Report on a scrutiny visit to

HMP Wymott

by HM Chief Inspector of Prisons

18 and 25–26 August 2020

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Contents

Glossary of terms

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

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

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

End of custody temporary release scheme
A national scheme through which risk-assessed prisoners, who are within two months of their release date, can be temporarily released from custody. The scheme has now been paused. See: https://www.gov.uk/government/publications/covid-19-prison-releases

Exceptional delivery model (EDM)
A suite of EDMs have been published to guide prisons through the construction of local Regime Recovery Management Plans (RRMPs). An EDM is a guide containing the principles that must be incorporated into a local plan for each element of regime delivery.

Key worker scheme
The key worker scheme operates across the closed male estate, with prison officers managing around five to six offenders on a one-to-one basis.

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

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.

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.

Short scrutiny visit (SSV)
A type of HM Inspectorate of Prisons (HMI Prisons) visit in which up to three similar establishments (for example, young offender institutions or local prisons) were visited between April and July 2020. The aim of these visits was not to report on how an establishment met HMI Prisons' Expectations, as in a regular full inspection, but to give a snapshot of how it was responding to the COVID-19 pandemic and to share any notable positive practice found.

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).

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.

Special purpose licence release on temporary licence
Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

Introduction

This report discusses the findings from a scrutiny visit (SV) to HMP Wymott. The SV methodology developed from the 'short scrutiny visit' (SSV, see Glossary of terms) approach that HMI Prisons had used to provide independent oversight of custodial establishments since April 2020. Our previous approach monitored outcomes for prisoners in a small number of key areas at a time when regimes were severely restricted. While SVs are still far more limited in scope than our full inspections, they are increasing the intensity of scrutiny as prisons enter a phase of recovery. SVs examine the treatment and conditions of prisoners in greater detail and focus in particular on the pace of recovery and proportionality of treatment, while ensuring the safest possible inspection practices.

HMP Wymott, located in central Lancashire, is a category C training prison for adult male prisoners and a small number of young adults. Prisoners arrive at Wymott from all areas of England and Wales, and primarily go to there to undertake offending behaviour work and other activities aimed at helping them to reduce their risks, progress to open prisons or prepare for release.

At the time of this visit, the prison held 985 prisoners, compared with 1,053 when we inspected in 2016. About half of the prisoners had been convicted of sexual offences and a third were aged over 50. The prevalence of mental health problems and physical disabilities among the population was high.

Wymott experienced an outbreak of COVID-19 very early into the restricted regime. At the peak of the outbreak, 34 prisoners were showing symptoms of the virus and almost half of the population needed to shield (see Glossary of terms) because they were vulnerable or extremely vulnerable to the risk that the virus presented. At that time, a quarter of staff were absent from work owing to the need to shield, and, sadly, two members of staff died from COVID-19-related illnesses. The prediction for Wymott in those early days was that there would be widespread infection and the potential for a number of deaths among prisoners.

It was refreshing to find a prison and a senior management team showing a clear commitment to managing the crisis while maintaining their 'can do' attitude. They worked closely with Public Health England and the NHS to put in place robust measures to promote infection control. This included a reduction in the population by about 10%, to enable prisoners to have their own cell, and the establishment of several units, in which almost half of the prisoners who were at risk from the virus could be cohorted.

The measures had been effective to date. At the time of our visit, there had been no prisoner deaths from COVID-19-related illnesses, and none had tested positive for several weeks. The prison had cared for operational staff returning to work from shielding by allocating them to work on the shielding units, which was notable positive practice. Most staff and prisoners felt that the restrictions were necessary and proportionate, given the risks to the population. Prisoners we spoke to who were shielding were anxious that safeguards might be lifted too quickly, and, sensibly, the management team had adopted a cautious approach to this over the last few months.

Reception and early days arrangements were reasonably good and the use of the two reverse cohort units (RCU, see Glossary of terms) was robust, with the exception that prisoners on these units could not access video calling with their family and friends, and that their time out of cell could be substantially reduced when the units were holding a number of small cohorts of prisoners.

The number of violent incidents had reduced since the restricted regime had started. However, despite many staff promoting the idea that self-harm had decreased sharply since the start of the restricted regime, we could find no evidence for this. When we took into account the reduced population, the rate of recorded self-harm incidents in the last four months was the same as for the four months before the restrictions were put in place. Care for those at risk of self-harm was

reasonable but Listeners (see Glossary of terms) were unable to provide ongoing support to those in crisis, which needed addressing urgently.

In our survey, 16% of prisoners said that they currently felt unsafe, and the reasons behind this needed exploring to understand fully what this means to prisoners.

The prison was committed to rehabilitation and reducing reoffending but the implementation of the restricted regime brought with it some unavoidable consequences, including the suspension of much of the risk reduction work. Prisoners felt the impact of the lack of progression opportunities and the lack of support from their offender managers. The governor was clear that this could not continue in the long term, and was committed to returning to the rehabilitative focus that the prison used to have.

Social distancing (see Glossary of terms) was weak at times, and handwashing protocols were not always adhered to, but additional cleaning on the wings continued in order to fight the spread of the virus. Staff were responsive to prisoners' needs, and the quality of relationships and interactions was good. It was disappointing that key worker support (see Glossary of terms) had ended and that the use of well-being checks was not as robust as the management team would have liked.

