

Report on a scrutiny visit to

# HMP North Sea Camp

by HM Chief Inspector of Prisons

**19 and 27–28 April 2021**



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# Introduction

HMP North Sea Camp is an open prison near Boston in Lincolnshire. At the time of our visit, it held 336 prisoners, which was below the certified normal capacity of 420. This reduction in the population and the installation of temporary accommodation units had made it easier to implement good cohorting arrangements and provide more single rooms throughout the pandemic. Although quarantining and shielding arrangements were good, the prison had had an outbreak of COVID-19 in late 2020. Leaders worked well with health care staff, the NHS and Public Health England to contain the outbreak.

A very limited regime had been in place for most of the last year. In comparison with other open prisons we have visited recently, the arrangements at North Sea Camp had seemed overly restrictive, particularly in the months either side of the outbreak. For example, prisoners had been required to confine themselves to their rooms and their unit which meant that they were only allowed outside in the fresh air for a designated exercise period each day. Two weeks before our visit, the prison had moved to stage three of the framework for recovery (see Glossary of terms – recovery plan), which meant that prisoners now had more time in the open air in the areas around the house units, which was a much-needed step forward.

The pandemic had resulted in the suspension of all release on temporary licence (ROTL) other than for those needing to go to hospital and for those in jobs in the community designated as essential. This meant that for most prisoners, one of the key incentives of being in open conditions had been lost and the impact of this on their progression had been significant. Many of the peer-led initiatives within the prison had also stopped and much of the support from partner agencies remained suspended. As a result, the prison had been unable to fulfil much of its rehabilitative function throughout the last year.

Too many staff were unaware of the prison's wider COVID-19 recovery plans and opportunities to reinstate support services had been grasped too slowly. There was a sense of frustration among prisoners and some staff that the restrictions applied to prisons generally did not take account of the unique environment of an open prison.

The prison remained safe. Violent incidents were rare and most were low level. Support for the most vulnerable was good and included regular welfare checks. Good attention was given to helping individuals maintain their commitment to living in open conditions, and the number of prisoners returned to closed conditions for poor behaviour had decreased over the last year.

Living conditions were clean and the new modular self-contained accommodation units were impressive. The use of the independent living houses located just inside the prison grounds provided an important incentive to progression.

The mobile library facility was good, but the gym remained closed. Many prisoners were not in purposeful activity and they felt bored and frustrated after a year of the pandemic.

The core tasks of offender management work continued to be completed, but beyond this, the level of engagement with prisoners was too limited and many prisoners described unresponsive offender managers in the prison. Family support work had been reduced, but social visits had restarted just before our visit and the use of video calling had increased over recent months. Resettlement opportunities remained very restricted.

Many of the prisoners presented a high risk of harm to others. Public protection work was reasonable overall, but weaknesses in the monitoring of telephone calls led us to raise a key concern and recommendation in this area.

Overall, North Sea Camp, like many other open prisons, had been hit hard by the restrictions imposed nationally throughout much of the last year. However, the pace of recovery at the establishment needed review, to make sure that every possible step was being taken, at the earliest opportunity, to reinstate its focus on progression, engagement and rehabilitation.

**Charlie Taylor**

HM Chief Inspector of Prisons

April 2021

# About HMP North Sea Camp

## Task of the prison

HMP North Sea Camp is an open male category D prison holding a large proportion of indeterminate sentence prisoners and those convicted of sexual offences.

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

Prisoners held at the time of this visit: 336

Baseline certified normal capacity: 420

In-use certified normal capacity: 420

Operational capacity: 420

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

Public

Physical health provider: Nottinghamshire Healthcare NHS Foundation Trust

Mental health provider: Nottinghamshire Healthcare NHS Foundation Trust

Substance use treatment provider: We Are With You

Prison education framework provider: People Plus

Community rehabilitation company (CRC): Integrated Through the Gate

Escort contractor: G4S

## Prison group/Department

East Midlands

## Brief history

HMP North Sea Camp, which opened in 1935, was originally a Borstal. A tented camp was established at the site while the permanent buildings were constructed. A new sea bank was also built, to reclaim land from The Wash. The work was completed in 1979. In 1988, North Sea Camp became an adult male open prison.

## Short description of residential units

- North unit holds general prisoners and also those with mobility issues or disabilities.
- South 1 unit is the induction unit which holds general prisoners and also new receptions.
- South 2 unit holds general prisoners, but 4 and 5 landings are the protective isolation unit.
- Llewellyn unit holds general prisoners, but currently also holds some shielding prisoners (see Glossary of terms).
- Harrison unit holds general prisoners.
- Selby unit comprises 66 self-contained single bed units. This was set up during the COVID-19 pandemic to help reduce the number of double rooms in the establishment.
- Jubilee unit 1 is currently being used as the reverse cohort unit (RCU; see Glossary of terms).
- Jubilee units 2–6 hold long-term prisoners living independently and prisoners working outside of the establishment on ROTL.

