

Report on a scrutiny visit to

# HMP High Down

by HM Chief Inspector of Prisons

**23 March and 7 – 8 April 2021**



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# Introduction

This report presents the findings from our scrutiny visit to HMP High Down, a large prison in Surrey holding about 1,150 men. Our visit highlighted a number of significant concerns about the treatment and conditions of prisoners, but one issue above all had seriously affected the running of the prison.

At our 2018 inspection, my predecessor, Peter Clarke, expressed his serious concern over the uncertainty about the prison's future role. I include the relevant paragraph from that report:

*“The area that caused us greatest concern was that of purposeful activity, and this was directly related to the uncertainty over the prison's future. We were told that there had been some delayed plans to re-role the prison to become a category C training prison. So far as the senior management team were aware, the latest plan was that this should happen in the autumn of 2018, just a few months after the inspection. When I asked if this was definitely going to happen and what the plans were to enable it to do so, no-one could give me a clear answer. They simply did not know. This, I was told, was because they had not been given any more detail by Her Majesty's Prison and Probation Service (HMPPS). This was extraordinary.”*

Three years later, and five years after High Down's transition from a category B local prison to a category C training prison was first proposed, it is astonishing that this situation had still not been resolved.

The current governor had been asked to complete the recategorisation during the pandemic, which was no easy task. She had accepted category C prisoners from across the estate. Plans were advanced and a newsletter had even been sent to prisoners confirming the new direction for High Down. Then very shortly before our visit and just after this news was communicated to prisoners, senior HMPPS leaders suspended the change in function. High Down remains a local category B prison, but without the full-time activity or offending behaviour programme places that are needed by the majority of the population.

There had been no prisoner or staff deaths due to COVID-19, but quarantine arrangements for newly arrived prisoners were not well organised and risked transmitting infection across the population. Hundreds of prisoners had been isolated following possible contact with infection during the months before our visit. They had faced isolation periods of 10 days with no time out of cell at all other than a weekly shower. A good number had experienced these levels of isolation two or three times. The scale of isolation was not mitigated by welfare checks, which were irregular for most prisoners and not of sufficient quality for those identified as needing extra support.

Recorded levels of self-harm had reduced during the pandemic, but the number of assessment, care in custody and teamwork (ACCT) documents was high and this had affected the quality of support for those at risk of suicide and self-harm. Sometimes there was no care map and it was not clear how staff were supposed to help the individual. Recorded levels of violence had decreased, but use of force by staff remained at pre-pandemic levels. Drugs were still a serious problem.

Communal areas were clean. Many prisoners continued to share small, cramped cells designed for one. The fragility of the regime meant that prisoners did not always get a daily shower. Very little equality or diversity work had been completed in the previous 12 months and some groups such as foreign nationals who spoke little English were struggling.

Health care provision was poor and caused us serious concern. There had been a lack of consistent leadership, with four heads of health care in the year. There had been severe staff shortages and health care staff told us they felt compromised by the unmanageable demands on their time. Basic processes, such as making sure that emergency response bags were up to date and properly equipped, had failed.

Progress had been too slow to provide prisoners with purposeful activity 12 months into COVID-19 restrictions. Most prisoners still had only one hour out of their cells each day, sometimes less when time in the open air was cancelled. It had taken five months to launch in-cell education packs. About 350 prisoners had a full-time job, but there were no clear plans to provide the rest of the population with work once the pandemic ended.

The work of the offender management unit was fundamentally undermined by the decision to reverse the prison's change of function. There was little contact between prison offender managers and prisoners and there was a large backlog of assessments of prisoners' risk and needs. There was a good focus on the release of high-risk prisoners, but staffing difficulties had prevented officers from listening to the calls of prisoners who required public protection monitoring. There was a real chance that important information about risk could be missed.

We found a troubled prison confronting difficult, long-term challenges. It is a serious indictment of HMPPS leadership that the governor and her team should have been asked to spend so much of the pandemic distracted by a change in function which was ultimately suspended. The prison leadership need an early, definite and final decision on the future direction of the establishment and category C prisoners who were brought to High Down deserve to know how their needs will be met to help them emerge from prison with less risk of reoffending.

**Charlie Taylor**

HM Chief Inspector of Prisons

April 2021

# About HMP High Down

## Task of the prison

Adult male category B local prison

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

Prisoners held at the time of this visit: 1,152

Baseline certified normal capacity: 1,001

In-use certified normal capacity: 999

Operational capacity: 1,153

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

Public

Physical health provider: Central and North-west London NHS Foundation Trust (CNWL)

Mental health provider: CNWL

Substance misuse treatment provider: The Forward Trust

Prison education framework provider: Novus

Community rehabilitation company (CRC): Kent, Surrey and Sussex CRC and MTC (London CRC)

Escort contractor: Serco

## Prison group/Department

London

## Brief history

HMP High Down was built on the site of the former mental health hospital in Banstead and opened in 1992. Since 2009, two new residential houseblocks, a new gymnasium and an Educational Centre with 21 classrooms which offers a range of vocational training, personal and social development courses and traditional education opportunities have been added to the site.

## Short description of residential units

Each houseblock can hold just under 200 prisoners

Houseblock 1 – general houseblock with protective isolation unit

Houseblock 2 – includes reverse cohort unit for the general population

Houseblock 3 – general houseblock

Houseblock 4 – substance misuse treatment unit with reverse cohort unit for prisoners undergoing treatment on arrival

Houseblock 5 – general houseblock

Houseblock 6 – vulnerable prisoners' unit with reverse cohort unit for new arrivals from this population

Segregation unit: holding up to 21 prisoners

Inpatient health care: holding up to 23 prisoners

## Governor and date in post

Jo Sims, August 2020

## Leadership changes since last full inspection

Sally Hill, January 2020

Katie Jefferson (acting governor), January to August 2020

## Independent Monitoring Board chair

Sheila Souchard and Andrea Coady (joint chairs)

**Date of last inspection**

May 2018 (full inspection)

July 2019 (independent review of progress)

# 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 areas of key concern and have made recommendations for the prison to address.
- S3 **Key concern:** For five years, High Down had been subject to plans to change its function from a category B local prison to a category C training prison. When we inspected in 2018, outcomes for prisoners were already being adversely affected by the uncertainty over the prison's future, and the situation was now critical. Hundreds of category C prisoners had been brought to the prison during the pandemic, but after months of planning HMPPS leaders had suddenly decided to retain High Down as a local prison for the foreseeable future. There would not be enough full-time activity or offending behaviour programme places for these category C prisoners once the pandemic ended. It was unclear what would happen to them, how they could reduce their risk or gain work skills before they were released. Offender management work at the prison had no clear direction as a result of this decision.