Some aspects of strategic oversight had deteriorated because of the restrictions, including the attention given to equality and diversity. While our survey did not show many differences in outcomes for those with protected characteristics, we found some clear examples of unmet needs for prisoners with disabilities.

We found two areas of key concern with the health care provision. First, delays in prisoners receiving their medication and poor governance in pharmacy created unnecessary risks and caused severe distress for many. Secondly, owing to staff shortages, mental health provision was lacking. Both of these key concerns required immediate attention.

The regime was reliably delivered but, although time out of cell had increased, it still remained limited for most prisoners. However, the prison had plans to increase this further in the very near future. Over a quarter of the population continued to have employment on or off the wings but the lack of formal and purposeful education continued to be a significant gap. The library and gym remined closed five months after the restricted regime had been imposed, and little progress had been made in delivering effective interim provision.

It is to the credit of the staff and prisoners that the consequences of the impact of COVID-19 have been managed well, and at the time of writing this report the establishment had controlled the spread of the virus. It is perhaps now time to harness the obvious 'can do' attitude presented by Wymott, take further steps towards recovery and promote the rehabilitative culture that has, in the past, driven its ethos.

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

Fact page

Task of the establishment
HMP Wymott is a complex category C training prison, with half of the population convicted of sexual offences and others being convicted of a wide range of offences, including violence.

Certified normal accommodation and operational capacity (see Glossary of terms)
Prisoners held at the time of this visit: 985
Baseline certified normal capacity: 1,077
In-use certified normal capacity: 1,077
Operational capacity: 1,020 (temporary reduction)

Prison status (public or private) and key providers
Public

Physical health provider: Greater Manchester Mental Health NHS Trust
Mental health provider: Greater Manchester Mental Health NHS Trust
Substance use treatment provider: Delphi Medical
Prison education framework provider: Novus
Community rehabilitation company (CRC): Sodexo
Escort contractor: GeoAmey

Prison group/Department
Cumbria and Lancashire

Brief history
Wymott opened in 1979 as a short-term category C prison. There was extensive damage to the prison following a disturbance in 1993, after which part of it was rebuilt, and it was redesignated to hold prisoners convicted of sexual offences. The prison population increased in 2003/04, with the addition of two new wings, and again in 2008, when the therapeutic community opened. On learning of the restrictions to prison regimes at the start of the COVID-19 pandemic, the prison entered command mode in March 2020; it adopted a temporary regime and reduced its population by about 100.

Short description of residential units
Shielding units:
- K wing (category C)
- I wing (men convicted of sexual offences (MCOSOs)/older prisoners/social care)
- B wing (MCOSOs, non-cellular accommodation)
- G wing (MCOSOs, cellular accommodation)

Reverse cohort units:
- D wing (category C) (1 landing)
- H wing (PIPE unit - MCOSOs, cellular accommodation) (1 landing)

Prisoner isolation unit:
- D wing (category C) (1 landing)
- H wing (MCOSOs, cellular accommodation) (1 landing)

Workers units (essential workers):
- A wing (MCOSOs)
- C wing (category C)
- F wing (PIPE unit)
- J wing (mixed MCOSOs and category Cs)
- E wing (category C)

Name of governor/director and date in post
Graham Beck (January 2018)

Independent Monitoring Board chair
Diana Kelshaw

Date of last inspection
10–21 October 2016

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 HMI 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. HMI 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:** Many staff we spoke to were convinced that there had been a substantial reduction in self-harm following the implementation of the restricted regime. This was not supported by evidence, and we were concerned that this misconception could inadvertently lead to staff responsible for caring for vulnerable individuals becoming complacent. Listeners were not active in their formal role, which was a serious gap in care.

Key recommendation: Data on self-harm should be used to monitor the trends in incidents during the restricted regime and this should be communicated widely to staff and prisoners. Listeners should be active throughout the prison to provide support to those in crisis.
(To the governor)

S4 **Key concern:** Key worker contact had been suspended since lockdown and there were no immediate plans for its resumption. This meant that there was no reliable method of engaging prisoners in planning for their own progression and ensuring that they were being offered the support they needed.

Key recommendation: Key worker sessions, with a focus on prisoner well-being and the restarting of purposeful rehabilitative work, should be resumed.
(To the governor)

S5 **Key concern:** There was limited strategic oversight of equality work, and there were weaknesses in the monitoring and analysis of equality data and other actions to understand the situation of prisoners with protected characteristics.

Key recommendation: Work on equality should include robust oversight, effective monitoring and action planning, to ensure that the needs of prisoners with protected characteristics are consistently identified and met.
(To the governor)

S6 **Key concern:** The lack of senior leadership, staffing vacancies, weak governance arrangements and the poor pharmacy working environment resulted in delays in delivering medications to prisoners, and created unnecessary risks.

Key recommendation: Managers should ensure that the pharmacy has systems in place to store and dispense medicines in a safe and timely manner, and that urgent attention is given to outstanding remedial work to the pharmacy clinical environment.
(To the governor)

S7 **Key concern:** Prisoners had no access to evidence-based psychological treatment, which resulted in long waiting lists and unmet need.

Key recommendation: Prisoners should have timely access to psychological treatment, commensurate with that in the community.
(To the governor)

S8 **Key concern:** The education providers had been slow to put into place alternative methods of learner engagement and provision, and there was a risk that learners would lose interest or motivation. While the processes and procedures for sending, collecting and assessing work packs were under consideration, elsewhere we had seen these in place for some time.