## Governor/director and date in post

Colin Hussey, 4 April 2021

## Leadership changes since last full inspection

Michelle Quirke, December 2016 to March 2021

## Independent Monitoring Board chair

Greg Cejer

**Date of last inspection**

3–13 July 2017

# 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:** Confinement of prisoners to their rooms and unit, imposed throughout much of the pandemic year, meant that they had little time in the open air each day. This was not in line with the restrictions we have seen at some other open prisons and left prisoners potentially more exposed to the virus than if they were allowed free access to open air. While recent changes to the restrictions were an improvement, conditions for prisoners still fell short of what we would expect.
- Recommendation: Prisoners should have access to outside areas, subject to appropriate levels of social distancing and other COVID-19 safety measures.**  
(To the governor)
- S4 **Key concern:** Resettlement support and advice had been very limited over the last year. For example, resettlement planning had not involved the prisoner in a face-to-face interview and some of the peer-led initiatives remained suspended.
- Recommendation: Prisoners should meet with resettlement staff to identify the help that is needed and this should be supported by the reintroduction of the peer-led initiatives previously in place.**  
(To the governor)
- S5 **Key concern:** The ongoing suspension of ROTL and the limited range of work placements in the community had a huge impact on prisoners' ability to maintain contact with children and families and demonstrate risk reduction and progression.
- Recommendation: Resettlement Day Release should be resumed to enable prisoners to have contact with their children and families and also secure work, training or education**  
(To the governor)
- S6 **Key concern:** Strategic oversight of equalities had stalled during the COVID-19 restrictions and work to promote equality remained limited, for example there were no support forums. Some disparities in treatment for prisoners with protected characteristics had been identified but more needed to be done to address these.
- Recommendation: A comprehensive equalities strategy should be introduced, with a clear timetable for restarting forums to support prisoners with protected characteristics. Evidence of disproportionate treatment should be further explored, and action taken to address issues arising.**  
(To the governor)
- S7 **Key concern:** Prisoners described the offender management unit (OMU) as unresponsive and they were frustrated about the limited support provided. Most prisoners had received

little face-to-face contact with their prison offender managers in recent months and our survey results suggested only half knew their custody plan targets.

**Recommendation: Leaders should explore and understand prisoners' poor perceptions about the support provided by the OMU and take steps to make sure that the work is central to the rehabilitative function of the prison.**

(To the governor)

- S8 **Key concern:** Seventy per cent of prisoners were assessed as presenting a high risk of harm to others and more than half were convicted of sexual offences, so the need for robust risk management was essential. Public protection arrangements were undermined by a large backlog of telephone calls waiting to be listened to by staff, and the lack of a system for monitoring calls made by prisoners living on Selby unit was a concern.

**Recommendation: Telephone call monitoring for public protection purposes should be robust.**

(To the governor)

- S9 **Key concern:** Prisoners who were granted parole with the condition that they reside at approved premises to help manage their risk sometimes waited several months for release because there were not enough suitable places. At the time of our visit, one prisoner had been waiting since January 2021 to be released.

**Recommendation: There should be enough suitable places in approved premises to make sure that prisoners who require this as part of their parole conditions are released without delay.**

(To HMPPS)

## Education, skills and work (Ofsted)

- S10 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

- S11 Prison leaders and managers should make sure that prisoners who are engaged in learning make more rapid progress to complete their studies.
- S12 Prison leaders should make sure that all prisoners are engaged in meaningful education, skills and work-related activities, as soon as possible.
- S13 Tutors need to provide all prisoners with feedback on their completed in-cell work packs that helps them to improve the standard and quality of their work over time.

## Notable positive practice

- S14 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.

- S15 Inspectors found four examples of notable positive practice during this visit.
- S16 **The independent living opportunities provided by the Jubilee units provided excellent facilities to help prepare prisoners for their eventual release from custody.** (See paragraph 3.7)
- S17 **Almost all prisoners rated the quality of food as good or reasonable, which we rarely see in prisons. The use of locally produced ingredients to provide a wide range of 'home cooked' food had led to this high satisfaction rating.** (See paragraph 3.13)
- S18 **The mental health team had been resourceful in finding ways to support prisoners by changing their working hours to fit in with exercise times on the playing field and by visiting patients on the units. They also made themselves available to see any prisoner who needed support and guidance about their mental health and well-being.** (See paragraph 3.38)
- S19 **The 'pathways enhanced resettlement service' provided responsive support for prisoners who were likely to have difficulty in managing the transition from closed to open conditions, or the transition from open conditions to the community, and was valued by prisoners.** (See paragraph 3.39)

