

Report on a scrutiny visit to

HMP Huntercombe

by HM Chief Inspector of Prisons

1 and 8–9 December 2020

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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/>

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.

Key worker scheme

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

Personal protective equipment (PPE)

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

Recovery plan

Recovery plans are published by HM Prison and Probation Service 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).

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.

Introduction

HMP Huntercombe is a category C prison in Oxfordshire and is one of only two prisons in the country with the sole purpose of holding convicted foreign nationals. It held about 400 men at the time of our visit, 15% less than at the previous full inspection in 2017 and slightly more than the uncrowded capacity of 370 prisoners. Lower prisoner numbers contributed to the ability of staff to deliver a consistent regime throughout the pandemic and prisoners were able to have a shower and take outside exercise every day. However, most still spent 23 hours a day in their cells, and this was affecting mental health for some. About a quarter of prisoners had some form of employment, which increased time out of cell, but there were missed opportunities for further expanding activity in a safe way. This was partly because the prison had to wait for the approval of centrally managed recovery plans.

The speedy and highly effective roll-out of video-calling technology had helped prisoners to maintain family relationships throughout the pandemic and showed what the prison was capable of achieving. The governor provided visible and enabling leadership, characterised by clear communication and regular personal engagement with prisoners and staff. A high proportion of staff said that they were supported by managers. Managers and staff had met the demands of COVID-19 well and most prisoners felt that they had been kept safe during the pandemic. There had been no outbreaks since the height of the first wave of the pandemic in April until early December, when a positive test was returned. It was notable that, throughout the pandemic, senior managers had maintained focus on the recommendations for improvement that had been identified at the last full inspection in 2017.

Reception and cohorting arrangements for new arrivals appeared to be effective. Like the rest of the prison, the reception area was clean and a comprehensive assessment process was undertaken for arriving prisoners.

Recorded violence and use of force had remained reasonably low, and well-attended monthly meetings provided adequate strategic oversight of safety. However, a fifth of prisoners in our survey said they felt unsafe and a third that they had been victimised by staff. The latter proportion was higher among both younger and black and minority ethnic prisoners. The reasons for this were unclear, but prisoners made a range of comments about staff, including dismissive attitudes to their concerns about the amount of time locked up, anxiety about immigration cases and concern about inconsistent social distancing. Despite the many friendly interactions that we observed, a number of prisoners said that staff were not always proactive in supporting them and that key work sessions were often not detailed or helpful enough. We leave the prison with a recommendation to explore these findings thoroughly and take necessary action.

There had been no deaths in custody since our full inspection and levels of self-harm had remained at their traditionally low levels. Prisoners at risk of self-harm were supported through a well implemented assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm (ACCT) process, which included multidisciplinary case reviews and regular use of professional interpreters. Access to Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) had been facilitated throughout the pandemic. Prisoners reported that staff usually responded quickly to emergency cell bells.

The physical environment was clean and cells were in good order. Prisoner cleaners and 'social distancing champions' were deployed to clean high contact points between cohorts of prisoners being let out of their cells. Management of complaints was effective and prisoner consultation had resumed. Access to legal advice was good. Home Office staff had remained on site and were accessible. The use of the prison incentives scheme to sanction prisoners who were considered to be non-compliant with the Home Office was inappropriate. The prison was following a national policy which allowed the prisons' incentive scheme to be used to sanction prisoners for non-compliance. Prisoners had a right to challenge the Home Office about immigration matters and

should not have been sanctioned by the prison for refusing to sign immigration paperwork. This also confused the prison's role, in managing and caring for prisoners, with Home Office procedures.

Equality and diversity management structures were in place and good work had been carried out to understand potential equality concerns, although not always to deliver actions. The chaplaincy remained active and had resumed running small faith groups for religious discussion.

Health care was effective. Despite staff shortages, the well managed department continued to deliver essential services. Waiting lists were short for most clinics and external hospital appointments had continued to be facilitated throughout the pandemic. The mental health team provided a responsive one-to-one service and was meeting the demand for services.

At our full inspection in 2017, a serious concern was the poor attention to addressing risk, offending-related needs and release planning. At this scrutiny visit, we were pleased to find that a changed attitude to this area of work had led to very significant and sustained progress. Contact levels between prison offender managers and prisoners had much improved and most prisoners were now well aware of their sentence plan targets. The vast majority of prisoners had an up-to-date OASys (offender assessment of risk and need). While there were still shortcomings in the specialist resettlement support available to prisoners, there were well developed and funded plans to create a resettlement hub to help prisoners manage practical problems, such as housing and debt management, which are known to increase the risk of reoffending. This support was to be available to prisoners being removed to other countries, who constituted the vast majority of discharges. Perhaps most impressively, release on temporary licence (ROTL) had become established to support rehabilitation and family contact, and it had continued during the COVID-19 period. There had been no ROTL failures.

