Report on a scrutiny visit to

HMP Lindholme

by HM Chief Inspector of Prisons

13 and 27-28 October 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/

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.

Coroners Regulation 28 report
The Coroners and Justice Act 2009 allows a coroner to issue a Regulation 28 report to an individual, organisation, local authority or government department, and their agencies, where they believe that action should be taken to prevent further deaths.

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 scheme
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.

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.

Listeners
Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

Naloxone
Drug to manage substance misuse overdose.

Personal protective equipment (PPE)
Safety equipment, including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

Prisoner information desk (PID)
Prisoner peer workers who help other prisoners with low-level questions about prison life or assist with more formal applications.

Prison offender managers (POMs)
Introduced along with core offender management as part of the Offender Management in Custody (OMiC) model.

Protected characteristic
The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Psychoactive substances
Naturally occurring, semi-synthetic or fully synthetic compounds which, when taken, affect thought processes or individuals' emotional state. In prisons, these substances are commonly referred to as 'spice'. For more information see: https://www.gov.uk/guidance/psychoactive-substances-in-prisons#what-are-psychoactive-substances

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 HM Prison and Probation Service (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.

Resolve
Cognitive-behavioural intervention for violent offenders.

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

Self-isolators
Prisoners who choose not to integrate with other prisoners, and who often receive the most restrictive regimes.

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).

Special purpose licence ROTL
Allows prisoners to be released, usually for a few hours, to respond to exceptional personal circumstances, for example, for medical treatment and other criminal justice needs.

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

Thinking Skills Programme (TSP)
Cognitive skills programme addressing offenders' thinking and behaviour.

Introduction

This report presents the findings from our scrutiny visit to HMP Lindholme on the conditions and treatment of prisoners during the COVID-19 pandemic. Lindholme is a category C prison, near Doncaster, sited on an old RAF base. The prison held around 900 prisoners at the time of our visit. Over half the prisoners were high-risk offenders, with a large number (more than 200) having links to organised crime. The majority of prisoners were serving lengthy sentences, a fifth of which were indeterminate or for life.

The senior management team had implemented quarantine and shielding arrangements in accordance with national directives to manage the risks associated with the COVID-19 virus. There had been no COVID-19 cases among prisoners since the start of the pandemic, and only a small number of confirmed cases among staff. However, as we have seen in other prisons, there was little evidence of social distancing by staff or prisoners on residential units. At the time of our visit, very few staff were wearing the face masks recently made available by HM Prison and Probation Service (HMPPS). Prisoners repeatedly told us that they felt staff should wear masks to minimise transmission of the virus, especially as the local area COVID-19 alert level had moved to a higher tier.

The severely curtailed regime at the start of the pandemic restrictions in March 2020 was reasonable, but almost seven months later there had been little progress in ensuring that prisoners had adequate time out of cell or purposeful activity. The time unlocked was severely restricted to less than an hour a day for most prisoners, and it was not uncommon for time in the open air to be limited to 20 minutes in a day. Prisoners could also remain locked in their cells for 28 hours in one stretch at the weekend. There was mounting frustration among prisoners who reported that the excessive time spent locked up was having a negative impact on their well-being, including weight gain, difficulty in sleeping and a deterioration in their mental health.

The governor had plans to ease restrictions by opening the gym, and doubling the time unlocked for outdoor exercise and activity on the wing. The management team had identified the staff resource and space required to implement these changes, and Public Health England had given its support. However, negotiations with the local staff association had not reached an agreement. While we were aware of the need to ease restrictions in a safe and measured way, progress had been far too slow and the restrictions in place were not proportionate when compared with other prisons.

The failure to improve the regime during the summer meant that prisoners were now subject to a second-wave tightening of restrictions without having had much reprieve. Following the local community's recent move into a higher COVID-19 alert level, social visits had been suspended and the prison's plans to move to the next stage of the HMPPS recovery plan (stage 2, see Glossary of terms) had been put on hold.

Although the prison had made significant progress in improving safety since our inspection in 2017, with a reduction in assaults by half, incidents of violence and self-harm were now on an upward trajectory. Following a drop in violence and self-harm figures at the start of the restrictions, the number of incidents was gradually increasing back to pre-pandemic levels.

In general, the wings and outside areas were kept clean and tidy, but some shower rooms were in poor condition. A programme of refurbishment and upgrade of the older wings was under way. Despite some poor living conditions, those prisoners located on the older wings liked being able to live together on a small spur, where they were not confined to their cells. However, we found too many recurring problems with heating and ventilation, damp walls, broken washing and drying machines, worn mattresses and lack of privacy screens. Prisoners also complained of insufficient cleaning materials to improve cleanliness to slow the spread of the virus.

The day-to-day frustrations reported to us by prisoners and the impact of the severe regime restrictions were too often exacerbated by a lack of meaningful engagement with staff. While we saw some good staff-prisoner interactions, in our survey only 64% of prisoners said that staff treated them with respect. A light-touch key worker system had been introduced since March, but many prisoners said that it was not working well. In our survey, only around a quarter of prisoners said that a member of staff had asked them in the last week how they were getting on.

Equality work had also suffered during the period of restrictions, but there was good management attention to any evidence of possible discrimination. In our survey, prisoners from a black or minority ethnic background were more negative about staff behaviour, with fewer than half reporting that staff treated them with respect. There was, however, a creative approach to marking Black History Month under the present conditions, and the chaplaincy had responded well to the challenges of the pandemic restrictions.