# Section 1. Leadership and management

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

- 1.1** Throughout the first several months of the pandemic, leaders had worked hard to prevent the COVID-19 virus entering the prison. Despite this, an outbreak occurred in the last few months of 2020, with about 20% of the prisoners testing positive at its peak. The local community around Boston also experienced a significant outbreak of the virus at the same time. Partnership working between prison leaders, health care staff, the NHS and Public Health England was good and the outbreak was brought under control reasonably quickly.
- 1.2** Leaders and managers maintained a focus on keeping the prison safe during the pandemic and the additional support given to the most vulnerable prisoners was good. For example, the number returned to closed prisons over the last year had fallen compared with the previous year, which evidenced a commitment by leaders and managers to supporting those who were struggling to adapt to living in open conditions. Additional welfare checks on the most vulnerable prisoners were also resourced and undertaken regularly.
- 1.3** For much of the last year, despite living in unit ‘bubbles’, prisoners had been mostly confined to their rooms and unit. Leaders had recently taken the decision to allow prisoners more freedom in areas just outside their residential units (see paragraph 4.1). This was a positive step towards recovery, as this confinement was not in line with the latest understanding of infection control, concerning the benefits of being in the open air (see key concern and recommendation S3).
- 1.4** In our survey, almost all prisoners said that the reasons for the COVID-19 restrictions had been explained to them, and three-quarters that the ongoing restrictions were necessary. However, leaders needed to do more to inform staff and prisoners about the prison’s recovery plans (see Glossary of terms), as some of the prisoners we spoke to said that recent communication about these had been too limited, and almost half of respondents to our staff survey said that they were not aware of them.
- 1.5** Her Majesty’s Prison and Probation Service (HMPPS) national guidance about the management of COVID-19 caused some frustrations for prison leaders and prisoners, as it did not reflect the unique environment and circumstances of open prisons. The prison had moved to stage 3 of the framework for recovery (see Glossary of terms – recovery plan) a couple of weeks before our visit and we found some signs of progress, such as the delivery of the full induction programme, involving small groups of prisoners. However, overall, the relatively slow pace of recovery in many other important services and facilities, such as the continued closure of the indoor gym, was disappointing. The suspension of many of the peer-led support schemes, such as the prisoner advice centre, also left gaps in services for prisoners (see key concern and recommendation S4). Understandably, the general feeling among prisoners was one of boredom and frustration after a year of ongoing restrictions.
- 1.6** HMPPS had agreed to reduce the population at North Sea Camp by about 80, as well as providing additional accommodation. These measures had enabled more prisoners to have a single room during the pandemic. Leaders had developed, implemented and maintained good cohorting arrangements for new prisoners who needed to be quarantined, those most vulnerable to COVID-19 and those who had tested positive for the virus or needed to isolate (see also section on arrival and early days).

- 1.7** Leaders had made sure that COVID-19 testing was in place and vaccinations were being rolled out in line with the community priorities. Social distancing and the wearing of face masks were adhered to well during our visit, but narrow corridors on some of the units made social distancing more difficult. In our staff survey, 28% of respondents said that they found it difficult to socially distance from prisoners and 25% found this difficult with each other. Most staff (86%) felt that reasonable steps had been taken to keep them safe; this view was shared by 61% of respondents to our prisoner survey.
- 1.8** Leaders had maintained a good level of hygiene in units and communal areas to minimise the spread of the virus. They had also continued to give some additional practical support to prisoners during the pandemic, such as extra telephone credit (see paragraph 5.3).
- 1.9** Prison leaders had been unable to sustain the rehabilitative function of North Sea Camp over the last year and the impact on prisoners' progression opportunities and level of frustration was clear (see paragraph 5.8). There was only one paid work placement in the community that had been designated as essential and only about 10 prisoners were allocated to this. All other community work had been stopped with the suspension of ROTL. Some prisoners were employed within the prison, but, overall, there was little work available. ROTL for day release or overnight stays had also been suspended at the start of the pandemic (see key concern and recommendation S5). However, the new model for allowing ROTL, published by HMPPS a couple of days after our visit, was a very positive step as it would allow more forms of ROTL to start once again.

## Section 2. Safety

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

### Arrival and early days

- 2.1** Well-organised and welcoming reception procedures enabled new arrivals to be safely managed and cohorting arrangements were good. A reception orderly offered hot drinks, food was available and an officer carried out a good first night safety interview in private.
- 2.2** New arrivals who were required to isolate were located on the RCU, in Jubilee unit 1 (see paragraph 3.7), which provided good and safe facilities. Prisoners were well supported through daily welfare checks and visits from the health care team.
- 2.3** New arrivals who had isolated before transfer to open conditions were located on a dedicated induction landing and four proactive induction peer support workers provided a good level of support, including a PowerPoint presentation outlining what to expect at the establishment and up-to-date relevant COVID-19 information.
- 2.4** All new arrivals were given a comprehensive induction booklet, which had recently been redesigned. Prisoners said that it contained all the information they needed to know about being in open conditions.
- 2.5** An induction session, to raise awareness of the services and support available, had been suspended until very recently and the prison was currently working through the backlog, delivering this to small groups of prisoners.



Reverse cohort unit: Jubilee unit 1

## Managing behaviour

- 2.6** The prison remained a safe place to live. However, in our survey 12% of prisoners said that they felt unsafe currently, and 21% that they had been victimised or bullied by other prisoners.
- 2.7** Although there were few incidents of violence, the number had increased in the last year, despite a reduction in the population. Monthly safety meetings to monitor levels of violence had been suspended from April until November 2020, but investigations into violent incidents had been completed where appropriate. A common theme reported from violent incidents was the level of frustration over the restricted regime and the lack of progression opportunities (see also paragraph 5.8). A monthly newsletter, called the 'safer community round-up', was an informative document shared with staff, updating them on safety in the establishment, including how to make a CSIP referral.
- 2.8** Security meetings had also been suspended for a few months from the start of the pandemic, but had restarted in July 2020. Intelligence reports were well managed and a weekly security newsletter was sent to all staff, keeping them informed of the key threats and relevant intelligence updates.
- 2.9** Random mandatory drug testing (MDT) had stopped for most of the pandemic, but suspicion drug testing based on intelligence had continued. We were told that, with the prison's move into recovery, there were plans to resume MDT shortly after our visit.

