Report on a scrutiny visit to

HMP Swansea

by HM Chief Inspector of Prisons

25 August and 2-3 September 2020

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Glossary of terms

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

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

Challenge, support and intervention plan (CSIP)
Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Some prisons also use the CSIP framework to support victims of violence.

End of custody temporary release scheme (ECTR)
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 in August 2020.

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/physical distancing
The practice of staying two metres apart from other individuals, recommended by Public Health England as a measure to reduce the transmission of COVID-19.

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

Introduction

This report outlines the findings from our scrutiny visit to HMP Swansea, a Victorian local prison holding around 370 prisoners. At the time of our visit most of the population were from the local area, nearly all had been at Swansea for six months or less and 38% were on remand.

We found a well led establishment that had made good progress since the start of the pandemic. There was good partnership work with the local health care provider, Public Health Wales, and the Welsh Government to ensure that every symptomatic prisoner was tested. There had not been a confirmed case of COVID-19 at Swansea since April 2020.

Managers had worked to maximise the regime available to prisoners within the rigid national restrictions. Planning was good and focused on ensuring that managers could introduce new elements to the regime quickly once national managers authorised the move to stage three of the national framework for recovery.

The governor was particularly visible and accessible to both staff and prisoners. She chaired two weekly consultation meetings with prisoners which ensured both that the population were well informed about the COVID-19 restrictions and that managers could act swiftly to address the key concerns of prisoners.

Quarantine arrangements (referred to as cohorting) were in place for symptomatic prisoners, those vulnerable to the virus and prisoners in their first 14 days at Swansea. Arrangements for those vulnerable to the virus were appropriate, but the effectiveness of quarantine for new prisoners was undermined by the practice of allowing prisoners arriving on different days to mix with each other.

The scale of mental health problems in the population was extremely high; in our survey 79% of prisoners said they had a mental health need. The relatively new crisis team of mental health practitioners had provided valuable additional resource to identify risk and need on arrival and give some immediate support during a period when existing conditions could be exacerbated by extended time locked in cell. Given the scale of need and the restricted regime it was concerning that care for and monitoring of prisoners at risk of self-harm through the assessment, care in custody and teamwork (ACCT) process required improvement. After an initial rise at the start of lockdown, levels of self-harm had fallen and were lower than during the same period last year. Commendably, the prison had started training for a new group of Listeners (prisoners trained by the Samaritans to provide confidential support to their peers) and access to Listeners, either in person or by phone, had been maintained throughout the COVID-19 period.

Violence had reduced at the start of the pandemic and, while rising, remained lower than before the restrictions were imposed. It was positive that only 13% of prisoners felt unsafe at the time of the visit. Managers had maintained challenge support and intervention plans (CSIPs, see Glossary of terms) to challenge and support perpetrators and were aware that the quality needed improvement. Behaviour management largely relied on the adjudication system. This was reserved for more serious incidents and the number of adjudications remained much lower than before the pandemic. Use of force had also fallen, oversight of use of force had been reinstated and weekly meetings were identifying and progressing areas for remedial action.

The segregation unit was empty at the time of our visit. The regime available to segregated prisoners had not been improved in line with the rest of the establishment. This meant that segregated prisoners did not receive a daily shower or phone call. Managers committed to rectifying this during our visit.

Despite a reduction in the population, the prison remained very overcrowded and most prisoners shared a cell that was designed for one prisoner. This made implementing a safe regime, including social distancing, more of a challenge and we saw few attempts to socially distance even in areas

where it was possible. More positively, staff and prisoners ensured that wings were cleaned to a high standard and outside areas were also clean and tidy. The complaints system required improvement. Many replies were inadequate and poorly investigated and did not provide an acceptable resolution.

Prisoners were positive about the food and our findings supported these views. The kitchen was clean and well organised, serveries were clean and the food was better than we normally see. In addition, prisoners had received daily snack packs throughout the restrictions.

Some equality and diversity consultation and monitoring of outcomes continued. However, discrimination complaints were not adequately investigated. There was an equality action plan, but the action points on it were not time sensitive and many had been devolved to the equality officer. We found some concerning perceptions among black and minority ethnic prisoners which needed to be addressed.

Health care services were limited at the start of the pandemic and an appropriate triage system enabled prisoners to access the GP. At the time of our visit some services were being restored but we had concerns about access to optical services, podiatry and physiotherapy. There was a lack of oversight of mental health services to ensure that sufficient services were in place to meet the significant levels of need. Medicines administration was poor and created unnecessary risks.

In common with the rest of the prison estate, the regime for most prisoners was limited to around 1.5 hours out of their cell each day. In addition, prisoners could access circuit training once a week. It was particularly positive that managers maintained work for about a third of the population and outreach one-to-one education continued to support prisoners who had attained 163 accreditations during the pandemic. This meant that a far greater proportion of the population at Swansea was engaged in purposeful activity than at other local prisons we have visited. The library was providing an outreach service but too few prisoners and wing staff knew about it.