Although in our survey prisoners had poor perceptions of health services, the health providers had worked effectively in managing the risks around COVID-19 and had continued to provide essential services. Restrictions on services and challenges for the prison in enabling prisoners to attend health care appointments had exacerbated waiting lists, especially for those with long-term conditions and dental needs.

Although workshops were closed and only around 10% of prisoners were engaged in the prison's essential jobs, the education team had recently been active in managing individualised in-cell learning. Tutors were now also going on to the wings to see learners and work with small groups. Considerably more prisoners were engaging with education than before the COVID-19 period.

Take-up of social visits had been low, but the prison had introduced the incentive for families to buy prisoners a pack of items after the visit to encourage more visits. The prison had requested an increase in sessions available for video calling ('Purple Visits', see Glossary of terms) following the recent suspension of social visits.

Prisoners were frustrated at the lack of contact with their prison offender manager and the inability to progress with their sentence plan. Accredited programme delivery had ceased at the start of the restrictions in March, and plans to re-start were not well developed. However, there had still been progressive transfers of a significant number of category D prisoners to open conditions.

The measures for public protection were a concern, with five high-risk prisoners released during the pandemic restrictions without confirmation of their multi-agency public protection arrangements (MAPPA). Although not a designated resettlement prison, Lindholme had released about 20 prisoners a month. Despite this, 10 prisoners released in the previous three months had no accommodation to go to on their day of release.

Since the previous inspection there had clearly been progress, with significant improvements in prison safety. It was especially disappointing, therefore, to find such an excessively poor regime exacerbating mounting frustration, and the deterioration of well-being for many prisoners. There was a clear need for managers and local staff associations to come to an agreement about safe and credible plans that would allow the prison regime to develop and ensure outcomes for those detained improved.

Charlie Taylor
HM Chief Inspector of Prisons
November 2020

Fact page

Task of the establishment
Category C adult male prison

Certified normal accommodation and operational capacity (see Glossary of terms)
Prisoners held at the time of this visit: 902
Baseline certified normal capacity: 935
In-use certified normal capacity: 933
Operational capacity: 935

Prison status (public or private) and key providers
Public

Physical health provider: Practice Plus Group
Mental health provider: Practice Plus Group
Substance use treatment provider: Practice Plus Group
Prison education framework provider: Novus
Community rehabilitation company (CRC): South Yorkshire Sodexo
Escort contractor: GEOAmey

Prison group
Yorkshire and Humber

Brief history
HMP Lindholme was previously an RAF camp and opened as a prison in 1985. It currently holds category C convicted males over 21, including life sentence prisoners.

Short description of residential units
Ten wings with single and multi-occupancy rooms. Six of the wings are of a dormitory design and have single and multi-occupancy rooms on lockable spurs.

Name of governor and date in post
Simon Walters, November 2016

Independent Monitoring Board chair
Nigel Wood

Date of last inspection
2-6 October 2017

About this visit and report

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

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

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

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

A5 HMI Prisons first developed a 'short scrutiny visit' (SSV) model in April 2020 which involved two to three inspectors spending a single day in establishments. It was designed to minimise the burdens of inspection at a time of unprecedented operational challenge, and focused on a small number of issues which were essential to the safety, care and basic rights of those detained in the current circumstances. For more on our short scrutiny visits, see our website: http://www.justiceinspectorates.gov.uk/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:** Staff had limited individual contact with prisoners. In our survey, only 64% of respondents said that most staff treated them with respect. Despite some good interactions, officers held themselves apart from prisoners and did not take the initiative to engage with them. Many prisoners said that staff did not regularly ask them about their individual welfare.

Key recommendation: Key worker sessions should resume for all prisoners. Staff should engage positively with each prisoner by checking on their well-being and any concerns or needs, at least weekly, noting the outcome in the prisoner's electronic case record.
(To the governor)

S4 **Key concern:** There were too many recurring problems with basic living conditions, including very poor shower rooms, broken washing and drying machines, problems with heating and ventilation, and no privacy screen for the in-cell toilet in double cells. Too many mattresses were past their useful life and too thin, a problem sometimes compounded by bent metal bed bases. The prison had begun to address some of these problems, but progress was insufficient.

Key recommendation: There should be investment to bring living conditions on the wings up to an acceptable standard, and make sure that all residential services and facilities are in good working order.
(To HMPPS and the governor)

S5 **Key concern:** Prisoners from black and minority ethnic backgrounds had much more negative perceptions about staff behaviour than white prisoners. Fewer than half (48%) of black and minority ethnic prisoners, compared with 73% of white prisoners, said that most staff treated them with respect, and 58% said they had experienced bullying or victimisation by staff. Black and minority ethnic prisoners were much less likely to say that it was easy to get a job in the prison.

Key recommendation: The prison should address the poor perceptions of black and minority ethnic prisoners and ensure fair and positive treatment. Outcomes and perceptions should be measured and the needs of black and minority prisoners understood and, where possible, met.
(To the governor)

S6 **Key concern:** Prisoners with long-term health conditions did not receive any ongoing support or annual reviews, and waiting times for prisoners to use dental services had lengthened significantly, which could lead to a deterioration in prisoner health.

Key recommendation: The prison should work with the health care partnership board to ensure coordinated action to reduce the health care waiting lists, and

enable prisoners to attend appointments without delay.
(To the governor)

S7 **Key concern:** Many prisoners had less than an hour a day out of cell on four days a week, and 45 minutes on the other days, and they could be locked up for 28 hours at a stretch over the weekend. It was not uncommon for their time in the open air to be limited to 20 minutes a day, and no prisoner received more than 30 minutes outdoors.

