Report on a scrutiny visit to

HMP Long Lartin

by HM Chief Inspector of Prisons

2 and 9 February 2021

Contents

Introduction

Located near Evesham in Worcestershire, HMP Long Lartin is part of the long term and high security prison estate. It holds some of the country's most dangerous and serious offenders, with two-thirds of the population serving life sentences and almost all of the rest serving more than 10 years. At the time of our visit, over 20% of those held were category A, the highest security classification, indicative of the risk being managed.

In the previous two months, an outbreak of COVID-19 had affected a large number of staff and prisoners, three of whom had died after testing positive for the virus. Leaders had also been faced with staff shortages, which had affected the provision they could offer prisoners.

The governor and his team had focused on the management of the pandemic, and the partnership working between the establishment, the main health provider and Public Health England was effective. Managers had established 'cohorting' arrangements (see Glossary of terms) for new arrivals, symptomatic prisoners and those who were particularly vulnerable to the virus. They had provided good communication about the restrictions to both staff and prisoners, with regular updates. Most prisoners said that the measures to prevent the spread of the disease were necessary, but the recent outbreak had affected their perceptions of their own safety, which were poor despite falls in recorded violence and self-harm.

This report outlines weaknesses in other areas of prison life. The segregation unit subjected prisoners to a very austere regime for long periods without any reintegration planning. Planned use of force was very high, largely because of excessive use of handcuffs in the segregation unit, much of which went unrecorded. The prison's investigations into prisoner complaints were poor and sometimes carried out by the member of staff about whom the prisoner had complained. The system for investigating complaints into discrimination was in disarray and nearly half of allegations made in the previous three months had not received a response. Health care waiting lists were undermanaged, resulting in some waits of over a year to see the GP. There had been long delays in telephone monitoring of prisoner calls for public protection reasons.

Our concerns about these practices was compounded by the failure of leaders to establish effective oversight to identify or address any of them. We had little confidence that sustained progress was possible without a major improvement to governance and management across many areas of prison life.

Charlie Taylor
HM Chief Inspector of Prisons
February 2021

About HMP Long Lartin

Task of the prison
Long Lartin is a dispersal prison in the long term high security estate. It holds category A and category B male prisoners.

Certified normal accommodation and operational capacity (see Glossary of terms)
Prisoners held at the time of this visit: 546
Baseline certified normal capacity: 609
In-use certified normal capacity: 607
Operational capacity: 609

Prison status (public or private) and key providers
Public

Physical health provider: Practice Plus Group
Mental health provider: Inclusion (Midlands Partnership Foundation Trust)
Substance misuse treatment provider: Inclusion (Midlands Partnership Foundation Trust)
Prison education framework provider: Milton Keynes College
Escort contractor: GEOAmey

Prison group/department
Long term high security estate

Brief history
Long Lartin was built in the 1960s as a war department ordnance depot and opened as a prison in 1971. Originally a category C prison, it was upgraded to provide dispersal-level security in 1973. Further improvements in security were made between 1995 and 1997 and an additional wing, Perrie, was opened in June 1999. In 2009, a new purpose-built unit, Atherton (E and F wings), replaced older-style wings, increasing the capacity of the prison.

Short description of residential units

A and B	Older-style wings without in-cell sanitation, currently holding vulnerable prisoners.
C and D	Older-style wings without in-cell sanitation, currently holding mainstream prisoners.
E and F	Two wings in a modern unit with accommodation for 184 mainstream prisoners.
Perrie A	Modern unit with accommodation for up to 112 mainstream prisoners. Perrie Red has 74 single cells.
Segregation	Accommodation for 40 prisoners. There are two designated cells for R46/close supervision centre prisoners.
Health care	Accommodation for seven prisoners, including one cell that can provide end-of-life care if required.
PIPE unit	A 'psychologically informed planned environment' unit providing accommodation for 14 prisoners, both vulnerable and mainstream, who mix subject to risk assessment.