Swansea was among the first prisons to re-establish social visits and more than 200 had taken place by the time of our visit. Most of the restrictions were appropriate but children between the ages of eight months and 11 were unable to visit, which was an unnecessary restriction. Prisoners also had access to video calls and the 'email a prisoner' scheme had been expanded. Most prisoners said they had daily access to phone calls despite the lack of in-cell telephones.

The offender management unit had continued with most aspects of rehabilitation and release planning. There was no backlog of OASys assessments and prison offender managers had limited face-to-face contact with prisoners on their caseload. Public protection arrangements were appropriate. Release planning continued and it was positive that prisoners were provided with emergency accommodation on release during the pandemic. However, this scheme had been discontinued from September 2020 which would inevitably mean that a significant proportion of prisoners would be released homeless in the coming months.

We found that managers had made significant progress during the COVID-19 pandemic despite the disadvantages of managing an overcrowded, Victorian prison lacking basic facilities such as in-cell telephones. The governor ensured that staff and prisoners were well informed and acted on concerns. Appropriate priority was given to keeping prisoners in work, maintaining some limited face-to-face education and continuing sentence and risk management. Outcomes for many prisoners at Swansea were better than at other local prisons. As the prison continues to progress, the management team need to establish appropriate oversight in the areas of self-harm prevention, equality and diversity and health care to ensure that outcomes continue to improve.

Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons
September 2020

Fact page

Task of the establishment
Category B local prison

Certified normal accommodation and operational capacity (see Glossary of terms)
Prisoners held at the time of this visit: 371
Baseline certified normal capacity: 255
In-use certified normal capacity: 255
Operational capacity: 499

Prison status (public or private) and key providers
Public

Physical health provider: Swansea Bay Health Board
Mental health provider: Prison In-reach Services
Substance use treatment provider: Dyfodol Swansea
Prison education framework provider: HMPPS
Community rehabilitation company (CRC): St Giles Trust
Escort contractor: GeoAmey

Prison group/Department
HMPPS in Wales

Brief history
The prison is situated about half a mile from the city centre on the coast road. Building on HMP Swansea started in 1845 and was completed in 1861. It functioned as a prison for both male and female prisoners until 1922 when females were transferred to Cardiff Prison. Swansea has since operated as a local prison, holding prisoners up to and including category B. In the early 1980s, Swansea started the Samaritan-trained prisoner Listener scheme that has now developed into nationwide provision.

Short description of residential units

A Wing:	mixed population
A1:	prisoners shielding
B Wing:	reverse cohort unit
C Wing:	mixed population
D/F Wing:	mixed population
G Wing:	part reverse cohort and part isolation for symptomatic prisoners

Name of governor and date in post
Amanda Corrigan, November 2019

Independent Monitoring Board chair
Paul Baker

Date of last inspection
August 2017

About this visit and report

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

A2 All visits carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several 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 effectiveness of the reverse cohort unit was undermined by the practice of allowing prisoners who had arrived on different days to mix during their time out of cell. This created a risk that prisoners who were about to move to the main population would become infected by new arrivals.

Key recommendation: Prisoners who arrive on separate days should not mix on the reverse cohort unit. (To the governor)

S4 **Key concern**: There were weaknesses in ACCT documentation which did not demonstrate good levels of care for prisoners in crisis. This included actions that were signed off as completed before any demonstrable outcome or change for the prisoner had been achieved, actions that were not progressed quickly enough and were carried over to subsequent reviews, predictably timed observations and recorded conversations that lacked substance or evidence of real enquiry into a prisoner's well-being.

Key recommendation: Prisoners being managed on ACCTs should receive consistent, well documented care and support that addresses the factors underlying their vulnerability to self-harm or suicide. (To the governor)

S5 **Key concern**: There were gaps in prison data, particularly for prisoners with disabilities, which was concerning. Experiences of safety and victimisation were not equitable across all groups.

Key recommendation: There should be robust oversight and analysis of equality and diversity to ensure that differences in treatment and access to the regime are identified, understood and addressed. (To the governor)

S6 **Key concern**: The lack of secure management of controlled medication and poor medication administration practices had continued on the shielding and segregation units. The treatment rooms on A and B wings could be accessed with a general suite key and had no lockable gates. Medication cupboards were not secured on either unit and medicines were taken out of their original packaging and put into alternative pots before being taken to the units. Medication was passed through the inundation hatch which prevented clear observation and increased the risk of hoarding and diversion. Unaccompanied staff carried controlled drugs round the establishment in an insecure bag.

Key recommendation: The Partnership Board should review the poor security of medicines and administration practices on the segregation and A and B units to ensure that medicines are transported around the prison and administered safely to patients in accordance with professional and good practice standards. (To the Partnership Board)

S7 **Key concern**: Primary and crisis mental health services lacked structured monitoring and oversight of their effectiveness and outcomes for prisoners. There was evidence of unmet need in secondary in-reach services.

Key recommendation: The Partnership Board should review the provision of in-reach mental health services and the system of oversight, monitoring and effectiveness of primary and crisis mental health provision. (To the Partnership Board)

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.