**Recommendation: A final decision should be made about the future of High Down and there should be sufficient full-time purposeful activity places and offending behaviour programme places to meet the needs of the population.** (To HMPPS)

- S4 **Key concern:** A year into the pandemic, most prisoners still only had one hour out of their cells each day consisting of 30 minutes outside exercise and 30 minutes domestic time to have a shower, submit applications and raise any concerns they may have with staff. Hundreds of prisoners had been isolated for 10 days with no time out of cell except for a weekly shower. Most prisoners did not receive regular, meaningful, face-to-face welfare checks. Most welfare checks that were conducted were completed on in-cell phones and staff were unable to assess the prisoner's appearance and cell conditions for signs of deterioration.

**Recommendation: All prisoners subject to COVID-19 regime restrictions should have regular, meaningful, face-to-face welfare checks.** (To the governor)

- S5 **Key concern:** The number of prisoners being supported by the ACCT process was high and staff struggled to deliver good quality care. ACCT procedures had too many weaknesses, including the lack of an effective care map and very limited records of meaningful contact.

**Recommendation: Prisoners at risk of suicide or self-harm should receive effective support with a regularly updated care map to deliver prompt actions to reduce their risk. ACCT documentation should demonstrate meaningful daily contact.** (To the governor)

- S6 **Key concern:** Prisoners could not consistently shower every day because the regime was sometimes curtailed. Hundreds of prisoners isolated because of possible exposure to COVID-19 were only offered a weekly shower.

**Recommendation: All prisoners should be able to shower every day.** (To the governor)

- S7 **Key concern:** Very little strategic or operational work had been carried out during the previous 12 months to improve outcomes for protected and minority groups. Not enough had been done to support prisoners who did not speak, write or read English fluently.

**Recommendation: Outcomes for prisoners in protected and minority groups should be routinely monitored and, if any adverse outcomes are identified, prompt remedial action should follow.** (To the governor)

- S8 **Key concern:** The procedure for evacuating prisoners with disabilities in the event of an emergency was ineffective. A list of prisoners who required a personal emergency evacuation plan was kept in a folder on each houseblock. These records were inconsistent and often out of date with little or no detail about the help the prisoner needed. Residential staff could not tell us about individual prisoners' needs in any detail and did not know where to find this information.

**Recommendation: Every prisoner requiring assistance during an evacuation should have an up-to-date personal emergency evacuation plan which describes the support they need. These plans should be accessible to residential staff, who should be familiar with these prisoners and their needs and locations.** (To the governor)

- S9 **Key concern:** There had been three incidents between November 2020 and March 2021 of essential items missing from emergency resuscitation bags. Governance for checking this equipment was not robust.

**Recommendation: Emergency resuscitation equipment and medicines should be in good order and ready for use. An effective monitoring system should be established which should be regularly audited to ensure compliance.** (To the governor/partnership board)

- S10 **Key concern:** Many aspects of health care provision were poor. The primary care team had experienced significant staffing difficulties with staff having to combine different roles including responding to emergencies, completing reception screening and medication rounds. These competing demands had contributed to delays in delivering services and caused stress to staff. Clinical incident data for the previous six months described several areas of concern including poor practice. Secondary health screening was not being completed by health care staff. Waiting times to see a GP for a routine appointment were too long.

**Recommendation: The full range of health services should be delivered to patients in a timely and safe manner.** (To the governor/partnership board)

- S11 **Key concern:** Prisoners across High Down could not have an hour in the open air every day. Even the 30 minutes offered as part of the current restricted regime was sometimes cancelled. Those isolated for 10 days due to possible exposure to COVID-19 had no outdoor exercise at all.

**Recommendation: All prisoners should be able to spend an hour in the open air every day.** (To the governor)



- S12 **Key concern:** The monitoring of telephone calls for public protection was ineffective. No calls had been listened to for many months and it was planned that only a random sample of calls would be checked in future. This meant that potentially important risk information, such as prisoners continuing to threaten or harass their victims, could be missed.

**Recommendation:** When public protection concerns necessitate the monitoring of prisoners' phone calls, every call should be listened to promptly to identify risk. New information indicating an increased risk should prompt immediate action to protect victims and manage the prisoner effectively in custody. (To the governor)

## Education, skills and work (Ofsted)

- S13 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

- S14 Leaders and managers should support face-to-face and remote learning to ensure that more prisoners can access education, skills and work and enhance their learning experience.
- S15 Managers should improve the quality of the feedback that learners receive on their work, so that they know what they need to do to improve and develop their knowledge and understanding of the subject they are studying.
- S16 Leaders and managers should increase support for learners who speak English as an additional language, so that they can improve their English skills.

## Notable positive practice

- S17 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.
- S18 Inspectors found two examples of notable positive practice during this visit.
- S19 **An online service recently established and run by staff and volunteers from The Forward Trust provided information, advice and support on drug and alcohol issues for recently released prisoners and their families.** (See paragraph 3.48)
- S20 **Every prisoner who had not yet taken advantage of the video visits service had been identified and spoken to by staff to encourage them to book a visit. This one-off exercise was a positive initiative which should be repeated.** (See paragraph 5.2)

# Section 1. Leadership and management

In this section, we report mainly on whether leaders and managers are responding effectively to the challenges of the pandemic, the proportionality of restrictions on activity and movement, whether recovery plans are in place and understood by staff and prisoners, the support provided to prisoners and staff, and the effectiveness of cohorting arrangements.