Governor and date in post
Steve Cross, July 2019

Leadership changes since last inspection
Dr Jamie Bennett, January 2019 to June 2019
Clare Pearson, November 2016 to January 2019

Independent Monitoring Board
Vice chair, Sue Harrop

Date of last inspection
22-26 January 2018

Summary of key findings

Key concerns and recommendations

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

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

S3 **Key concern:** There were many areas where oversight by leaders needed to improve. Governance meetings across the prison were not effective in monitoring practice, setting actions or checking if actions set were completed. For example, in the area of safety some actions dated back over a year and a recent safety intervention meeting (SIM) had nearly 50 outstanding actions dating back four months. These shortcomings were a problem given the number and extent of our concerns, where action was needed to improve outcomes for prisoners.

Recommendation: Leaders and managers should revise the oversight arrangements across the establishment so that their purpose is clear and their oversight sufficiently robust to ensure improved practice.
(To the governor)

S4 **Key concern:** Some prisoners in the segregation unit were routinely handcuffed if they were placed on to a handcuffing 'protocol'. They remained on these protocols for long periods with insufficient oversight and justification. Not all use of force was recorded.

Recommendation: Force should only be used as a last resort and when necessary and proportionate. All force should be recorded accurately and subject to oversight.
(To the governor)

S5 **Key concern:** Prisoners were held in segregation for too long, had no reintegration plans and rarely attended reviews. Record-keeping on the segregation unit needed improvement. The regime on the unit was poor with prisoners only receiving a telephone call and shower on alternate days. Staff-prisoner relationships were weak and prisoners we spoke to had poor perceptions of their treatment by staff.

Recommendation: Prisoners who require segregation should only be segregated for as long as is necessary and have a reintegration plan. Relationships between staff and prisoners should be improved and prisoners should have daily access to telephones and showers.
(To the governor)

S6 **Key concern:** Some responses to prisoner complaints were very poor and responses to complaints against staff were especially weak, demonstrating a lack of respect for prisoners' concerns. We saw insufficient investigation and failure to address the main issue or even speak with the prisoner. Junior officers responded to complaints about their peers and in one case the officer complained against had answered the complaint.

Recommendation: All prisoner complaints should be investigated thoroughly. The issues should be appropriately addressed and the response should be transparent and independent.
(To the governor)

S7 **Key concern:** The was little evidence that the prison monitored access to elements of the regime by protected characteristic (groups protected from discrimination by the Equality Act 2010), except for incentives levels and complaints. The available data were not sophisticated enough to compare outcomes for different groups and provided no assurance that potential discrimination would be identified. There had been responses to only half the discrimination incident report forms submitted from October to December 2020 by the time of our inspection in February 2021. Most responses were late and some were inadequate, and oversight of this process was ineffective. These failings contributed to prisoner perceptions that Long Lartin's staff had scant regard for equality and diversity.

Recommendation: The governor should take immediate action to make sure his approach to promoting equality is underpinned by systematic monitoring and analysis of outcomes for prisoners in each protected characteristic group, supporting an effective system for the reporting and investigation of complaints about discrimination.
(To the governor)

S8 **Key concern:** Health care waiting times were long, the allocation of urgent clinic appointments was not always based on risk and prisoner access to services was not facilitated effectively. This situation created risks to patients' health outcomes that were not adequately mitigated.

Recommendation: The prison should work with health providers to manage prisoner access to health professionals and individual patient risks safely, and to reduce health care waiting times.
{To the governor)

S9 **Key concern:** Medications were now administered in the segregation unit through the cell door. This prevented clear observation and increased the risk of hoarding and diversion.

Recommendation: Medicines should be administered to patients in the safest way, meeting professional and good practice standards.
(To the governor)

S10 **Key concern:** There had been no consistent public protection telephone monitoring in the previous three months because of staff shortages; this risked harm to the public.

Recommendation: Prison leaders should make sure that all public protection monitoring takes place promptly.
(To the governor)

Education, skills and work (Ofsted)

S11 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

S12 Leaders should finalise their plans to resume face-to-face education, skills and work activities quickly to enable as many prisoners as possible to access activities safely and swiftly when restrictions are lifted.

S13 Leaders and managers should implement swiftly a safe approach to providing prisoners with appropriate additional learning and skills support on the wings.

S14 Leaders should support prison instructors to plan a seamless return to work for prisoners in the workshops. They should identify any extra training and support prisoners need to enable them to be effective at work.

S15 Leaders and managers should make sure that all prisoners are fully aware of the educational opportunities available to them for when they resume face-to-face learning. This should include information about the benefits of non-accredited learning and how in-cell work packs are aligned to qualifications.

