Report on a scrutiny visit to

HMP Peterborough (male)

by HM Chief Inspector of Prisons

17 and 24–25 November 2020

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Glossary of terms

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

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.

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

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.

Community rehabilitation company (CRC)
Since May 2015, rehabilitation services, both in custody and after release, have been organised through CRCs, which are responsible for work with medium- and low-risk offenders. The National Probation Service (NPS) has maintained responsibility for high- and very high-risk offenders. Following a change in policy, all offender management will be brought under the NPS by spring 2021.

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

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

FFP3 masks
Filtering face piece (FFP) masks come in three respirator ratings: FFP1, FFP2 and FFP3. FFP3 offers the wearer the highest level of protection and is recommended for use during outbreaks of SARS, avian flu and coronavirus.

Home detention curfew (HDC)
Early release 'tagging' scheme.

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.

Kiosks
Electronic information points where prisoners can access a range of services and information.

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.

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).

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

Introduction

HMP Peterborough is a privately run, category B local prison holding both men and women. The men's and women's jails are separated but are on the same site and share a management team. During this scrutiny visit, the prison held just over 850 male prisoners.

We last inspected the men's prison in July 2018, when we assessed outcomes in safety as not sufficiently good, respect and purposeful activity outcomes as reasonably good and rehabilitation and release planning as good. Our revised methodology to assess outcomes during the COVID-19 pandemic does not include making judgements for each test as we would at a full inspection, but we have agreed several key concerns and recommendations to help the prison through the next phase of recovery.

Subject to the same HM Prison and Probation Service (HMPPS) control as public sector prisons, the prison had introduced a range of centrally-mandated measures to limit the spread of the virus. Indeed, there had been no positive tests recorded for prisoners since the start of the restricted regime, and the number of staff testing positive was low. Prison leaders had quickly established a structure to communicate information, design cohort arrangements and deliver a restricted regime. The prison was taking a very cautious route to recovery, which meant that some improvements had been slow to materialise.

Work to support prisoners in their early days had improved recently, and an enthusiastic team of prisoner peer workers now delivered face-to-face induction to new arrivals. However, until very recently, prisoners had not been issued with kettles, and there had also been problems sourcing basic provisions, such as pillows and toiletries.

The prison's recorded data demonstrated a reduction in violence since the commencement of the restricted regime. Despite this, our survey indicated that around one in four prisoners felt unsafe, and a notable number said they had been victimised. There were several systems to identify and support vulnerable prisoners, but it was clear they were not always robust enough to detect everyone who needed help. During our visit we spoke to a few prisoners who clearly had some unmet needs. We also found that some safeguards were insufficient to identify and address underlying issues. For example, although key work (see Glossary of terms) was prioritised for prisoners who had been identified as vulnerable, staff interactions with them were often superficial and did not encourage discussion of their concerns.

Living conditions were generally clean and tidy, although the limited time out of cell and some procedural problems meant some prisoners found it difficult to keep themselves or their cells clean. Prisoners were consulted about minor issues affecting their daily lives, but actions from consultation meetings were carried over from meeting to meeting and, in some cases, were not resolved. Equality work had not been prioritised during much of the restricted regime, although it had started to gather some momentum recently. Again, the quality of the prison's engagement with prisoners from protected groups was basic and did not really explore the issues affecting them. The health care manager was clearly committed to improving health services for prisoners, but the 40-week waiting list for dental treatment required urgent attention.

Prisoners who were not allocated to essential work had very limited time out of cell, and were fatigued by the amount of time locked in a small cell with very little to do. The director's priority was to ease restrictions so prisoners could take part in purposeful work rather than unlock them when they had little to do. Despite this, only a third of prisoners could go to work, much of which was based on the residential wings. Unlike other prisons, Sodexo employed the education staff directly and they had remained on site throughout the restrictions providing some education for around 130 prisoners, albeit mostly in cell.

The prison had retained a reduced library service through a book trolley, and PE instructors provided some circuit training on exercise yards, though neither were provided consistently as the relevant staff were often cross-deployed to other duties. The indoor gym had reopened very recently which had improved opportunities for some prisoners.

Rehabilitation and release planning had been a strength at the last visit, and some elements of this work remained in place and had developed further. Partnership working with Nacro had resulted in the purchase of accommodation in the city centre that prioritised prisoners leaving Peterborough. Despite this, a third of prisoners leaving the prison had no settled accommodation to go to. Gaps in public protection work also created some risk, particularly in multidisciplinary work and monitoring the calls of some dangerous prisoners.

Leaders at Peterborough assured us that recovery plans (see Glossary of terms) to move into phase two of the national strategy were complete and would provide a much more purposeful regime. Given that the prison has remained mostly virus-free for eight months, we would encourage it to implement these plans as soon as it is safe to do so. This report contains several key concerns and recommendations that we hope will help it to prioritise its work as it enters this important next stage.

Charlie Taylor
HM Chief Inspector of Prisons
January 2021

Fact page

Task of the establishment
Male category B reception prison with a resettlement function.

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

Prisoners held at the time of this visit:	863
Baseline certified normal capacity:	762
In-use certified normal capacity:	762
Operational capacity:	868

Prison status (public or private) and key providers
Private – Sodexo Justice Services

Physical health provider:	Sodexo Justice Services
Mental health provider:	Cambridgeshire and Peterborough NHS Foundation Trust
Substance misuse treatment provider:	Sodexo Justice Services
Prison education framework provider:	Sodexo Justice Services
Community rehabilitation company (CRC):	Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire (BeNCH), contracted to St Giles Trust
Escort contractors:	Serco, GEOAmey and Mitie Care and Custody

Prison group
East of England

Brief history
The prison opened on 28 March 2005 with two residential units, House block 3 and House block 4, initially accommodating 480 prisoners. In January 2015 it opened an extension, House block 5, which provided an additional 292 prisoner places.