Key recommendation: Time out of cell for prisoners should be increased to enable more purposeful activity and more time in the open air.
(To the governor)

S8 **Key concern:** A backlog in OASys (offender assessment system) assessments meant that not all prisoners had an up-to-date sentence plan, and prisoners were not always involved in their sentence planning. Prisoners were frustrated with the lack of contact with offender managers and the lack of opportunity to progress through their sentence. Accredited programmes had been suspended at the start of the COVID-19 restrictions, and there were no immediate plans to resume their delivery.

Key recommendation: All prisoners should have an up-to-date sentence plan in which they are involved. Prison offender managers should engage with prisoners more frequently and discuss the impact of the regime restrictions on their progression. If accredited interventions are not available, alternative support for progression should be detailed and realistic objectives set to meet key dates in a prisoner's sentence.
(To the governor)

S9 **Key concern:** There were significant weaknesses in the management of public protection. The weekly interdepartmental risk management team meetings were poorly attended, and high-risk prisoners were not always discussed in enough time to complete all key elements of their release; this meant that some were released without confirmation of a multi-agency public protection management level. The prison had a substantial backlog of prisoner telephone calls waiting to be monitored, but although there were plans to address this and safeguard the public, these depended on adequate staff resources forthcoming.

Key recommendation: There should be regular and consistent multidisciplinary attendance at the interdepartmental risk management team meeting, and all high-risk prisoners should be discussed well enough in advance of their release to make sure that all key elements, including multi-agency public protection management levels, are confirmed. Telephone call monitoring should take place promptly.
(To the governor)

Notable positive practice

S10 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.

S11 Inspectors found the following example of notable positive practice during this visit.

- The education team had been active in providing in-cell learning materials to prisoners and responding to them promptly, through daily collection of work, delivery of marked work and tracking of all achievements. Tutors were delivering some one-to-one sessions, and working with small groups of up to three learners. Remote learning had been provided through iPads, under supervision. Considerably more prisoners were engaging with education than before the COVID-19 period. (See paragraph 3.4.)

Section 1. Safety

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

Leadership and management

1.1 The management team had implemented quarantine and shielding arrangements in accordance with national directives to manage the risks associated with the COVID-19 virus. There had been no COVID-19 cases among prisoners since the start of the pandemic, and there had been only a few confirmed cases among staff. The reverse cohort unit (RCU, see Glossary of terms) was effective at separating the different cohorts of new arrivals from high-risk sites in the prison. New temporary accommodation had been installed to provide 24 additional cells, but these were not occupied at the time of our visit. Most strategic meetings had continued throughout the pandemic period, and partnership working with Public Health England had been good.

1.2 Signage and markers throughout the prison highlighted the importance of social distancing but, as we have seen in other prisons, there was little evidence of social distancing by staff or prisoners on residential units. At the time of our visit, very few staff were wearing the face masks recently made available by HM Prison and Probation Service (HMPPS). However, prisoners repeatedly told us that they felt staff should wear masks to minimise transmission of the virus, especially as the local area COVID-19 alert level had moved into tier 3 (very high risk of infections) during the week of our visit.

1.3 The prison had implemented limited recovery plans (see Glossary of terms) following national approval, but there had been little progress in making sure that prisoners had adequate time out of cell or purposeful activity (see paragraph 3.1). The time unlocked was severely restricted to less than an hour a day for most prisoners for four days of the week, and for less than 45 minutes for three days, including over the weekend. It was not uncommon for time in the open air to be limited to 20 minutes a day, and prisoners could remain locked in their cells for 28 hours at a stretch over the weekend. (See key concern and recommendation S7.)

1.4 Prisoners were increasingly frustrated that the excessive time spent locked up was having a negative impact on their well-being. The health care department had received an increase in requests from prisoners for sleeping medication, and more self-referrals for mental health care. Prisoners also complained of weight gain due to boredom and inactivity. The impact of the severe regime restrictions was exacerbated by a lack of meaningful engagement with staff. A light-touch key work system had been introduced during the pandemic restrictions, but many prisoners said that it was not working well. (See key concern and recommendation S3.)

1.5 The governor had drawn up recovery plans to open the gym and double the time unlocked for outdoor exercise and activity on the wing. The management team had identified the staff resources and space required to implement these improvements, and Public Health England had given its support. However, protracted negotiations with the local staff association had so far blocked these improvements. In our view, progress had been far too slow, and the restrictions in place were not proportionate when compared with other prisons.

1.6 There had been renewed tightening of restrictions during the week of our visit following the move of the local community into a higher national COVID-19 alert level. Social visits had been suspended and the prison's plans to move to the next HMPPS stage (stage 2) of recovery had been placed on hold.

1.7 Communication about the prison's response to the pandemic was limited to official notices and some information on the prison TV channel. In our survey, 77% of prisoners said that the reasons for the restrictions had been explained to them, and 66% agreed that the restrictions were necessary. Just over half of prisoners (55%) felt that they had been kept safe from the virus.

1.8 Although the wings were generally clean and tidy, prisoners said that they had insufficient cleaning materials to keep the environment clean and reduce the spread of infection. In our survey, only a third of prisoners said they had enough soap or sanitiser to keep their hands clean, and only almost half reported that they had enough cell cleaning materials every week. However, there was enhanced cleaning on the RCU and showers were washed down after use between each cohort of prisoners.