- 1.1 No prisoner or staff deaths had been caused by COVID-19 at the time of our visit. When she arrived at High Down in August 2020, the governor's decision to take charge of testing, tracing, infection control and vaccination in one function was a sensible approach to managing the spread of the virus. A daily multidisciplinary meeting led by prison managers and attended by health care staff provided good oversight.
- 1.2 The performance of the prison during the pandemic had been undermined by a range of problems. There had been serious staff shortages, which affected the already limited daily regimes experienced by prisoners. Significant shortages in health care staff had affected key services (see paragraph 3.30). There had been a lack of consistent leadership in health care, with four heads of health care in the previous 12 months. Plans to change the function of the prison during the pandemic had been prioritised for many months, occupying managers during a hugely challenging time, and then suddenly aborted (see paragraph 1.8). A high number of prison staff remained in temporary leadership roles across the prison which reflected our findings at the 2018 full inspection.
- 1.3 In our survey, only 50% of prisoners felt that they were being kept safe from the virus. Cohorting arrangements on the reverse cohort units (RCUs) did not ensure infection control. Cohorts were organised into two groups called week 1 and week 2. Progression through the cohorts and into the general population was not consistent and posed a real risk of infection from newly arrived prisoners mixing with others in week 1. Prisoners in the week 1 group moved into the week 2 cohort and mixed with other prisoners who were about to move to the general population. The RCUs were not clearly signposted on houseblocks to make sure that only designated staff entered the units. Cleaning was carried out regularly, but infection control measures such as social distancing and wearing masks were not always rigorously enforced by staff.
- 1.4 Leaders had made good efforts to communicate with prisoners about the continuing need for infection control measures. Newsletters and regular updates had been produced using the communal touch screen kiosks and television channels. However, in our survey only 61% of prisoners agreed that the restrictions were necessary.
- 1.5 There were not enough safeguards to ensure the well-being of all prisoners locked up for prolonged periods. No regular, meaningful welfare checks were carried out on all prisoners who had been behind their cell doors for 23 hours a day for up to a year. This was a particular omission given the large number of prisoners who had been placed in isolation for 10 days with no time out of cell except for a weekly shower, to prevent the spread of infection.
- 1.6 About 350 prisoners had full-time jobs and spent good time unlocked. Progress had been slow to deliver a better regime and more purposeful activity to the rest of the population. A year into the pandemic, most prisoners still had just one hour out of their cells each day, sometimes less if their exercise or time out of cell to shower was cancelled. In-cell education packs had only been distributed five months after restrictions were introduced and only a minority of prisoners had engaged with education and vocational training during the COVID-19 restrictions.

- 1.7** The prison's recovery plan (see Glossary of terms) had been impeded by its long delayed, partially implemented and now suspended transition from a category B local prison to a category C training prison. These plans had first been proposed in 2016 and the delay in implementation was already affecting outcomes for prisoners negatively at our full inspection in 2018. Firm plans were subsequently approved just before COVID-19 restrictions were implemented in March 2020, and prison managers had been required to continue to plan for the transition throughout the challenges of the pandemic.
- 1.8** By March 2021, the prison held about 900 category C prisoners, most of whom had been moved into High Down to fulfil its new role. The governor wrote an optimistic newsletter to prisoners confirming the plans and promising a range of new opportunities. Just days later, and very shortly before we visited, she was informed by senior HMPPS leaders that High Down would have to remain a local prison for the foreseeable future. The prison now held a majority of category C prisoners for whom there were not enough full-time activity or offending behaviour programme places once High Down emerged from the pandemic. It was not clear what would now happen to ensure that they addressed their risk of reoffending and developed vocational skills. There was no confirmed provision to help a significant number of prisoners convicted of sexual offences to reduce their risk.

## Section 2. Safety

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

### Arrival and early days

- 2.1 Procedures in reception were well organised. There was enough space in waiting rooms for new arrivals to be held safely while they waited to be booked in. A good range of information was displayed in holding rooms and peer workers explained what would happen in the next few days. First night safety interviews were conducted in a private office and findings were shared with staff on the appropriate reverse cohort unit (RCU, see Glossary of terms). Newly arrived prisoners could wait up to four hours in reception before moving to an RCU where they stayed for 14 days. Delays to the reception process were often caused by waiting for health care staff to undertake first night medical screenings (see paragraph 3.33).
- 2.2 Three RCUs had been set up: one for the general population, one for prisoners who needed immediate substance misuse treatment and one for prisoners requiring protection from the rest of the population. All prisoners were offered a COVID test on arrival and then on day five. Two negative test results allowed them to move from quarantine to a general houseblock, rather than remaining on the RCU for the full 14 days. Managers told us that population pressures meant that it was not unusual for some prisoners to remain on the RCUs for three weeks or more. Cohorting arrangements on the RCUs were not well organised and did not ensure infection control (see paragraph 1.3).
- 2.3 All new arrivals were monitored hourly for the first 72 hours. Records indicated cursory checks only with no evidence of good-quality support.
- 2.4 The regime on the RCUs was the same as the main prison with just one hour out of cell each day. Prisoners had 30 minutes to clean their cells, make applications and take a shower and 30 minutes of outside exercise. They sometimes lost these domestic or exercise periods because of regime pressures.
- 2.5 First night cells were in a reasonable condition. A programme of repainting and refurbishing cells had been carried out, but some flooring remained in a poor state.
- 2.6 An abridged induction was in place which reflected COVID-19 restrictions. This was largely paper based which should have been reinforced with a useful DVD presentation. We spoke to prisoners on the RCUs who had arrived recently, most of whom said they had not seen the DVD and had received little information once they had left reception. They told us that they often relied on other prisoners to tell them about prison life.