Short description of residential units

House block 3:

W1 wing	Early days centre
X1 wing	Integrated substance misuse service and first night centre for those requiring detoxification or stabilisation
Y1 wing	Remand/general population
Z1 wing	Remand/general population

House block 4:

W2 wing	Convicted prisoners
X2 wing	Convicted prisoners
Y2 wing	Convicted prisoners
Z2 wing	Mature prisoners

House block 5:

Burghley wing	Enhanced prisoners and those on release on temporary licence.
Royce wing	Safeguarding unit for vulnerable prisoners
Cavell wing	Convicted prisoners
Nene wing	Convicted prisoners

Name of director and date in post
Damian Evans, October 2016

Independent Monitoring Board chair
Pauline Davidson

Date of last inspection
July 2018

About this visit and report

A1 Her Majesty's Inspectorate of Prisons (HMI Prisons) is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

A2 All visits carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of 21 bodies making up the NPM in the UK.

A3 During a standard, full inspection HMI Prisons reports against *Expectations*, the independent criteria against which we inspect outcomes for those detained. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to prisoners and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic means that it is not currently possible to carry out inspections in the same way, both for health and safety reasons and because it would not be reasonable to expect places of detention to facilitate a full inspection, or to be assessed against our full set of *Expectations*, at this time.

A4 HMI Prisons has therefore developed a COVID-19 methodology to enable it to carry out its ongoing, statutory duty to report on treatment and conditions in detention during the current challenging circumstances presented by COVID-19. The methodology has been developed together with health and safety guidance and in line with the principle of 'do no harm'. The methodology consists of three strands: analysis of laws, policies and practice introduced in places of detention in response to COVID-19 and their impact on treatment and conditions; seeking, collating and analysing information about treatment and conditions in places of detention to assess risks and identify potential problems in individual establishments or developing across establishment types; and undertaking scrutiny visits to establishments based on risk.

A5 HMI Prisons first developed a 'short scrutiny visit' (SSV) model in April 2020 which involved two to three inspectors spending a single day in establishments. It was designed to minimise the burdens of inspection at a time of unprecedented operational challenge, and focused on a small number of issues which were essential to the safety, care and basic rights of those detained in the current circumstances. For more on our short scrutiny visits, see our website: http://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/short-scrutiny-visits/.

A6 As restrictions in the community are eased, and establishments become more stable, we have expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) which focus on individual establishments, as detailed here. The SV approach used in this report is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic, but recognises that it is not yet the right time to reintroduce full inspections. SVs provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly.

A7 SVs critically assess the pace at which individual prisons re-establish constructive rehabilitative regimes. They examine the necessity and proportionality of measures taken in response to COVID-19, and the impact they are having on the treatment of and conditions

for prisoners during the recovery phase. SVs look at key areas based on a selection of our existing *Expectations*, which were chosen following a further human rights scoping exercise and consultation.

A8 Each SV report includes an introduction, which will provide an overall narrative judgement about the progress towards recovery. The report includes a small number of key concerns and recommendations, and notable positive practice is reported when found. Reports include an assessment of progress made against recommendations at a previous SV, but there is no assessment of progress against recommendations made at a previous full inspection. Our main findings will be set out under each of our four healthy prison assessments.

A9 SVs are carried out over two weeks, but will entail only three days on site. For more information about the methodology for our scrutiny visits, including which *Expectations* will be considered, see our website: http://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/

Summary of key findings

Key concerns and recommendations

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

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

S3 **Key concern:** The current systems to identify prisoners who could be vulnerable were not robust enough. We found examples of prisoners who required a higher level of support who the prison had not identified and prioritised.

Key recommendation: The prison should strengthen measures to identify vulnerable prisoners and those with additional needs to make sure that all prisoners are supported and cared for.
(To the director)

S4 **Key concern:** Work to promote equality and diversity was not prioritised. Strategic and prisoner consultation meetings had lapsed for much of the restricted regime. The equality data collected was not used well to improve outcomes for prisoners with protected characteristics. The recent equality action plan did not focus enough on identifying or meeting the needs of a diverse population.

Key recommendation: Oversight of equality work should make sure that equality data are used well to inform action planning, and that actions are effective in improving the outcomes of the diverse population. The prison should improve the ways it identifies prisoners with protected characteristics to make sure that their needs are met consistently.
(To the director)

S5 **Key concern:** There had been no routine dental service since March 2020 resulting in excessive waiting times for treatment of up to 40 weeks, with over 180 patients on the list. This risked a deterioration in oral health for some prisoners, requiring more extensive dental treatment than should have been the case. Additionally, optician and podiatry services had not yet restarted, resulting in lengthy waits of up to 40 weeks, which could also lead to a deterioration in health.

Key recommendation: The prison should provide a full range of timely health treatment and services equivalent to those in the community.
(To the director and Sodexo Justice Services)

S6 **Key concern:** The regime for the majority of prisoners had been poor for too long, with an increasing impact on well-being. Most spent less than 90 minutes out of their cell on a typical day, and they had little time to engage with staff or peers.

Key recommendation: All prisoners should have enough time out of cell each day to take part in purposeful activity, complete domestic tasks, and engage with staff and their peers.
(To the director)

S7 **Key concern:** There were weaknesses in the management of public protection. Monthly interdepartmental risk management meetings had not been held consistently since March 2020 and were often very poorly attended. Prisoner cases were not always discussed in sufficient depth before their release. A backlog in monitoring meant that the telephone calls of prisoners subject to public protection measures had not been listened to and so the meetings could not discuss any recent arising issues.