Arrival and early days

1.9 To limit the number of prisoners congregating in the limited reception waiting room space, the prison had placed a cap of five new arrivals a day. However, we observed that in excess of 10 prisoners had arrived together in recent days, creating difficulty in maintaining social distance upon their arrival. Subsequently, this also caused pressure on regime management of large groups of prisoners on the RCU.

1.10 The reception process was swift but functional, and the room where the nurse consulted with new arrivals was suitable and private. It was positive that a Listener (see Glossary of terms) who worked in reception as a cleaner was available to meet new arrivals, but prisoners told us the process was so fast that this opportunity to talk was token.

1.11 Prison staff did not routinely issue personal hygiene packs, including soap and toothpaste, to new arrivals on the assumption that they were all transferring in from another prison and would arrive with adequate personal hygiene products. This was an oversight and many prisoners had to ask for these on the RCU, which they found frustrating.

1.12 Prisoners arriving from prisons at high risk of COVID-19 were automatically required to quarantine for 14 days. Those who came from medium-risk prisons spent their first night on the RCU (which doubled as the induction unit) and then moved to another residential unit the next day or at the earliest opportunity. At the time of our visit, there were eight separate groups of prisoners on the RCU. Staff on the RCU were busy locking and unlocking prisoners to deliver separate regimes for each cohort, and had very little time to support prisoners. The regime on the RCU was minimal but equivalent to that for many prisoners on other wings. The prison's strategy to quarantine prisoners arriving in small groups of one or two in the segregation unit was not an appropriate use of segregation.

1.13 Cleanliness on the RCU was reasonable with one prisoner employed as a full-time cleaner. The showers were washed down between each cohort, and cleaning materials were available to clean communal areas and cells. A consistent staff group also worked on the unit for the duration of their shift to minimise the risk of transmission of the virus.

1.14 Staff delivered induction to most prisoners on their day of arrival and in person, although it was completed in around 15 minutes and was perfunctory. The quality of information provided to new arrivals in a booklet was poor, and it contained little information about

COVID-19. The fast induction turnaround left many prisoners frustrated that problems they had raised went unresolved. There were delays in meeting basic needs, such as ensuring that prisoners' telephone numbers were activated promptly.

Managing behaviour

1.15 In our survey, 23% of prisoners reported feeling unsafe and 40% said they had experienced bullying or victimisation from staff. When we talked to prisoners, many said that they were very worried about catching COVID-19. They were also worried about staff not wearing face masks given that the prison was in a tier 3 (very high-risk) area.

1.16 Planned use of force was low, and lower than in similar prisons. At the start of the pandemic period, the use of force had dropped, and prison managers believed that this was most likely a result of the regime restrictions that confined prisoners to their cells for long periods. However, use of force had increased since then and was on an upward trajectory towards the pre-pandemic levels. Prison managers did not scrutinise unplanned use of force adequately, but inquiry into planned incidents was reasonable. There was now more scrutiny of staff failures to activate body-worn video cameras during incidents.

1.17 Since the last inspection, violence had significantly reduced. There were around 50% fewer assaults in the six months before the pandemic compared with a similar period two years previously. There had been a further drop in violence when the restrictions were introduced in March 2020. The total number of violent incidents during the past six months was 46% lower than the six months before the start of the restricted regime. However, as we observed with the use of force, violence too was on the increase and steadily returning towards pre-restriction levels.

1.18 The monthly analysis of violent incident data was good. Prison managers were well sighted on causal factors behind most violence, and had been robust in moving resources to target violent hot spots. The prison's response to most violent incidents was to place victims and perpetrators on challenge, support and intervention plans (CSIPs). Fifteen prisoners were on CSIPs at the time of our visit, although most plans lacked detail on how the individual should be supported. There was confusion among prisoners and staff as many were not aware of the details in the CSIP. Many staff we spoke to, including managers, saw CSIP as a method to restrict prisoners' regime further, which was an inadequate method to manage behaviour.

1.19 In our survey, a third of prisoners said it was easy to access drugs in the prison and 28% said that of alcohol. The prison had noted an increase of hooch (illegal alcohol) and psychoactive substances (see Glossary of terms) since the regime restrictions had begun, and had measures in place to address drug trafficking routes.

1.20 The segregation unit was clean and well-managed with only a few prisoners. However, the prison's strategy to quarantine prisoners arriving in small groups of one or two in the segregation unit was not an appropriate use of segregation. The prisoners we spoke to said they received their regime promptly, predictably and were treated with decency by segregation officers. There were very few outstanding adjudications, and it was impressive that staff knew every prisoner in the unit well.

1.21 Adjudications had continued to operate throughout the period of regime restrictions and were lower than they had been before this period. However, many were for charges that could have been handled with less punitive measures.

1.22 The incentives policy had been adapted at the start of the pandemic restrictions, and no prisoners were on the basic level during our visit, which was positive. The removal of any

prisoner's TV was regulated by senior managers to make sure this happened in only the most exceptional circumstances. However, few new incentives had been introduced to motivate prisoners, and these only applied to those already on the highest incentive level.

1.23 The security department had continued its core meetings despite the regime restrictions. The prison had a productive relationship with South Yorkshire police, which was advantageous for enhancing the security of the prison.

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

1.24 The incidence of self-harm during the previous months was lower than the six months before the restrictions. However, following a drop at the start of the restricted regime, self-harm had begun to increase towards previous levels.