Key recommendation: The engagement of learners should be prioritised, and education and learning opportunities specific to their needs should be provided. As a priority, a process whereby their work can be assessed should be introduced.
(To the governor)

S9 **Key concern:** For the majority of prisoners, sentence planning and risk reduction work had stopped, and for most there were no immediate plans to resume their challenge, support and supervision. The lack of key worker and prison offender manager contact, delivery of offender behaviour programmes, and therapeutic community and psychologically informed planned environment interventions meant that this had a serious impact on many prisoners' sentence progression.

Key recommendation: Prison offender managers and key workers should engage with prisoners to discuss the impact of the ongoing restricted regime on their individual sentence plan, and set realistic steps and timescales for progression.
(To the governor)

S10 **Key concern:** Resettlement planning had been undertaken remotely, and, for most, plans were developed without the prisoner being present, and often too late towards release to be meaningful and effective. Some of the resettlement agencies had advised their staff not to see prisoners in person, and most staff were still mostly working from home.

Key recommendation: Routine and timely contact with prisoners should be safely resumed, to ensure effective and meaningful release planning.
(To the governor and HMPPS)

Notable positive practice

S11 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.

S12 Inspectors found the following examples of notable positive practice during this visit.

- Staff who had been away from work because of the need to shield were supported in returning to operational duties by being allocated to work on the shielding wings. (paragraph 1.6)
- The prison's motivational approach towards behaviour management was successful in reducing conflict and helping prisoners 'play to their strengths'. (paragraph 1.29)

- Managers had been creative in addressing gaps in family contact. Photographs of over 250 prisoners had been taken, printed off and sent to their families with the message, '…I'm fine, I'll see you soon…'. (paragraph 4.4)
- Phoenix Futures had continued to provide support for families throughout lockdown, using video technology to hold forums and provide up-to-date information on social visits and other relevant topics. (paragraph 4.6)
- The prison had taken extra steps to support some vulnerable prisoners on release, by driving them home or paying for a taxi to ensure that they arrived safely, rather than letting them rely on public transport during the pandemic. (paragraph 4.19)

Section 1. Safety

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

Leadership and management

1.1 The establishment had experienced an outbreak of COVID-19 in early April 2020. Based on the vulnerabilities of the population, which included a large proportion of older prisoners, the projection was that many prisoners would catch the virus and there would possibly be a high mortality rate.

1.2 At the peak of the outbreak, 34 prisoners were symptomatic and a quarter of all staff were absent from work because of the need to shield. Sadly, two members of staff died from COVID-19-related illnesses.

1.3 The senior management team worked with Public Health England and the NHS to establish a plan to control the spread of the virus. Action was taken quickly and effectively to implement guidance and advice. This included a reduction in the prisoner population at Wymott by about 100 prisoners, so that those remaining did not have to share cells. This was an important and necessary step at the time of the outbreak, and no doubt helped in containing the virus over the succeeding five months.

1.4 The establishment had maintained its commitment to managing the ongoing threat of the COVID-19 virus – for example, carefully mapping out where prisoners who were vulnerable or extremely vulnerable to COVID-19 were located and keeping tight management of the number of new arrivals so that the reverse cohort unit (RCU) arrangements were deliverable. The defensible decision log was comprehensive and showed steps taken at different stages of the journey through COVID-19.

1.5 The staff and prisoners should be commended for their ongoing commitment to protecting each other from the virus, and the measures they took when faced with COVID-19. Six out of the 11 wings had been turned into RCUs or shielding units, and these arrangements were well thought out and robustly managed. The regime on these units was reliably delivered, on the whole.

1.6 The establishment had supported staff who had been off work because of shielding to return to the prison by allocating them to work on the shielding wings. Staff movement between wings was kept to a minimum wherever possible.

1.7 To date, no prisoners had died from COVID-19-related illnesses and none had tested positive for the virus for several weeks before our visit. In our survey, three-quarters of prisoners surveyed said that they felt that they had been kept safe from the virus. Those who had had the virus were grateful to staff for the care and support they had received. Others remained fearful of catching it. Many of the shielding prisoners we spoke to wanted a cautious approach to any reductions in the restrictions, particularly given the ongoing issues in some areas of the North-West, and the prison had sensibly adopted that approach.

1.8 Ongoing communication was effective. In our survey, almost all staff said that they had been kept informed about what was expected of them, and that they were able to perform their role despite the restrictions. Prisoners in our survey were equally positive; almost all (89%)

said that the reasons for the restrictions had been explained to them, and almost all (86%) said that the restrictions were necessary.

1.9 We were concerned that many staff were under the impression that self-harm had reduced substantially since the start of the restricted regime. In reality, when the reduced population was taken into account, the rate of self-harm incidents remained at the same level. It was important that the governor corrected this misconception as quickly as possible (see also paragraph 1.32, and key concern and recommendation S3).

1.10 The establishment prided itself on having a clear commitment to rehabilitation and reducing reoffending but the restricted regime had brought a sudden end to much of this, although we were told that this would be temporary. For example, the therapeutic community that had operated for many years had closed, the day centre for older prisoners was not available, key worker and prison offender manager contact had been suspended, the psychologically informed planned environment (PIPE) unit had stopped delivering and no offending behaviour programmes had run since the end of March. The impact on sentence progression for many of the prisoners was already considerable, and many prisoners and staff were frustrated by this.