- Consultation and communication with staff and prisoners were very good. This was led by the governor who attended staff briefings, chaired two prisoner consultation meetings a week and was available to staff and prisoners most days on the wings. This consultation led to several meaningful improvements for prisoners. (Paragraph 1.2)
- The continued involvement of prisoner peer workers was an integral and important part of the prison's induction activity. (Paragraph 1.13)
- The prison had its own trained counsellor who undertook one-to-one counselling sessions with prisoners. (Paragraph 1.24)
- General cleanliness and tidiness had been maintained despite the constraints of an old Victorian building and the unusual regime restrictions. (Paragraph 2.5)
- The prison had maintained work for around a third of the population. (Paragraph 3.1).
- One-to-one outreach education had continued to support prisoners during the pandemic and 139 accredited qualifications had been achieved. (Paragraph 3.5)
- All prisoners at Swansea who required it had an up-to-date assessment of their risk to others and of their offending related needs. (Paragraph 4.11)

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 Leaders and managers had worked successfully in partnership with Public Health Wales, the Welsh Government and the local health care provider to implement national guidance to ensure that every symptomatic prisoner was tested and to prevent a widespread outbreak of COVID-19 at Swansea. The last confirmed case had been in April 2020 which indicated the success of these measures in a prison with a transient, short-term population.

1.2 Communication with prisoners and staff had been particularly effective. In our survey, 86% of prisoners said that the reasons for the restrictions had been explained to them. Regular notices were issued to prisoners and staff and in-cell television was used. The governor also chaired two prisoner consultation groups a week, carried out regular staff briefings and was frequently available to prisoners and staff on the wings. This enabled managers to address issues swiftly when they were raised. The consultations had resulted in tangible changes including allowing prisoners to use the telephone more frequently and introducing a new television information channel. The need for prisoners to be held in the reverse cohort unit (RCU, see Glossary of terms) on return from court had reduced and a support group for Listeners (prisoners trained by the Samaritans to provide confidential support to their peers) had been set up with the prison's trained counsellor (see paragraph 1.28).

1.3 In our survey, 68% of staff (including 80% of frontline operational staff) said that it was very or quite difficult to socially distance (see Glossary of terms) from colleagues and 55% (including 84% of frontline operational staff) reported difficulties in socially distancing from prisoners. Some staff and prisoners made efforts to socially distance but most did not, even in areas where it was possible.

1.4 Managers had ensured that cleaning was a priority and the prison was very clean and tidy. Cleaners we spoke to had been properly briefed and carried out their role well.

1.5 Appropriate isolation arrangements had been implemented for prisoners who were particularly vulnerable to COVID-19. Prisoners who were symptomatic would receive daily exercise and a telephone call, but there were no arrangements for them to shower which was inappropriate.

1.6 Prisoners arrived at Swansea on most weekdays and running an RCU for prisoners in their first 14 days was complicated. The regime for these prisoners was not as good as elsewhere in the prison, but they did have access to a shower, telephone call and exercise each day.

1.7 The regime remained limited to about 1.5 hours a day for most prisoners, but a greater proportion had access to purposeful activity than we have seen at other prisons during the pandemic.

1.8 National procedures for approving recovery plans (see Glossary of terms) in prisons were cumbersome, Swansea was well prepared to implement plans as soon as approval was given, for example gym induction had been restarted before approval of the new gym sessions so that the whole population could access the sessions once they started. Similarly, inductions

to education were being completed at the time of our visit so that education could restart without delay. This forward planning reduced prisoners' frustration and maximised the regime delivered. The prison had been among the first to reintroduce visits.

Arrival and early days

1.9 The reception area was kept clean by two prisoner orderlies who also prepared packs of bedding and essential kit for new arrivals and offered food to prisoners. Prisoners wore face masks while in reception, hand washing facilities were available and a Perspex screen had been fitted to the main desk where escort staff and prisoners first spoke to reception staff. There were procedures for the safe management of prisoners who showed symptoms of COVID-19 when they arrived.

1.10 Reception procedures were well organised and prisoners did not spend long there. Prisoners returning from court moved to their residential units promptly. New prisoners had individual interviews in small side rooms with reception, induction and health care staff during which safety or other concerns were identified. Showers and phone calls were offered in reception.

1.11 The RCU was spread over two residential units to accommodate the number of new arrivals each day. Prisoners went to the first night unit on B wing initially and spent about a week there before moving to G wing to complete their 14 days apart from others. The effectiveness of both units was undermined by allowing RCU prisoners who had arrived on different days to mix for exercise, showers or telephone calls. This increased the risk of prisoners who were about to move to the main population becoming infected by new arrivals (see key concern and recommendation S3).

1.12 Cells on the first night unit were reasonably clean but too small for two prisoners to spend long periods locked in together. Some cells were not properly equipped, for example there were not enough pillows. The regime for new arrivals was more restricted than elsewhere in the prison and on most days they spent more than 22 hours locked up. Additional checks were made on prisoners during their first days and nights at the prison.

1.13 Induction started in reception and continued on the first night unit. Peer workers continued to be involved in induction, which was good. Staff and peer workers spent time with new prisoners during their first two days to tell them about the prison and help with any questions or concerns. Telephone interpreting was used when required and information about prison life was available in other languages. There was no induction material specific to Swansea.