1.25 Cancellation of safety meetings during the first three months of the restricted regime had limited prison managers' ability to monitor rates of self-harm. When the meetings did resume, the self-harm data presented to it were not up to date, with some two months' old. This did not assist in identifying and responding to the upward trend in self-harm.

1.26 There was quality assurance of assessment, care in custody and teamwork (ACCT) case management for prisoners at risk of suicide or self-harm, and the standard of ACCT documents was reasonable. It was positive that health care professionals regularly attended ACCT reviews, or provided written contributions if unable to attend.

1.27 Three prisoners were self-isolating (see Glossary of terms). There was little in place to support them to reintegrate, and they were largely managed through CSIPs. Many plans to support victims and self-isolators centred on regime curtailment that kept them physically safe, but which did not address the cause of the prisoner's behaviour or seek to manage the problem of prolonged periods without meaningful human interaction.

1.28 The daily safety intervention meeting, which focused attention on and support for vulnerable prisoners, was well attended and was effective in directing immediate support to individuals, but outcomes were not recorded routinely on prisoners' electronic case records and did not assure continuity of support to them.

1.29 Friends and relatives could call a safety hotline, advertised on the prison's website, if they had any concerns about a prisoner. It was checked twice a day and worked well when we tested it, and calls and subsequent actions were logged.

1.30 In our survey, only 13% of prisoners felt they could access Listeners, and access to Listeners had not always been facilitated since the start of the restrictions.

1.31 The Prisons and Probation Ombudsman (PPO) action plan following deaths in custody had not been reviewed during the period of regime restrictions; we raised this as a concern with prison managers, who told us they would address this as a priority. Following a tragic death in custody in 2018, the prison was subject to a Coroners Regulation 28 report (see Glossary of terms) and had been given several recommendations. While the prison had addressed many of these, we found deficiency in their assurance system of activating the cell call button on every ACCT overnight check. We discussed this with prison managers, and they had begun to address this deficiency during our visit.

Section 2. Respect

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

Staff-prisoner relationships

2.1 Although we saw some good staff interactions with prisoners, and several staff knew their prisoners by name, officers mostly held themselves apart from prisoners and did not take the initiative in engaging with them. In our survey, only 64% of prisoners said that most staff treated them with respect, and those from a black or minority ethnic background were less positive about staff than white prisoners (see paragraph 2.10).

2.2 A light-touch key working system had been reintroduced since the start of the restrictions, but many prisoners said that it was not working well. In a sample we examined, the recording even of brief key work interactions was patchy. In our survey, only 26% of prisoners said that a member of staff had talked with them in the last week about how they were getting on. Prisoners often said that staff did not ask them individually about their welfare with any frequency. (See key concern and recommendation S3.)

Living conditions

2.3 The wings and outside areas were kept clean and tidy in general, especially on the newer wings, although there were problems with vermin in some of the older residential units. Some shower rooms were in poor condition, and some in the older wings were not fit for use. A programme of refurbishment had begun in the older wings, but some of the showers had deteriorated to an unacceptable extent despite temporary repairs. Despite this, most prisoners on the older wings preferred to be there as they had less time locked in their cell than on the newer wings (see paragraph 3.1).

2.4 Many prisoners expressed understandable dissatisfaction about a range of maintenance and other problems on the residential units. There were too many recurring problems with washing and drying machines breaking down, with several out of action at the time of our visit. Others spoke of problems with heating and ventilation, and several showed us windows whose air vents had been painted shut. Many double cells had no privacy screen for the in-cell toilet. Too many mattresses across the establishment were past their useful life and too thin, a problem compounded in some places by bent metal bed bases. Some cells adjoining shower rooms had damp in the wall. The prison had begun to address some of these problems but progress so far was insufficient. (See photographs, Appendix II, and key concern and recommendation S4.)

2.5 Staff and prisoners told us that there had been no increase in the provision of cleaning materials on the residential units during the COVID-19 period, and they were insufficient for the extra cleaning that was required. In our survey, only 49% of prisoners said that they received cell cleaning materials each week. Less than two-thirds of prisoners said that they received enough suitable clean clothes or had clean sheets each week, or that the communal areas of their unit were clean.

Complaints, legal services, prisoner consultation and food and shop

2.6 The prison had resumed regular meetings with wing representatives and prison information desk (PID, see Glossary of terms) workers since late July and there had been some action on the issues raised, such as the reintroduction of barbering on the wings.

2.7 Prisoner complaints were administered efficiently, but many prisoners lacked confidence in the complaint and applications systems. Several said that they had not received replies to repeated written application or complaint forms. The quality of complaint responses that we sampled was good in almost all cases. The prison made a good analysis of the topics of complaints received, including a regular focus by senior managers on any patterns and trends.

2.8 The kitchen had maintained a reasonable standard during this period. In our survey, 41% of prisoners said the food was of good or reasonable quality, although many to whom we spoke found the menu repetitive and the food unappetising. Extra items had been provided to compensate for the early mealtimes during the restricted regime, and prisoners appreciated the opportunities for self-cook facilities on many wings. Wing serveries were mainly clean, but leftover food was left uncovered in some overnight. The prison shop had maintained regular weekly deliveries, and the prison had supplemented fresh food items when there had been early difficulties due to COVID-19 adjustments.