S16 Leaders and managers need to make sure that prisoners who speak English as a second language have priority when they resume the allocation of prisoners to face-to-face lessons. Tutors should assess thoroughly the knowledge and skills these prisoners have retained. They will also need to plan and teach appropriate activities that help prisoners who have fallen behind to catch up.

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 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were given an additional £10 telephone credit every two weeks and the direct contact number of a designated Samaritans worker. This gave them an opportunity to debrief and gain support, and was a positive initiative. (See paragraph 1.25)

S20 Exercise yards were open throughout prisoners' time unlocked enabling them to access time in the open air for over two hours a day during the week. (see paragraph 3.1)

Section 1. Safety

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

Leadership and management

1.1 The establishment had experienced an outbreak of COVID-19 in December 2020 and was still an outbreak site at the time of our visit. Over 100 prisoners had tested positive for the virus, including three who had died. The outbreak had had a major effect on staffing levels throughout December and January.

1.2 Partnership working between the establishment, the main health provider and Public Health England was effective in managing COVID-19 outbreaks. In common with the rest of the estate, managers had established 'cohorting' arrangements (see Glossary of terms) for new arrivals, symptomatic prisoners and those who were particularly vulnerable to COVID-19. The arrangements separated these prisoners from the rest of the population appropriately, but restricted their time out of cell.

1.3 In our survey, 94% of prisoners said they knew the restrictions and 90% that they had been explained to them, and 77% agreed the restrictions were necessary. Similarly, in our staff survey, most of the staff who responded said they knew what was expected of them and that reasonable steps had been taken to keep them safe. There was good communication from the governor about the restrictions and any changes, including through community notices, the prisoner consultative council and WayOut TV. Prisoners could also write directly to the governor who responded to all queries and suggestions.

1.4 Despite widespread understanding of and support for the measures put in place, only 49% of prisoners in our survey felt they had been kept safe from the virus. Our survey had been carried out at the end of a major outbreak that had affected a large proportion of the population. In response to this outbreak, leaders had implemented a more restricted regime across the prison. Initially, prisoners spent time out of cell in small groups, then by landing and, at the time of our visit, most wings were split into two groups that spent an average of two hours 45 minutes out of their cell each weekday (see paragraph 3.1). Cleaners were unlocked to clean the wing between different groups.

1.5 Social distancing was impossible in some areas of the prison, but we saw few attempts by staff and prisoners to socially distance from each other. Staff made good use of masks and other personal protective equipment (PPE) to mitigate risk.

1.6 A particular challenge at Long Lartin was the lack of toilets, sinks and running water in many cells (see paragraph 2.5). This meant that many prisoners faced long waits to use the communal facilities or had to use buckets in their cells. These buckets were emptied in the communal facilities, but in some cases frustrated prisoners emptied them out of their windows. Although some measures had been taken, including staff allocated to provide access to the communal facilities during the day, these cells were inappropriate accommodation for prisoners during a pandemic.

1.7 There were many areas where oversight needed to improve. Governance meetings across the prison did not effectively monitor practice, set actions or check if they were completed. These shortcomings were a concern given the number of areas where action was needed to

improve prisoner outcomes. We had particular concerns about oversight and recording of use of force, practice in the segregation unit, investigations into discrimination complaints, management of waiting lists in health care and a lack of telephone monitoring for public protection. Despite recent actions in some areas, without improved oversight we could not have confidence in the sustainability of this work. (See key concern and recommendation S3.)

Arrival and early days

1.8 The reception area was small and clean with adequate social distancing measures in place. The prison received an average of five new arrivals a month. They were offered a hot meal and a drink, but were not routinely able to shower or make a telephone call on their first night at the prison, though staff offered to make a call on their behalf.

1.9 Each new arrival received a comprehensive interview to identify any safety concerns, but this often took place at the reception desk in a communal area, which could have inhibited the sharing of some information. There were good first night welfare checks.

1.10 New arrivals were allocated to the reverse cohort units (RCUs, see Glossary of terms) for a period ranging from 10 to 14 days. They were only able to associate with other prisoners who arrived on the same day, which meant that some were left on their own for this duration, with limited meaningful contact. Prisoners on the RCUs received daily exercise and access to the showers and telephones. The length of time a prisoner was allowed out of their cell varied. The prison had introduced COVID-19 testing for new arrivals, which had reduced their time spent in the RCU.