In summary, this is one of the most positive scrutiny visits that we have so far undertaken. The prison was well led and progressive and, while we have identified some concerns that need to be addressed, prisoners generally spoke positively of their experiences at Huntercombe. The prison and HM Prison and Probation Service leadership are to be commended for the work they have done to respond to long-standing shortcomings in rehabilitation and release planning. We look forward in due course to seeing the further development of this work.

Charlie Taylor

HM Chief Inspector of Prisons

December 2020

Fact page

Task of the establishment

Category C foreign national prison

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

Prisoners held at the time of this visit: 403

Baseline certified normal capacity: 480

In-use certified normal capacity: 391

Operational capacity: 480

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance use treatment provider: Practice Plus Group

Prison education framework provider: Milton Keynes College

Community rehabilitation company (CRC): Management and Training Corporation and Novo

Escort contractor: Serco/GeoAmey for serving prisoners; Mitie for immigration detainees

Prison group/Department

Foreign national hub and immigration removal centres

Brief history

The site was originally built as an internment camp. After World War II the site opened as a prison and was a Borstal until 1983. In 2000 Huntercombe became a prison for male juveniles aged 15 to 18. In November 2010 the establishment re-roled to an adult category C training prison and since March 2012 it has held solely category C foreign national prisoners, one of two prisons of this type.

Short description of residential units

The establishment has eight units. Patterson, Rich, Howard and Fry Units have an older style layout, with two levels and four closed spurs. Mountbatten A and B Units have a newer open layout on two levels and Mountbatten C comprises 26 portable cabins in a horseshoe formation. The segregation unit has five cells including one constant watch suite. Patterson Unit is the induction unit, Rich Unit is for enhanced prisoners and all other units consist of regular accommodation.

Name of governor/director and date in post

David Redhouse, October 2016

Independent Monitoring Board chair

John Evans

Date of last inspection

6-17 February 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 21 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/hmiprison/about-hmi-prison/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 **Key concern:** In our survey, a third of prisoners said they had been victimised by staff; this was reported by significantly more younger prisoners and those from a black and minority ethnic background. The reasons for these findings were unclear, but prisoners commented on dismissive attitudes by staff to their concerns about the time they spent locked up, worries about immigration cases, and concern about inconsistent social distancing.
- Recommendation: Managers should carry out a thorough investigation into prisoners' reports of staff victimisation, focusing in particular on black and minority ethnic and younger prisoners, and implement a suitable response.** (To the Governor)
- S3 **Key concern:** The incentives scheme was being used inappropriately to sanction prisoners who were in dispute with the Home Office over immigration status claims. The prison's role of managing and caring for prisoners had become confused with Home Office procedures.
- Recommendation: Prisoners' rights to dispute identity claims should be upheld and the incentives scheme should not be used to sanction prisoners who are in dispute with the Home Office over immigration claims.**
(To Home Office immigration staff and HMPPS)
- S4 **Key concern:** Most prisoners were still locked in their cells for about 23 hours a day. Some progress had been made in resuming purposeful activity, but there were missed opportunities for increasing activity in a safe way. Not all workshops had reopened even though they provided adequate space for socially distanced activity.
- Recommendation: Managers should ensure that opportunities for safely increasing education and employment activities are fully explored and that suitable action to increase time out of cell is implemented as soon as possible.**
(To the Governor)

Notable positive practice

- S5 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.
- S6 Inspectors found the following examples of notable positive practice during this visit.
- The assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm (ACCT) system was used well to support prisoners. Staff often demonstrated an understanding of the impact of the restricted regime on prisoners and

responded to them with compassion. We saw documented examples of meaningful conversations showing an understanding of the prisoner's state of mind and personal circumstances. Each ACCT that we reviewed was purposeful, with a clearly documented reason for its inception and a plan to support the prisoner. Staff from the induction wing met prisoners in reception who arrived with an existing ACCT to see how they were feeling, discuss their care and offer extra support (see paragraphs 1.7 and 1.21).

- The social distancing champions scheme implemented by the prison was effective in encouraging staff and prisoners to maintain distance and reminding them of the risks. The champions also supported wing cleaners by sanitising high-contact points on the wings throughout the day (see paragraphs 1.3 and 2.6).
- A legal surgery run by a local firm of solicitors had continued to offer legal advice to prisoners remotely throughout the pandemic (see paragraph 2.12). Although it did not provide legal advice, the charity Asylum Welcome also provided support on immigration matters using video-call.
- A range of self-help resources included a particularly helpful booklet entitled 'Living with Lockdown', which had been translated into Albanian, Romanian, Spanish and Polish to help prisoners to use coping strategies (see paragraph 2.31).
- There had been a speedy, safe and highly effective roll-out of video-calling technology to help prisoners to maintain family relationships throughout the pandemic. Prisoners were positive about the operation and delivery of the service. They reported fewer concerns than we have seen elsewhere about screen-freezing and loss of conversation time. Take-up was higher than anywhere else in the prison estate (see paragraph 4.4).
- The introduction and sustained use of release on temporary licence (ROTL) throughout the pandemic was notable and provided positive outcomes for prisoners to support their resettlement. There had been no ROTL failures (see paragraph 4.9).
- There had been very significant progress in rehabilitation and release planning services, including improved resources in the offender management unit and a funded resettlement service for prisoners who were being discharged to other countries (see paragraph 4.16).