Equality, diversity and faith

2.9 Equality work had suffered during the COVID-19 period, with the cycle of meetings discontinued since March. However, staffing in the equality department had been strengthened, monitoring had continued, and there was good management attention to any evidence of possible discrimination found in the monitoring statistics. There had been little work in the previous six months on prisoners with specific protected and minority characteristics, although there was a named senior management lead for each protected characteristic (see Glossary of terms). Support for those with disabilities had continued, and prisoners with mobility difficulties generally received sufficient support and appropriate facilities, although in our survey they were more than twice as likely as prisoners without disabilities to say that they had experienced bullying or victimisation from staff.

2.10 In our survey, prisoners from a black or minority ethnic background had more negative perceptions of staff behaviour; fewer than half, 48%, compared with 73% of white prisoners said that most staff treated them with respect, and 58% that they had experienced bullying or victimisation by staff. In addition, only 5% of black and minority ethnic prisoners said that it was easy to get a job in the prison, compared with 21% of white prisoners. The prison had begun some investigation into the latter issue, although without clear outcomes as yet. (See key concern and recommendation S5.) There had been, however, a creative approach to marking Black History Month under the present conditions, with special food, original weekly content on the local in-cell TV channel, and a steel band performance on the central yard, which had been filmed for the channel.

2.11 Provision for veterans had improved, with free phone access for prisoners to several charities offering mentoring and support.

2.12 The chaplaincy provision had improved and was well organised; the team had responded well to the challenges of the pandemic in spite of several prolonged staff absences. Suitable faith materials had been distributed throughout the period, and all preparations had been

completed for a return to corporate worship, when possible. Two phones had been installed in the chaplaincy offices for in-cell calling and were well used.

Health care

2.13 Liaison early in the pandemic between Public Health England, NHS England commissioners, Practice Plus Group and the prison had enabled early outbreak planning and effective management of the pandemic. Regular weekly meetings continued until mid-August, and were currently taking place on alternate weeks.

2.14 No prisoners had tested positive for coronavirus since the start of the pandemic. We were advised that prisoners who had reported symptoms were placed in isolation, a test for COVID-19 was taken and the 14-day isolation rule was observed. There was a good supply of personal protective equipment (PPE, see Glossary of terms); all staff had received face mask fit testing, and the emergency equipment had been updated in line with current guidance.

2.15 At the start of the pandemic, prisoners who met the shielding criteria were identified, and all were offered the opportunity to shield. At the time of our visit, two prisoners had continued to shield on J wing. Both told us that they were in regular contact with the health care department and that their needs were met. NHS England provided a weekly update on prisoners who met the shielding criteria. The prisoners were visited by health care staff and given ongoing health advice.

2.16 All new arrivals received a comprehensive health screening in reception, and were isolated for 14 days on the reverse cohort unit if transferring from a high-risk COVID-19 site (see paragraph 1.12).

2.17 Health care staff from a range of disciplines had been shielding from March until June but continued to work remotely. All shielding staff had returned to work. There were vacancies within the primary care nursing, administration and mental health services but appropriate staffing levels had been maintained.

2.18 Most routine health provision had ceased temporarily in response to the pandemic, but essential services were maintained. Before the pandemic, none of the health services had access to confidential in-cell telephones. This was addressed in the first phase of the regime restrictions and had enabled all health services to provide in-cell telephone triage and, where appropriate, conduct face-to-face appointments with use of PPE (see Glossary of terms).

2.19 In our survey, 78% of prisoners felt it was difficult to see the GP, 57% said it was difficult to see a nurse and two-thirds said health services were bad. Prisoner access to health services and their movement to the health care department remained inconsistent and needed to be addressed.

2.20 Service restoration plans were being implemented and some clinics, including dentistry, optometry and physiotherapy, had returned. There were waiting lists for a range of services, including dentistry, optician, physiotherapy and podiatry. The dental waiting list for new patients was 209 with the longest wait of 38 weeks; patients were triaged according to clinical need, but the excessive waiting list needed to be addressed. (See key concern and recommendation S6.)

2.21 Annual reviews for patients with long-term conditions had been suspended at the start of regime restrictions, and these prisoners had not yet been seen face to face. We were told that there had been no annual reviews for those with asthma, diabetes or chronic

obstructive pulmonary disease, which could lead to deteriorating health. (See key concern and recommendation S6.)

2.22 Several factors had had a detrimental impact on clinic list capacity. These included reduced waiting room capacity to meet social distancing requirements, infection prevention and cleaning measures, and challenges in ensuring that the prison enabled prisoners to attend appointments. (See key concern and recommendation S6.)

2.23 External referrals to hospital had reduced to mostly emergency access but had started to increase. All external referrals made during this period were tracked and monitored for the length of delay, and to make sure prisoners continued to have access to services.

2.24 Referrals for social care had continued to be made to the local authority, which had suspended on-site assessments. The local authority social worker telephoned the prisoner and, in conjunction with an on-site occupational therapist, enabled assessments to be made and, where necessary, equipment and aids had been provided.

2.25 Medication supplies and prescribing had been unaffected by the pandemic. A review of all in-possession medication risk assessments had increased the proportion of prisoners having their medication in possession from 49% to 60% by August. Prisoners who did not have their medication in possession attended the centre for administration of opiate-substitution therapy or wing-based treatment room for administration of medication. Medicines were delivered at the cell door for prisoners in the shielding and segregation units.

2.26 Mental health services had undertaken a risk assessment of all prisoners on the caseload at the start of the pandemic. The risk rating was shared with the safer custody team and a crisis care plan was put in place. At the start of the full restrictions in March, mental health staff saw only urgent referrals face to face in full PPE (see Glossary of terms). We observed staff using PPE.

