Developing HMI Prisons scrutiny during recovery from the COVID-19 pandemic

From thematic to individual establishment scrutiny visits

The short scrutiny visit (SSV) model developed by HM Inspectorate of Prisons (HMI Prisons) in April 2020 was designed to provide independent oversight of a system navigating its way through the COVID-19 crisis. SSVs were developed to minimise the burdens of inspection at a time of unprecedented operational challenge. They involved two to three inspectors spending a single day in an establishment. The methodology is set out in detail here for men's prisons and the youth custody service, women's prisons and immigration removal centres and our published reports can be read on our website. By the end of the SSV programme in early July 2020, HMI Prisons will have undertaken SSVs in 31 prisons and four immigration removal centres.

Our SSV reports show that swift action by the prison service appears to have prevented widespread transmission of the virus and averted the potentially disastrous consequences that some had feared. We have seen fewer cases of COVID-19 than were initially predicted, prisons have been stable and they have had enough staff. Prisoners have largely accepted the need for the actions taken and cooperated with staff.

However, the extreme nature of the measures that have been put in place have taken a toll. Time out of cell, work and education have been severely curtailed. The suspension of visits and consequent loss of face-to-face contact with children and families have been painful burdens for many. There has also been a reduction in support services, including those intended to promote rehabilitation and help with release planning. It is clear that this is not a sustainable state of affairs.

The COVID-19 pandemic picture has changed significantly since the restricted regimes were implemented in prisons on 23 March 2020. While the threat posed by the virus remains high, the risk calculation is changing. There has been a relaxation of restrictions in the community, which has not yet been matched in prisons. Increasingly, we are seeing evidence of fatigue and frustration among prisoners. They have complied with exceptional restrictions but are finding it harder to understand or cope with them. While some restrictions must continue to be applied in the interests of safety, they must be demonstrably necessary, proportionate and balanced against the negative impact they may have on prisoners.

In light of these factors, it has become clear that it is time to change our approach to oversight. The most pressing need, often identified by prison managers themselves, appears to be for a greater focus on individual establishments rather than higher level thematic reports. This paper sets out an incremental development of the SSV model that takes account of this point. It also recognises that prisons now require and can accommodate more intensive scrutiny, even though the ongoing challenges they face mean that it is too early for the restoration of full inspections.

The breadth and depth of scrutiny will be expanded through longer 'scrutiny visits' (SVs), which focus on individual establishments. The SV approach is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic. It will take account of, but not be limited by, the 'regime stage' at which prisons are operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services. There will be a continuing strong focus on health and safety to minimise the risk of spreading infection through visits.

1. Statement of purpose for SVs

Individual establishment scrutiny visits (SVs) will provide effective independent scrutiny of a prison system that is in recovery from the effects of COVID-19, while continuing to adhere at all times to the 'do no harm' principle. This means that HMI Prisons will take all reasonable steps to mitigate risks for detainees, prison staff and its own staff, and will work in line with national guidance.[i]

SVs recognise that prisons are stable enough for more intensive scrutiny of prisoner outcomes, but that the ongoing challenges presented by the COVID-19 pandemic mean that it is too early for the restoration of full inspections.

SVs will examine the necessity and proportionality of measures taken in response to COVID-19, and the impact that they are having on the treatment of and conditions for prisoners during the recovery phase.

SVs will critically assess the pace at which individual prisons (re-)establish constructive rehabilitative regimes. They recognise that establishments will be at different points in their recovery journey.

SVs will provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly and notable positive practices shared.