Key recommendation: Interdepartmental risk management meetings should be multidisciplinary, regular and consider relevant, up-to-date information. They should discuss all relevant cases in enough depth to address risks before prisoners are released.
(To the director)

Notable positive practice

S8 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.

S9 Inspectors found the following examples of notable positive practice during this visit.

- Working in partnership, the prison and Nacro had sourced 15 accommodation units in the city centre that were prioritised for prisoners released from Peterborough. St Giles Trust had also secured funding from Peterborough City Council to recruit a member of staff to support prisoners who had been rough sleeping before coming into custody. (See paragraph 4.22.)

- The Outside Links facility supported prisoners on their day of discharge, including practical assistance to charge mobile phones and make initial contact with families. A further facility in Peterborough city centre provided ongoing support after release. (See paragraph 4.23.)

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 In the early days of the COVID-19 pandemic, and shortly before the commencement of the restricted regime in March 2020, one prisoner had died from an illness related to the virus. Apart from this case, no other prisoners and only a few staff had tested positive for the virus, and prison leaders had worked hard to keep prisoners and staff safe from infection.

1.2 Leaders had established a clear reporting structure and procedures to manage restrictions to control the spread of COVID-19. There were cleaning protocols, clear signage and measures to place prisoners in cohorts. Procedures to ensure social distancing were better in some areas, for example at the gate and in servery queues, than others. Communications had been established quickly to send key messages about the pandemic to staff and prisoners, and the director used the prisoner TV channel, Way-out TV, to answer questions about the restrictions.

1.3 The prison had used the period of restrictions to develop some useful initiatives, such as nurse triaging and a restorative approach to managing conflict. Some measures to identify prisoners with vulnerabilities and those from protected groups were not sufficiently robust. We found a small but notable number of prisoners whose needs were not being met. (See key concern and recommendation S3.) Staff were friendly and well intentioned, but their conversations with prisoners often lacked the depth to identify underlying issues.

1.4 Several key meetings had been suspended at the start of the restricted regime and had only recommenced in recent months. This had compromised oversight of important areas, such as the use of force and equality work. The records of meetings were often poor, failing to evidence meaningful discussion, and they did not always set out clear time-bound actions to improve outcomes for prisoners.

1.5 Leaders had been able to retain some work for around a third of prisoners, and the Sodexo-employed education provider had remained on site providing a further 135 places for in-cell education. The prison had plans ready to move to a wider regime for all prisoners, although many frontline staff and prisoners were unclear about the plans for future recovery.

1.6 The prison had generally taken a very cautious approach to easing restrictions. After eight months of restrictions in a prison that had not experienced an outbreak, it could have done more to increase the numbers and time for prisoners to be out of cell. There was also evidence that some prisoners were locked up earlier than set out in the published regime, which inevitably exacerbated frustrations with the restrictions.

Arrival and early days

1.7 Due to the prison's local function, movements through reception remained reasonably busy with an average of 10 to 15 new arrivals a day. Reception processes were well organised and designed to safeguard prisoners and staff against the risks of COVID-19.

1.8 Prisoner custody officers completed first night interviews in private following a well-developed checklist, which made sure the interview focused on identifying risk and vulnerability. New arrivals were offered a shower and hot meal, and could make a phone call on their first night. A newly appointed but very enthusiastic group of peer workers (Insiders) provided additional advice and support. Prisoners we spoke to were positive about their experience on arrival.

1.9 New arrivals went on to one of two reverse cohort units (RCU, see Glossary of terms), one of which was supported by the integrated substance misuse service for those requiring detoxification or stabilisation. Insiders delivered a formal prisoner-led induction programme on the RCU. It was positive that induction was conducted face to face, with due regard to COVID-19 safety procedures, so prisoners could ask questions. The programme included basic but important information about the current restricted regime for prisoners and was supplemented with an induction booklet, produced in a range of languages. The benefits of a prisoner-led induction were clear and new arrivals were very positive about the support they received. However, the process did not have enough oversight by staff to make sure that the content was suitable and delivered consistently, and also to support the Insiders.

1.10 Peer support on the RCU was a strength. An Insider lived on the wing and could provide ongoing support to new arrivals, and safer custody peer workers now visited daily.

1.11 The communal areas of the wing were clean and bright. Some cells were dirty, and the communal showers were in poor repair and offered little privacy. All cells had telephones, which prisoners really valued. Bedding packs containing a duvet, pillow and a kettle were issued on arrival, but had only been introduced in the last few weeks. Previously, new prisoners had no kettles during the many hours locked up, and there had been problems getting basic kit, like pillows.

1.12 Cohorting arrangements on the RCU were reasonably well managed, but we saw little evidence of any improvements in cleaning to minimise the risk of the virus being passed from cohort to cohort. The regime for new arrivals was limited to just 45 minutes a day in the open air, and 30 minutes to shower, clean cells and use the electronic kiosk for a range of services. But most prisoners and staff we spoke to told us they received less than the allotted 30 minutes, which meant they often did not have enough time to complete basic tasks (see paragraph 3.1 and key concern and recommendation S6).

Managing behaviour

1.13 In our survey, just over a quarter of prisoners reported feeling unsafe, a third said they had been victimised by staff and almost a quarter by other prisoners. Recorded violence had been trending downward before March 2020 and continued to fall following the introduction of the restricted regime. Managers attributed the downward trend to the increased time prisoners now spent locked up, although in some other similar prisons we have found violence and self-harm on the rise again. There had been some success in reducing the entry of drugs to the prison (see paragraph 1.16). Managers also cited a restorative approach to managing conflict, with a number of staff and prisoners trained in this area. There was some evidence that prisoners had benefited from this work.