### Managing behaviour

- 2.7 A limited number of prisoners were unlocked at any one time and the prison was well ordered during our visit. In our survey, 29% of prisoners said that they currently felt unsafe. This increased to 55% on the substance misuse treatment unit and 41% of those who said they had mental health conditions.

- 2.8** The number of assaults among prisoners had reduced since the start of the pandemic and levels of violence were lower than at most other local prisons. Assaults on staff over the same period showed a slight downward trend. The weekly safety interventions meeting was a useful multidisciplinary forum for discussing the most complex prisoners and agreeing support plans for them. The challenge, support and intervention plan process (CSIP, see Glossary of terms) was appropriately used to manage the most violent and challenging prisoners. Staff on the units demonstrated a good understanding of the process and the prisoners they needed to manage. COVID-19 restrictions had rendered the incentives privileges scheme largely redundant as there were few benefits attached to the highest level.
- 2.9** The quantity of intelligence submitted by staff had declined at the beginning of COVID-19 restrictions, but had since increased to almost the previous levels. The prison was focused on addressing emerging threats, including a resurgence in prisoners under the influence of psychoactive substances (see Glossary of terms). Intelligence indicated that substances thrown over the perimeter and illicit mail were the main routes into the prison. There was now a body scanner in reception. All staff were now searched at the gate each day, which made the prison entrance crowded and risked spreading infection. The searching of all staff took place at predictable times, did not cover the whole working day and did not operate at weekends. There was no such scrutiny of staff leaving the prison.
- 2.10** The frequency of use of force was similar to before the pandemic with about half the incidents involving the use of control and restraint techniques. Many related to the enforcement of COVID-19 restrictions when prisoners refused to return to their cells after their short time unlocked. Governance of use of force was good and a weekly review meeting kept managers consistently informed of good practice and emerging issues. Batons were rarely used and one strike had been delivered to a prisoner in the previous 12 months.
- 2.11** Use of segregation had reduced and it was rarely employed as a punishment. No prisoner was held on the unit for extended periods. Oversight was good and regular monitoring and review meetings were attended by senior managers, including the governor and deputy governor. A wide range of data were reviewed and management plans agreed for the most challenging prisoners.
- 2.12** Disciplinary awards reflected the impact on prisoners of the already very restricted regime. However, we found evidence in electronic records of arbitrary unofficial punishments delivered by residential staff, which deprived prisoners of still more time out of cell.

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

- 2.13** There had been two self-inflicted deaths during the pandemic. Early learning points had been adopted and added to the prison action plan which was reviewed at the monthly safer prisons meeting.
- 2.14** In our survey, 68% of prisoners said that they could turn to a member of staff if they had a problem, but only 30% said that a member of staff had checked how they were getting on within the last week. Welfare checks had been initiated for prisoners identified as the most vulnerable during COVID-19 restrictions, about 150 individuals at the time of our visit. These were not always conducted weekly and most of the checks were undertaken using in-cell telephones. Staff were therefore unable to look for signs of deterioration such as body language, the conditions the prisoner was living in or their personal hygiene. Records showed that some of the checks were perfunctory with no evidence of meaningful engagement (see key concern and recommendation S4).

- 2.15** In addition to this group of 150 prisoners, about 600 prisoners had spent months in their cells with only one hour unlocked each day. There were no records of regular, meaningful welfare checks for this group and, in some cases, no evidence of staff conversing with the prisoner for several months.
- 2.16** Conditions were very poor for prisoners isolating because they had tested positive for COVID-19 or had been in contact with somebody with COVID-19 symptoms. These prisoners were isolated for 10 days with no time out of cell at all apart from a weekly shower. When the pandemic had deteriorated in early 2021, at least a third of the population had been held in these conditions. About 100 prisoners had been isolated twice in these conditions for a total of 20 days and about 20 prisoners had been isolated three times for a total of 30 days.
- 2.17** The number of recorded self-harm incidents during the previous year had reduced compared to the 12 months before the pandemic. Recorded levels of self-harm were lower than at most other local prisons.
- 2.18** A large number of ACCT documents were open (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm), which made it difficult to provide a consistent level of support for these prisoners. This was particularly challenging on houseblock 6, where 16 ACCT documents alone were open at the time of our visit. The staff on this unit were already stretched running separate regimes for vulnerable prisoners, prisoners from the general population and new arrivals in quarantine.
- 2.19** The quality of ACCT documents that we reviewed was frequently poor. Some care maps were incomplete and failed to address the prisoner's concerns effectively. Some ACCTs lacked care maps altogether, which undermined the process. Records showed that daily contacts were sometimes too brief and that overnight checks were frequently predictable. The safer prisons team had identified these shortfalls in the ACCT process and had recently implemented a useful weekly meeting to review open ACCTs and drive improvement. It was too early to see the impact of this work (see key concern and recommendation S5).
- 2.20** Prisoners on ACCTs whom we spoke to were positive about the care they received, especially at case reviews, but told us that their daily contact with staff was often very brief.
- 2.21** In our survey, just 29% of respondents said it was easy to speak to a Listener (prisoners trained by the Samaritans to provide emotional support to fellow prisoners). The training of new Listeners had been suspended during the pandemic which had led to a shortfall as prisoners were released. Only four Listeners were available to the general population of about 950 prisoners. Five Listeners were living on the houseblock for vulnerable prisoners, but they could only help this population. The Samaritans were due to return to the prison imminently and there were advanced plans to train more Listeners.
- 2.22** Listeners we spoke to had maintained contact with the Samaritans throughout the pandemic using in-cell telephones. They did not feel well supported by the prison and described prisoners' requests for support from Listeners as going unmet.