1.11 National directives had been implemented by the prison as intended since the end of March but the more recently introduced exceptional delivery model (EDM; see Glossary of terms) approval process offered few opportunities for local innovation in practice.

1.12 There were some signs of local recovery but this was fairly cautious at the time of our visit. Time out of cell was still very limited but had actually doubled since the early months of the restricted regime, and the senior management team was planning to provide more time out of cell through evening sessions, which was a sign of further positive progress.

1.13 Most staff surveyed (81%) said that steps had been taken by the prison to keep them safe. At the time of our visit, the number of staff off work due to shielding or being symptomatic was low, at 12. This enabled prison leaders to allocate more resources to the wings, which, in turn, supported positive relationships and a reliable delivery of the regime.

1.14 Social distancing continued to be a challenge, and some staff and prisoners ignored the guidance. In our staff survey, 51% said that it was difficult to socially distance from other staff, and 31% found it difficult to socially distance from prisoners. We acknowledge that the layout of some of the residential units did make this difficult, but we also saw a few examples of staff disregarding the guidance. Adherence to hand washing on entry to the prison and to the wings was limited. The hand-washing facility we used in the gate area on the first day of our visit was not there on the second day. The hand-washing stations intended for use before entering wings were, in reality, rarely used during the two days we were on site.

1.15 Cleaning arrangements, including additional cleaning of communal areas, had been maintained across the prison. We saw prisoners disinfecting handles and rails, and thoroughly cleaning cells soon after they had been vacated.

Arrival and early days

1.16 After a pause following the initial outbreak of the virus, the prison had begun receiving prisoners again a month before our visit. The number admitted was now about 10 a week, which was around half the number received before the restricted regime. The lower rate of admissions, combined with a lowering of the operational capacity, meant that all prisoners could now be located in single cells, a factor which helped the prison manage the threat of COVID-19.

1.17 Reception staff received advance notice of new arrivals, which enabled them to take any necessary precautions and helped them to allocate prisoners to the appropriate wing.

1.18 The design, layout and equipment available in the reception area helped provide a safe space for newly arriving prisoners. The environment was clean and hygienic, and there was clear signage throughout, outlining a 'one-way system'. Staff had access to sufficient personal protective equipment (PPE; see Glossary of terms), and, given the relatively small numbers of prisoners being dealt with, there was adequate space to maintain social distancing.

1.19 In order to avoid cross-contamination, the time spent in reception was kept to a minimum but newly arriving prisoners had the opportunity to have an informal chat with the reception orderly. Once the initial checks of escort records and the warrant were completed, prisoners were picked up by a member of the first night team, who took them directly to one of the two RCUs, normally within an hour, where they would remain quarantined for the next 14 days.

1.20 Category C prisoners were initially located on D wing and vulnerable prisoners were located on H wing. The first night cells we checked in both of these areas were clean and adequately equipped. Safety interviews and the initial health care assessment were carried out on the first night. Prisoners had access to telephones and were given the opportunity to take a shower and exercise when they arrived on the RCU. Some prisoners located on D wing told us that their time unlocked was sometimes restricted to two 20-minute sessions a day instead of the scheduled two 45-minute sessions.

1.21 Given the radical restrictions to the regime, the induction programme was very limited. Information was delivered on an individual basis, and there was an appropriate focus on safety and on helping prisoners to maintain contact with their families. Apart from a representative from the chaplaincy, who normally saw all new admissions within 24 hours, none of the specialists who would normally have participated in the induction process were currently involved.

Managing behaviour

1.22 In our survey, 16% of prisoners said that they currently felt unsafe; 19% said that they had experienced some form of bullying or victimisation from other prisoners and 23% that they had experienced this from staff. The reasons that prisoners felt unsafe or victimised were unclear. We were therefore encouraged to learn that there were plans to reinstate the 'violence forums', which had been run before the restricted regime and provided prisoners with useful opportunities to discuss their experience of, and perceptions about, safety. This, in turn, should enable the prison to adopt a more informed approach towards managing behaviour and improving safety.

1.23 Owing to the pandemic, there had been a large increase in staff absence through sickness and the need to shield, and this had depleted staffing on the wings during the early stages of the restricted regime. As a consequence, security staff had been redeployed, and this had resulted in a reduction in routine security checks being carried out. Despite this, we found that the prison had remained stable and that it was calm and well ordered. Security meetings continued to take place throughout the lockdown period, and the intelligence available indicated a reduction in illicit drug misuse but an increase in the prevalence of 'hooch'. The prison had responded appropriately to the ongoing threats by deploying drug dogs and by continuing to make effective use of the Rapiscan machine, introduced at the beginning of the year, which helped prevent illicit substances from entering the prison through the mail. Despite this, a quarter of prisoners responding to our survey said that it was easy to get illicit drugs in the prison.

1.24 Records indicated a large reduction in the number of violent incidents in the four months after the implementation of the restricted regime compared with the same period before this. The numbers of prisoner-on-staff and prisoner-on-prisoner assaults had decreased dramatically. Staff told us that the level of antisocial behaviour during the last four months had reduced. This was reinforced by a report from the maintenance contractor, which reported that referrals for vandalism had reduced over the previous quarter, and in July had reached an all-time low.