1.14 Manager-led regular safer interventions meetings (SIMs) had continued throughout the restricted regime and were used to manage prisoners with complex cases and high levels of need. Records of the meetings indicated that actions to support prisoners were carried over from meeting to meeting without being completed.

1.15 The appointment of safer custody peer workers to support the safety agenda was positive. However, there were only two mentors for a large population, and until very recently their work had been suspended due to the restricted regime.

1.16 Well-attended multidisciplinary security meetings had continued throughout the restrictions. The prison had identified the main threats and was taking action to address them. A good flow of local intelligence was analysed effectively, and the prison was addressing emerging risks, such as the entry of drugs.

1.17 Challenge, support, and intervention plans (CSIPs, see Glossary of terms) were used reasonably well to manage the perpetrators of violence. Investigations were prompt and thorough with examples of good intervention planning. The provision for the victims of violence was less developed, and some were left with little formal support.

1.18 The use of force had reduced since the introduction of the restricted regime. There was no reported backlog of outstanding documentation, and the small sample of cases we looked at justified the need to use force. Governance at a senior level had lapsed at the start of the restricted regime and had only recently restarted. We also judged the quality of scrutiny to be insufficient.

1.19 In theory, prisoners were still allowed to progress to the highest level of the incentives scheme during the restricted regime. In practice, it was very difficult for prisoners to demonstrate improved behaviour because of the restrictions in place, so very few progressed. The number and range of much-valued peer support roles had reduced with the restrictions, further limiting the opportunity for prisoners to demonstrate positive behaviour. There was little difference between the regime for prisoners living on the enhanced unit and that on the general units, and so it did not motivate good behaviour in the way it could have. At the start of the restricted regime the prison had followed national guidance and removed all prisoners from the lowest tier of their incentives scheme. Any decision to relegate a prisoner to the lowest level for repeated poor behaviour was now managed fairly at a senior level.

1.20 The monitoring of segregation use had continued throughout the restrictions. Decisions to segregate prisoners at risk of suicide or self-harm supported through assessment, care in custody and teamwork (ACCT) case management were assessed and recorded. The two segregated prisoners subject to ACCT during our visit were well supported. Reintegration planning was well managed and most stays in segregation were relatively short. The unit itself was reasonably clean and bright, and cells were suitably equipped including in-cell telephones, which prisoners appreciated. Most prisoners had televisions, although we were told that most had been issued very recently. The regime in the segregation unit was poor but consistent, and prisoners did have daily access to a shower and exercise. Staff were professional and approachable, and the prisoners we spoke to were generally positive about their treatment on the unit.

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

1.21 One prisoner had died due to respiratory failure caused by COVID-19 just before the implementation of national restrictions. There had also been one self-inflicted death in July 2020. The Prisons and Probation Ombudsman was yet to complete its investigations, but the prison had acted on some early lessons learned.

1.22 Following a sharp increase in March, self-harm had now reduced and levels were comparable with those recorded before restrictions were introduced. Some incidents were serious;

although the prison had conducted fact-finding investigations, they were very basic and did not identify any lessons to be learned.

1.23 A very small safer custody team continued to gather a wide range of useful safety data highlighting trends and hotspots, which were then discussed with senior managers at the safer custody meetings. However, the data were not used effectively to identify weaknesses or develop actions to reduce self-harm and violence. We examined extensive data covering three months, and yet the safer custody meeting only identified one action point from this wealth of information.

1.24 Despite systems to identify vulnerable prisoners and those at risk of self-harm, there were clearly some prisoners with high levels of need who were not being detected. We met a few older prisoners who were struggling because of their age or disability, but whose needs were not being met. We also met one young prisoner with a long list of vulnerability markers that should have led to him being picked up for complex case management or at least prioritised for consistent key work. He had been seen by different staff claiming to be his key worker, but their entries in his electronic case notes evidenced a lack of depth to these discussions and none explored the issues we had uncovered in a short time. Even after he had started a cell fire in a bid to be moved from the prison, the safer custody team had very little information about the incident and had not taken any follow-up action. Despite this prisoner's history, the mental health team had not provided any face-to-face support to him. (See key concern and recommendation S3.)

1.25 In our survey, only 38% of prisoners supported through ACCT process said they felt cared for by staff. The prisoners we spoke to were more positive and said there were staff on the wing they felt they could turn to if needed. The ACCT documentation we reviewed was reasonably well completed. Case reviews were multidisciplinary and now included regular attendance from the mental health team.

1.26 Prisoners who isolated themselves from their peers, usually because they felt vulnerable, were identified and monitored through the SIM. They also received some additional support from the safer custody team. Self-isolating prisoners told us they could shower and exercise every day and that staff were generally supportive towards them. Despite this, in a short space of time we found one prisoner who should have been identified and provided with extra support but was not, suggesting that the process of identification needed to be strengthened.

1.27 The use of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to other prisoners) had ceased when restrictions were imposed and had only just been reintroduced. This was a concern when prisoners were locked up for so long and would have benefited from the support of trained peers. Prisoners could contact the Samaritans from their in-cell telephones free of charge.

Section 2. Respect

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

Staff-prisoner relationships

2.1 The atmosphere throughout the prison was calm and staff were visible in all areas. Three-quarters of prisoners in our survey said that most staff treated them with respect, but more than one in four said there was no member of staff they could turn to if they had a problem. We observed friendly and approachable staff and good-natured interaction between staff and prisoners. However, the restricted regime implemented since March 2020 had made it difficult for staff to develop more meaningful relationships that would identify vulnerability and provide enough support for those who were struggling. This was reflected in our survey where just 38% of prisoners said that a member of staff had asked how they were coping in the last week.