1.14 Some functions carried out induction while prisoners were on the RCU, for example chaplaincy and health care. Education and gym induction took place when prisoners had completed 14 days on the RCU.

Managing behaviour

1.15 In our survey, 13% of prisoners said that they felt unsafe. More than a third of prisoners from a black and minority ethnic background said they felt unsafe and half said that they had experienced bullying or victimisation from staff. This was concerning and needed investigation.

1.16 Prison data showed that the number of assaults each month had decreased during the COVID-19 period. In March 2020, there had been 20 prisoner assaults on staff or other prisoners and in July there had been 10. The rate of assaults per 1,000 prisoners had

decreased from 51.9 in March to 21.9 in July. The prison had continued to use challenge, support and intervention plans (CSIPs, see Glossary of terms) to manage the perpetrators of violence and prisoners who were, or needed to be, subject to CSIP management were discussed at a weekly meeting. However, not all staff were aware of the contents of CSIPs which undermined their effectiveness. Managers recognised that the use of CSIPs needed to be strengthened before they were used to support victims of violence or other antisocial behaviour.

1.17 In our survey, 11% of prisoners said they had experienced victimisation by other prisoners, and 32% by staff. A few prisoners from outside the local area said that they felt less integrated into the generally positive staff-prisoner relationships in the prison. Staff and prisoners told us that some COVID-19 measures had reduced bullying and contributed to feelings of safety, and the prison planned to retain these measures. They included the delivery of canteen orders to prisoners at their cell door rather than prisoners collecting orders from a central point where they were visible to others. The practice of recovering in one transaction all the money the prison had lent to new prisoners to buy vapes or grocery packs could leave prisoners with limited funds for their initial canteen orders. This then increased the risk of them borrowing from their peers and getting into debt.

1.18 Use of force had decreased following the lockdown in March but had increased in July, as had the use of handcuffs. Managers had identified that additional staff training was needed to address this increase. Weekly meetings to oversee the use of force had been reintroduced at the start of July. CCTV, body-worn camera footage and paperwork were reviewed to identify and develop areas where remedial action was needed, for example switching on body-worn video cameras to record incidents and increasing the number of debriefs with prisoners after force had been used on them. Most use of force paperwork was completed promptly but some remained outstanding for too long. No use had been made of batons or PAVA incapacitant spray during 2020.

1.19 Most poor behaviour by prisoners was addressed at adjudications, the number of which remained lower than before lockdown but was slowly increasing. Records indicated that more use had been made of suspended punishments during the COVID period. At the start of the lockdown, use of the lowest level of the incentives and earned privileges scheme had ceased and, although it had been reintroduced for some poor behaviour, its use remained rare. Prisoners had been able to progress to higher levels of the scheme during lockdown, with the main benefit of being able to spend more on weekly canteen orders. Nearly all prisoners had an in-cell television during lockdown. A decision to remove a television from a cell had to be authorised by a governor and was reviewed each day.

1.20 The small segregation unit was empty at the time of our visit. Cells were adequately equipped although they did not all have electricity. The regime on the unit was poor. Daily exercise was available, but prisoners only had access to showers and telephones once every three days. The governor undertook to ensure daily access when this was identified. Records indicated that most stays in the unit were relatively short, reviews took place at appropriate intervals and prisoners were returned to residential units. Good use was made of restorative justice principles; the time a prisoner spent in cellular confinement could be reduced by good behaviour.

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

1.21 Swansea had been declared a COVID-19 outbreak site from April to June 2020. Prompt action was taken to ensure that anyone requiring it had had a COVID-19 test. Twelve

prisoners and 10 members of staff had tested positive, with the most recent confirmed cases in April and May respectively. At the time of our visit there were no positive cases.

1.22 Cells had been identified to accommodate symptomatic prisoners. Their regime did not include access to showers while in quarantine, which was poor. Thirteen prisoners who were particularly vulnerable to the virus were shielding on A1 unit. They told us by telephone that they were happy with the arrangements to keep them safe and that they had time in the fresh air and time out of cell each day for showers, phone calls and domestic activities.

1.23 There had been two self-inflicted deaths since the last inspection, the most recent in December 2019. Both had occurred soon after the prisoners arrived at the prison. An action plan had been drawn up in response to recommendations by the Prisons and Probation Ombudsman. Progress was monitored at monthly safer custody meetings but had been slowed by the lockdown.

1.24 In our survey, 79% of prisoners said they had mental health problems, indicating a complex and vulnerable population. The relatively new crisis team of mental health practitioners (see paragraph 2.32) were a useful additional resource to identify prisoners' risks and needs on arrival. The team offered immediate support to prisoners whose mental health could have deteriorated while locked in cells for long periods on the RCU. Prisoners could be referred to the prison's trained counsellor for individual work.

1.25 There had been 89 acts of self-harm between April and August 2020. The number of self-harm incidents had increased during April but had subsequently decreased. Safer custody meetings took place each month with multidisciplinary attendance. Data on self-harm and violence were reviewed and analysis showed that most self-harm occurred in the first month at the prison.

1.26 Almost two-thirds of the 164 assessment, care in custody and teamwork (ACCT) reviews created between April and August had been opened in reception or on B unit. Most were opened because of a prisoner's low mood or expressed intention to self-harm.

