 Patients received their medicines at the prescribed times. Pharmacy professionals had been employed since we last inspected and they had improved systems and oversight, including medicine use reviews. We observed efficient medicines administration. The majority of patients had medicines in possession, which were monitored closely to ensure correct use. A new medicines management committee provided multidisciplinary oversight of medicines use.

2.30 The Trust mental health and Start (substance misuse) services worked closely in support of patients. They were in consultations about providing a seven-day-a-week service, which had been delayed by the restricted regimen. Mental health team staffing had increased since March, and Start had managed to maintain a responsive service even though the team had been affected by sickness and other factors. Recruitment was under way for a psychologist to help address the needs of patients with long-term trauma-related needs.

2.31 The mental health and Start teams responded to assessments for urgent referrals within two days, and non-urgent within five. On average, there were 75-100 patients on the mental health caseload, and around 100 on the Start psychosocial caseload, including 34 on opiate substitution therapy (OST). OST was administered safely, and prescribing for each patient was reviewed every 13 weeks in line with national guidelines.

2.32 Face-to-face patient contacts and therapeutic groups had been curtailed during the restricted regime, with telephone support to monitor the most vulnerable. Face-to-face therapy had resumed in early August, but because of social distancing requirements group therapies remained unavailable. In-cell workbooks accompanied by telephone support were used to address this gap.

2.33 The care programme approach was used to manage patients with complex mental disorders and to plan for transfer or release. However, one patient had been waiting three months for transfer to a secure bed under the Mental Health Act, which was unacceptable.

2.34 The primary care and Start teams respectively provided prisoners due for release with pre-release checks, take-home medications, assistance to find GPs, and harm minimisation advice and naloxone to take home, as necessary. Additionally, prisoners received sufficient PPE on release for several days to enable them to minimise risks of COVID-19 transmission.

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.

3.1 The regime had been severely restricted since March 2020, and most prisoners were unlocked for less than two hours a day. For some prisoners on A-D wings, on some days, this was reduced to around one hour out of cell. Prisoners employed in one of the essential jobs, and those located on the enhanced units, had significantly more time unlocked. (See key concern and recommendation S7.)

3.2 In our survey, 92% of prisoners said thy could exercise outside every day if they wanted to. Since the beginning of the restrictions, the prison had ensured that prisoners could access 45 minutes a day in the open air. However, there were no separate exercise periods for prisoners who were self-isolating and, as a result, most did not come out of their cells at all.

3.3 Prisoners spoke positively about gym staff and their efforts to support and motivate them during the restrictions. Although the gym itself remained closed, the governor had retained physical education instructors in their roles so they were able to devise tailored in-cell workouts, facilitate 5km runs and, more recently, provide regular structured exercise outside. PE staff had also developed several popular outdoor circuits that they ran on the exercise yard during the daily morning exercise period. Recent national guidance now permitted some indoor activity, which was in the planning stage.

3.4 At the time of our visit, only 12% of the population were employed in essential roles. Initially this had just been kitchen, laundry and waste management work. More recently, additional activities where social distancing could be maintained had been opened, such as gardens and litter-picking, as well as some indoor workshops.

3.5 The education team had taken swift action when the restrictions were announced to enable ongoing support for learners throughout the period, which had resulted in good outcomes in the summer exams for prisoners working towards GCSE and AS qualifications. Twenty per cent of prisoners were currently enrolled in education. Many of these learners received support through regular telephone calls from tutors, and Level 3-accredited prisoner mentors on each unit provided invaluable support in the absence of classroom education.

3.6 Risk assessments were in place to increase employment and provide some face-to-face education for a reduced number of prisoners. However, the current HMPPS recovery plans did not yet permit this level of activity. (See key concern and recommendation S7.)

3.7 The prison had focused on the need to offset the effects of reduced time out of cell and had provided a reasonable range of recreational activities and activity packs to support prisoners while the regime was so restricted. Both prison and education staff provided distraction and hobby packs. The prison's specialist units, the PIPE and therapeutic community, were particularly good at providing recreational activities, such as bingo and quizzes, to occupy prisoners' time more purposefully.

3.8 Prisoners we spoke to were generally positive about the provision of temporary wing library services. Library staff had arranged for books and DVDs to be distributed to all wings at the start of the restricted regime, and they produced distraction packs for prisoners. Although they had now returned to the prison, the library remained closed to all prisoners except for library orderlies and wing representatives. However, prisoners could request up to four books a week, which their wing representative collected and distributed. DVDs were also available for loan, and a photocopying service was provided for a fee. The 'Reading Ahead'

literacy scheme had continued during this period, and a virtual book club was about to commence.

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 only resumed at the start of September, the delay in part due to concerns about community restrictions in the surrounding areas. The social-distancing arrangements in the visits room were robust but had reduced capacity from 34 to 11 visits per session. Local data indicated that only 50% of available visits sessions had been taken up. Some prisoners told us that for many families, visits were not a realistic or worthwhile option. Reasons included the distance from home, particularly as there were no weekend visits or refreshments available, the ban on any physical contact, and the need to wear masks despite social distancing. Additionally, they considered the arbitrary decision not to allow children to be unreasonable. (See key concern and recommendation S8.)