Section 1. Safety

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

Leadership and management

- 1.1 The governor was a visible presence around the establishment and provided enabling and supportive leadership. It was notable that a high proportion of the staff who responded to our survey said that they were supported by managers and that communication was good. Eighty-seven per cent of staff responding to our survey said they understood what was expected of them and 80% said they had been supported. The governor had used various methods of communication with staff, including update texts, which were sent each day at the start of the pandemic and were still sent regularly.
- 1.2 Communication with prisoners was also good. The prison television channel and newsletters had been used to distribute information, although not all the information was translated. Interpreting had been used regularly during the weekly welfare checks which took place until August when they were replaced by key work sessions (see paragraph 2.3). Our prisoner survey showed high awareness of the restrictions (91%). However, only 61% felt the level of restriction was still necessary and there was evidence of stress and exhaustion among some prisoners (see paragraph 3.1). Effective local action had been taken to mitigate these problems, including the implementation in April of a well-used video-calling system (see paragraph 4.4).
- 1.3 Senior managers set a strong example with social distancing which was reinforced by the relatively open layout of the prison and the introduction of prisoner social distancing champions in late October. Staff and prisoners told us that the champions were having a positive effect. Separate temporary modular accommodation units (see paragraph 4.9) for a small number of prisoners also helped to support distancing. In our staff survey, 46% of staff who responded said that it was difficult to socially distance from other staff and 33% that it was difficult to distance from prisoners. About two-thirds of prisoners said they had been kept safe from the virus, but a number of prisoners commented to us that staff were not always vigilant enough about maintaining distance. Although social distancing was inconsistent, it was better than we usually see. Since the height of the pandemic in April, there had been no outbreaks until early December, when another positive test was returned. At the time of our visit two prisoners were in protective isolation.
- 1.4 In our survey, 62% of staff who responded said they were aware of the prison's recovery plan and 62% thought that plans were achievable. Senior managers had developed plans to extend the regime in June 2020 which they had not been able to progress until the approval of recovery plans a few months later. Once approval had been received, progress was swift. The design and relative stability of the prison provided opportunities for opening up further a regime which remained impoverished for the three-quarters of prisoners who were not in any form of employment (see paragraphs 3.1 and 3.3).

Arrival and early days

- 1.5 Receptions were limited to alternate weeks to support cohorting arrangements. There were no new arrivals during our visit and we were unable to observe the reception process (see

paragraph 2.22). Reception procedures included a comprehensive assessment, which identified immediate needs such as language support and disabilities. First night interviews were conducted in private in reception.

- I.6** The reception area was clean and laid out to reduce the risk of contamination from COVID-19. Staff limited the capacity of holding rooms to assist social distancing. During the previous six months the prison had received an average of nine prisoners a week. A body scanner reduced the need for physical contact between staff and prisoners. All prisoners were provided with personal protective equipment (PPE, see Glossary of terms) on arrival.
- I.7** A Listener (prisoners who provide emotional support to fellow prisoners) was usually available to meet new arrivals in reception. Prisoners had good access to Listeners once they moved to the wing and throughout their induction. Staff from the induction wing met prisoners in reception who arrived with an existing ACCT (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm) to see how they were feeling, discuss their care and offer extra support.
- I.8** Prisoners were able to make a brief call on arrival and buy a reception pack of essential items. An advance was provided if they did not have enough funds.
- I.9** Staff had produced information for arriving prisoners to help them acclimatise and understand local rules and procedures. They had prepared answers to the 10 most common questions asked by new arrivals in the 10 most frequently spoken languages.
- I.10** New arrivals were located on the reverse cohort unit (RCU, see Glossary of terms) and kept separate from the rest of the population for 14 days. Their daily regime was similar to other prisoners, consisting of approximately one hour out of cell a day, when they could shower and take exercise. Staff and prisoners told us that this process was consistent. However, we observed prisoners from the induction wing and the RCU mixing in the same space, which undermined efforts to prevent infection. A consistent complaint on the RCU related to the lack of time to make a phone call because there were not enough phones.
- I.11** Prisoners were given enough initial information to gain an understanding of the regime and facilities available until they were able to complete a full induction which started after the 14-day quarantine period. Prisoners described this as brief but adequate. The full induction programme involved staff from all areas of the prison and helped prisoners to understand the support and opportunities available to them.