## Section 3. Respect

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

### Staff-prisoner relationships

- 3.1** In our survey, 64% of prisoners said that staff treated them with respect and 68% that there was a member of staff they could turn to if they had a problem.
- 3.2** The interactions between staff and prisoners that we observed were polite, but largely brief and functional. We saw many instances of staff gathering in offices or at the centre of houseblocks instead of engaging with prisoners. A number of prisoners told us that staff were often dismissive or unhelpful, although several prisoners named particular members of staff as being particularly helpful.

### Living conditions

- 3.3** During the pandemic, the number of prisoners working as cleaners had increased and infection control orderlies had been introduced to clean high-contact points. Houseblocks and communal areas were clean and tidy, and we saw railings and showers being cleaned consistently throughout our visit.



Landing



- 3.4** Just 57% of prisoners in our survey said that they had access to enough soap and sanitiser to keep their hands clean. We did not routinely see handwashing stations or hand sanitiser available on houseblocks.
- 3.5** Some of the older showers were in a poor state and afforded little privacy, while the newly installed showers on houseblock 4 provided significantly better conditions. In our survey, 79% of prisoners said that they could shower every day. Staff and prisoners confirmed that staff shortages sometimes prevented prisoners from being offered a shower each day, particularly at weekends. Large numbers of prisoners who had been isolated after being exposed to COVID-19 were only able to shower once a week (see key concern and recommendation S6 and paragraph 2.16).



Older showers on houseblock 4





Refurbished showers on houseblock 4

- 3.6** Many prisoners continued to share small, cramped cells designed for one. They told us that this had been particularly challenging during the pandemic when they were required to remain in their cells for almost the whole day.
- 3.7** The cells that we inspected were in reasonable condition, especially on the newer house blocks where they were slightly larger and brighter. We also saw a number of cells with graffiti, broken observation panels, damaged flooring and poor or no privacy screens around toilets. Some cells had poor ventilation and heating control, and prisoners commented that they could be very hot or cold at different times of the day. Records showed that monthly checks identified cells that were lacking essential items or in need of urgent repair, but did not indicate if these issues were resolved promptly.
- 3.8** Several houseblocks were being refurbished in rotation at the time of our visit. Some cells and communal areas were being repainted and boilers, showers and windows were being replaced. Progress with this work had been limited.
- 3.9** Only 43% of prisoners said in our survey that they had access to cell-cleaning materials each week. Most cells that we observed were relatively clean and we found cleaning materials in cupboards on each houseblock. Prisoners told us that they had too little time to clean their cells properly under the current restrictions and that it could be difficult to access a full range of cleaning materials.
- 3.10** In our survey, 66% of prisoners said they had enough clean clothes each week and 64% said they could access clean sheets each week. There was an adequate supply of clothing, bedding and towels in each houseblock, although prisoners could only exchange items during their brief time out of cell. Each houseblock had laundry facilities, but many washing machines and

driers were broken and had been out of use for long periods. We observed a laundry orderly squeezing water out of washed clothing by hand.

- 3.11** A technological update had made many channels on in-cell televisions inaccessible and the quality of the picture had deteriorated. Prisoners were very frustrated by this because of the distraction that television provided during the long periods in cell. Managers were working to address this issue.
- 3.12** Prisoners used touch-screen electronic kiosks on the houseblocks to complete a variety of housekeeping tasks, including selecting meal options, ordering from the shop, requesting library items, making applications and accessing COVID-19 safety information.
- 3.13** External areas were generally well maintained and, although there was sometimes litter on the exercise yards, it was removed promptly. The exercise yard on houseblock 4 had developed a leak and the entrance for prisoners was surrounded by damp and mould. Litter collected continuously in the grilles surrounding the windows.



Grilles on the windows were in poor repair and contained large amounts of litter

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

- 3.14** There had been 799 complaints in the previous three months, which was a high number. Managers acknowledged that it had been challenging to handle this volume of complaints in a timely manner and they had appointed a full-time complaints clerk. Senior managers carried out quality assurance of staff responses to complaints each month and had identified a number of problems. Complaints were analysed each month, but the analysis did not



adequately address why the same issues persistently occurred in many complaints. In the sample of complaints that we checked, most responses were timely but did not focus sufficiently on prisoners' concerns. Some were not constructive or apologetic enough when complaints were found to be valid.

- 3.15** Consultation with prisoners had continued throughout the pandemic. Community information orderlies on each houseblock attended monthly meetings with prison staff where a wide range of issues were discussed. Good records were kept of actions agreed at these meetings and progress made against them.
- 3.16** Face-to-face legal visits remained suspended, but the prison was facilitating contact with solicitors via phone and video calls organised by Purple Visits (see Glossary of terms). Prisoners were given the opportunity to book free of charge six hour-long phone calls to their solicitors. Video calls for legal visits, parole hearings and court appearances routinely took place during the week and also at weekends during the pandemic.
- 3.17** There were 135 foreign national prisoners at the time of our visit, including 12 who had completed their sentences and were being held under IS91 immigration powers. Home Office immigration staff had not attended the prison for a year and one of the administrative staff took updates on immigration matters to prisoners and served immigration papers. At the time of our visit, transfers to immigration removal centres of foreign national prisoners who had completed their sentences had resumed for the first time since the start of the most recent national lockdown.
- 3.18** Prisoners were offered a suitable range of meal options which met religious and special dietary requirements. The menus were varied and we observed suitable portions being served. In our survey, 68% of prisoners said that the food was good or reasonable. Special menus had been prepared for prisoners preparing to celebrate Ramadan.
- 3.19** In our survey, 75% of prisoners said that they could buy items from the prison shop. Prisoners could place shop orders each week, but they were not delivered for about 10 days, which prisoners found frustrating. These delays had a particular impact on new arrivals. Managers had advanced plans to improve the service. Catalogue orders had been delayed during the pandemic, but the service had improved.