4.2 Video calling (Purple Visits, see Glossary of terms) had been in place since June with sufficient capacity for 35 half-hour video calls a day, five days a week. These calls were free of charge, and although some prisoners reported technical issues, others were positive about their experiences. However, take-up was also low at less than 20% of available capacity. Managers had allowed prisoners to make multiple calls to use sessions that would otherwise go to waste. The prison needed to do more to explore and address the lack of prisoner interest in visits.

4.3 All cells already had in-cell telephones when the regime had been restricted. Prisoners appreciated the facility and the additional £5 telephone credit a week to maintain family contact. Tablet computers had been used to livestream funerals for bereaved prisoners, and for other exceptional reasons, on approximately 20-25 occasions during this period. All prisoners could access the 'email a prisoner' scheme, which had seen an increase in use since restrictions began.

4.4 The visitors' centre was operated by the charity PACT (Prison Advice and Care Trust). During the restricted regime, the engagement manager had provided outreach work and communication to some families who were concerned about prisoners during this period. Storybook Dads (see Glossary of terms) and family visit days had been suspended since the start of restrictions.

Sentence progression and risk management

4.5 Directly employed offender management unit (OMU) staff were at work on site. At the start of the restricted regime, prison offender managers were regularly cross-deployed to other duties, but this had reduced more recently and they were able to focus on core OMU tasks. Probation offender managers still worked from home and attended the prison on a rota, which helped to facilitate social distancing in the OMU.

4.6 Ninety-three per cent of Gartree's prisoner population were Category B, life sentence prisoners. The remainder were prisoners on indeterminate sentence for public protection

(IPP) held beyond their tariff sentence. Around 80% of the population had been at the establishment for over a year.

4.7 In our survey, 82% of prisoners said they knew their sentence plan objectives, but only 57% of them said that staff were helping them to achieve these targets. Offender management work was focused on processes such as parole board hearings and categorisation reviews. Until recently, offender management communication with prisoners was almost exclusively by telephone or in writing, which some prisoners found frustrating. Face-to-face contact was increasing but remained limited, with priority for those with the greatest need. Offender assessment system (OASys) reviews had continued during the restricted regime with 61 (approximately 10% of the population) completed since March. Around 80% of prisoners had an up-to-date OASys in line with HMPPS timescales of completion within the past three years, but only 30% had had reviews in the previous 12 months.

4.8 During the restricted regime, planned fire safety improvement work had required the prison to close some accommodation and decant around 56 prisoners to other establishments; category C and D prisoners were prioritised for this move. Recategorisation work continued and, at the time of our visit, approximately 20 prisoners were awaiting progressive moves to a category C prison or open conditions. Opportunities for transfer were subject to national approval and were therefore limited.

4.9 Offending behaviour work had only recommenced very recently. Prisoners were prioritised for access to these appropriately, but the requirement for social distancing meant that fewer prisoners could take part in each course. A backlog of approximately 60 referrals had yet to be assessed, after which the wait to commence offending behaviour work would be relatively short.

4.10 While programme delivery had paused during this period, the psychology and programmes staff had used their time constructively to maintain contact with prisoners and develop some useful initiatives. These included the introduction of ‘one-page plans’ for segregated and isolated prisoners (see paragraph 1.11). One-to-one non-accredited interventions designed to motivate prisoners had also been introduced on a limited scale. IPP progression panels, introduced before the regime restrictions, were being re-established.

4.11 Core elements of therapy on the therapeutic community (TC – see Glossary of terms) and psychologically informed planned environment (PIPE – see Glossary of terms) units had ceased since March, although limited group and one-to-one work was slowly being reintroduced. The teams on these units were making a concerted effort to maintain relationships, and reinforce the principles of community living, decision-making and problem solving. However, managers highlighted that the impact of COVID-19 restrictions on the progression of the residents in these units would not be known until their therapy recommenced, and for some it would inevitably lead to a lengthened stay. As a national resource for programmes work and specialist units, a slowdown in the release of prisoners from these units would have a knock-on effect on prisoners waiting to transfer into them.

4.12 Public protection work had continued throughout this period. Interdepartmental risk management team meetings were initially held virtually but now took place face to face. The OMU had recently conducted a review to ensure that decisions to monitor telephone calls for defined public protection purposes were appropriate and justified. Prior to the review, up to 12 prisoners at a time were being monitored. Following the review, no calls were being monitored because of a known current risk to children or an individual member of the public, which was surprising given the high-risk population at Gartree. The security department did, however, carry out intelligence-led call monitoring.

4.13 The recent reduction of public protection telephone monitoring, and the allocation of extra resources, had freed up staff time to reduce a backlog of intelligence-led monitoring that had built up following the introduction of in-cell telephones in March 2020.

Release planning

4.14 Very few prisoners were released directly into the community from Gartree. There had been nine releases in the previous six months, and none scheduled for the next three months. Any releases were a result of parole board directives, which meant that there were robust risk management plans and effective communication with community offender managers. Prisoners were generally released to approved premises.

4.15 None of the prisoners at Gartree had met the criteria for release under the 'end of custody temporary release' scheme or special purpose licence (see Glossary of terms).

Section 5. Appendices

Appendix I: Scrutiny visit team

Deborah Butler	Team leader
Natalie Heeks	Inspector
Kam Sarai	Inspector
Caroline Wright	Inspector
Paul Tarbuck	Health care inspector
Alec Martin	Researcher
Helen Ranns	Researcher
Shannon Sahni	Researcher
Esra Sari	Research team support

Section 6. 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.