2. Key characteristics of SVs

The rest of this paper details the next phase of our scrutiny visits methodology. It is tailored to current circumstances and focuses on the treatment of and conditions for prisoners during recovery from the COVID-19 crisis.[ii] The methodology has been developed following a human rights scoping exercise, an Equality Impact Assessment and consultation with stakeholders, and it takes account of learning from the short scrutiny visits. The visits will entail a total of three days on site: one day in week one, and two days in week two. The first week will be primarily to carry out a prisoner survey. The SVs will have the following main characteristics:

- Visits will be announced to HMPPS two weeks in advance.
- One to two prisons will be visited most weeks.
- Individual prison reports will be produced, ensuring more detail and accountability.
- Inspectors will spend two days on site, allowing coverage of more areas and greater triangulation. A further inspector will work off-site.
- The team will normally comprise five inspectors, but an additional member of staff may attend for induction purposes.
- If there are heightened concerns about virus transmission in the selected establishment, HMI Prisons may reduce the number of on-site staff and/or the time spent in the prison. The visit may also be postponed.
- The Chief Inspector or Deputy Chief Inspector will attend some visits.
- Data will be requested from the prison in advance.
- Inspectors will look at key areas based on a sub-set of our existing human rights-based *Expectations*. Inspectors will use guidance questions related to each *Expectation* (see below, section 5).

- There will be examination of areas of thematic interest.
- There will be restoration of a specially designed prisoner survey.
- A staff survey will be retained.
- The report will be published within four weeks of the visit.
- There will be a narrative judgement in the introduction that directly addresses progress towards recovery, but no scores.
- There will be a small number of key concerns and recommendations.
- Notable positive practice will be included.

3. Continuation of policy analysis and remote monitoring through data analysis

In addition to undertaking SVs, we will continue to systematically gather and analyse information and intelligence and to undertake policy analysis. This will help us to determine which establishments to visit and will be included in briefings provided to inspectors ahead of each SV. The following strands of policy analysis and remote oversight have become embedded during the SSV methodology and will continue.

1. A strong strand of policy analysis:

    - Examine new legal powers relating to detention introduced as part of the response, and their impact on treatment and conditions.
    - Monitor whether new places of deprivation of liberty/detention are opened or the functions of places of detention change, and what governance is in place for these establishments.
    - Examine the impact of policy responses. For example, the release of administrative immigration detainees or early release of prisoners.

2a. Maintenance of the following lines of communication to ensure that information is received regularly from the sources listed below. This is a non-exhaustive list of data to be collected outside of SVs (it is not the same as the data request that will be made as part of an SV):

    - Daily information from central government (COBR)
    - Daily situation reports from the Ministry of Justice (MoJ)
    - Daily establishment-level information from HM Prison and Probation Service (HMPPS)
    - Daily incident reports
    - Information received via correspondence and phone calls to HMI Prisons
    - Information from Independent Monitoring Boards (IMB), including via the IMB Secretariat
    - Information from partners, NGOs, families, prisoners and other stakeholders
    - Information from the media
    - Intelligence from HMI Prisons staff
    - Intelligence from Twitter and other social media

2b. Organisation and analysis of the information gathered to assess risks and determine priorities:[iii]

    - Identify specific problems and concerns at individual establishments such as:
        - acute staffing shortfalls
        - clusters of COVID-19 infection
        - spikes or increases in indicators such as self-harm, use of force and concerted indiscipline
        - concerns about local capability and proportionality of response
        - concerns about health provision.
    - Identify emerging themes across establishments such as:
        - shortages of equipment

- lack of escort staff to facilitate transfer to hospital.
- Use the information to make risk-based recommendations for further monitoring and/or site visits (weekly updates). These recommendations will be judgement-based rather than algorithmic, as the quality, quantity and consistency of the available information is likely to be variable.