1.27 In our survey, just under half the prisoners who had experience of being supported through the ACCT process felt cared for by staff. Some of the documentation that we reviewed indicated weaknesses and inconsistency in the management of prisoners. Risk reduction action plans had been signed off as completed before evidence of any tangible improvements for prisoners and some actions that should have been a priority for staff took too long to progress. Predictable observations and conversations were recorded which lacked depth or enquiry into the prisoner's wellbeing (see key concern and recommendation S4). ACCT reviews were timely, the involvement of the crisis team in the reviews was positive and, in many cases, useful notes of ACCT reviews were placed on electronic case notes for other staff to access.

1.28 Access to Listeners in person or by telephone had been maintained throughout the lockdown. Listeners could contact the local Samaritans by telephone for support and had been able to meet the prison's counsellor for group support. Training of new Listeners to replace those who had transferred or been released had started in August, which showed commendable joint working by the prison and the local Samaritans branch.

1.29 A test call to the safer custody line was responded to promptly and electronic case notes indicated that calls from family members were followed up.

Section 2. Respect

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

Staff-prisoner relationships

2.1 In our survey, 77% of prisoners said that staff treated them with respect and 73% that there was a member of staff they could turn to, which was encouraging. We observed good relationships between staff and prisoners and the atmosphere on the wings was mutually respectful and relaxed.

2.2 Many prisoners described wing staff and managers as visible and helpful. Wing staff supported prisoners by resolving problems swiftly and pragmatically, such as access to telephone calls outside designated call times.

2.3 The key worker scheme was in place but for far too few prisoners and we saw little evidence of the scheme in operation. Key workers who had met prisoners used the time to discuss general welfare rather than resettlement needs.

Living conditions

2.4 Despite a reduction in the prison population, 77% of prisoners lived in overcrowded conditions. This presented additional challenges for managers trying to run a safe regime during the pandemic.

2.5 In our survey, 78% of prisoners said that the landings and showers were kept clean. Good efforts had been made to maintain cleanliness by employing additional wing cleaners. Cleaning schedules were stringently followed and wing landings, communal areas, food serveries and exercise yards were clean, tidy and free of graffiti. However, as we found at the previous full inspection, many showers remained in need of deep cleaning and refurbishment. Some showers had become mouldy through lack of ventilation.

2.6 In our survey, 26% of prisoners said they had not been issued with enough soap and sanitiser to keep their hands clean. Prisoners whom we spoke to said that, despite early setbacks, the prison had worked hard to address this and improvements had been made. They also told us that they were regularly supplied with enough clothing and bedding. Most of the cells that we looked at were clean and well equipped.

2.7 An hour was allotted each day for most prisoners to take a shower, make a phone call and clean their cells. This was not enough for them to accomplish all three. There was a shortage of cleaning materials such as mops, buckets and brooms in the wing store cupboards and this was compounded by uncertainty over where responsibility for rectifying this lay.

2.8 Most prisoners could take a shower on weekdays but this was less consistent at weekends. We raised this with managers who committed to resolving this swiftly.

Complaints, legal services, prisoner consultation and food and shop

2.9 The number of complaints had increased since our last inspection and was higher than at comparable prisons. In our survey, 31% of prisoners said they could not make a complaint easily. Prisoners told us that complaint forms were sometimes not available and the restrictive regime did not allow enough time to request and obtain forms from staff. Most of the complaint boxes on the wings contained forms, but no envelopes to ensure confidentiality.

2.10 Replies to 16% of complaints had been late and the absence of quality assurance was a weakness. Many responses had not been investigated sufficiently and did not fully address the complaint. Most respondents had not spoken to the prisoner about their complaint to ensure thorough investigation and a satisfactory resolution.

2.11 The handling of legal correspondence was managed well and a sensible approach had been taken to use video calling throughout the pandemic, which was notable. Consideration was being given to restarting face-to-face legal visits shortly after our visit.

2.12 Senior managers consulted prisoners frequently and this was better than we have seen at other prisons. The governor chaired weekly meetings with prisoners and ensured that information from the meetings was shared widely. Good use had been made of notice boards on the wings to publicise the outcomes of meetings and most prisoners we spoke to knew where to find them.

2.13 Most prisoners in our survey said that the food was reasonable or good, and the quality of the food was much better than we usually see. Prisoners could collect their own meals and portion control was well managed. The catering manager consulted prisoners frequently and adapted menus as a result of the feedback. A culturally themed dish once a week was well received by prisoners.

2.14 The prison shop had continued to operate without restrictions and most prisoners we spoke to felt that the service was adequate. Prisoners could buy clippers to cut their own hair, which was positive.

Equality, diversity and faith

2.15 Equality work had continued throughout the regime restrictions. Forums for some protected characteristic groups had taken place but they were not always widely attended by managers to note the issues and effect change. Data on protected characteristics were collated and discussed, but the value of this was undermined by gaps in data, particularly on prisoners with disabilities (see key concern and recommendation S5).

2.16 The action points on the equality action plan were not time sensitive and many had been devolved to the equality officer.