1.11 Induction was delivered face to face by 'Insider' peer advisors in a designated room. Each new arrival was given an induction booklet and an orientation guide to the wing. As part of their induction, they were also seen by the chaplaincy and the safer prisons team in person. Peer workers were available on request throughout a prisoner's stay on the RCU. Material in several languages was available for prisoners who did not speak English, as were interpreting services if needed.

Managing behaviour

1.12 In our survey, 25% of prisoners said they felt unsafe; 43% said that they had been subject to some form of bullying or other victimisation by staff.

1.13 Violence had been declining since the summer of 2019. There had been 23 violent incidents in the previous six months compared with 51 in the six months to March 2020. The prison had maintained weekly safety intervention meetings (SIMs) throughout the period of restrictions and strategic safety meetings had resumed in October 2020 (see paragraphs 1.22 and 1.23).

1.14 Planned use of force levels had risen since March 2020 and were exceptionally high. This was due to prison leaders allowing some prisoners in segregation to be handcuffed when exiting their cell by placing them on 'protocol' moves. We found examples where prisoners had been on this protocol for prolonged periods and without sufficient oversight. There were also cases where use of force had not been reported for prisoners on the 'protocol', which was of serious concern. (See key concern and recommendation S4.)

1.15 Strategic oversight of the use of force had been suspended in March 2020 with formal meetings resuming in October. Scrutiny of individual incidents had only started in December and only three out of the 462 incidents in 2020 had been viewed.

1.16 Management of the segregation unit had serious weaknesses. The numbers held in the unit had reduced since March 2020, with 27 held at the time of our inspection. The average stay was 204 days with the longest stay at two years. There were no reintegration plans for any prisoners held in segregation and there was a failure to invite prisoners to attend periodic reviews. The unit did not use psychology services as an intervention to improve prisoner outcomes. Record-keeping on the unit required improvement. (See key concern and recommendation S5.)

1.17 The regime in segregation was poor. Prisoners could exercise daily, but they were only allowed a telephone call and shower on alternate days excluding Wednesday, which meant they were not able to shower or use the telephone for 72 hours. Prisoners who had been in segregation were very negative about their experience, including their treatment by staff.

1.18 To prevent the risk of infection, adjudications now took place on individual wings. Adjudicators were mindful of the pandemic when issuing awards, with only the most serious offences receiving cellular confinement as a punishment.

1.19 The prison had continued to hold security meetings throughout the period of restrictions to make sure that key risks were managed. There had been some limitations to routine searching due to the pandemic and the prison had re-established mandatory drug testing in November 2020, but due to the outbreak of COVID-19 in December these had again been put on hold.

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

1.20 Self-harm had been reducing before March 2020, and had fallen by 57% from 439 incidents in 2019 to 189 in 2020. A slight rise in incidents in early summer 2020 was attributed to frustration about the pandemic restrictions and a small number of more complex individuals. There had been a self-inflicted death in the segregation unit in December 2020 and a Prisons and Probation Ombudsman (PPO) investigation was ongoing.

1.21 In our survey, just 53% of prisoners who had been on assessment, care in custody and teamwork (ACCT) case management for risk of suicide or self-harm said they felt cared for by staff. Our review of ACCT documents showed some good care planning. However, many reviews were not multidisciplinary and we found examples where the minimum number of observations were not met, but had not been identified during managers' quality assurance checks.

1.22 A weekly SIM (see paragraph 1.13) had continued to meet to consider individual prisoners with concerns or complex needs. This meeting had been held remotely and via telephone conference. It was of concern that at a recent meeting there were nearly 50 outstanding actions dating back four months.

1.23 The strategic safety meeting had resumed in October 2020. There was good analysis of data, but the meeting failed to discuss learning from quality assurance processes or near-miss investigations. The meetings rarely created actions; those that were, were slow to be implemented – one action dated back to early 2019.

1.24 The safer prisons staff were active in seeing prisoners who were vulnerable or needed additional support, such as those on ACCT or suffering the loss of a family member. The team gave advice, listened and offered distraction material. The team had seen over 180 prisoners in the previous six months with nearly 400 evidenced contacts. Prisoners valued this service.