- 2.10** The number of incidents involving the use of force was low. The prison had continued to hold quarterly review meetings throughout the pandemic, and these maintained adequate oversight.
- 2.11** Good support was given to prisoners who were struggling with living in open conditions. The suitability assessment management meeting (SAMM) had continued throughout the pandemic, and the number of prisoners who had returned to closed conditions had reduced over the last year.
- 2.12** The usual incentives associated with being in an open prison, such as undertaking ROTL and living in the Jubilee units (see paragraph 3.7), had been lost for many prisoners because of the pandemic. To acknowledge prisoners' progression to open conditions, all new arrivals were promoted to the enhanced level of the incentives scheme. The 'citizenship scheme', whereby prisoners received letters of congratulation, certificates and additional money to spend following a period of receiving no negative behaviour records, was a good way to promote and encourage positive behaviour, and this had been reinstated in January 2021.
- 2.13** Strategic meetings to oversee adjudications had been suspended until January 2021, but monitoring had continued. Most adjudication hearings were for breaches of the COVID-19 safety rules, such as entering another prisoner's room.

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

- 2.14** Support for the most vulnerable prisoners was good and welfare checks were undertaken regularly.
- 2.15** Prisoners who were particularly vulnerable to COVID-19 and chose to shield lived on Llewellyn unit. The protection this afforded was undermined, however, as officers on duty on that unit also visited the RCU, increasing the risk of transmission of the virus to the most vulnerable prisoners.
- 2.16** The number of self-harm incidents was similar to that in the previous year. Triggers were now often related to the impact of the restricted regime, not being able to spend time with family and struggling with being in open conditions without having the benefits, such as ROTL.
- 2.17** At the time of our visit, there was only one prisoner being supported by an open assessment, care in custody and teamwork (ACCT) case management process for prisoners at risk of suicide or self-harm. Case reviews were completed by a consistent case manager and the prisoner concerned said that he could talk to staff if he needed to. However, in our survey only 67% of prisoners who had been on an ACCT reported feeling cared for by staff.
- 2.18** Safer custody meetings had not been held between April and November 2020, but the weekly SAMM (see paragraph 2.11) provided a useful multidisciplinary forum within which individualised support plans could be developed.
- 2.19** Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) continued to provide support throughout the restricted regime, but on a more informal basis than normal. Most contacts recorded were informal chats and the Listener suite remained closed. The Samaritans supported Listeners by telephone, but they were hoping to return to the prison soon.

- 2.20** All prisoners could call the Samaritans helpline and there was a well-managed safer custody telephone line available for family and friends to raise concerns about a prisoner's well-being; this was checked several times a day.

## Section 3. Respect

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

### Staff-prisoner relationships

- 3.1** Interactions between staff and prisoners across the prison remained relaxed, friendly and positive. In our prisoner survey, 77% of respondents said that staff treated them respectfully, and 87% that there was a member of staff they could turn to for support; these figures were even more positive for those aged 50 or above. Our conversations with prisoners supported these findings and most were able to identify staff who they considered to be helpful. However, 27% of respondents to our survey said that they had felt victimised by staff, and this perception needed further investigation.
- 3.2** The prison operated a personal officer scheme, but it was not fully effective. Case notes indicated that contact was inconsistent, and only 40% of prisoners in our survey said that a member of staff had spoken to them in the last week to see how they were getting on.