## Equality, diversity and faith

- 3.20** Very little equality work had taken place during the previous 12 months because of staffing problems. The first strategic equality meeting for a year had recently taken place.
- 3.21** Young black and minority ethnic and Muslim prisoners had been overrepresented in segregation and the use of force in recent months. Focus groups with small numbers of these prisoners had started and minutes of these groups indicated wide-ranging discussions. Managers were developing an action plan to address the concerns raised.
- 3.22** There had been little monitoring of the impact of COVID-19 restrictions on protected and minority groups. Too little had been done for a significant group of prisoners who found it difficult to read, write or speak fluent English, some of whom struggled to understand important information about COVID-19 safety and the prevailing restrictions (see key concern and recommendation S7). Some information had been translated into commonly spoken languages and easy-read formats, but this was not comprehensive. We identified a welfare check on a prisoner who could not speak English which indicated no use of professional interpreting. The education department had good plans to introduce face-to-face teaching with these prisoners once restrictions were relaxed.

- 3.23** Some community groups providing support to prisoners continued to work remotely. Information had been circulated on how to use in-cell phones free of charge to contact organisations such as Bail for Immigration Detainees, LGBT+ Switchboard and Care after Combat.
- 3.24** Only 16 discrimination incident report forms (DIRFs) had been submitted during the previous three months and the reasons for this low number had not been investigated. The sample of DIRFs that we examined had been thoroughly investigated and replies were sensitive and detailed.
- 3.25** The procedure to evacuate prisoners with disabilities in the event of an emergency was ineffective. Personal emergency evacuation plans (PEEPs) were not recorded centrally by the equality team. A list of prisoners who required a PEEP was kept on each houseblock, but records were inconsistent and often out of date or contained little or no detail about the help that the prisoner needed. Residential staff could not tell us about individual prisoners' needs and did not know where to find this information (see key concern and recommendation S8).
- 3.26** The service delivered by the chaplaincy had been a strength, particularly during the pandemic. Corporate worship had been suspended in March 2020, but the chaplaincy had remained active in the prison, ensuring that religious services were broadcast over prison television and radio. Regular prayer bulletins were given to appropriate prisoners and chaplains were available to pray with and provide religious counsel to individual prisoners on the houseblocks or by in-cell phone. Prisoners were able to mark religious festivals in a safe manner.
- 3.27** The chaplaincy provided pastoral support across the whole population. Chaplains visited houseblocks and conducted ad hoc welfare checks on prisoners irrespective of their faith. They had also organised tablets for prisoners to stream relatives' funerals, speak to sick family members or see newborn babies. The chaplains gave comprehensive support to bereaved prisoners, including several additional welfare checks and individual visits to the chapel.

## Health care

- 3.28** Health care provision was generally poor. There had been four heads of health care during the previous year and the lack of consistent leadership until recently had contributed to health care staff feeling overwhelmed. The new interim manager had quickly identified and started to address weaknesses in the service.
- 3.29** Public Health England had been much involved with High Down, its health care team and NHS England when COVID-19 was identified at the prison. At the time of our visit there was only one positive COVID case. Central and North West London NHS Trust (CNWL) was the main health care provider and the Forward Trust delivered an integrated clinical and psychosocial substance misuse service.
- 3.30** It had been extremely challenging during the pandemic to maintain adequate staffing levels, particularly for the primary care team. On occasions they had been unable to cover shifts adequately when agencies were unable to provide suitably qualified nurses. This had put pressure on the team and had affected the delivery of the service (see key concern and recommendation S10).

- 3.31** Most health staff we spoke to had felt compromised by having to combine different roles including responding to emergencies, completing reception screening and medication rounds. These competing demands had led to delays and contributed to their stress.
- 3.32** Clinical incident data for the previous six months indicated several areas of concern including three incidents between November 2020 to March 2021 when essential items were missing from the emergency resuscitation bags. Governance of this equipment was not robust (see key concern and recommendation S9).
- 3.33** Prisoners continued to receive initial health screening on arrival, although not always promptly, which caused delays in reception (see paragraph 2.1). Prisoners with acute alcohol and drug problems received good support during the first five days with regular monitoring and observation. COVID-19 PCR testing (tests that were sent to a laboratory) was offered on arrival and day five. Negative test results enabled prisoners to be moved off the reverse cohort units (RCUs) after seven days, although many stayed for 14 days or longer. Infection control procedures on the RCUs were not good enough (cross ref leadership and paragraph 2.2).
- 3.34** Secondary health screening was not completed by health care staff, which was very unusual. Prisoners were instead asked to complete a paper screening form, which was added to SystemOne (electronic records). This meant that important information on prisoners' health could be missed (see key concern and recommendation S10).
- 3.35** The rollout of the COVID-19 vaccination programme had been slow to start, but was progressing well at the time of our visit. CNWL had arranged for staff from outside the prison to attend to vaccinate prisoners. Three health care staff had now been trained to carry out COVID-19 vaccinations.
- 3.36** Health care staff had good access to personal protective equipment (PPE, see Glossary of terms) and a protective isolation unit had been put in place. Prisoners who met the shielding criteria (see Glossary of terms) had been identified and given the opportunity to shield, but the majority declined and had signed a disclaimer to confirm this. These prisoners were regularly reviewed. At the time of our visit, eight prisoners had decided to continue to shield.
- 3.37** In our survey, only 12% of prisoners said it was easy to see a GP. Although urgent appointments were facilitated promptly, routine appointments took between two to four weeks which was too long. GP waiting lists for medication reviews were much longer (see key concern and recommendation S10). These delays were being investigated. A new GP provider had started on 1 April 2021.
- 3.38** Some services such as the podiatrist and physiotherapist had restarted their clinics, but the optician had yet to return. The restrictions on services had exacerbated waiting lists, including those for patients with long-term conditions.
- 3.39** The 23-bed inpatient unit provided care for patients with physical and mental health needs. It was overseen by a multidisciplinary team and officers knew the patients well. The recent appointment of a temporary nurse manager was a positive initiative to deliver a more consistent approach to care.
- 3.40** There was a memorandum of understanding with Surrey County Council and the social care pathway was well embedded. A good standard of social care had been maintained for the 12 prisoners with care packages (see Glossary of terms).
- 3.41** In our survey, 54% of prisoners said they had a mental health problem and only 12% said it was easy to see a mental health worker. The multidisciplinary mental health team had

experienced some staff shortages, but continued to provide support to the 180 patients on their caseload including individuals with autism and a learning disability. A range of in-cell work, distraction packs and self-help guidance was available to all prisoners. Routine assessments were completed within seven days and a daily duty worker responded to urgent need. Waiting times to see a psychologist were too long at 16 weeks, but another psychologist was due to join the team imminently. The mental health team worked closely with the safer custody team and attended the weekly safety interventions meeting.