4. SV timetable[iv]

Announcing and risk assessing the visit

- HMPPS will be notified of the visit location approximately two weeks in advance.
- HMPPS will advise HMI Prisons if there is heightened concern about virus transmission in the selected establishment. HMI Prisons will take this into account during its risk assessment and may also seek advice from Public Health England (PHE). HMI Prisons may then decide to undertake one or more of the following actions:
  - reduce the number of staff on site to a minimum of three in the second week and a minimum of four in the first week
  - reduce the amount of time on site in the second week
  - decide to postpone the visit and select a different establishment for the SV.
- One week in advance, on the Monday before the week one visit, the coordinating inspector will contact the prison directly to discuss arrangements for the visit. They will begin the health and safety risk assessment process, taking particular account of factors such as sudden critical staff shortages or increases in virus cases.
- On the same day, the coordinating inspector will send the prison the following documents: this methodology paper; information about the conduct of the prisoner and staff surveys; and a template to help plan the surveys, which should be returned by Thursday.
- The prison will be invited to provide initial responses to the list of guidance questions in the methodology paper before the main visit week. This will reduce the amount of management time that inspectors need to take during the visit. However, it is understood that operational pressures may hinder the prison's capacity to meet this request.
- Risk assessment of the week one visit will be completed by the coordinating inspector in liaison with the prison, and circulated to the team leader, lead researcher, health and safety lead and HM Deputy Chief Inspector of Prisons (HMDCIP). Account will be taken of current health risks, national guidance and adherence to the 'do no harm' principle. The governor will be asked to contact the coordinator as soon as possible if there are sudden changes in risk.
- A liaison officer will be appointed by the establishment to coordinate information gathering and make practical arrangements for the week one and week two site visits.

Week one visit – Prisoner survey and preparation for the full team visit

- The team will usually spend one day on site: Tuesday.
- On that day, HMI Prisons will announce the SV on Twitter and invite stakeholders to provide relevant information. Such information should be sent to: intel@hmiprisons.gov.uk
- The team will arrive in the prison on Tuesday morning at about 9am. The team will normally consist of the coordinating inspector, two researchers and one survey support inspector. The same inspectors will attend the establishment the following week.
- Staff will be allocated to establishments as close to their homes as is possible without compromising delivery of the SV.
- Staff will have laptops and a camera with them.
- Hotels may be used if needed.
- The coordinating inspector will meet with the governor/director to discuss key issues.

- The coordinating inspector will give the liaison officer the information request.
- Researchers and the support inspector will carry out the prisoner survey.
- The coordinating inspector will produce a short, written briefing for the full team, having visited key areas if it is safe to do so.
- The coordinator's briefing and information from the liaison officer will be distributed to teams on Thursday.
- The results from the prisoner and staff surveys will be distributed to inspectors on Friday.

Week two visit – Main visit week

- The team will spend two days on site: Tuesday and Wednesday.
- The coordinator will complete an updated risk assessment on Monday and circulate it to the team leader, health and safety lead and HMDCIP. Account will be taken of any current health risks and national guidance, and adherence to the 'do no harm' principle.
- Five inspectors will normally attend the prison, but this may be reduced to three or four in line with the risk assessment (a five-person team would include a team leader, three core inspectors and one health care inspector).
- Staff will have laptops and a camera with them.
- If HM Chief Inspector of Prisons (HMCIP) or HMDCIP attends, they will speak to the governor and undertake a limited tour of the prison with a member of prison staff, if available.
- An additional off-site inspector will assist the on-site team by gathering and collating data remotely. For example, they may check NOMIS and OASys, and provide case studies and analysis for the on-site team.
- Inspectors will arrive by about 9am depending on distance travelled. One or more team members, normally including the team leader, may attend the morning meeting.
- Immediately after the morning meeting, the team leader and potentially one other inspector will meet with managers to discuss key questions. It will not be possible to go through all of them, and selection will be down to the discretion of the inspectors attending the meeting.
- Hotels will be used if needed.
- Team meetings will be kept as short as possible and will be by telephone or Microsoft Teams if necessary.
- If the prison does not have a large enough board room, the team will use different rooms across the establishment. Health care and the rehabilitation and release planning (RRP) inspectors could be based in or near their respective departments.
- The team leader will meet the governor before leaving the prison to feed back emerging findings.
- On Thursday, the team will prepare feedback bullet points off site.
- A Thursday 2pm meeting will discuss the bullets via Microsoft Teams. This will include HMCIP or HMDCIP. This meeting will agree notable positive practice, key concerns and recommendations and key overarching points to assist the narrative judgement in the introduction.
- Notable positive practice is defined as, '*Innovative practice or practice that leads to particularly good outcomes from which other establishments may be able to learn*'. Inspectors will apply the following tests to establish if the threshold has been reached:
  - Is there triangulated evidence of good outcomes for prisoners/detainees?
  - Does the example show an original, creative or particularly effective approach to problem-solving or achieving the desired goal?
  - Is it apparent how other establishments could learn from or replicate the practice?
- On Friday, the team leader will send feedback to the governor or director, copied to HMPPS officials, and follow up by phone or Microsoft Teams if necessary. Health inspectors will send feedback to health commissioners and providers.
- From Thursday to Monday, team members will write their sections of the reports.