2.2 Key work (see Glossary of terms) had stopped in March and did not start again until July. Sessions were now limited to prisoners assessed to be the most vulnerable, such as those on assessment, care in custody and teamwork for prisoners at risk of suicide or self-harm reviews (ACCT) or the small number who were shielding.

2.3 The quality of key work sessions was too variable and, in some cases, poor. With a few exceptions, discussions were often superficial and there was little evidence that they were used to explore feelings, behaviour and motivation at a more meaningful level. It was not uncommon for key work to be completed by several different staff rather than one specific officer who could develop an understanding of the prisoner to build a trusting relationship. This lack of consistency also meant that issues were not addressed and made prisoners question the value of the work. Staff had used in-cell telephones to maintain contact with prisoners, but there was an over-reliance on this when face-to-face contact was now possible. We also identified several cases where staff did not follow up prisoners who had not answered their phone call.

2.4 There were weekly welfare checks as an alternative to key work sessions for prisoners not considered to be vulnerable. Despite the introduction of management checks, the quality of these interactions was again sometimes superficial and did not always identify emerging concerns. Indeed, several prisoners we spoke to were not even aware of these welfare checks.

Living conditions

2.5 Most of the living and communal areas of the prison were clean and tidy. Many showers on residential wings lacked enough privacy and needed refurbishment, although we were told that funding had been approved to address this. (See photograph, Appendix II.)

2.6 Most cells were in a reasonable condition, but the floors in some required replacement and others needed redecoration. (See photograph, Appendix II.) As reported at our inspection in 2018, screening for toilets was inadequate, especially in the more cramped cells shared by two prisoners.

2.7 Cells were equipped with much-valued telephones which enabled prisoners to stay in contact with family during long periods locked up. Prisoners were recently provided with kettles and replacement duvets, but not all cells had curtains and prisoners had to improvise with towels or bedding to maintain privacy and provide shade in summer weather.

2.8 Although all wings had COVID-19-trained prisoners, there were inconsistencies in the quality and frequency of cleaning in key risk areas and touchpoints, such as electronic kiosks. Cleaning materials were often stored in wing offices and not always accessible to prisoners for cell cleaning; in our survey, only just under half of respondents said they could access cleaning materials each week. Similarly, despite an adequate stock of toiletries, prison orderlies responsible for packing the items on wings did not always receive enough items to fulfil orders. We identified several examples of prisoners waiting over four weeks to receive essentials such as shower gel and deodorant.

Complaints, legal services, prisoner consultation and food and shop

2.9 Complaints and applications were well managed, and the prison made effective use of IT systems. There had been no discernible increase in complaints since March 2020, and the total remained lower than in similar prisons. Quality assurance and monitoring of complaints were completed monthly and had been used to improve identified concerns, such as the quality of responses. Prisoners could submit applications through the electronic kiosk, which allowed managers to track progress. The current records showed that 96% of applications were dealt with promptly.

2.10 Formal consultation with prisoners had continued throughout the period of restrictions, which was positive. The general consultative meetings had increased from monthly to weekly during April in response to the uncertainty and flow of communication in the early days of the pandemic, and had since gradually returned to a monthly forum. The meetings lacked structure and discussions were limited. Many actions were carried over from meeting to meeting and, in some cases, issues remained on the agenda for over nine months without resolution.

2.11 The provision of food and the prison shop had been largely unaffected by the restrictions. In our survey, 67% of prisoners said the food was reasonable or good. The meals served during our visit were of good quality and the menu was varied. Due to the restricted regime the evening meal was served too early, starting at around 3.30pm. Prisoners were given a weekly treat pack, which included additional snacks and drinks, in recognition of the negative impact of restrictions.

Equality, diversity and faith

2.12 Work on diversity had been under-resourced with one senior manager who also had responsibility for other key areas. The recent appointment of a dedicated manager to support the lead was positive but, as we found at the last inspection, equality and diversity work was not prioritised. (See key concern and recommendation S4.)

2.13 Strategic oversight of equality work was provided through the diversity and inclusion action team meeting, but it had been suspended at the start of the restricted regime and did not recommence until August. The meeting was now held every two months and was chaired by the director. Despite attendance by senior managers the agenda lacked focus on key issues affecting prisoners with protected characteristics. The meetings were not sufficiently

purposeful, or action orientated. For example, in August the team had identified seven key actions but only two had been completed by the next meeting in October.

2.14 The senior manager had continued to analyse local equality data throughout the period of regime restrictions. The focus was mostly on data relating to disciplinary procedures, and there had been very little consideration of the impact of the restricted regime on protected groups.

2.15 There were weaknesses in the identification of prisoners with protected characteristics. Managers relied on the completion of a questionnaire on their arrival at the prison. These were often returned blank or not at all, and there was no other mechanism to gather this data at a later stage. As a result, managers were not aware of the full extent of need. (See key concern and recommendation S4.)

2.16 In our survey, prisoners with a mental health problem and disabled prisoners reported feeling more unsafe and more likely to be victimised by staff or other prisoners. Social care assessments had continued throughout the restricted regime but not all prisoners met the threshold for formal social care; many just needed additional support from the prison. We spoke to several prisoners with disabilities who were accommodated in cramped cells that lacked basic mobility support (see photograph, Appendix II). Staff were aware of these issues, but they were yet to be addressed.

2.17 Senior managers had been appointed as the leads for protected groups around 12 months previously, but no consultation forums for protected groups were convened until September and not all groups were represented. The forums that had taken place were very general and failed to focus on the specific issues affecting protected groups. The records of meetings were often sparse, and actions were not time bound. There had been a missed opportunity to use consultation to understand the specific needs of these prisoners, and little attempt to explore the impact of a restricted regime on prisoners already facing barriers due to their protected characteristics. Unlike our scrutiny visits at some other prisons, we found no attempt to engage black prisoners about their experiences in the criminal justice system, even though Black Lives Matter had dominated the media over the summer.