2.17 At the time of our visit, 12.3% of the population were from a black and minority ethnic background. In our survey, 50% of those we interviewed said they had experienced bullying or victimisation from staff and 36% told us they felt unsafe at the time of our visit. Black and minority ethnic prisoners whom we spoke to described feeling like outsiders, particularly those who were not from Wales (see key concern and recommendation S5).

2.18 The number of discrimination incident report forms (DIRFs) being submitted had reduced. Management oversight of DIRFs was poor and investigations were not thorough. Responses were not investigated at the appropriate level and were often late.

2.19 The statutory obligation to provide written and spoken materials in the Welsh language on request was largely unmet and we found no evidence of official forms available in Welsh.

2.20 The chaplaincy remained active despite the regime restrictions and continued to conduct their statutory duties each day. The chaplains were not routinely involved in ACCT reviews (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm), which was disappointing. Managers agreed that a coordinated approach between the safety team and the chaplaincy would ensure that prisoners requiring support from chaplains at ACCT reviews could receive it.

Health care

2.21 Early consultation between Public Health Wales, Swansea Bay Health Board and HMP Swansea enabled planning and management of the pandemic to be put in place swiftly. Weekly meetings continued until mid-August and subsequently on alternate weeks. Health care oversight was provided by the partnership board.

2.22 There was a good supply of personal protective equipment (PPE, see Glossary of terms). All staff had been tested for the fitting of face masks and their emergency equipment was up to date.

2.23 The lead GP identified prisoners who met the shielding criteria. Thirteen prisoners had been moved to a separate shielding unit and were given a supply of face masks. They were seen each day by health care staff and told us that their health care needs were being met.

2.24 The induction wing had become the designated reverse cohort unit (RCU, see Glossary of terms). All new arrivals received a temperature check while on the escort van and received an appropriate health assessment. GPs undertook a health risk assessment on the second day to review COVID-19 risk status and prisoners were managed according to their risk.

2.25 Staffing levels had been maintained during the pandemic. Staff told us that a strong relationship between health care and prison staff had been a source of support throughout the pandemic.

2.26 Most routine health services had ceased temporarily in response to the pandemic. Essential services were maintained by effective triage followed by face-to-face appointments with the nurse or GP on the wings or in the health care unit. A tablet computer had been used to support nurse triage of patients and GP assessment.

2.27 Plans to restore routine health services were being implemented and some clinics, including dentistry, had returned. There was no date for the return of the optician and the longest periods on the waiting list included one of 27 weeks. Staff referred prisoners to community services for physiotherapy and podiatry. There were long waiting times for these services.

2.28 Referrals to hospitals in the community had reduced largely to emergency access but other referrals had started to increase. Prisoners had been sent out for X-rays and MRI scans.

2.29 No prisoners were in receipt of social care, and we were told that the need was low. Referrals were made by telephone call to the local authority single point of access. There

was a lack of clarity about where responsibility lay for making referrals, and about monitoring the effectiveness and outcomes for prisoners.

2.30 Medicines had been delivered at the cell door in the shielding and segregation units during the pandemic. Administration of medicines had continued from treatment rooms on the wings. A medicines administration standard operating procedure relied on outdated Nursing and Midwifery Council guidance from 2006.

2.31 We observed poor practice in the treatment rooms on A and B wings. The rooms could be accessed using a general suite key and lacked a lockable gate, Medication cupboards, including the controlled drugs cupboard, were left open and medicine, including Methadone, had been dispensed into an alternative bottle, with a handwritten label. Medication trolleys were not secured to the wall. Medicine containers were passed through the inundation hatch (a hole in the cell door used for hosepipes in the event of a fire in the cell) which could not be clearly observed and increased the risk of hoarding and diversion. Health care staff were not accompanied when transporting controlled drugs around the establishment in an insecure bag. This created unnecessary risks (see key concern and recommendation S6).

2.32 In our survey, 79% of prisoners said they had a mental health concern. Mental health services comprised primary mental health, a crisis team and secondary in-reach care. The crisis team had started during the pandemic with newly employed mental health practitioners, which was a positive initiative. The primary care and crisis teams worked closely with the safer custody team to prioritise attendance at segregation and ACCT reviews. Both mental health services lacked oversight to monitor effectiveness and outcomes for prisoners and we were advised that there was no structured clinical supervision in place (see key concern and recommendation S7).

2.33 The secondary mental health in-reach team had been working remotely during the pandemic. On-site face-to-face appointments had restarted in mid-August with a caseload of 23 prisoners. There was evidence of unmet need (see key concern and recommendation S7).

2.34 During the pandemic there had been six transfers under the Mental Health Act to secure mental health hospitals. Two prisoners awaiting transfer did not have a care plan.

2.35 The range of substance misuse psychosocial services delivered by Dyfodol had reduced during the pandemic. All groups had been suspended and a smaller team had come into the prison while others shielded and worked off site. In-cell distraction packs and harm minimisation information were available. New arrivals were assessed following the 14-day isolation period.

2.36 At the time of our visit, 90 prisoners were receiving opiate substitution treatment. They continued to receive regular clinical reviews attended by a member of the psychosocial team. There was no first night prescribing for prisoners on opiate substitution therapy.