Managing behaviour

- I.12** In our survey, 20% of prisoners said they felt unsafe and 34% said they had been victims of bullying or victimisation by staff. However, 63% of younger prisoners and 46% from a black and minority ethnic background said they had experienced bullying or victimisation by staff (see key concern and recommendation S2). Prisoners commented that some staff had a dismissive attitude to the short time they were allowed out of their cells and to their concerns about immigration cases and inconsistent social distancing by staff.
- I.13** Recorded levels of violence were low and had reduced since the introduction of a restricted regime in March. During the previous six months, 27 assaults had taken place compared to 40 in the six months before the start of the pandemic. The percentage of assaults on staff had increased initially but was now returning to pre-pandemic levels. There had been no serious assaults on staff and three on prisoners in the past six months. Managers attributed the reduction in violence to the increased time that prisoners spent locked up and their inability to engage with others.

- I.14** Only five challenge, support and intervention plans (CSIPs, see Glossary of terms) had been opened in the previous six months. There was little bespoke support for victims of violence, but managers said they opened a CSIP if they felt it was relevant. A locally produced programme called 'Stoic' focused on attitudes and thinking, and supported violence reduction work. It had previously been delivered in a group setting but was now accessed through an in-cell workbook.
- I.15** A weekly safety interventions meeting continued to be held to consider individual prisoners with complex needs, including those held in the segregation unit and those being monitored for violence management reasons. The monthly safer prisons meeting was well attended and a good level of data had been collated and discussed, but often with few resulting actions. The safer prisons team had been depleted for some time and was unable to take action to improve safety.
- I.16** The level of use of force had remained broadly similar since the introduction of the restricted regime. Incidents were generally low level and there had been no use of PAVA incapacitant spray, batons or special accommodation during 2020. Monthly meetings continued to take place where a good range of data were discussed and footage of incidents viewed to identify learning points. There had been a lapse in weekly scrutiny meetings, but assurance mechanisms remained adequate.
- I.17** The small segregation unit was reasonably clean and bright. It had capacity for five prisoners, although only one or two were usually held. The regime was similar to that of the main prison (see paragraph 3.1) with prisoners having up to one hour for a shower, cell clean, phone call and exercise. Prisoners could use in-cell televisions and some cardiovascular equipment depending on the reason for their segregation.
- I.18** Since the restricted regime had come into place, oversight of segregation had included two segregation monitoring and review group meetings which also provided oversight of the adjudications process. Offences consisted primarily of threatening and abusive language, possession of unauthorised items and non-compliance with staff instructions. Few hearings required the independent adjudicator and these were held via video-conference.
- I.19** At the time of our visit, no prisoners were on the basic level of the incentives scheme. However, prisoners spoke of receiving warnings for non-compliance with Home Office requirements (see paragraph 2.16) and the incentives scheme was largely viewed as punitive (see key concern and recommendation S3). A residential unit with in-cell telephones was classed as an enhanced unit.

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

- I.20** There had been no deaths in custody since the full inspection in 2017. Levels of self-harm were traditionally low and had remained low during the pandemic, with an average of five incidents a month. Regular welfare checks (see paragraph 2.2) had helped staff to identify vulnerable prisoners and take preventive action to reduce psychological deterioration, and potentially stop acts of self-harm. About a third of prisoners in our survey said they had mental health problems and there was some evidence that the continuing restrictions were affecting their mental health (see paragraph 3.1)
- I.21** Prisoners on an ACCT at the time of our visit said that staff were caring and made extra effort to talk to them about their wellbeing. Prisoners had good insight into the ACCT process and explained how this had helped them, for example to develop techniques to feel

calmer and less stressed. Each ACCT that we reviewed was purposeful, with a clearly documented reason for its inception and a plan to support the prisoner.

- I.22** The ACCT system was managed well, used appropriately and quality assured. Visual safety checks and meaningful conversations were recorded consistently and compassionately. Case reviews were multidisciplinary, and good use was made of professional interpreting. Reviews for the most vulnerable prisoners took place each day, which was positive. We observed staff pre-empting mental deterioration by using their knowledge of each prisoner's risks and trigger points.
- I.23** The Listener scheme had continued during the restricted regime and the team provided a 24-hour on-call service. Listeners said they had responded to a significant increase in demand during restrictions and they had worked with managers to adapt their service. Additional PPE was provided for Listeners to enable them to visit prisoners on other wings safely. This had been well thought out and demonstrated an understanding by the establishment of the importance of Listener support. The Listener team was well trained and had regular access to support from the Samaritans.
- I.24** A well-managed safer custody telephone line was available for prisoners' family and friends to raise concerns about wellbeing. Messages were checked twice a day.
- I.25** Staff checked regularly on the welfare of prisoners at risk of self-harm outside the normal ACCT process (see paragraphs 2.2 and 2.3). They used telephone interpreting services and made use of the language skills of staff and Listeners.
- I.26** Response times to cell bells were good, and 74% of prisoners in our survey said they were responded to within five minutes. We observed quick response times during our visit.