2.18 An equality action plan for both the men's and women's sides of the prison had been published in October. The actions it identified were unsophisticated and limited to planning for cultural and religious festivals, or issues that we had raised at the 2018 inspection.

2.19 Despite the suspension of corporate worship and some staff shortages, the chaplaincy had remained active throughout the period of restrictions. The managing chaplain made sure that the team were visible in all residential areas during prisoner unlock. Faith services were broadcast on Way Out TV and prison radio channels. The team also provided prisoners with weekly newsletters and religious artefacts to enable them to practise their faith in cell. Prisoners received spiritual and pastoral support during difficult times, such as a bereavement, and had also been able to watch live-streamed funeral services of close relatives on mobile electronic devices.

Health care

2.20 There had been prompt and effective action in the early days of the pandemic to manage the risks of COVID-19. There was evidence of good partnership working between the health team, the prison, Public Health England and NHS England. Regular local delivery board meetings, clinical governance and medicine management meetings had continued throughout the restrictions to provide strategic oversight.

2.21 Outbreak control plans were in place and the oversight of COVID-19 risks was managed at regular 'outbreak readiness' meetings. There had been one death in March 2020 caused by COVID-19, which was not apparent at the time of death but was confirmed at a post-mortem examination. There had been no other positive cases among the prisoner group. Those presenting with symptoms were managed well, and there were clear pathways for prisoners requiring quarantine and those still choosing to shield.

2.22 Health care staff had good access to personal protective equipment (PPE), and most health staff had been fit-tested for FFP3 masks (see Glossary of terms) with further training planned. Emergency equipment had been updated with additional PPE.

2.23 Sodexo Justice Services was the main health provider. It had maintained strong clinical leadership and adequate staffing levels despite some challenges. A resilient, conscientious and caring health team had delivered essential services through effective nurse triage, and face-to-face and telephone consultations with nurses and GPs.

2.24 Several aspects of health care provision had improved following the last inspection and the required improvement notices issued by the Care Quality Commission (CQC), covering the management of medicines, infection, prevention and control measures, and long-term conditions.

2.25 Reception health screening continued with clear arrangements for reverse cohorting (see Glossary of terms) and receiving any symptomatic prisoners. A focus on secondary health screening for new arrivals meant that these were now completed promptly. Blood-borne virus testing was also completed.

2.26 The inpatient unit now had a more clinical focus with prisoners placed there for clinical rather than operational reasons. Clear care plans were in place and we observed some good care, although the regime was very limited.

2.27 The prison had continued to facilitate external hospital appointments throughout the pandemic and more routine appointments were now offered.

2.28 One prisoner was receiving social care from external carers who came in daily to assist with his personal care. Social care assessments had continued by telephone and through discussion with health professionals throughout the restricted regime. There had only been 16 referrals since March 2020, and more could be done to promote the service so that all staff were fully informed.

2.29 There had been no routine dental service since the start of the pandemic, which had led to excessive waiting times of up to 40 weeks with over 180 patients on the list. The dentist was keen to restart and was waiting for officers to be trained in battery-powered respirators so that aerosol generating procedures (see Glossary of terms), such as tooth fillings, could take place. Two patients had required urgent treatment and had been sent out to hospital for this. Pain relief and antibiotic treatment were available, but we found some prisoners whose oral health had deteriorated due to the absence of routine dental treatment. (See key concern and recommendation S5.) Dental equipment and essential checks had been maintained and suitable PPE was ready for when the service resumed, which we were told was imminent.

2.30 Other services such as the optician and podiatry had not yet restarted, resulting in lengthy waiting times for these services as well. (See key concern and recommendation S5.)

2.31 A full review of medicines management completed following the last inspection had resulted in many improvements. These included safe and secure storage of medicines with new cabinets installed. The pharmacy room was well ordered, clean and tidy. Medicines were

received mostly on a named-patient basis with a small amount of stock that was managed well. Just under half of prisoners on medication had it in possession following a risk assessment on their reception, which was regularly audited. Pharmacy staff now delivered in-possession medication to patients on the wings. Medication hatches were used for supervised medication, and we observed nurses administering medicines competently with good officer supervision.

2.32 Despite some staffing difficulties, the integrated substance misuse service was providing good clinical and psychosocial support with regular face-to-face assessments and joint reviews. Around 145 prisoners were receiving opiate substitution therapy, and approximately 12 patients were on alcohol detoxification. There was first night prescribing and observation for new arrivals who required monitoring over their first five days, and this was regularly audited. Although psychosocial groups had been cancelled, recovery workers had maintained support to approximately 245 prisoners on their caseload, providing work booklets, harm minimisation and relapse prevention support, and naloxone (a drug to manage substance misuse overdose) on release.

2.33 In our survey, 60% of prisoners said they had a mental health problem but only 8% of all prisoners said it was easy to see a mental health worker. Mental health services were provided by Cambridgeshire and Peterborough NHS Foundation Trust, which had experienced staff shortages, including a psychology post which was filled in July. The team had continued to support patients on its caseload through face-to-face and telephone consultations. There was prompt access to a psychiatrist, and the team attended assessment, care in custody and teamwork for prisoners at risk of suicide or self-harm (ACCT) reviews. However, assessments for primary mental health services were taking too long at five weeks, and we found some referrals that had not been followed up leading to gaps in service provision which needed to be addressed (see paragraph 1.24). Four patients had been transferred to mental health facilities under the Mental Health Act without excessive delays.