2.37 Time for Teeth delivered dental services and the dentist and dental nurse had been on site throughout the lockdown triaging urgent cases and providing pain relief or antibiotics as required. The dentist provided urgent care from May and dental clinics were re-established in line with national guidance. A waiting list of 60 prisoners had been reviewed to prioritise urgent need based on a risk matrix.

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 Many prisoners had limited time out of cell. Just over a half said in our survey that they had usually spent less than an hour out of their cells each day since April. About a third, most of whom were involved in essential work activities, were out for four hours a day or more.

3.2 Nearly all prisoners said that they could usually exercise outdoors if they wished. However, there were often cases, particularly on large wings, where prisoners struggled to maintain social distance from prisoners potentially from other landings.

3.3 Workshops were operating for prisoners involved in essential roles such as tailoring, building maintenance work, cleaning or food pack assembly. There were good arrangements in the workshops for prisoners to maintain effective hygiene. Prisoners were working full time in most workshops, but a few workshops allowed prisoners access to part-time work, which increased the number able to engage in activities for at least part of the day. Work activities had been adapted well to respond to the requirements of COVID-19, for example prisoners in the tailoring workshop had been making up to 300 protective clothing items a week for front line health care staff.

3.4 The number of prisoners undertaking training as cleaners had increased in response to the enhanced levels of hygiene needed in the prison. Since March, 50 prisoners had completed British Institute of Cleaning Science training and 23 had been trained in bio-hazard cleaning. They had used their skills to carry out 33 bio cleans in the prison.

3.5 Education staff outreach workers engaged with prisoners on wings to help them continue their education. Prisoners had achieved 163 accredited qualifications at a range of levels during the COVID restrictions. Outreach workers also supported prisoner learning mentors on the wings who had played a valuable role in supporting prisoners to undertake education, including those who were shielding for health reasons. Outreach staff had also encouraged prisoners reluctant to participate in formal education to take part in classes once restrictions were removed.

3.6 Education staff had continued to run education induction sessions in readiness for the resumption of classes. Induction included a good range of assessment activities, with staff using the outcomes of assessments well to help prisoners plan their involvement in education and to agree support needed to overcome additional learning needs. Assessment outcomes were recorded on a useful management information system which all staff could use to plan activities suitable for individuals' strengths and needs.

3.7 Prisoners were better informed about the available education and training options, for example in-cell television was used to raise awareness of the opportunities.

3.8 Prisoners who wished to use the gym were able to undertake weekly circuit training in the limited open-air facility in suitable weather. They were able to shower after gym activities before returning to their cells.

3.9 The library was running an outreach service, but communication between officers and library staff was not strong enough to ensure that prisoners had consistent access to reading materials.

3.10 Good efforts had been made to provide prisoners with appropriate in-cell activities. The 23rd distraction pack had just been released to wings to occupy and stimulate prisoners. Since April 2020, Swansea had worked in partnership with other prisons and community organisations to produce and share materials for these distraction packs. They had also undertaken surveys of prisoners' views, which informed the contents of the packs. Prisoners had been submitting their own materials for inclusion in more recent packs. Most prisoners said that the packs had been interesting and had helped to keep them occupied. A few said that the packs had helped distract them from anxieties.

3.11 The range and relevance of work and training opportunities had improved for prisoners to acquire skills suitable for the labour market. They had also been able to work in a call centre, in partnership with an external employer. When restrictions were lifted, workshops and staff were in place for prisoners to gain skills in construction and barista work.

3.12 A useful wellbeing centre had been set up equipped with multisensory resources and a welcoming, well equipped classroom. Parenting courses had been delivered in this facility and prisoners with learning or mental health needs had been able to access education.

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 Prisoners did not have in-cell telephones but additional PIN phones on most wings were appreciated and an extra allowance of £5 each week was made to facilitate contact with family and friends. In our survey, 83% of prisoners said they were able to use the phone every day.

4.2 Purple Visits (see Glossary of terms) had been in operation since mid-August which was positive. Prisoners we spoke to appreciated the opportunity to speak to their families including their children, given the age restriction on social visits (see paragraph 4.4). Up to 16 half-hour sessions were available each day but, in our survey, only 5% of prisoners said they had been able to use the service.

4.3 A reply function to the 'email a prisoner' scheme had been introduced so that prisoners could draft responses to be checked by a censor and returned to the sender via an online portal. Responses were timely and prisoners appreciated this alternative method of contacting family and friends. Two tablets could be used by bereaved prisoners to dial into funerals but they had only been used a few times.

4.4 Social visits had been reintroduced in July and 211 social visits had taken place since then. Visits took place six days a week with seven prisoners per session. The visits hall had been arranged to ensure plenty of space between parties and there were strict instructions about social distancing and no physical contact. Children between eight months and 11 years were not allowed to attend visits and only two visitors per prisoner were permitted. Processes were well managed but there were no catering facilities. Only one prisoner had failed to heed the social distancing instruction. The visit had been terminated immediately and the prisoner dealt with under the incentives and earned privileges scheme which we judged a proportionate response.