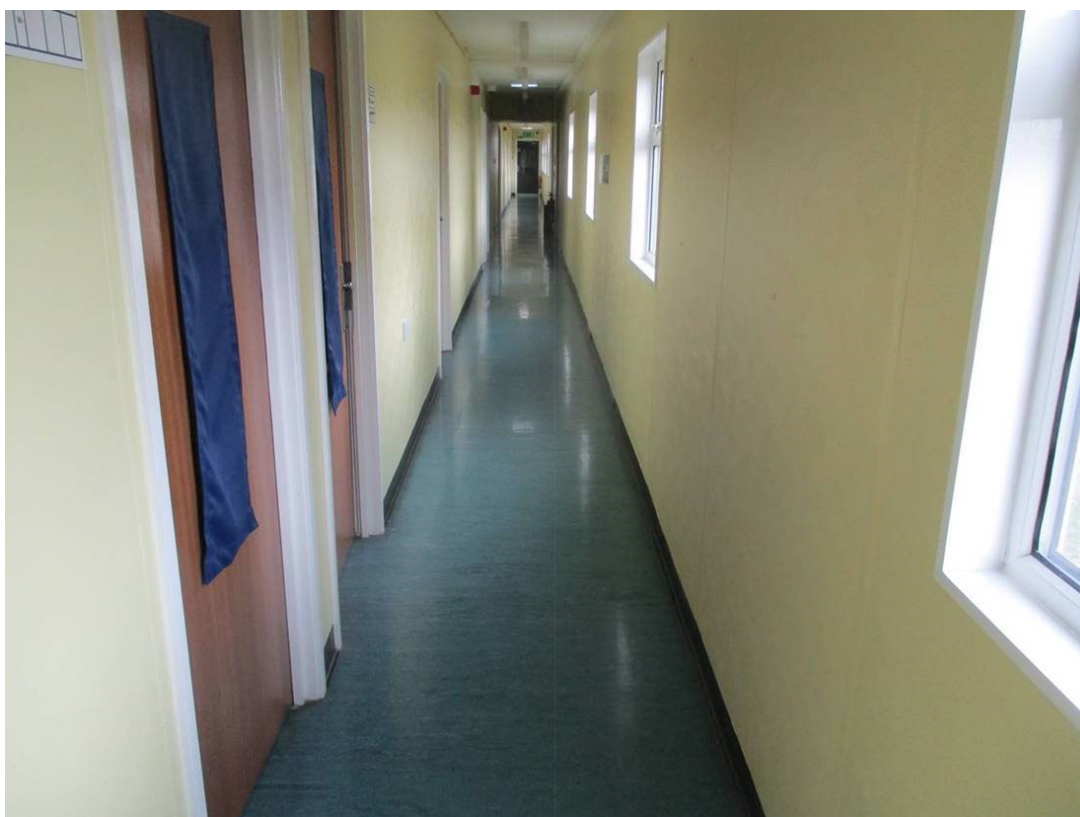
### Living conditions

- 3.3** Most of the residential units were old and cramped. Not all prisoners had a single room and some of the shared rooms were much too small for two prisoners, with insufficient furniture, which meant that prisoners spent much time sitting or lying on their beds. This issue had been exacerbated during the period when prisoners had been restricted to their rooms and unit.
- 3.4** Two of the older units (Llewellyn and Harrison units) were due for demolition, to be replaced under the open prison expansion programme. While these were a long way past their original replacement date, they were reasonably maintained and kept clean and tidy.
- 3.5** The introduction of self-contained modular units provided the opportunity to return some of the cramped accommodation to single occupancy. Prisoners we spoke to said that they appreciated the privacy that the new units provided, but complained about the lack of access to self-catering facilities.
- 3.6** General access to basic amenities, such as laundry and kit exchange, was good and prisoners had relatively free access to showers at any time of the day.
- 3.7** A row of houses located just inside the prison grounds, known as the Jubilee units, provided relatively self-contained accommodation for prisoners, subject to risk assessment and licence conditions. The quality of this accommodation was very good and it provided an excellent opportunity to prepare for eventual release into the community. Several other adjacent houses were being prepared for use, which would enable an expansion of the project to hold up to 146 prisoners, most of whom would be approved for either voluntary or paid employment in the community.





Llewellyn unit



Accommodation on one of the older units



Modular living units



Jubilee unit bedroom



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

- 3.8** Complaint forms were freely available and most prisoners in our survey said that it was easy to make a complaint, although black and minority ethnic prisoners reported less favourably than their white counterparts (see paragraph 3.19).
- 3.9** Complaints were routinely monitored to identify common themes; these were reviewed at a weekly performance meeting and then again by the senior management team each month, where remedial actions were assessed for effectiveness. The complaint responses we viewed were polite and mostly addressed the issues raised.
- 3.10** Some prisoners we spoke to expressed little faith in the applications system and said that they were often mislaid or destroyed. There was no logging or tracking system.
- 3.11** There were few requests for access to legal advisers. When requested, access to legal advice had been maintained via telephone and video calls during the height of the pandemic; now that the prison was moving into recovery, face-to-face visits had been reinstated.
- 3.12** Formal consultation through the community representatives group had been suspended for most of 2020, although a weekly newsletter had been issued throughout to inform prisoners of changes to the regime and how these might affect them. Senior managers also attended meal service, to enable prisoners to raise important issues with them directly.
- 3.13** The quality of the food was excellent and much better than we normally see. In our prisoner survey, 92% of respondents said that it was good or reasonable. This was echoed by prisoners we spoke to throughout our visit, who also said that they appreciated the 'home cooked' meals, often made using local produce.
- 3.14** Communal dining had been suspended during the pandemic, to reduce the risk of cross-infection, and prisoners now collected their meals from the main dining hall in take-away boxes.
- 3.15** With the exception of the external Jubilee units, self-catering facilities were too limited for an open prison and there was little focus on preparing prisoners to cater for themselves on release.
- 3.16** Most prisoners in our survey said that they could access the prison shop, which had operated throughout the restrictions. An on-site charity shop, through which prisoners could buy clothing, was available, but had operated via catalogue during the COVID-19 restrictions.

## Equality, diversity and faith

- 3.17** The recently appointed governor had taken the direct lead for equality work. The two-monthly strategic committee meeting, chaired by the governor, had been reinstated recently, following the suspension of almost all strategic equality work throughout most of the previous year (see key concern and recommendation S6).
- 3.18** This meeting had identified the need to appoint prisoner representatives and re-establish the forums that underpinned the establishment's equality and diversity strategy. This had been an action point at the previous meeting, but there had been little progress since then, with only one small focus group for older prisoners held. There had been no prisoner involvement at

either of the recent equality meetings, and the equalities hub, where prisoners could seek advice and support, remained closed.

- 3.19** Equality data published by HMPPS had been analysed and some efforts had been made to understand the disproportionate representation of prisoners with protected characteristics in areas such as adjudications, complaints and the incentives scheme. In our survey, far fewer black and minority ethnic prisoners than their white counterparts (54% versus 77%) said that it was easy to make a complaint – an issue that could potentially be explored once the black and minority ethnic forum was re-established. The governor recognised the need to undertake exploration of more detailed, locally produced data to try to understand areas of disproportionate treatment.
- 3.20** Few discrimination incident report forms (DIRFs) had been submitted in recent months. The responses to DIRFs were reviewed by the deputy governor, but there was no external quality assurance.
- 3.21** Over 40% of the population was aged 50 or over, with the oldest being 82. Initial mobility assessments were undertaken, to identify need and determine the most appropriate accommodation. A third of prisoners in our survey declared a disability. Personal emergency evacuation plans were in place and staff we spoke to demonstrated a sound knowledge of those who needed help in an emergency. Some impressive adaptations had been made on North unit, with hospital beds in some rooms, mobility scooters, wheelchairs and a well-equipped adapted shower room.
- 3.22** There were three transgender prisoners at the time of our visit. Overall, they were positive about their treatment and the facilities given to them. Two lived on the self-contained Selby unit, which provided them with a good level of privacy; the third chose to stay on North unit, where she was allowed access to the lockable adapted showers and toilets. There were some issues with accessing female clothing and care products, but the prison was working to rectify this.
- 3.23** Communal religious services had been suspended for most of the previous 12 months because of COVID-19. A range of outreach services had been provided by members of the chaplaincy and there was some opportunity for individual prayer in the chapel. The team had also arranged for the virtual attendance of some prisoners at funerals via video link. Communal worship had only just restarted and, subject to social distancing, services for all faiths were scheduled to start over the next two weeks, with multiple services for the larger groups. There was a good focus on religious and cultural needs, Ramadan was under way during our visit and prisoners were appreciative of the efforts made to support their participation.