- 3.42** Despite the efforts of the mental health team, all but one of the 13 patients who had transferred under the Mental Health Act to secure mental health facilities in the previous six months had exceeded the 14-day guidance. The longest wait was 96 days, which was far too long.
- 3.43** The substance misuse team was supporting 306 prisoners, including those receiving opiate substitution therapy. Ninety-four prisoners were on maintenance doses, 11 on a reducing regime and four prisoners were undergoing alcohol detoxification. Prisoners requiring substance misuse treatment received appropriate flexible prescribing and regular reviews. Psychosocial assessments were completed on in-cell phones and face to face and a range of work booklets, in-cell packs and COVID-19 information was available. Two peer support advisers helped to deliver the in-cell packs.
- 3.44** There had been an increase in the suspected use of illicit substances including hooch and psychoactive substances (see Glossary of terms). The security team had referred prisoners to the substance misuse team who offered support and harm minimisation information to all prisoners suspected of using substances.
- 3.45** Psychosocial and mental health group sessions had been suspended during much of the pandemic. The teams were ready to restart these sessions when restrictions were relaxed and were looking into ways of reintroducing services such as Alcoholics Anonymous.
- 3.46** Medicines were supplied by the in-house pharmacy and administered from treatment rooms on the houseblocks. A pharmacist had oversight of the service and medication supplies had been largely unaffected by the pandemic. More than 70% of prisoners had in-possession medication following a robust risk assessment. However, several prisoners said they had not received their medication on time and we observed patients attending the hatch for medication which they had not had for a few days.
- 3.47** A dentist and dental nurse had attended throughout the pandemic, offering advice, analgesia and antibiotics and seeing urgent cases. Treatment requiring aerosol generating procedures had resumed when prison staff had been trained to use battery-powered respiratory protective equipment. The team were working through lengthy waiting lists, prioritising according to clinical need. There was no separate decontamination room, but the suite was well maintained. However, the dentist told us that the environment made it difficult to ensure that there was no cross-contamination. Options to improve the environment were being explored with the prison.
- 3.48** Pre-release assessment and discharge planning had been maintained and prisoners were provided with 28 days' medication and naloxone if required. The Forward Trust had set up an online chat service for prisoners on release and their families who had concerns about drugs and alcohol or housing and benefit needs. This was a positive initiative.

## Section 4. Purposeful activity

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

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

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

- 4.1** Time unlocked remained very limited for most prisoners at about an hour a day, comprising 30 minutes' domestic time to take a shower, use the touch screen kiosk and clean cells and 30 minutes' exercise in the open air (see paragraph 2.4). Throughout our visit prisoners complained of regime curtailments. Records that we examined confirmed that prisoners lost their opportunity to shower or take exercise on days when the prison was not properly staffed (see key concern and recommendation SI 1). Time out of cell for prisoners on the RCUs was the same as for the general population. The regime for prisoners required to isolate was very poor (see paragraph 2.16).



Exercise yard



- 4.2** During the previous 12 months, the gym had only been open for about three months during the autumn. At the time of our visit, it had been closed for about four months. PE instructors delivered a weekly outdoor exercise session, but this coincided with prisoners' time on the exercise yard and did not represent additional time out of cell. The delivery plan was not ambitious, but it was affected by long-standing staff shortages in the PE department.
- 4.3** The library remained closed, but prisoners were positive about the temporary library services. When library staff had withdrawn from the prison at the start of the pandemic, they had arranged for donated books and old library stock to be distributed to all houseblocks. On their return, they had quickly established a useful and valued outreach service offering a regular exchange of books and DVDs across the prison.



Selection of books available on a houseblock

- 4.4** Leaders had prioritised essential work in the prison and a minority of prisoners were employed in areas like recycling, textiles and laundry. Others worked on houseblocks as cleaners or serving workers. About a third of the population had full-time jobs which allowed a reasonable amount of time out of cell.
- 4.5** Education services had ceased in March 2020 and had been slow to restart. In-cell education packs had been issued from August 2020, about two-thirds of which had been returned, marked and feedback received.
- 4.6** Leaders had maintained prisoners' learning as a high priority during the pandemic. They had responded flexibly to the changing national restrictions to enable prisoners to continue with their education, skills and work. Despite this, a minority of prisoners had engaged with education during the restrictions and about 25% of the population were registered for education or vocational training.



- 4.7** Teachers had acknowledged that learners were not able to develop practical skills during the pandemic. They had produced in-cell learning packs containing information that prisoners needed to improve their practical skills so that they could take their qualifications as soon as restrictions were eased.
- 4.8** Leaders and managers planned to prioritise the return of face-to-face teaching with small groups of learners when the regime was relaxed.
- 4.9** Learners who spoke English as a second language did not receive enough support with their in-cell learning packs. Managers recognised that there were challenges for these prisoners to engage in learning and planned to provide further support as restrictions eased.