4.5 When asked if there was anything they would like to tell inspectors, some prisoners referred to visits. One commented; 'Since my short time here the prison have coped well with COVID, and the way the visits are being handled are good, purple visits are great with myself having young children'. Another said, 'Visits are supposedly every two weeks, yet my wife has been unable to book, despite being told they are eligible'. The HMPPS portal for Swansea contained inaccurate information about the suspension of visits. We tried to use the number given to family and friends for booking visits, but our call was not answered and we received no response to the message left.

4.6 PACT (Prison Advice and Care Trust) family support workers had not attended the prison since March. This was unfortunate as prisoners valued the service. Contact continued via telephone and email but this was far more limited.

Sentence progression and risk management

4.7 Swansea had a high turnover of prisoners given its role as a local prison, with many staying for a short time. At the time of our visit, almost 40% were unsentenced and slightly more than one-third of those who were sentenced had been at the prison for less than three months. In our survey, only 50% of prisoners knew what their custody plan objectives or targets were. Of those, only 45% said that staff were helping them to achieve these.

4.8 Prisoners' contact with prison offender managers (POMs) during the earlier phase of the pandemic had reduced and was limited. However, POMs had prioritised critical offender management work, and meetings were held in rooms on the wings observing social distancing. This included prisoners with parole hearings and those who needed to contact their community offender manager. Since mid-August POMs had held drop-in clinics for prisoners on A and D wings.

4.9 The offender management unit was well resourced and staffing levels had remained at the same level during the pandemic. Probation POMs managed high-risk cases and prison POMs medium- and low-risk cases which was appropriate.

4.10 At the time of our visit, less than 1% of the population had been granted category D status, most of whom had been transferred to open conditions at HMP Usk/Prescoed. Home detention curfew processes were sound: some five prisoners were released each week and the Bail Accommodation and Support Services housing provision was used where appropriate.

4.11 About 38% (136) of prisoners had been sentenced to more than a year. These prisoners required an up-to-date assessment of their risk to others and of their offending related needs (OASys). At the time of our visit there was no backlog which we considered best practice. POMs had used the early stages of the pandemic to ensure that all who needed an assessment had one.

4.12 No offending behaviour programmes were delivered as Swansea was a local prison, but the delivery of the Sycamore Tree victim programme had recently restarted, catering for eight prisoners a week.

4.13 Professional visits had continued during the lockdown by telephone and video links and face-to-face visits were to start again the week after our visit.

4.14 Mail and telephone calls continued to be monitored where appropriate. There had been in increase in both during the lockdown, but there was no reported backlog.

4.15 The senior probation officer (SPO) had continued to hold the interdepartmental risk management meeting each fortnight with reduced attendance of the SPO, the POM and a notetaker. Minutes were recorded and circulated as required. The SPO maintained oversight of the multi-agency public protection arrangements (MAPPA) to ensure that MAPPA levels were set and communication maintained with community offender managers. The full meeting had resumed in mid-August with key members attending and socially distancing.

4.16 Information sharing between the prison and the community was reasonable. The prison used teleconferencing for three-way discussions between the POM, the prisoner and the community offender manager. Many community offender managers had also used the 'email a prisoner' function to contact prisoners during the pandemic.

Release planning

4.17 Release to the community was a frequent occurrence and there had been about 80 releases in the previous month. In our survey, 68% of prisoners said they expected to be released within the next three months, only 38% of whom said that someone was helping them to prepare for release.

4.18 The St Giles Trust community rehabilitation company (CRC) had withdrawn its staff at the start of the pandemic but had since returned. They had no personal contact with prisoners but used a prisoner peer representative which raised issues of confidentiality. At the time of our visit face-to-face contact with prisoners was increasing and CRC staff had returned to meeting prisoners due for release.

4.19 The identification of resettlement needs 12 weeks before release was challenging with no face-to-face contact with prisoners. The CRC used the internal mail system to send and receive resettlement plans. If plans were not returned, CRC staff relied on prison staff to retrieve them.

4.20 Practical support for release during the pandemic was reasonable. The close proximity of the prison to rail and bus services enabled most prisoners to move on or be met by family and friends. There had not been a confirmed case of COVID-19 at the prison since April and the one symptomatic prisoner released had been driven directly to his accommodation.

4.21 Housing advice and support remained reasonable. During August, 15 prisoners had been released without confirmed and sustainable accommodation despite the best efforts of the CRC. They were provided with advice and contact information and referred to the homelessness prevention team or into short-term transient accommodation.

4.22 Only one prisoner had been released under the end of custody temporary release scheme (ECTR, see Glossary of terms).

Section 5. Appendices

Appendix I: Scrutiny visit team

Angus Mulready-Jones	Team leader
Keith Humphreys	Inspector
Angela Johnson	Inspector
Esra Sari	Inspector
Sarah Goodwin	Health care inspector
Tania Osborne	Health care inspector
Tom Stephenson	Healthcare Inspectorate Wales inspector
Alun Connick	Estyn inspector
Becky Duffield	Researcher
Annie Bunce	Researcher
Rahul Jalil	Researcher
Nadia Syed	Inspector (survey support)

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.