2.34 A range of mental health information was available, including specific COVID-19 anxiety management information in an easy-read format, and distraction and in-cell activity resources. The psychologist was planning to restart therapeutic workshops to support patients on the caseload.

2.35 Pre-release health assessment and discharge planning had been maintained, including liaison with community mental health and substance misuse teams to promote continuity of care where required.

Section 3. Purposeful activity

In this section we report mainly on time out of cell; access to the open air; provision of activities; participation in education; and access to library resources and physical exercise.

3.1 Time out of cell was very restricted and for many prisoners it was only around 90 minutes a day. The published regime set out 30 minutes a day out of cell for prisoners to complete domestic tasks and to shower, with a further 45 minutes outside in the open air. Both prisoners and staff told us that on some wings these times were often curtailed further without credible explanation. Some prisoners told us that that long periods locked up with little to do had affected their well-being. (See key concern and recommendation S6.)

3.2 The restricted time out of cell created some pressure on prisoners who relied on a limited number of electronic kiosks (see Glossary of terms) to organise important aspects of their daily life, such as booking visits and ordering phone credit. While we did not observe any queues for kiosks, prisoners told us they only had time to use them for essentials, like making applications, and had little time to read the latest pandemic updates that were communicated via the kiosks. This meant that some prisoners were less informed than managers believed them to be.

3.3 At the start of the restricted regime, prisoners were initially organised into regime cohorts of around six, but the prison had later assessed the risks and increased cohorts to 20 in the open air, but to 10 for domestic periods indoors, which we were told was to assist with social distancing. Given that the prison had not experienced an outbreak since the start of the pandemic, and that the larger cohort arrangements worked well during exercise, the move to expand prisoners' time out of cell and enlarge cohort groups under the prison's recovery plans was being unnecessarily delayed. There had been a missed opportunity to progress towards the new regime more gradually. (See key concern and recommendation S6.)

3.4 The director's priority was to ease restrictions so that prisoners could take part in purposeful work rather than being unlocked with little to do. Despite this, only a third of prisoners were engaged in work that had been designated as essential, much of which was wing cleaning, with some limited peer support work. A small number of prisoners took part in vocational training. Prisoners in full-time work could be out of their cells for up to eight hours a day.

3.5 Education was provided by Sodexo Justice Services, which had enabled the education staff to remain on site since March 2020. During the early stages of the restricted regime, some of these staff were used to cover shortages elsewhere in the prison, limiting the education on offer to prisoners. The prison now provided around 130 places for in-cell education and, while limited, some face-to-face teaching now took place.

3.6 The library was closed, and the prison had set up a satellite book delivery service in its place. The service had been inconsistent during most of the restricted regime due to the frequent redeployment of staff elsewhere. In August, the prison had appointed a dedicated member of staff to this area and a facility to allow prisoners to order books through the kiosk. Despite this, access remained intermittent as prisoners had limited time to use the kiosk (see paragraph 3.2), and the trolley service was not staffed consistently to reach all prisoner cohorts during their domestic period.

3.7 The gymnasium had not reopened until late October, but most prisoners could now access an indoor fitness class at least weekly, except for those on the reverse cohort unit, who had no access to PE. Before the gym had reopened, PE staff had delivered circuit training on the

wing exercise yards, which was appreciated by the prisoners who could access it. As in other areas, this provision had also been inconsistent due to frequent redeployment of staff. PE staff had made efforts to offset the lack of structured exercise by offering advice on in-cell fitness and nutrition to prisoners on request.

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 In our survey, only 2% of prisoners said they had seen family or friends face to face in the last month. Although, social visits had resumed in July 2020, they were currently suspended due to the second national lockdown in England. An average of 29 visits had taken place weekly since their resumption, but this was far below available capacity and pre-COVID-19 levels. One prisoner had received a closed visit because of repeatedly breaching visits restrictions.

4.2 Prisoners expressed reluctance to book social visits for various reasons, including the restrictions on any form of contact, a lack of privacy, and the fact that families could not purchase refreshments. In addition, the lack of weekend or evening visit sessions was a barrier for working families.

4.3 Purple Visits (see Glossary of terms) had commenced nearly a month after social visits. Although take-up was higher than in some other prisons we had visited recently, it was still low at approximately 20% of available capacity. The prison had undertaken some analysis to understand the reasons for the low take-up, and had then devised an action plan, which included extending Purple Visits to official prison visitors. Legal visits had resumed in September, and remained available to prisoners during the second period of national restrictions.

4.4 Prisoners had access to in-cell telephones 24 hours a day and had been provided with additional phone credit to stay in touch with family and friends. In our survey, 95% of prisoners said they were able to use the phone every day if they had credit. In-cell phones had enabled staff to maintain some level of contact with prisoners during the restrictions. However, some departments had become over-reliant on this form of communication when face to face contact was possible, and potentially more effective.

4.5 The prison offered a voice mail scheme, which enabled prisoners to receive recorded messages, and the 'Email a prisoner' scheme (see Glossary of terms) was well used - since March 2020, over 1,400 emails had been sent to prisoners with approximately 900 responses. Families could also send in up to four photographs, which were printed and issued to prisoners. Four tablet computers were available to stream funerals or for other exceptional visits, such as contact with terminally ill relatives, and had been used 17 times since April.

4.6 A committed family support team had remained on duty throughout the restrictions and had continued to see prisoners face to face, providing meaningful support and assistance. Since April, it had received over 200 self-referrals from prisoners for its services. Ten prisoners had been able to access Storybook Dads (see Glossary of terms) but the parenting course was not yet running.