Mobility aids on North unit



Disabled shower on North unit

## Health care

- 3.24** The prison experienced a serious outbreak of COVID-19 in November and December 2020. Partnership working between the health care team, the prison, Public Health England, NHS England and the county council was strengthened, with a coordinated response to deal with the outbreak. Regular outbreak control meetings took place and at the time of our visit there was only one COVID-19 case among prisoners.
- 3.25** Reception and secondary health screening had continued and there were arrangements for reverse cohorting and receiving symptomatic prisoners, with COVID-19 PCR tests taken on days 1 and 5.
- 3.26** Prisoners on the shielding unit, the RCU and the protective isolation unit were carefully monitored daily by health professionals. There had been a constant supply of personal protective equipment (see Glossary of terms) and all health care staff had received FFP3 face mask fit testing.
- 3.27** The rollout of the COVID-19 vaccination programme was progressing well, in line with national guidelines. At the time of our visit, the team had vaccinated 263 prisoners, including 37 second doses.
- 3.28** Nottinghamshire Healthcare NHS Foundation Trust provided physical health care, mental health care and pharmacy services. Most prisoners we spoke to were complimentary about health care services and 81% of respondents to our survey said that the overall quality of health services was good. We found the health care team to be conscientious, skilled and compassionate, working flexibly to provide services.
- 3.29** Good clinical leadership was evident within both the primary care and mental health care teams, and cover arrangements for the temporary absence of the head of health care were effective.
- 3.30** Although routine clinics had been curtailed, the primary care team continued to see patients on the units and at the health care centre throughout the pandemic, with urgent need prioritised. In our survey, 88% of prisoners said that it was easy to see a nurse, and 61% that it was easy to see a GP.
- 3.31** An advanced nurse practitioner worked every weekday and there were three GP sessions per week. Waiting times to see a nurse or GP for routine matters were short and urgent appointments were facilitated promptly.
- 3.32** Nurses had developed skills in the management of particular long-term conditions, such as chronic obstructive airways disease and diabetes, and ongoing training and development were encouraged. Patients on their caseload had been seen and reviewed regularly. Managerial and clinical supervision had continued throughout the pandemic, and staff felt supported and were keen to provide a responsive service.
- 3.33** Emergency dental care had continued, with patients being escorted to a community practice, and antibiotics and pain relief were available. A mobile dental service had been established before the restrictions, providing two sessions a week. These had stopped at the onset of the pandemic, but had restarted for a short period in the autumn, with simple examinations and procedures in the mobile unit one day a week on site and more complex procedures undertaken at the external dental clinic on the other day. As a result of the further outbreak, this had stopped again, and discussions to restart this service were taking place at the time of our visit.

- 3.34** Some other services had resumed routine clinics in the late summer for a few months, until the outbreak in November, when they were curtailed again. This had led to long waits for some services, including the optician, which needed to be addressed.
- 3.35** There was good clinical and administrative management of hospital referrals. Many of the appointments cancelled by the hospital had been rebooked. Telephone consultations between patients and external specialists had also been undertaken.
- 3.36** There was a memorandum of understanding with Lincolnshire County Council (LCC), the responsible local authority, and CRG Homecare Limited had been commissioned to provide social care when needed. LCC ran a regular social care clinic, providing a responsive service. Social care assessments and the provision of equipment were prompt and LCC was involved in release planning. From 1 September 2020 to 31 March 2021, there were 35 referrals from various staff within the prison, similar to the number in the same period in the previous year.
- 3.37** Nearly all prisoners on medication received it in-possession, following a robust risk assessment. Processes had been introduced to enable social distancing when collecting this from the health care department. Medicines were delivered to prisoners who were isolating. Medicine supply and prescribing were largely unaffected by the pandemic.
- 3.38** The mental health team had around 46 prisoners on its caseload. The skilled team included experienced mental health nurses, a learning disability nurse and a well-being coordinator. They were able to offer a range of therapies and interventions catering for prisoners with mild-to-moderate to more severe and enduring mental health issues, and for those with neurodivergent needs. Despite some curtailment to the service during the pandemic, mental health staff had been flexible in providing ongoing support. They visited the units and had altered their working hours to fit in with exercise times on the playing field, to see their patients and anyone else who wanted to speak to them about their mental health and well-being.
- 3.39** The 'pathways enhanced resettlement service', known locally as the 'Solar service', was part of the national offender personality disorder pathway. The aim of the service was to support prisoners who were likely to have difficulty in managing the transition from closed to open conditions, or from open conditions to the community. The Solar service team consisted of a clinical psychologist and two prison officers. They had kept in regular contact with the 12 prisoners on their caseload, seeing them on the units or on the playing field. They were on hand if prisoners were struggling, and this was valued by the prisoners they supported.
- 3.40** The integrated clinical and psychosocial substance use team provided by 'We Are With You' had not been on site for most of the last year, but had recently been allowed back into the prison to resume its service. The team had provided some harm minimisation advice and workbooks, and written to the prisoners on its caseload, which included about 50 prisoners, including two on opiate substitution therapy. Arrangements had been made to make sure that the ongoing management of their treatment was safe. They were supported by one peer mentor, who was helping with the backlog of substance use inductions and would assist with groupwork once this restarted.
- 3.41** Pre-release assessment and discharge planning had been maintained, with a good supply of medication given. Lateral flow COVID-19 tests were undertaken and information about the restrictions in the community were given. Naloxone (an opiate reversal agent) was available on release.