1.25 The Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) had been operating actively throughout the period of restrictions. Listeners were allowed additional time to walk the wing after lock-up. Wings without Listeners had clinics in rooms allowing social distancing, which provided vital support to prisoners; this practice had stopped during the outbreak in December 2020, but was due to resume. Listeners were given an additional £10 telephone credit every fortnight and the direct contact number of a designated Samaritans worker, which gave them an opportunity to debrief and gain support.

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 Engagement between prisoners and staff was generally polite. The encounters we saw were respectful, but functional rather than friendly. Some prisoners and staff explained that the shared goal of minimising the spread of COVID-19 had brought them closer together in a spirit of cooperation. In our survey, 77% of all prisoners said that most staff treated them with respect. However, only 59% of black and minority ethnic prisoners said this, compared with 91% of white prisoners (see also paragraph 2.13). During the recent COVID-19 outbreak, leaders had reduced the number of visits they made to residential units and prisoners said that they rarely saw them.

2.2 In our survey, only 39% of prisoners said that a member of staff had talked to them about how they were getting on in the past week. The key worker scheme had been suspended, but staff carried out brief weekly welfare checks on prisoners.

Living conditions

2.3 Communal areas of the prison were clean. Cells were suitably equipped, and most prisoners kept them clean and well-presented. We saw effective and regular additional cleaning, particularly of touchpoints and bathroom facilities, but prisoners had limited access to hand sanitiser.

2.4 Prisoners had good access to showers, but on the older wings these were not sufficiently private and some had peeling paint. Some bathrooms had leaks in the ceiling and could flood when it rained. Arrangements for laundry, clean bedding and clothing were adequate.

2.5 Around 280 prisoners lived in cells with no toilet, sink or running water and had to use an electronic request system – which was often unreliable – to use the toilets at night. The pandemic had brought the shortcomings of this system into sharp focus because prisoners were locked up for longer periods than usual. When the system failed, or a prisoner could not get a place in the queue, they had to relieve themselves using a bucket in their cell. They were not able to wash their hands and might wait a considerable time before they could leave their cell to empty the bucket; out of frustration, some prisoners emptied them out of their windows. Prisoners told us that the situation was exacerbated by those who abused the system and did not return to their cells promptly.

2.6 External areas were clean during our visit, but a persistent rat infestation was proving difficult to eradicate.

Complaints, legal services, prisoner consultation and food and shop

2.7 Most prisoners could obtain a complaint form easily, but some had to request them from staff, which was inappropriate. Most complaints were answered in a reasonable timescale,

but replies to some of those we sampled were very poor and complaints against staff were especially badly handled. We saw insufficient investigation and failure to address the main issue or speak to the prisoner. We also saw junior officers responding to complaints about their peers and in one case the officer complained against had answered the complaint. The data collected on complaints did not include key information, such as timescales and whether the complaint was upheld. (See key concern and recommendation S6.)

2.8 Prisoners had good access to applications, which were logged, but not tracked.

2.9 Legal visits capacity had reduced, but combined with the video-conferencing facilities appeared to meet need.

2.10 Consultation with prisoners had been meaningful for much of the period since March 2020. Arrangements included wing forums and a prisoner council, but these had been suspended in December 2020 because of the COVID-19 outbreak. Both meetings were due to restart in February 2021.

2.11 The food was unpopular; in our survey, only 48% of prisoners said it was good or reasonable. They had one hot meal a day at lunchtime. The meal we saw looked unappetising and some prisoners were served before 11.30am, which was too early. Some complained that the food was not hot enough and many missed the wing self-catering facilities, which had been closed.

2.12 The kitchen had a leaking roof, which was expected to be repaired during 2021. In the past year, several key pieces of equipment had failed and repairs had taken weeks or months. An entirely new kitchen building in a different location was planned for 2022.

Equality, diversity and faith

2.13 In our survey, black and minority ethnic prisoners, those with disabilities and those with mental health problems were less positive than others across a range of important areas. For example, black and minority ethnic prisoners were more likely than white prisoners to report being victimised by staff, fewer prisoners with disabilities than those without felt safe and more prisoners with mental health problems than those without said they spent less than one hour a day out of their cell. In our conversations, a few prisoners who shared concerns did not want us to follow them up and declined to tell us their names, because they feared retribution. Many prisoners did not feel that the prison's leaders took equality and diversity issues sufficiently seriously. (See key concern and recommendation S7.)