## Section 5. Rehabilitation and release planning

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

### Contact with children and families

- 5.1** Face-to-face visits had been reintroduced in August 2020 for a few months, but were suspended again at the time of our visit.
- 5.2** Video calls organised by Purple Visits had been in place since May 2020. A room had been set aside on each houseblock for this purpose with storybooks available for prisoners to read to their children while on the call, which was thoughtful. Some prisoners spoke of problems with the connection, but the service remained popular with a 60% take up rate, which was higher than we have seen at many other prisons. Prisoners could only book one 30-minute call a month, but could apply for a second call if there were particular family difficulties. Each prisoner who had not had a video visit was identified and spoken to by staff to encourage them to use the service, which was a useful initiative.
- 5.3** In-cell phones enabled prisoners to call their family and friends and they greatly valued the level of contact that this allowed. The prison provided £5 additional phone credit each week. The 'email a prisoner' scheme (which allows family and friends of prisoners to send emails into the prison and prisoners to respond) was reasonably well used and had been extended to allow photographs to be sent in. During the previous 10 months, electronic tablets had been used by 37 prisoners to attend a funeral, video call a terminally ill relative or see their newborn child (see paragraph 3.27).
- 5.4** The Prison Advice and Care Trust was contracted to support face-to-face visits and run the visitors' centre. They had provided limited remote support to prisoners and their families during the pandemic and referrals for their services were low at the time of our visit. However, a family engagement worker had recently returned to the prison which was positive. They offered a variety of support booklets on subjects such as relationships and anger management and 147 prisoners had completed and returned these booklets to date.
- 5.5** In our survey, 65% of prisoners said they had difficulties in sending or receiving mail. The distribution of mail was delayed while letters were photocopied and public protection checks carried out.

### Sentence progression and risk management

- 5.6** HMPPS had had plans since 2016 to change High Down from a local category B prison to a category C training prison. This was finally put in place during the pandemic and large numbers of category C prisoners had been brought into the prison. However, HMPPS senior leaders had recently suspended this project and High Down remained a local prison serving the courts (see key concern and recommendation S3 and paragraph 1.7).
- 5.7** As a result of this, offender management work had no clear direction. The prison held a majority category C population, including about 150 prisoners convicted of sexual offences. They needed full-time activity and offending behaviour programmes to progress in their

sentences and reduce their risk. These could not be delivered while High Down remained a local prison.

- 5.8** In our survey, only 19% of prisoners with a sentence plan said that staff were helping them to achieve their targets. Caseloads for prison offender managers (POMs) were high. Face-to-face contact between prisoners and POMs was allowed, although in practice it was very limited. Prisoners could be called on their in-cell phones, but this was only possible while staff were on site. Until recently, probation offender managers had only been on site one day a fortnight. The prison had tried, with mixed results, to facilitate contact by paying for prisoners to use their in-cell phones to call their probation offender managers. The lack of face-to-face engagement and routine support from offender managers caused frustration to many prisoners.
- 5.9** The completion of offender management unit procedures was subject to delays. About one-third of the population had not had an assessment of their risk and needs or sentence plan completed in the previous 12 months. About 100 re-categorisation reviews were overdue at the time of our visit, although good progress was being made to address this.
- 5.10** The interdepartmental risk management meeting focused well on the release of high-risk prisoners and those convicted of sexual offences. Meetings were held each month, with one exception at the height of the most recent national lockdown. A useful triage system helped to identify prisoners for discussion. Information-sharing between prison and community offender managers was reasonably good and POMs contributed to community multi-agency public protection meetings where possible.
- 5.11** At the time of our visit, 22 prisoners were subject to phone and mail monitoring. The monitoring of telephone calls for public protection purposes was ineffective. No calls had been listened to for several months and there were plans to check only a random sample in future. This potentially led to important risk information being missed. The absence of effective monitoring undermined any decisions taken about these prisoners at public protection meetings (see key concern and recommendation S12).

## Release planning

- 5.12** About 100 prisoners had been released each month in the previous six months and demand for resettlement support was high. In our survey, 45% of prisoners due for release in the next three months said that someone was helping them to prepare for release. Resettlement plans that we checked were reasonably timely.
- 5.13** Resettlement services were provided by Kent, Surrey and Sussex (KSS) community rehabilitation company (CRC) and London CRC depending on the prisoner's home address. Prisoners receiving resettlement support from each CRC had very different experiences. KSS CRC continued to work to stringent COVID measures. Staff attended the prison on a rota basis, did not provide any face-to-face support to prisoners and resettlement planning was carried out by telephone, which was unsatisfactory. Conversely, the whole London CRC team worked full time in the prison and saw prisoners face to face to assess their initial needs and plan for their release. London CRC staff also met prisoners in reception on their day of release to clarify release plans and provide last-minute practical support or advice. KSS CRC did not offer a comparable service.
- 5.14** London CRC had subcontracted accommodation provision to St Mungo's while KSS CRC had their own housing officer. About 15% of prisoners had been released homeless in the previous six months.

- 5.15** During the previous three months, only 70% of prisoners eligible for home detention curfew had been released within seven days of their eligibility date. Delays had largely occurred because of the difficulty of securing suitable accommodation. Three prisoners had been released over this period under the end of custody temporary release scheme (see Glossary of terms).

## Section 6. Appendices

### Appendix I: Background and methodology

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

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

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

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

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

Charlie Taylor	Chief Inspector
Jonathan Tickner	Team leader
Rebecca Mavin	Inspector
Paul Rowlands	Inspector
Kam Sarai	Inspector
Angela Johnson	Inspector
Maureen Jamieson	Health care inspector
Amilcar Johnson	Researcher
Alec Martin	Researcher
Shannon Sahni	Researcher
Jed Waghorn	Researcher
Lynda Brown	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/>

### **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.

### **Personal protective equipment (PPE)**

Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

### **Psychoactive substances**

Psychoactive substances are either naturally occurring, semi-synthetic or fully synthetic compounds. When taken they affect thought processes or individuals' emotional state. In prisons, these substances are commonly referred to as 'spice'. For more information see <https://www.gov.uk/guidance/psychoactive-substances-in-prisons#what-are-psychoactive-substances>.

### **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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