## Section 4. Purposeful activity

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

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

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

- 4.1** Although prisoners were not locked in their rooms during the COVID-19 restrictions, they had been largely confined to the residential units for all but an hour a day, and when collecting meals. We considered this to be excessive and not in line with either category D conditions or the restrictions at similar establishments we have visited. With the recent relaxation of restrictions, prisoners were now allowed access to outside areas immediately adjacent to their billets. We considered this still to be over-restrictive and would have expected relatively free access to areas normally permitted across the prison (see key concern and recommendation S3).
- 4.2** The library remained closed, but a useful, well-integrated and valued outreach service had provided a regular exchange of books, DVDs and music CDs across the prison throughout the pandemic.
- 4.3** The gym remained closed, which was disappointing, as this was not the case with other prisons we have visited. The lack of indoor gym provision had been partly mitigated by PE staff providing each wing with a one-hour structured outdoor session each day, which many prisoners appreciated.
- 4.4** Ofsted found that the education, skills and work offer was designed by leaders to support prisoners to prepare for life outside of the custodial system. At the onset of the pandemic, tutors had quickly introduced in-cell paper-based education activity packs for prisoners. Managers reviewed the quality of these frequently and staff made improvements as necessary. Leaders had made a conscious decision to provide prisoners with accredited qualifications, and prisoners valued these opportunities.
- 4.5** Prison leaders had recently started to allow tutors to have face-to-face interaction with prisoners. They used these sessions to provide support and encouragement to prisoners. There were plans to introduce evening and weekend education classes to allow prisoners who were engaged in work during the day to participate in learning.
- 4.6** Leaders recognised that the wide range of activities that prisoners had previously engaged with through ROTL was no longer available. They had attempted to increase access to on-site education and work, but there remained too many prisoners who were not engaged in meaningful activity on a full-time basis.



- 4.7** Tutors and prison instructors had undertaken a large amount of professional development throughout the pandemic. As a result, they were now more confident to identify and support prisoners with additional learning needs.
- 4.8** Tutors assessed prisoners' work frequently, and in most cases provided helpful and constructive feedback. However, a small number of prisoners did not receive effective feedback that helped them to improve the quality of their work over time. The recently appointed governor, along with prison leaders, considered education, skills and work to be a key part of their rehabilitation agenda. They had attempted to make sure that prisoners were exposed to opportunities that closely reflected what was available to them on release from prison.

## Section 5. Rehabilitation and release planning

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

### Contact with children and families

- 5.1** The suspension of release on temporary licence (ROTL) and social visits had severely limited opportunities for family contact, but face-to-face social visits had been reinstated on the weekend before our visit. The prison had reconfigured the visits hall to facilitate socially distancing and the space provided was pleasant. However, COVID-19 restrictions had made visits unpopular. Sessions were only one hour long, refreshments were no longer available and physical contact through hugging or shaking hands was banned.
- 5.2** In our survey, 21% of prisoners said that they had been able to use video-call visits (Purple Visits; see Glossary of terms) more than once in the last month, and those we spoke to reported positively about the facility. The prison's data showed that take-up had improved, although just under half of available slots had been used in the previous month, with greatest demand in the evening. Since the restarting of face-to-face visits, video calling was no longer available at the weekend, but the prison was working to rectify this.
- 5.3** In our survey, 97% of prisoners said that they were able to use the telephone each day and this was supported by additional telephone credit to help prisoners maintain contact with their families. Prisoners were not locked in their rooms, so had time to access the telephones on the units. However, there was a backlog of applications for PIN numbers to be approved, some dating back a month.
- 5.4** Family engagement work was limited. Lincolnshire Action Trust provided a remote service from another prison, which had included sending out information and advice packs to prisoners. However, no face-to-face work had been carried out and a family engagement worker was no longer available on site to support prisoners and their families in social visits, although there were plans for this to be reinstated.

### Sentence progression and risk management

- 5.5** The Offender Management in Custody (see Glossary of terms) model had recently been implemented. This provided more probation officer offender managers on site. However, recruitment was problematic, with some vacancies in the team. Prison offender manager time was now ring-fenced, which avoided them being cross-deployed to other duties.
- 5.6** Many prisoners we spoke to reported poor relationships with the OMU, with most saying that they had not had face-to-face contact with their offender manager in recent months. This exacerbated an existing perception that the OMU was unresponsive, and prisoners were frustrated about the lack of support they received (see key concern and recommendation S7). The OMU was trying to address these negative perceptions through improved communication and a duty offender manager service.
- 5.7** In our survey, 50% of prisoners who knew their custody plan objectives and targets said that staff were helping them achieve these. Some probation officer offender managers were doing

motivational work with prisoners through reflection packs and self-monitoring diaries, although, again, this had not been face to face. The psychology department was one of the few which had continued to provide face-to-face work, for a small number of prisoners, during the most recent lockdown.