2.14 The equality committee had not met between March and September 2020. Meetings had restarted in the autumn, chaired by the equality manager and attended by the deputy governor. However, data analysis was weak and did not provide assurance of equitable outcomes across the protected characteristic groups. The committee had developed a basic action plan and instituted some promising consultation with black and minority ethnic prisoners, but there was not yet any evidence of improving outcomes. (See key concern and recommendation S7.)

2.15 The discrimination incident reporting form (DIRF) system was generally ineffective. Although some allegations of discrimination were investigated well and prisoners received professional replies, only half the DIRFs submitted between October and December 2020 had received a reply by the time of our visit in February 2021. Very few prisoners received a response within a week and many waited several weeks. Some responses were unacceptably poor. Leaders were unaware of these weaknesses because oversight of the DIRF process was

insufficient, data were insufficiently analysed and quality assurance was weak. (See key concern and recommendation S7.)

2.16 The chaplaincy had continued to fulfil statutory functions and provide face-to-face pastoral support throughout the period of restrictions. Each week they distributed worship materials in place of collective worship. Chaplains and prisoners valued the tablet computer issued to the prison, which had been used on 15 occasions since September 2020 for virtual attendance at funerals and contact with terminally ill relatives. One of the two worship spaces had a longstanding leak in the roof, which had caused damage to the wall, ceiling and lighting.

Health care

2.17 Strategic partnership oversight for health care was supported by clear delivery plans and local procedures. Not all plans could be fully implemented due to the prison's staffing shortages in the past month and the reduction in cross-deployment of staff between wings. The head of health care, deputy head and business support manager were highly experienced and, although only recently appointed, they had already identified the health risks for prisoners emerging from their continued lack of access to health provision. Although there were risk registers, the increasing risk created by excessive waiting times for health care were not mitigated (see below).

2.18 There was a current outbreak plan for the site and clear oversight from the regional Public Health England team and senior managers through regular outbreak control meetings. Control of the recent outbreak was severely hampered by the lack of sinks in cells (see paragraph 2.5). We also saw queues for sinks in communal areas, limited access to hand sanitiser and many prisoners in close proximity not wearing masks when collecting meals and walking around the wings, which undermined attempts to prevent the spread of infection. Many of the clinical rooms were not infection prevention and control compliant and required facilities management input. The end-of-life suite needed urgent attention due to ingrained dirt in the floors and bathroom facilities.

2.19 All new arrivals had a full health screening and were COVID-19-tested on days one and five following their arrival. Health professionals monitored prisoners daily who were held on the reverse cohort unit or were clinically vulnerable or had COVID-19 symptoms.

2.20 Although we were told that the health care waiting list was regularly triaged by clinical staff, the process from application to waiting list and further risk management was mostly undertaken without seeing or talking with the patient. It was not clear how patients were transferred from the waiting list to a clinic. For example, some clinical records showed that patients were seen in an emergency clinic after waiting three weeks while others were waiting 40 weeks for the same problem. (See key concern and recommendation S8.)

2.21 There were 104 prisoners waiting to see the GP, with the longest wait of 428 days for a routine appointment, which was too long. However, in our survey, 64% of prisoners said it was easy to see a nurse. Nurse and advanced nurse practitioner clinics had continued to provide urgent care, such as dressings, urgent blood tests, prescriptions and some triage. Most clinics were not fully subscribed and clinical time was wasted due to prisoners' lack of access. No officers had been allocated to the health service for the previous eight weeks and staff had to rely on wing staff to escort prisoners to clinical rooms one at a time, although there were some improvements to this during our visit. The lack of in-cell telephones also limited patient access options. (See key concern and recommendation S8.)

2.22 External appointments, such as cancer reviews and urgent care, continued where they had not been cancelled by the local hospital. There were 94 prisoners waiting for an appointment from the hospital and 18 waiting for an MRI scan, with waits of between seven and 82 weeks. Twenty-two prisoners had been waiting up to 40 weeks for diabetic retinopathy and 67 up to 42 weeks for an optician appointment. Delays in accessing health interventions carried the risk of deteriorating health conditions and increased frustrations for prisoners. Those without glasses were even more limited in being able to pass their time locked up by watching television, reading and using distraction packs.