Section 2. Respect

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

Staff-prisoner relationships

- 2.1** In our survey, 68% of prisoners said that staff treated them with respect and 71% that they had a member of staff they could turn to if they had a problem. We observed many courteous interactions between prisoners and staff, and some which demonstrated constructive engagement. Some prisoners, however, expressed frustration that staff did not always initiate support and that interactions could be perfunctory, including during key work.
- 2.2** Weekly welfare checks had been introduced at the start of the pandemic and 8,612 checks had been carried out between April and August. They were available to every prisoner, but priority was given to those who could not speak English or had mental health and/or substance misuse problems. An officer had checked on every prisoner at least once a week to ensure that they understood and were coping with the restrictions. Interpreting was regularly used.
- 2.3** Key work (see Glossary of terms) had resumed in August which had reduced the level of contact that prisoners had experienced with the welfare checks. Only 48% of prisoners in our survey said that a member of staff had spoken to them in the last week about how they were getting on. All prisoners were allocated a key worker and those who were vulnerable or at high risk of harm were prioritised and seen twice a month. In November, 75% of prisoners had spoken to a key worker at least once, which was higher than we usually see but still less frequent than the aspirations of the key work approach. Records of key work sessions were of a good quality and showed positive engagement with prisoners. Some prisoners and staff observed that the postponement of many activities had limited the effectiveness of these sessions in supporting progression.

Living conditions

- 2.4** In our survey, 90% of prisoners said that they were able to shower every day and 70% that they could obtain cell cleaning materials every week. Cleaning cupboards on the wings were well stocked and accessible, and prisoners did not report any problems in acquiring cleaning supplies.
- 2.5** Cells were in good condition, although prisoners consistently complained that bed bases and mattresses were inadequate. Some prisoners were still sharing cells designed for one person.
- 2.6** Communal areas were clean and in good condition. In our surveys, 82% of prisoners and 87% of staff who responded said that communal areas were clean. Prisoners working as cleaning staff were visible on the wings. 'Social distancing champions' were deployed to clean showers, door handles and high contact points after each cohort of prisoners had been unlocked. The showers were clean and free of mould. Outdoor communal areas were pleasant and well maintained.
- 2.7** In our survey, 84% of prisoners said that they had adequate clean clothing each week, and 71% that they could access clean bed sheets each week. Each wing had laundry facilities, which were in good order, and prisoners had rostered access to the laundry.

Complaints, legal services, prisoner consultation and food and shop

- 2.8** In our survey, 58% of prisoners said the quality of food was good or reasonable. Menu options catered for religious beliefs or ethical choices. There were microwaves on each wing which allowed prisoners to heat food.
- 2.9** The prison shop was operating effectively following disruption during the first three months of the pandemic when the provider had not entered the prison. Some popular items, such as cheese and eggs, had not been available, but prisoners we spoke to were generally happy with the service provided.
- 2.10** In our survey, 58% of prisoners said it was easy to make a complaint. The number of complaints submitted so far in 2020 was slightly lower than in 2019. Since March, complaints had consistently remained at a lower rate than before the pandemic. Responses to complaints were timely and the quality assurance process was robust.
- 2.11** Prisoner consultation had resumed to a limited extent. Minutes from forums on Black Lives Matter and the incentives and earned privileges process indicated that prisoners were invited to express their views but the minutes did not indicate clear follow-up actions or plans. The minutes from the social distancing champions forum did demonstrate agreement for concrete actions and prisoners confirmed that positive changes had been made which reflected their feedback.
- 2.12** Prisoners had had good access to legal advice throughout the pandemic. Legal clinics facilitated by local solicitors had continued via video call, and the charity Asylum Welcome (<https://www.asylum-welcome.org/about-us>) had continued to offer advice on immigration matters via video call. Prisoners had been able to speak to solicitors using video calls and telephones. Since the reintroduction of social visits in August, prisoners could meet their legal representatives in person. Home Office officials had been present in the prison throughout the pandemic. They routinely served immigration papers and prisoners could make an appointment if they needed information on their case.

Equality, diversity and faith

- 2.13** Equality and diversity meetings had continued to take place quarterly throughout the pandemic. The meetings were well attended, and the prison had detailed data on equality. There was evidence of initiatives to promote equality and diversity including prisoner forums, cultural immersion training for officers, and prisoner equality representatives. While this was positive, equality data were not being routinely interrogated or analysed and some persistent issues had not been adequately addressed. Prison managers were aware that this area had not been fully developed.
- 2.14** Discrimination incidents were managed adequately and forms were freely available on the wings. Investigations were well documented and there was evidence of actions being taken in relevant cases. The procedure had recently changed in response to concerns about the confidence of some staff to manage potentially sensitive and complex issues. All incidents were now assessed by a senior manager.
- 2.15** Interpreting was used regularly, including for assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm (ACCT) reviews, key work sessions and in health care. The prison kept an up-to-date list of prisoners who required or preferred an interpreter.