1.25 There had been a slight rise in the use of force, but most of this could be attributed to an increase in the amount of 'guiding holds', which were used when prisoners resisted the necessity to adhere to the tight regime. We were concerned about excessive use of force in one case, and the prison had initiated an investigation into this.

1.26 The care and separation unit (CSU) was currently running at half capacity. The unit was well run, and staff and managers knew the prisoners they were caring for. In addition to the standard internal checks, the Independent Monitoring Board was being kept up to date about matters of concern on the unit.

1.27 During our visit, four prisoners were subject to a challenge, support and intervention plan (CSIP; see Glossary of terms). Two of them were in the CSU, and when we examined their files it was evident that the CSIP process was not being followed properly.

1.28 We found evidence that staff were taking the impact of the restricted regime into account when they were managing behaviour, by exercising their discretion appropriately. The number of adjudications had greatly reduced, and although the independent adjudicators had recently resumed work, they were dealing with only the most serious cases.

1.29 Positive use was being made of the prison's incentives scheme, which was motivational and had an additional level to that which we normally find in such schemes. Sixty-seven per cent of prisoners in our survey said that they felt they had been treated fairly under the scheme. It was noteworthy that the scheme placed a strong emphasis on identifying strengths within individuals. The 30 or so prisoners who had attained the highest level of 'community leader' could receive an additional parcel sent in by friends and family, and the respect that was associated with this role was something which they seemed to value in particular.

1.30 No prisoners were on the lowest level of the scheme at the time of our visit, and none had been left without a television during the lockdown period. Access to stored property had been made easier, and deductions were no longer being taken for the use of televisions.

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

1.31 Records showed that five prisoners had died at the prison since the beginning of 2020, but none of these deaths were related to COVID-19. Independent investigations into the first death had been completed, with no serious concerns raised, and the prison had received praise for the high standard of clinical care provided. Enquiries into the deaths of the other two prisoners had not yet been completed. Investigations into 'near fatal' incidents of self-harm were still taking place, and records showed that these were thorough, with learning points identified.

1.32 Most staff we spoke to believed that the rate of self-harm had decreased substantially since the lockdown, and this was reinforced by comments that staff made in our survey. Our own investigation showed that, although the level of self-harm was not high, taking into account the reduction in the population, the rate of incidents which had taken place in the four

months following the lockdown remained similar to that in the previous four months. We were concerned that the strong staff perception that self-harm levels had gone down might inadvertently lead to a degree of complacency among those responsible for vulnerable individuals (see also paragraph 1.9, and key concern and recommendation S3).

1.33 Information relating to safety was systematically gathered from a number of sources. This, along with any risk-related information associated with COVID-19, was recorded on a useful database and had been used to help make decisions during the pandemic. However, although data to determine patterns and trends could be extracted on request, it was not being used in this way, leaving trend analysis weak.

1.34 In early June, a useful system of well-being checks was introduced. These were intended to provide a regular in-depth level of contact, and to supplement the existing, simpler, daily welfare checks. They were designed to help assess the needs of vulnerable individuals in particular. In practice, we found that staff were confused about the difference between these two types of check and this was reflected in erratic recording, raising questions about how effective the checks actually were.

1.35 Suitable arrangements remained in place to allow the prison to support vulnerable prisoners. The complex case meeting continued to meet weekly, and this forum provided an effective way of identifying, monitoring and reviewing individuals with the highest need. Specialist staff attended these meetings and linked well with staff based on the wings, to offer appropriate care and support.

1.36 During our visit, one prisoner was being constantly supervised owing to his risk of self-harm. He was located in the CSU, rather than on a main wing, but we were assured that the decision to use the CSU was defensible, had been taken after seeking specialist advice and was only intended as a temporary measure, pending him stabilising on his medication.

1.37 Structured support was offered to prisoners who chose to self-isolate because of issues with other prisoners, and during our visit there were two individuals in this category. They were known to staff and appropriately supported.

1.38 Following the introduction of the restricted regime, an average of 26 assessment, care in custody and teamwork (ACCT) case management documents were opened each month for prisoners at risk of suicide or self-harm, with most of the incidents of self-harm involving cutting. Where possible, staff made efforts to conduct face-to-face reviews with these prisoners. Reviews normally involved the custody manager and a mental health nurse, and sometimes a member of the chaplaincy. There were six ACCT documents open at the time of our visit, and the records we viewed indicated that prisoners subject to these procedures received an acceptable level of support and care.

1.39 The Listener scheme (by which prisoners trained by the Samaritans provided confidential support to their peers), which would normally have provided an important additional protective factor, had not been operating properly since the end of March 2020 (see key concern and recommendation S3). Orderlies working in reception and on the RCUs were often Listeners (see Glossary of terms), and they continued to offer some limited, informal support. Prisoners had the telephone number for the Samaritans on their PIN account and had access to a Samaritans telephone if needed but this did not make up for the lack of access to a proactive Listener scheme.

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 Despite the major challenges that the prison had faced during the pandemic, our staff survey found that morale among prison staff was generally high, and we observed staff who were friendly and accessible. This was reflected in our prisoner survey, in which 85% of respondents said that most staff treated them with respect, and 82% that there were staff that they could turn to if they had a problem. We saw many positive exchanges between staff and prisoners. However, the limited time out of cell experienced by most prisoners meant that most interactions were brief and focused on day-to-day needs.