2.27 We were advised that self-referrals for mental health services had started to increase. Prisoners told us they were experiencing frustration at the regime, low mood and an increase in poor sleep. In August, a consultant psychiatrist with an interest in adult attention deficit hyperactivity disorder (ADHD) had been appointed and had reviewed all the prisoners on the waiting list and commenced assessments, and treatment where appropriate. Health care staff attended nearly all assessment, care in custody and teamwork (ACCT) reviews, and provided written contributions in the few cases they could not attend in person.

2.28 There had been two transfers of prisoners under the Mental Health Act to a secure mental health hospital during the pandemic. Both took place within the specified timescale.

2.29 The range of substance misuse psychosocial services had been diminished due to the pandemic. All groupwork remained suspended and staff were meeting prisoners face to face. In-cell distraction packs and harm minimisation information were available. New arrivals were assessed following the 14-day quarantine period.

2.30 There were 105 prisoners receiving opiate substitution treatment who continued to receive regular clinical reviews, which a member of the psychosocial team attended.

2.31 Health services had continued to provide prisoners with pre-release checks, take-home medicines, harm minimisation advice and naloxone to take home, as necessary.

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 less than an hour a day out of cell on four days a week, and 45 minutes on three days over the weekend. They could be locked up for 28 hours at a stretch between Saturday morning and Sunday afternoon. Those on the older wings could move freely in the small communal area serving each group of seven cells, but they could only leave that area for 30 minutes' exercise a day, or less. The time spent locked in their cell was causing increasing frustration among prisoners, who reported its bad effect on their sense of well-being, and many said that it was having a very adverse effect on those who were more vulnerable. Prisoners spoke of putting on weight through inactivity, having difficulty in sleeping and being aware of deterioration in their mental health. Plans, supported by Public Health England, to double the amount of time out of cell, partly by doubling the size of 'bubbles' on the wings had not been implemented due to local staff association opposition. (See key concern and recommendation S7.)

3.2 It was not uncommon for prisoners' time in the open air to be limited to 20 minutes a day, and no one received more than 30 minutes. Each wing was allocated an area for this, rather than the large central yard that was normally used. For the older wings, this was a grassed area, which was unsuitable in wet conditions.

3.3 Approximately 90 prisoners were in paid work at the time of our visit. Of these, 58 worked in roles on their own wing, with the rest in essential work in the kitchen, gardens etc. The prison workshops were not open, although workshop instructors were providing some remote instruction to their workers.

3.4 The education team had been active in sending out individualised learning materials and returning feedback on them promptly. All education staff were now back in the establishment, and there was an excellent system of daily collection of work and delivery of marked work for all wings. Staff were tracking individual performance and recording all completions of pieces of work. Tutors were now going to the wings and seeing learners for one-to-one sessions; they were also working with small groups of up to three on the wings. They had taken some imaginative approaches. For example, an LGV (driving) course was delivered remotely by iPad to a group of six learners in socially distanced conditions; all six had now moved to Hatfield open prison, where they could pursue the practical element of this course. Considerably more prisoners were engaging with education than before the COVID-19 period. In September, 638 prisoners had undertaken some activity with the education department. Twenty-two were on Open University courses or otherwise engaged with distance learning, and were receiving support.

3.5 Library staff had provided book trolleys for each wing when the COVID-19 period started, and were now providing books and other materials to the wings. Prisoners were issued with a request sheet each week through which they could order named books or types of book, as well as distraction packs, jigsaws, crosswords etc. Each wing had a copy of the full library catalogue. Literacy support was continuing; prisoner information desk workers had been trained to offer this peer support through the Shannon Trust reading plan. Although the Storybook Dads scheme was not able to operate, a local initiative, a 'Write a Story Dad' project, had started instead.

3.6 Opening of the gymnasium areas had been postponed more than once, although the facilities were fully ready for opening. PE staff provided sessions outside for each wing in turn, but

without any equipment. Take-up was low in the case of the older wings, which used largely grassed areas (see paragraph 3.2).

Section 4. Rehabilitation and release planning

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

Contact with children and families

4.1 Social visits had resumed in late July, following closure when national restrictions were implemented in March 2020. There was an initial uptake but the trend for social visits was declining. Feedback from prisoners indicated that the short duration of visits, together with restrictions, such as the prohibition of physical contact, meant that visits had not been worthwhile for many families. The low take-up of visits meant that 282 prisoners who had had a visit during the three months before March had not taken the opportunity to have a visit since the reopening. The prison had responded to the decline in social visits and attempted to promote visits under the restricted arrangements. It had given families the opportunity to buy a pack of items to be given to the prisoner after the visit, which was appreciated. Social visits were suspended on 24 October when the local community COVID-19 alert level was raised to tier 3.

4.2 Video calling (Purple Visits) had been introduced from late August and were facilitated four evenings a week. (See photograph, Appendix II.) The capacity was for 72 half-hour video calls a week, and prisoners were allowed one video call each month. Prisoners were positive about their experience of video calls, although some reported problems with the booking process. The prison had requested an increase in sessions available for video calling following the suspension of social visits

4.3 Official visits had not re-opened since they were suspended in March and progress in this area had been slow. However, the prison had enabled prisoner contact with legal advisors through free telephone calls and had arranged over 180 such calls.

4.4 PACT (Prison Advice and Care Trust), a family engagement service for families of prisoners, continued to work remotely. In the previous three months, it had received over 500 contacts via telephone or email.