- 2.16** The incentives scheme was being used to sanction prisoners and resolve disputed immigration status claims. Failure to comply with the Home Office, such as refusal to sign paperwork for emergency travel documents or confirming personal details, could result in prisoners being issued with a warning. The prison was following the relevant prison service instruction, but the use of behaviour management processes in this way undermined prisoners' rights to dispute identity claims or to challenge the Home Office on immigration matters. The prison's role to manage and care for prisoners had become blurred with Home Office procedures (see key concern and recommendation S3).
- 2.17** Despite the suspension of communal worship, the chaplaincy remained active and provided a good level of support. Face-to-face support was offered to prisoners who needed it. Since July, individual spurs had been offered an additional hour out of cell to attend chapel on a rotational basis. Small faith groups had also resumed in the chapel. Bereaved prisoners were able to watch streams of family funerals in the chapel, and religious services were broadcast through in-cell television.

Health care

- 2.18** Partnership working between the health teams, the prison, Public Health England and NHS England was good. The prison had been declared an outbreak site early in the pandemic. During March and April, two prisoners had tested positive for COVID-19. A total of 50 men had been isolated at some point during the pandemic and the maximum number in isolation at any one time was 29. A coordinated approach to managing the risks had been adopted and since the end of April there had been no positive prisoner cases until December when one prisoner had tested positive.
- 2.19** Prisoners presenting with symptoms were managed well, and there were clear pathways for those requiring quarantine and those choosing to shield. The GP identified prisoners who met the shielding criteria. They were seen regularly and given a supply of face masks and shielding care plans were in place. A separate shielding wing and a protective isolation unit had been established.
- 2.20** Practice Plus Group (PPG) was the lead health provider and they subcontracted some specialist services. Time for Teeth was the dental provider and secondary mental health services and the psychosocial drug and alcohol recovery team (DART) were delivered by Midland Partnership NHS Foundation Trust. The health provision was not a 24-hour service.
- 2.21** Personal protective equipment (PPE, see Glossary of terms) was in good supply and all health staff had received FFP3 face mask fit testing. Emergency equipment was updated in line with current guidance.
- 2.22** Health care and prison staff had worked well together to ensure that enough nurses were available to complete reception screening of new arrivals. There were no arrivals at the time of our visit (see paragraph 1.5), but SystmOne records (Prison Service electronic database) indicated that a health reception screen was undertaken using a telephone interpreter when necessary and that appropriate referrals were made. An initial COVID-19 symptom check was carried out by health staff before prisoners entered the reception area. Most secondary health screens were completed within seven days (93% in November) on the reverse cohort unit (RCU, see Glossary of terms). DART workers completed their induction on the RCU and carried out a fuller assessment following the 14-day period.
- 2.23** Staff vacancies in all teams had been challenging but they were covered by bank and agency staff and sensitive and effective managerial oversight was evident. Staff felt supported and were keen to deliver a responsive service.

- 2.24** Essential services had been maintained by using nurse triage and face-to-face intervention with nurses and GPs. Routine clinics for most services had been restored in July, including the physiotherapist, podiatrist and the dietician. Most services had triaged their referrals remotely to prioritise and address urgent need. This included the optician, although waiting times for this service were excessive with the longest wait of 37 weeks. Additional sessions had been booked to reduce this.
- 2.25** Regular dental clinics had also resumed. The dental team had good oversight, prioritising their lengthy waiting lists based on clinical need. Urgent care had been available throughout the pandemic. Aerosol generating procedures were scheduled to restart in line with national guidance.
- 2.26** The clinical and administrative management of hospital referrals was good. Many appointments which had been cancelled by the hospital had been rebooked. Patient consultations with community specialists had also been undertaken by telephone.
- 2.27** No prisoner was in receipt of social care at the time of our visit (see Glossary of terms). There was a memorandum of understanding with the local authority and Practice Plus Group had been commissioned to deliver social care when needed.
- 2.28** Most patients on medication received it in possession following a robust risk assessment. Measures had been taken to enable social distancing when medication was collected from the health care department with good support from officers. Prisoners receiving supervised medication either came to the hatch or it was taken to the door which reflected a local operating policy.
- 2.29** Medicine prescription and supply had been largely unaffected during the pandemic, although there had been delays in patients receiving HIV and Hepatitis C medication on time from external sources. This had been escalated to commissioners and had been resolved.
- 2.30** The primary and secondary mental health teams were well integrated and had continued to see patients regularly. A daily allocation meeting which DART workers also attended facilitated prompt triage of referrals and both urgent and routine referrals were seen quickly. The caseload of the mental health team was 57 at the time of our visit, including eight patients with severe and enduring mental health needs. They were managed effectively under the care programme approach (mental health services for individuals diagnosed with a mental illness).
- 2.31** Group work had ceased temporarily but had been covered in individual sessions. The team offered a variety of interventions including interventions based on cognitive behavioural therapy, sleep hygiene and an extensive range of in-cell guided workbooks. A particularly helpful booklet entitled 'Living with Lockdown' which had been translated into Albanian, Romanian, Spanish and Polish provided useful coping strategies.
- 2.32** A psychiatrist had continued to deliver one session a week throughout the pandemic. The psychology post had been vacant since August and was due to be filled in January 2021. In the interim, the two patients on the psychology waiting list had been supported by the mental health team. The team attended all ACCT and segregation reviews and complex case reviews.
- 2.33** There had been no transfers under the Mental Health Act to secure mental hospitals since the start of the pandemic.
- 2.34** At the time of our visit, two prisoners on opiate substitution therapy were receiving regular clinical and psychosocial joint reviews. They were on a reducing regime and prescribing was flexible.