2.2 Key work had been suspended during the pandemic, which was frustrating for prisoners (see key concern and recommendation S4). Although the recent introduction of well-being checks (see paragraph 1.34) was a positive development, these were not yet well implemented, and were no substitute for consistent and effective key worker sessions. In our prisoner survey, only 41% of respondents said that a member of staff had talked to them in the last week to see how they were getting on.

2.3 Prisoner information desk workers remained available on the wings but were limited in scope and the range of help they could offer.

Living conditions

2.4 Living conditions for prisoners were generally good and they all now had single cells. An enhanced cleaning regime was in place and we found that it was being well implemented, and that the living areas of the prison were clean.

2.5 Most prisoners could take daily showers, although the communal showers on some of the units were in need of refurbishment. We found that prisoners returning from work had very limited time to take showers or carry out other domestic tasks. Cell cleaning and personal hygiene products were not always readily available to prisoners in some of the units.

2.6 Prisoners were given clean bedding and towels but because the main prison laundry was closed for repairs, the frequency with which these were provided had decreased from weekly to fortnightly. Most prisoners had ready access to laundry facilities, although washing machines and tumble dryers on some units had been out of action for several months.

Complaints, legal services, prisoner consultation and food and shop

2.7 The number of complaints submitted had decreased by about 25% since the end of March. In our survey, 68% of prisoners said that it was easy to make a complaint. However, we found that complaint forms were not readily available in all of the units, and there were sometimes delays in completed forms being collected. It was positive that a sample of responses to complaints was reviewed by managers, but the suspension of the oversight board had had an

adverse impact on quality assurance. The applications process had not been much affected by the restricted regime and was running reasonably well.

2.8 Consultation with prisoners, which had been suspended at the end of March, had resumed on some units. Monthly meetings of the well-attended and useful prisoner council had restarted in June. However, representatives from shielding wings were not able to attend these meetings, and measures to ensure that their concerns were considered at this forum were not effective.

2.9 In our survey, 71% of prisoners said that the food they were served was good or reasonable. Packs of extra snacks were also provided. Most prisoners collected their meals during a phased unlock, which was appropriate in the circumstances. Positively, a consultation on food provision had recently been undertaken and the results were under consideration.

2.10 Access to prison shop ordering processes had not changed during the restricted regime but orders were now distributed to prisoners at their cell doors, which eased bullying and the risk of getting into debt. Prisoners we spoke to complained that it was difficult to access some catalogues items.

Equality, diversity and faith

2.11 Our survey showed very few significant differences in perceptions of treatment among prisoners with protected characteristics, as compared with other prisoners. However, work to promote equality and diversity had been considerably hindered during the restricted regime. There was a custodial manager leading the work, but she was regularly deployed to other duties. The process for appointing an equality manager was under way. There had been no diversity, equality and inclusion (DEI) meetings between March and August, and the one that had taken place since then had not been well attended.

2.12 Although two-monthly equality reports had been produced throughout the lockdown, the monitoring of outcomes for prisoners was hindered both by incomplete data on the equality monitoring tool and limited analysis of locally produced data. Moreover, there was an absence of meaningful consideration of the data in the period when the DEI meetings were not taking place (see key concern and recommendation S5). Cooperation with external agencies to promote the equality agenda had stopped at the beginning of the restricted regime and had not resumed.

2.13 Meetings for prisoners with protected characteristics had recently resumed. A black and minority ethnic prisoner forum had recently taken place, and had highlighted important issues for the prison to consider. Forums for other prisoners with protected characteristics were being planned, but over an extended period and with limited consideration given to ensuring that the views of those on shielding units were gathered.

2.14 Investigations into discrimination incident report forms (DIRFs) had continued during the restricted regime, and this had been communicated both to prisoners and staff. However, we found that DIRFs were not readily available on several units.

2.15 We found unmet need for some prisoners with disabilities that needed addressing. Not all these prisoners had the necessary in-cell adaptations or facilities. Some told us of problems with broken wheelchairs and unsuitable beds, and one prisoner had waited almost a year for grab rails to be fitted in his cell, which was unacceptable.

2.16 Wymott had an older population, with a third of all prisoners aged over 50. The day centre for older prisoners had closed at the start of the restricted regime, and we could not see plans to reinstate this, which increased the sense of isolation for these prisoners.

2.17 The active and dynamic chaplaincy clearly played an important role in supporting prisoners during a very challenging period. In the absence of corporate services, they provided prisoners of many faiths with important resources for worship.

Health care

2.18 Partnership working between the health care provider, prison managers, NHS commissioners and Public Health England was evident and monthly local delivery board meetings had continued throughout the pandemic. Public Health England had commended health care staff and the prison for their management of the early stages of outbreak in April 2020.

2.19 An outbreak control plan and contingency arrangements were in place to ensure that health care services continued to be delivered, and there were consistent supplies of PPE available. All staff had been fit-tested for FFP3 masks, and emergency equipment had been updated in line with current guidance. Health care managers were developing recovery plans, which were due to be submitted to HMPPS in early September.

2.20 Access to patients remained limited because of the restricted regime, and in our prisoner survey 57% of respondents said that it was difficult to get a GP appointment. Primary care staff were providing wing-based triage and treatment, and appointments in the health care department were well managed, with social distance markings on the floor and patients being offered a face covering and hand sanitation.