Sentence progression and risk management

4.7 As a local prison, Peterborough held a diverse prisoner population, including remand, recalled and foreign national prisoners. Many convicted prisoners were serving short sentences, and most of the population had been at Peterborough for less than one year.

4.8 Since March 2020, the offender management unit had prioritised key areas of work, such as recategorisation, parole and the completion of initial OASys (offender assessment system) assessments. However, important face-to-face contact between prisoners and offender managers was still limited to the more complex cases involving public protection arrangements or preparation for parole hearings. For most prisoners, any contact was through in-cell telephones, which frustrated those who needed more personal face-to-face support and encouragement to help them progress through their sentence.

4.9 In our survey, only under half of all respondents knew what their sentence plan targets were. Of those who were aware of it, only 30% said that staff were supporting them to achieve the objectives. Although most eligible prisoners had a current OASys risk assessment and sentence plan, some assessments had been completed remotely without any prisoner involvement, which diminished their value. There was also a small backlog of assessments, as had been the case at our last inspection.

4.10 Prison offender managers (POMs) carried high caseloads, of up to 100 for some. Although the majority of the complex high risk of harm prisoners were managed by probation offender managers, a few of these cases were managed by POMs, which was a potential risk given the demands of their wider caseloads.

4.11 At the time of our visit, all formal group and one-to-one offending behaviour work remained suspended. Although the relevant national recovery plan (see Glossary of terms) permitted their delivery, the prison had decided to prioritise the available resources for the women's side of the prison. The lack of offending behaviour interventions for the male population was a concern, particularly given the limited one-to-one work by offender managers to support and motivate prisoners to progress.

4.12 The much-valued prison rehabilitation team continued to offer some support to prisoners across a range of areas, although the restrictions had affected its ability to deliver its previous service.

4.13 Recategorisation processes were timely, with few overdue assessments at the time of our visit. There had been over 300 transfers in the previous six months, with most being progressive moves to category C prisons, and a few to open conditions.

4.14 POMs had maintained good contact and information-sharing with community offender managers. The prison's video-conferencing facilities had been used well to enable meetings between prisoners and their community offender managers. POMs continued to contribute to multi-agency public protection arrangements (MAPPA) meetings in the community, attending 'virtually'.

4.15 There were some weaknesses in public protection work. Monthly interdepartmental risk management meetings had not taken place routinely since the start of the restrictions. Attendance at those that did take place was usually very poor, with sometimes just two people. The meeting focused on prisoners who were high risk of harm and due for release within six months but cases were not always discussed in sufficient depth. (See key concern and recommendation S7.)

4.16 Weakness in the governance of mail and telephone monitoring had led to a backlog in calls waiting to be monitored, with some going back several weeks. The prison had identified a small number of prisoners who were subject to monitoring, but the list of names varied between departments, so we were not assured that the right prisoners were always targeted. Although monitoring reviews were held monthly, the fact that so many calls had not been listened to also raised questions about the quality of the evidence used to inform reviews. (See key concern and recommendation S7.)

Release planning

4.17 An average of 100 prisoners a month were released from Peterborough. Resettlement services were provided by St Giles Trust, on behalf of Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire (BeNCH) Community Rehabilitation Company (CRC).

4.18 In our survey, only 30% of prisoners due for release in the next three months said that someone was helping them to prepare for release. St Giles Trust and CRC staff had withdrawn from the prison at the start of the restricted regime, but the team started returning in May to provide a modified service. Stringent CRC risk assessments meant that it still refused to provide face-to-face support, even to a critical few prisoners, and although there was suitable and safe interview space. Consequently, resettlement planning was still carried out by telephone, which was unsatisfactory.

4.19 The quality of some of the resettlement plans we reviewed was inadequate. Some included information in stark conflict to that in earlier assessments conducted by the prison and CRC staff.

4.20 Referrals were made to support services as necessary, but because some service providers and partner organisations were working remotely, or at reduced capacity, the needs of some prisoners were not fully met before release. St Giles Trust helped prisoners to open bank accounts, but other interventions, such as debt advice and support for prisoners to make benefits applications, had been limited.

4.21 Eighty-five prisoners had been released on home detention curfew (HDC) in the previous six months. Over 80% of HDC releases in the previous three months were within seven days of the prisoner's eligibility date. Only 51% of those eligible for HDC had been approved. The prison attributed this to difficulties in securing accommodation, but it needed to do more to understand and address poor outcomes in this area. Only one prisoner had been released under the end of custody temporary release scheme (see Glossary of terms).

4.22 There continued to be some innovative work to improve prisoners' chances of securing accommodation on release. Working in partnership, the prison and Nacro had secured 15 units of accommodation in the city centre that were prioritised for prisoners released from Peterborough. In addition, St Giles Trust had secured funding from Peterborough City Council to recruit a member of staff to provide support to prisoners who had been rough sleeping before coming into custody. Despite these efforts, nearly a third of prisoners released in the previous six months had no settled accommodation to go to.

4.23 The Outside Links facility offered good support for prisoners on their day of discharge, which included practical assistance to charge mobile phones and make initial contact with families. A further facility in Peterborough city centre provided ongoing support after release.

Section 5. Appendices

Appendix I: Scrutiny visit team

Deborah Butler	Team leader
Ian Dickens	Inspector
Kam Sarai	Inspector
Darren Wilkinson	Inspector
Maureen Jamieson	Health care inspector
Becky Duffield	Researcher
Alec Martin	Researcher
Shannon Sahni	Researcher

Appendix II: Photographs

Communal wing showers

Communal wing showers – ceiling

Cell flooring

A single cell with little space for a wheelchair to manoeuvre.

Section 6. Further resources

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

Prisoner survey methodology and results

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

Staff survey methodology and results

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