2.23 Good care had been maintained for prisoners with a social care package and the pathway was well embedded. Some work was still required to make sure that prisoners with social care needs knew how to self-refer, complain or request advocacy. There was no formal peer support to assist prisoners with collecting meals or cell cleaning, due to security concerns. The process for such support was unclear in a draft memorandum of understanding between the prison and the local authority.

2.24 Mental health and substance misuse psychosocial services were delivered by an integrated team. In our survey, 37% of prisoners who had tried to access mental health services and 27% substance misuse services said it was difficult. Referrals were low and had in fact decreased since the beginning of the period of restrictions. Clinical records showed that the mental health team had been unable to provide routine support or interventions since mid-December unless urgent. Clinical reviews were well documented and care plans for those under the clinical substance misuse team documented regular clinical reviews. We could not always find comprehensive care plans for patients on mental health staff caseloads. The psychiatrist still attended the prison and saw urgent referrals.

2.25 A senior pharmacy technician had oversight of medicines, which were provided on time from Sigcare. The clinical administration rooms we viewed were clean and uncluttered, and medicines were stored safely. Medications were now administered in the segregation unit through the cell door. This prevented clear observation and increased the risk of hoarding and diversion. (See key concern and recommendation S9.)

2.26 In our survey, 65% of prisoners said it was difficult to see the dentist. There were 56 prisoners on the dental waiting list. Although dental treatment, including aerosol generating procedures (see Glossary of terms), had resumed in October they had been curtailed in mid-December at the beginning of the local outbreak. Most dental patients were seen on the wing for an initial triage, which included advice, pain relief and antibiotics as needed. The dental team felt assured that prisoners' dental care was being managed safely.

2.27 Although very few prisoners were released from the prison, health discharge planning was managed well in these cases, including access to naloxone (to manage substance misuse overdose) if it were ever needed.

Section 3. Purposeful activity

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

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

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

3.1 The regime for prisoners had been curtailed after the outbreak of COVID-19 in December 2020 and they had only been allowed out of their cells for 90 minutes a day Monday to Thursday and an hour a day Friday to Sunday. At the time of our visit, the regime provision had almost doubled to 165 minutes a day out of cell during the week and around two hours at the weekend. The exercise yard was open throughout prisoners' time unlocked and they also had access to showers and telephones. Prisoners who were shielding received an hour a day out of their cell and a further opportunity for a shower. Prisoners on the reverse cohort unit or isolating because they were symptomatic or had tested positive received far less time out of cell, which could be as little as only 45 minutes a day.

3.2 The library had closed in March 2020 and was initially replaced with a trolley service that visited the wings each week. From June, prisoners could apply to borrow books, DVDs and CDs. Use of this service had been good with over 2,500 items loaned since it began. The prison had employed two prisoners and was producing newsletters and competitions to promote the service.

3.3 The prison gym had closed in June 2020, but provision had been adapted to include the option of outdoor sessions, which were incorporated into the existing regime and during prisoner time in the open air. Outdoor gym areas had been used from August and the indoor gym from October. After the COVID-19 outbreak in December, the prison reverted to exercise sessions offered on the exercise yards.

3.4 Leaders placed a high importance on ensuring that prisoners accessed education, skills and work activities. They had made sensible adaptations to the curriculum and had developed tailored in-cell work packs with the education provider, which prisoners found useful. Leaders checked work packs regularly to make sure that they were of a high quality. Formal prisoner engagement in educational activities had been low initially, but there had been a steady increase in their participation.

3.5 Leaders had devised ways for approximately a fifth of the prison population to continue with part-time work activities on the wings safely. However, prisoners employed in the industry workshops had not been to work for almost a year due to the national restrictions.

3.6 Leaders recognised the importance of restarting face-to-face activities as soon as national restrictions permitted, but had yet to finalise their strategy. Classroom accommodation had been reviewed to make sure that learning could be delivered safely once allowed. There

were plans to mix classroom and in-cell learning to compensate for reduced classroom capacity.