- 2.35** The psychosocial team were supporting 42 prisoners at the time of our visit. Individual interventions were carried out on the wings which the team felt had enhanced relationships with prisoners and staff. Harm minimisation advice and a variety of self-help guidance were provided. Some groups had restarted in September until the second lockdown was announced. Naloxone was available on release (drug to manage substance misuse overdose).
- 2.36** The team had made literature available to prisoners and staff on all wings for Alcohol Awareness Week and Overdose Awareness Day. Information had been advertised on the Way-out TV channel, which was positive.
- 2.37** The Alcoholics and Narcotics Anonymous facilitator had been unable to attend the prison during the pandemic. The psychosocial team had set up a postal sponsor service endorsed by the prison which enabled prisoners to write to the facilitator through a secure PO Box. This was a helpful initiative.
- 2.38** The health team worked well with the offender management unit to plan the discharge of prisoners being transferred or deported. A pre-discharge health clinic was held a few days before departure and a good supply of medication was given.

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** A consistent regime had been delivered throughout the pandemic. All prisoners received an hour out of cell each day. Showers and outdoor exercise were offered during this time, and prisoners could make phone calls. Many prisoners expressed frustration at being locked in their cell for 23 hours a day and some described the detrimental effect it was having on their wellbeing (see key concern and recommendation S4). For example, one prisoner commented:

‘Being locked up 23 hours a day in the cell is harming us mentally. In my opinion they could protect us another way and give us more time outside the cell. Since they started this regime I cannot sleep and I have negative thoughts all the time.’

- 3.2** Prisoners in the portable cabins on Mountbatten C wing could leave their cells freely throughout the day and go outside.
- 3.3** About 25% of prisoners were employed in work activities such as gardening, kitchen, cleaning, waste management and a social enterprise programme which included making face coverings. Not all prison-run activities, notably the textiles workshop, had yet restarted, despite sufficient space to facilitate social distancing (see key concern and recommendation S4). Full-time workers usually had an additional six hours out of their cell a day.
- 3.4** A further 20% of prisoners were enrolled in in-cell education. Eighty-two learners were involved in at least one course, and a few were undertaking distance learning programmes. Teaching staff had not yet resumed face-to-face teaching but were on site collecting and marking education packs. Staff gave feedback to learners and wrote to prisoners who had not completed packs to keep them engaged. Education staff had revised their programme during the pandemic and were delivering modular courses. Other less formal in-cell packs, including budgeting and healthy living, were available for prisoners to complete.
- 3.5** The library had been closed during the pandemic until August. Bookshelves had previously been installed on some prison wings and books were also delivered to prisoners in their cells by prison staff. Since the library had reopened, prisoners could order books and DVDs, which were delivered on the same day. Prisoners who did not own a DVD player could borrow one from the library. Library staff were facilitating a reading group involving criminology students from Oxford University in which prisoners could share their views on readings and podcasts. They also ran a project for prisoners to send a photograph and letter to their relatives to celebrate Christmas.
- 3.6** Gym staff had offered outdoor PE classes during the summer and the gym had reopened in August. Equipment was distributed between the main gym and the sports hall to facilitate social distancing. With the exception of those on the reverse cohort unit (RCU, see Glossary of terms), prisoners could have two gym sessions a week and a weekend session every third week. Sessions were limited to 15 prisoners at a time. Every prisoner had been given a fresh induction to the gym to ensure that they understood the rules for social distancing and cleaning. During the first week of December, 86% of prisoners had taken this opportunity.