4.5 Prisoners had access to in-cell telephones and received an additional £5 phone credit weekly. Prisoners appreciated this enablement to keep in touch with their family.

4.6 Prisoners could receive correspondence via the ‘email a prisoner’ scheme and were also able to use a reply service. Use of this service had increased with approximately 90 emails a day received.

4.7 Tablet computers had been used since the start of the restricted regime to allow prisoner contact with families in exceptional circumstances, such as livestream funerals or seeing end-of-life relatives.

Sentence progression and risk management

4.8 Over half of prisoners posed a high risk of harm to others, with the majority serving sentences of four years or more. Prisoners with indeterminate sentences accounted for 20% of the population, and 14% of prisoners were on recall.

4.9 In March, the offender management unit (OMU) had significant staffing shortfalls, particularly probation officers. Priorities for the offender management work were focused on time-bound events, such as release, recategorisation and parole. Initially, all face-to-face contact had ceased. In September, staffing had improved significantly and all probation staff were now in post. Despite this, prisoner face-to-face contact with prison offender managers was limited to more complex cases. During our visit, prisoners reported frustration at the lack of contact and communication.

4.10 There was a substantial backlog of OASys (offender assessment system) assessments to be completed: 12% of prisoners did not have a current sentence plan in accordance with HM Prison and Probation Service (HMPPS) timescales, and 42% did not have a sentence plan that had been updated within the past 12 months. Since March, the prison had been working on reducing the backlog, and 33% of the population had received assessments and reviews in that time. However, the lack of face-to-face engagement undermined the quality of the plans. (See key concern and recommendation S8.)

4.11 Before the restrictions had started, the prison delivered two accredited offending behaviour programmes, Resolve and Thinking Skills Programme (see Glossary of terms). There were substantial waiting lists for these at the time of our visit, with nearly 200 prisoners on the waiting list for both programmes. There was no timescale for when these were going to restart. This was inevitably preventing prisoners from progressing with their sentence. The programmes team had recently started work with individual prisoners on a programme called Timewise, aimed to address those who had been violent while in custody. Two prisoners were currently on this programme.

4.12 In our survey, only 27% of prisoners who knew about their sentence plan said that staff were helping them to achieve it. We attributed this finding to the backlog of assessments, limited prisoner contacted with prison offender managers and lack of accredited programmes.

4.13 Recategorisation reviews had continued to take place and were timely. It was positive that progressive transfers had continued, and 84 prisoners had been moved to category D prisons in the previous six months. At the time of our visit, 39 prisoners were still awaiting transfer to open prisons.

4.14 A weekly interdepartmental risk management meeting (IRMT) had met throughout the pandemic period. The meeting discussed high-risk prisoners being released and those on public protection monitoring. The attendance and contributions to this meeting were poor, and oversight of key issues was not discussed, making a gap in the public protection arrangements. As a result, eight prisoners, including five high-risk offenders, had been released since March without having had their multi-agency public protection arrangements (MAPPA) level confirmed. (See key concern and recommendation S9.)

4.15 At the time of our visit, 46 prisoners were subject to mail and telephone monitoring for public protection. Although the prison had done some work to reduce the backlog, calls had not been monitored for over 50% of these prisoners in the previous two weeks, and some for up to seven weeks. Although the prison had requested additional terminals to monitor calls, during our visit the existing terminals were not used to capacity. The backlog in monitoring calls had resulted in a lack of evidence to inform public protection monitoring

reviews and resulted in some monitoring having to be extended. (See key concern and recommendation S9.)

Release planning

4.16 Although the prison was not meant to release prisoners directly into the community, because of difficulties in transferring prisoners to resettlement prisons it had been releasing about 20 prisoners a month since before the period of restrictions. The CRC returned to work in the prison on a part-time basis in April and full-time basis in August. Although it was not providing face-to-face resettlement support, it completed the work via a questionnaire and interviewing prisoners over the in-cell telephones. With the lack of face-to-face engagement, only 37% in our prisoner survey expecting to be released in the next three months said that someone was helping them to prepare for release.

4.17 Ten prisoners released in the previous three months did not have accommodation on their day of release. Since July, the CRC had provided mobile phones on release for those without phones who could not access face-to-face probation appointments. We found that limited guidance was given to prisoners being released, and safety items, such as face masks, were not routinely issued.

4.18 The CRC helped prisoners to open bank accounts, with 17 opened since August. However, other partner agencies that supported resettlement had not resumed work, including the Wise Ability employment-finding organisation and Jobcentre Plus providing benefit and debt advice. The CRC provided advice to prisoners in a letter about benefits to fill this gap.

4.19 No prisoners had been released under the end of custody temporary release scheme or special purpose licence release (see Glossary of terms). Although most prisoners were not eligible for home detention curfew, the prison had approved nine prisoners since March. However, some remained in custody beyond their earliest release date, for reasons outside the prison's control.

Section 5. Appendices

Appendix I: Scrutiny visit team

Sara Pennington	Team leader
Angela Johnson	Inspector
Martin Kettle	Inspector
Esra Sari	Inspector
Donna Ward	Inspector
Darren Wilkinson	Inspector
Sarah Goodwin	Health care inspector
Amilcar Johnson	Researcher
Alec Martin	Researcher
Helen Ranns	Researcher
Shannon Sahni	Researcher

Appendix II: Photographs

A broken washing machine

Poor quality shower facilities

Poor quality shower facilities

Poor quality shower facilities

Poor quality bathroom facilities

Room for Purple Visits

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.