3.7 At the time of our visit, tutors were unable to see prisoners on the wings due to the recent COVID-19 outbreak. Prisoners told us that they found the lack of tutor contact challenging, especially when they needed additional support. Tutors recognised the need to identify gaps in prisoners' knowledge and skills once they returned to classroom learning.

3.8 Tutors had attended a wide range of training activities to help them implement the in-cell curriculum. They assessed prisoners' work regularly and set challenging tasks to develop their knowledge and skills further. In-cell learning for prisoners who spoke English as a second language was less successful.

3.9 New arrivals received advice and guidance on their next steps and further learning. Existing prisoners did not engage with advice and guidance staff sufficiently to become fully aware of the educational opportunities available.

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 There were no in-cell telephones and the prison did not have the secure mobile telephones that had been issued in less secure prisons. Some prisoners reported difficulty in accessing the wing telephones at convenient times, but in our survey 82% said they could use the telephone every day. Problems with access had been more acute when time unlocked had been even more restricted than during our visit. For equity during these periods, limits had been imposed on the time each prisoner could spend on the telephone.

4.2 Face-to-face social visits had been reinstated in summer 2020, but had proved unpopular due to the additional measures needed to prevent the spread of COVID-19. Video calls had been available since July 2020 and took place on the wings. Their use had increased and prisoners were now allowed more than one call a month, but the prison was not using all its video call capacity. Many prisoners appreciated the video calls, but some said that frequent technical glitches made them frustrating and others were reluctant to try them.

4.3 In our survey, 59% of prisoners reported problems with sending or receiving mail. Since the early days of the pandemic, when PPE was in short supply, outgoing mail had been quarantined for 72 hours before it was censored and posted. We considered that this was now disproportionate as a blanket restriction and the prison agreed to review the practice.

4.4 A new family support officer had just started work after a gap in provision.

Sentence progression and risk management

4.5 Prison offender managers (POMs) had face-to-face contact with prisoners to facilitate priority processes, such as start of custody assessments, parole reviews and category A reports. Most other processes, including OASys (offender assessment system) reviews and recategorisation assessments, were completed by correspondence, which was not ideal. In our survey, 70% of prisoners knew what their custody plan objectives were, but only 45% of them said that staff helped them to achieve them.

4.6 There was a large backlog of 174 OASys reviews, which had predated the pandemic. Since December 2020, leaders had prioritised the reduction of this backlog and had made some progress, but eliminating it was likely to take many months. Staff had already been successful in beginning to address a smaller backlog of start of custody assessments.

4.7 Despite the COVID-19 transfer restrictions, 56 prisoners had been transferred out of the prison between April 2020 and January 2021, of whom three-quarters had moved to category C or D conditions, many more than before our previous inspection. Nevertheless, 19 category C prisoners remained in the prison awaiting transfer.

4.8 The interdepartmental risk management team meeting had an appropriate standing agenda, but did not meet every month and too few departments attended regularly, which compromised its effectiveness.

4.9 During our inspection, seven prisoners were subject to telephone monitoring for public protection purposes. Although this was not excessive, staff shortages meant that public protection monitoring had not been consistent since November 2020. POMs had conducted some monitoring themselves because it had not been done and had identified child protection concerns that should have been found and addressed earlier. (See key concern and recommendation S10.)

Release planning

4.10 Support for the small number of prisoners approaching release was individualised and the result of effective joint working with community offender managers.

Section 5. Appendices

Appendix I: Background and methodology

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

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

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

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

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

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

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

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

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

Scrutiny visit team

This scrutiny visit was carried out by:

Angus Mulready Jones	Team leader
Jeanette Hall	Inspector
Esra Sari	Inspector
Donna Ward	Inspector
Tania Osborne	Health care inspector
Alec Martin	Researcher
Helen Ranns	Researcher
Suzanne Wainwright	Ofsted inspector

Appendix II: Further resources

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

Prisoner survey methodology and results

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

Staff survey methodology and results

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

Ofsted interim visit report

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

Appendix III: Glossary of terms

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

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

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

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

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.

Reverse cohort unit (RCU)
Unit where newly arrived prisoners are held in quarantine for 14 days.

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

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

Any enquiries regarding this publication should be sent to us at the address below or:
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