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 resumed promptly following the second lockdown. Visits were managed well. Staff, prisoners and visitors wore face masks and cleaning and social distancing measures were observed. Relatively few prisoners received regular visits and demand was met despite the reduction in capacity.
- 4.2** Social visits took place at the weekend, which was valued by prisoners whose visitors often had some distance to travel. The visitors' centre was not accessible for friends and families to use as a waiting area and visits slots were shorter than before the pandemic. Official visits had remained in place throughout the second lockdown.
- 4.3** In-cell telephones were only available on one unit, but 85% of prisoners in our survey said they were able to access a phone each day. There were significant exceptions. Prisoners in the reverse cohort unit (RCU, see Glossary of terms) had one hour out of cell which was not enough to shower, exercise and queue for the small number of available phones. On most units, not all prisoners had the opportunity to make a phone call for the 15 minutes allowed each day. The 'prisoner voicemail' and 'email a prisoner scheme' were used to good effect. Prisoners could receive and reply to emails from their family. There had been an increase in use of both schemes since the start of the pandemic.
- 4.4** Secure and monitored video link social calls, provided by Phonehub IO, were very well used. Calls could be booked every day, including evenings, which was important to foreign national prisoners with families in different time zones. This service had been available since the start of the pandemic and was used significantly more than the rest of the prison estate, with an average of 112 calls a week. Records showed prisoners using the service were able to make a video call on average every 10 days and that there was a 65% take-up of the service. Prisoners spoke positively of how the service operated and said that security measures on the system did not affect delivery.
- 4.5** PACT (Prison Advice and Care Trust) had recently returned to the prison to provide face-to-face support after a period of working remotely. They offered valuable advice to a small number of prisoners and their families. The library ran 'Storybook Dads' (prisoners recording stories to send to their children) and prisoners were able to send personalised Christmas cards to their families (see paragraph 3.5).

Sentence progression and risk management

- 4.6** At the most recent full inspection of Huntercombe in 2017, we had found poor outcomes in the areas of risk, offending-related needs and release planning. At this scrutiny visit, we were pleased to find that these concerns had been addressed and that substantial progress had been made.

- 4.7** Since March, resources for prison and probation offender managers had significantly improved. Caseloads were reasonable which enabled higher levels of prisoner contact. Cases were allocated according to risk, with more experienced probation officers managing higher risk work.
- 4.8** The OASys (offender assessment of risk and need) backlog had reduced during the pandemic. Seven per cent of eligible prisoners had no initial assessment of their risk and needs and 3% of reviews were outstanding or late according to HM Prison and Probation Service (HMPPS) guidance. In our survey, 70% of prisoners knew their sentence plan targets compared to 30% at the last full inspection.
- 4.9** Release on temporary licence (ROTL, see Glossary of terms) was now used to support the rehabilitation of prisoners. ROTL was managed well and there had been no failures. One prisoner was working full time in the community and day releases supported family links. ROTL had been sustained throughout the pandemic for a few prisoners carrying out essential work, which was impressive. Infection risks were mitigated by taking temperature checks on prisoners' return to the prison and by new temporary modular accommodation units where prisoners with trusted status lived in discrete single cabins (see paragraph 1.3).
- 4.10** No accredited offending behaviour programmes were delivered. Some one-to-one work was completed by prison offender managers which included in-cell packs and face-to-face work on thinking skills, decision-making and conflict management (see paragraph 1.16).
- 4.11** Progressive moves to open conditions were rare and none had taken place during the pandemic. Re-categorisation boards were up to date. Since the start of the pandemic, there had been a sharp increase in the number of men detained under immigration powers at the end of their sentence, some of whom should have been transferred to immigration removal centres.
- 4.12** Public protection work had been maintained throughout the pandemic. A well-attended interdepartmental risk management team meeting (IDRMT) reviewed all relevant high-risk prisoners three times during the three months before release to ensure that risk management plans were in place. There was evidence that community and prison offender managers were sharing information appropriately to help manage risk.
- 4.13** Monitoring of calls for prisoners identified under public protection procedures was reviewed by the IDRMT and was up to date. Concerns that were identified were escalated to the security department and conclusions fed back to the IDRMT. Not all calls for prisoners with public protection alerts were routinely translated, which posed a potential risk.

Release planning

- 4.14** Most prisoners leaving Huntercombe were deported, repatriated or transferred to immigration detention. The number of releases into the community had increased during the pandemic, with 27 prisoners released in the previous six months compared to 12 at the time of our last inspection.
- 4.15** The prison was not a designated resettlement prison and did not therefore have dedicated provision from a community rehabilitation company (CRC). Release planning was undertaken by the offender management unit and focused on managing risk. Thames Valley CRC supplied housing support one day a week. During the previous six months, nearly all prisoners released into the community had gone to settled accommodation and one was released homeless.

- 4.16** There was little specialist support to address finance, benefit and debt needs and no through-the-gate support. It was pleasing to see well-developed plans to implement a resettlement hub, funded by HMPPS, where a range of services would be delivered by a new team to all prisoners being removed to other countries. Resettlement needs would be identified and assessed on arrival and again before leaving the prison.
- 4.17** No symptomatic prisoners had been released. Two prisoners had been released on home detention curfew since March, but none through other early release schemes. Face masks and hand sanitiser were provided for those undertaking onward travel. Prisoners could charge their mobile phones and a stock of clothes was available for prisoners who needed them.

Section 5. Appendices

Appendix I: Scrutiny visit team

Hindpal Singh Bhui	Team leader
Kam Sarai	Inspector
Scott Ellis	Inspector
Caroline Wright	Inspector
Rebecca Mavin	Inspector
Maureen Jamieson	Health care inspector
Shannon Sahni	Researcher
Alec Martin	Researcher
Rahul Jalil	Researcher
Jed Waghorn	Researcher

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.