2.21 Patient clinical records indicated that the reduced number of new arrivals continued to receive a comprehensive health screening, and there was good oversight of those on the RCUs and who were shielding. Waiting lists had grown over recent months, and health care staff were working hard to reduce these; however, despite the need, prisoners had no access to a podiatrist. Eight prisoners were in receipt of a social care package (see Glossary of terms), with good arrangements for delivery and oversight.

2.22 Most routine hospital appointments had been cancelled, although urgent appointments had taken place and there was evidence that some telephone consultations with external specialists had been facilitated. X-ray and ultrasound services continued to provide a visiting service to patients.

2.23 From April 2020, Greater Manchester Mental Health NHS Foundation Trust provided the dispensing pharmacy service, which also covered HMP Garth. Many prisoners and health care staff we spoke to expressed frustration at the poor timeliness of access to medicines. In-possession supplies were being delivered door-to-door on every wing, which resulted in delays and created extra work. Weak governance arrangements, staffing vacancies, inadequate storage facilities and a lack of space in the pharmacy, in adition to a lack of senior leadership, were creating serious risks, and needed immediate attention (see key concern and recommendation S6).

2.24 Mental health staff were prioritising support for prisoners needing acute and urgent care, and attended all initial ACCT reviews. A psychiatrist delivered twice-weekly clinics, and care for those with severe and enduring mental health problems was responsive. However, as a result of vacancies, sickness and shielding arrangements, prisoners did not have access to

evidence-based psychological therapies, and waiting lists for treatment were extensive (see key concern and recommendation S7).

2.25 At the time of the visit, 57 prisoners were in receipt of opiate substitution therapy and they continued to receive appropriate clinical reviews. Delphi Medical provided psychosocial support, which had been curtailed as a result of the pandemic, although clients received one-to-one support face to face if necessary and there had been good use of in-cell resources which had been created by the team. There were well-developed plans to resume group support once the regime allowed.

2.26 Emergency dental appointments had been facilitated throughout the lockdown, and patients were assessed and offered advice by the dentist on the wings. The service was risk assessing the 32-week waiting list, to establish clinical priorities.

Section 3. Purposeful activity

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

3.1 Time out of cell was still very restricted for non-working prisoners. In July, the prison had increased their time out of cell from 45 to 90 minutes a day; this meant that most prisoners still spent 22.5 hours a day locked in their cells. We were told that a third, evening session out of cell was being considered.

3.2 Most prisoners had daily access to the open air, with the exception of those on one of the RCUs, for whom time outside was severely limited if there were several different cohorts of prisoners on the wing.

3.3 There were 252 prisoners in employment during our visit, which represented over a quarter of the population. While 180 of these were working on their units, the remainder had duties in other parts of the prison, including in the kitchens, gardens and workshops. We visited a workshop and found that it was operating in accordance with enhanced safety procedures.

3.4 Most education and learning activities, including all classroom learning, remained suspended and staff from the education provider had only just started to come back on site. Twenty-five learners were undertaking Open University or distance learning, but they had experienced disruption and delay. Generic in-cell education packs had garnered little interest and there was limited take-up among prisoners (see key concern and recommendation S8). There was a wide range of other in-cell activity packs and reasonably good use of the Wayout TV channel, to promote well-being and give information. In our survey, older prisoners appreciated the in-cell activity packs more than others.

3.5 The library remained closed and 'mini-libraries' had been established on each unit. Provision varied, in terms of the quality and quantity of resources available. Most simply amounted to piles of books and materials, rather than anything resembling an operational library.

3.6 The gym also remained closed. The very recent introduction of outdoor PE sessions was positive, although had been very limited in the week before our visit. Moreover, this had been introduced much later than we have seen in other prisons.

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 The establishment did not have in-cell telephones, and prisoners could only use the wing-based communal telephones and the prison's supply of mobile devices. Despite this, nearly all prisoners in our survey (98%) said that they could use a telephone every day. Prisoners appreciated the £5 telephone credit they received each week, and that all call costs had been reduced by about 15%.

4.2 Social visits had resumed at the end of July, and included weekend sessions. Prisoners could have one visit per month, lasting one hour. At the time of our visit, take-up was low, with only 41 prisoners having had a visit. We were told that local community lockdown restrictions in the North-West region had had a considerable impact on the number of visitors willing and able to travel to the prison. Catering was not provided and children under 10 years of age were not allowed to visit. The ban on physical contact between prisoners and their families had deterred some prisoners from having a visit, as they preferred not to have one at all than to have one and not be able to hug their loved ones. Legal visits were still suspended and a date to reinstate them had not yet been agreed.

4.3 Video calling (known as 'Purple Visits'; see Glossary of terms) had recently been introduced and was currently free of charge. There had been some early technical problems, but staff had worked hard to resolve these. Initial uptake was lower than expected, with around 20% of prisoners using the service in its first month. Prisoners were allowed one half-hour video call each month, but those on the RCUs did not have access to this facility, and this needed to be resolved.

4.4 Managers had been innovative in addressing gaps in family contact. Photographs of over 250 prisoners had been taken, printed off and sent to their families with the message, '…I'm fine, I'll see you soon…'.

4.5 Prisoners could receive and reply to correspondence from their families via the 'email-a prisoner' scheme, and about 70 emails each day were received. However, replies from prisoners to their families were sometimes delayed.