- 5.8** ROTL suitability boards had continued, but without the involvement of the prisoner, which needed to be rectified. With the suspension of ROTL for most of the pandemic, many prisoners found it difficult to demonstrate progression, which had frustrated them. In the previous three months, less than half of indeterminate-sentenced prisoners referred to the parole board had received a direction to release. At the time of our visit, two prisoners were waiting to complete an accredited offending behaviour programme in the community, but the lack of ROTL had also stopped this taking place to date.
- 5.9** The reducing reoffending team worked hard to source appropriate work placements in the community, but the location of the prison and nature of the population brought specific challenges. For example, many local employers were not willing to employ prisoners convicted of sexual offences. Employer links in the local community were far too limited, and even before the start of the pandemic there had been too few jobs available for an open prison (see also paragraph 1.9, and key concern and recommendation S5).
- 5.10** Just over half of prisoners were convicted of sexual offences and about 70% of the overall population was assessed as presenting a high risk of harm to others. Although we saw evidence of offender managers from the prison engaging with community offender managers to discuss release plans, case notes for some prisoners showed too little evidence of meaningful risk management planning. For example, in 37% of releases in the last six months, the multi-agency public protection arrangements (MAPPA) management level remained unclear, which suggested that the prison offender manager and the community offender manager had not agreed this basic risk management step.
- 5.11** The interdepartmental risk management meeting had met throughout the pandemic and gave a good level of scrutiny to the management of those prisoners discussed. However, the meeting did not consider high-risk prisoners managed at MAPPA level 1. Some key partners, such as resettlement services, did not attend despite being on site. Some prisoners we spoke to who were due to be released said that they were unclear about the plans for their release (see also section on release planning).
- 5.12** A few prisoners were subject to telephone monitoring, but there was a long backlog of calls waiting to be listened to by staff, which undermined the wider public protection arrangements. Those prisoners on Selby unit who should have been subject to telephone monitoring had not had their calls listened to for several months because of issues with the monitoring system. This included one high risk of harm prisoner due for release (see key concern and recommendation S8).

## Release planning

- 5.13** CRC resettlement workers had remained on site throughout the pandemic, although had not carried out face-to-face contacts until very recently. In the absence of in-person working, resettlement plans, although timely, were completed remotely, based on a questionnaire sent to the prisoner, which limited engagement with, and ownership of, these plans.
- 5.14** In our survey, less than half (47%) of those expecting to be released in the next three months said that staff were helping them prepare for release and there were major gaps in resettlement support, mainly due to the lack of access to community-based services. For example, prisoners were unable to open bank accounts at the time of our visit and some

expressed frustration over not being able to obtain proof of identity in time for their release. Discharge boards had been reintroduced during the week of our visit, providing a valuable check that prisoners being released had everything they needed in place.

- 5.15** In the last six months, only four prisoners had been released without permanent accommodation arranged and a further eight (10%) had been released to short-term or temporary accommodation. About a third of all prisoners released over this period had gone to approved premises because of risk concerns. However, a lack of suitable places in approved premises meant that some prisoners waited several months for release after being granted parole. At the time of our visit, one prisoner had been waiting since January 2021 to be released (see key concern and recommendation S9).
- 5.16** There was some good, practical support available for those being released. The CRC provided release packs with helpful information about the services available in the areas to which prisoners were to be discharged. Since the start of the pandemic, 219 mobile phones had also been distributed to prisoners on release, and on two occasions the prison had provided transport to prisoners who had had difficulties in getting to their release address.
- 5.17** Home detention curfew processes were managed well and to time. Since March 2020, one prisoner had been released on special purpose licence ROTL (see Glossary of terms) to protect them from COVID-19, and two had benefited from the COVID-19 end of custody temporary release scheme (see Glossary of terms).

## Section 6. Appendices

### Appendix I: Background and methodology

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

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

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

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

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

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

Sandra Fieldhouse	Team leader
Natalie Heeks	Inspector
Paul Rowlands	Inspector
Caroline Wright	Inspector
Maureen Jamieson	Health care inspector
Kenneth Merry	Ofsted inspector
Joe Simmonds	Researcher
Alec Martin	Researcher
Shannon Sahni	Researcher
Heather Acornley	Researcher

## Appendix II: Further resources

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

### **Prisoner survey methodology and results**

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

### **Staff survey methodology and results**

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

### **Ofsted interim visit report**

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

## Appendix III: Glossary of terms

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

### **Certified normal accommodation (CNA) and operational capacity**

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

### **Challenge, support and intervention plan (CSIP)**

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

### **End of custody temporary release scheme**

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

### **Offender Management in Custody (OMiC)**

The Offender Management in Custody (OMiC) model, being rolled out across the closed male prison estate, entails prison officers undertaking key work sessions with prisoners (implemented during 2018–19) and case management, which established the role of the prison offender manager (POM) from 1 October 2019. On 31 March 2021, a specific OMiC model for male open prisons, which does not include key work, was rolled out.

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

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

### **Purple Visits**

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

### **Recovery plan**

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

### **Reverse cohort unit (RCU)**

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

### **Shielding**

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



**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.

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