4.6 Phoenix Futures had resumed face-to-face contact with families in the visitors centre, to greet them, answer their questions and help put them at ease. Their capacity had been increased, to cover the additional days when visits now took place. Staff had continued to provide support for families throughout the restricted regime, using video technology to hold forums and provide up-to-date information on visits, restrictions and other relevant topics. Staff also provided additional support for more vulnerable families with social difficulties, offering signposting to community organisations for help.

Sentence progression and risk management

4.7 The establishment held a challenging mix of prisoners. Most prisoners were assessed as presenting a high risk of serious harm to others, and nearly all were serving sentences of four years or more. Approximately 20% of the population were serving indeterminate sentences and about half were prisoners convicted of a sexual offence.

4.8 In our prisoner survey, only 51% of respondents who knew about their sentence plan said that staff were helping them to achieve it. Since the start of the restricted regime, prisoners had not received any regular contact from prison offender managers to drive their sentence progression or engage them in planning. Face-to-face contact had all but stopped, with prison offender managers only seeing prisoners when there were sensitive issues to discuss, such as child adoption proceedings or upcoming trial hearings. For most prisoners, there was no immediate plan to resume supervision for all but the most 'essential' cases, such as those approaching their parole date or release. Managers estimated that only about 20% of the population would qualify for this support (see key concern and recommendation S9).

4.9 Nearly all prisoners had an offender assessment system (OASys) assessment on the system but only about two-thirds of these had been reviewed within the last 12 months, the time frame which we consider to be best practice. Those reviewed since the introduction of the restricted regime had been carried out without face-to-face engagement with the prisoner, which potentially undermined their quality.

4.10 Recategorisation reviews had continued and were mostly timely. Twenty-six prisoners had transferred to open prisons over the last five months, but at the time of our visit 14 prisoners were still waiting to move.

4.11 The application of public protections measures had been maintained and was sound. The interdepartmental risk management team had continued to meet and was thorough and effective, particularly in its oversight of prisoners approaching release and ensuring that multi-agency public protection arrangements (MAPPA) levels were set in sufficient time. Identification of prisoners who required monitoring was appropriate and reviews were timely, and at the time of our visit there was no backlog of telephone calls waiting to be listened to.

4.12 Before the end of March 2020, the prison had run a range of offending behaviour programmes but since the start of the restricted regime, all delivery had been suspended. This was an understandable source of frustration for prisoners who were keen to progress, and was particularly important at Wymott because of the prison's function as a training prison. Efforts had been made by the programmes team to prepare and resume delivery for those prioritised with the greatest need, such as prisoners with upcoming parole and release dates and indeterminate-sentenced prisoners over tariff. Adapted proposals within the constraints of the level 3 EDM were being progressed, some of which had started very recently. However, it was evident that some prisoners would be released without completing the interventions they needed.

4.13 Treatment for prisoners on the PIPE unit had been suspended, and the therapeutic community that had been running for many years had closed to create space for shielding prisoners. Although there was a commitment to reinstating it at some point in the future, it was unclear when opportunities for prisoners who were engaged in this community would be resumed.

Release planning

4.14 The establishment was not meant to release prisoners directly into the community but because of difficulties in transferring prisoners to resettlement prisons, about 25 prisoners were being released each month, with many presenting a high risk of harm to others. In our prisoner survey, only 34% of those expecting to be released in the next three months said that someone was helping them to prepare for release.

4.15 The CRC had been working entirely remotely until recently, when one worker started working in the prison for one day a week. The prison also provided some limited resettlement support directly, although at a reduced level. Resettlement plans continued to be developed remotely, which was poor practice, and although efforts to engage with prisoners via self-assessment paper questionnaires and telephone calls were offered, not all prisoners did so, and this was not an adequate substitute for face-to-face engagement (see key concern and recommendation S10).

4.16 Where resettlement plans were in place, too many were developed too late for them to be meaningful and effective. A lack of timely referrals from community offender managers to trigger CRC support, coupled with insufficient up-to-date information and direct prisoner contact contributed to this (see key concern and recommendation S10).

4.17 Prisoners were not able to access specialist finance, benefit and debt advice as all provision had been withdrawn since lockdown. Efforts had been made to ensure that prisoners' housing needs were met. Since the start of the restricted regime, 130 prisoners had been released, and all had gone to some form of accommodation. Nearly half had gone to a probation approved premises, but some had gone to transient or temporary accommodation, including a bed and breakfast establishment, which is a concern in high risk of harm cases.

4.18 No prisoners had been released under the end of custody temporary release scheme (see Glossary of terms) or special purpose licence release on temporary licence (see Glossary of terms). Most prisoners were not eligible for home detention curfew; however, of the four prisoners who had been approved since March, all had been released on time.

4.19 The prison had taken extra steps to support a very few vulnerable prisoners on release, by driving them home or paying for a taxi to ensure that they arrived safely, rather than letting them rely on public transport. For one prisoner with learning difficulties and other vulnerabilities, this had been very much appreciated by both himself and his family.

Section 5. Appendices

Appendix I: Scrutiny visit team

Sandra Fieldhouse	Team leader
Jade Richards	Inspector
Chris Rush	Inspector
Ian Macfadyen	Inspector
Shaun Thomson	Health care inspector

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.