Report writing and editing

- By 11am on Monday, the team leader will circulate the introduction to the team.
- By 3pm on Monday, all contributions will be sent to the coordinator, copied to the team leader.
- By 1pm on Tuesday, the coordinator will send the collated report to the team leader.
- By 5pm on Thursday, the team leader will send the report to the editor.
- The publications team will complete the report's production, including a five-day window for factual accuracy checks. Publication will be within a month of the visit.

5. What will the SVs look at?

SVs will maintain a clear focus on prison recovery, regime expansion and realistic progression plans. They will look at key areas based on our existing human rights-based *Expectations* and will use the questions below to guide them. These questions are linked directly to the *Expectations* and are designed to help inspectors get to the heart of the issues quickly during their limited time on site. They can also help establishments to understand the probable main focus of inspectors' inquiries before the SV. They are *not* a prescriptive checklist and inspectors will continue to identify other issues relating to treatment and conditions. The questions will be adapted for use in different types of custodial environment. Triangulation of evidence will be supported by the prisoner and staff surveys, data analysis and evidence from stakeholders, including the IMBs and PPO.

The selection of the relevant *Expectations* and the development of the guidance questions followed a human rights scoping exercise specific to COVID-19 (available on our website) and consultation with relevant government departments/bodies, inspection partners and NGOs, and also took into account findings from SSVs.

Guidance questions

Establishments will be sent the questions two weeks in advance of the main visit, when the HMI Prisons coordinator first contacts the prison. Given the limited time that inspectors will be on site, it would help if managers could provide some response to the questions in advance of the visit. Bullet points and/or a summary briefing addressing the key points will suffice. This will reduce the amount of management time that inspectors need to take during the visit. However, it is understood that operational pressures may hinder the prison's capacity to meet this request.

1. Safety

1a. Leadership and management

- Are lessons being learned from the pandemic? Have positive practices been retained, e.g. in relation to cleaning, vulnerability, population pressures and the use of technology?
- Is oversight and management of the risk of infection effective in safeguarding prisoners and staff? Are social distancing and handwashing adhered to?
- Are the restrictions on activity and movement demonstrably necessary and proportionate? Are safeguards in place to ensure that restrictions do not amount to ill-treatment?
- Are realistic recovery plans being implemented and are they understood and supported by staff and prisoners?
- Is there clear and effective communication with staff and prisoners about the restrictions, and about the prison's journey towards recovery, including in a range of languages and formats?
- Are managers ensuring that staff and prisoners have enough support?

- Are cohorting arrangements (PIU, RCU and shielding units) applied effectively and in line with advice from health care staff?

1b. Arrival and early days

- Are prisoner movements being managed safely and respectfully?
- Do reception procedures ensure prisoners are kept safe?
- Can prisoners make contact with family/friends on their first night?
- Does the RCU regime provide daily access to showers, exercise and other facilities?
- Is induction comprehensive and suitable for prisoners who speak other languages or who have literacy problems? Does it clearly describe what opportunities prisoners have for constructive activity and progression?
- Are Listeners and peer workers able to support and inform arriving prisoners?

1c. Managing behaviour: encouraging positive behaviour, adjudications, use of force, segregation

- What is local security intelligence telling the prison about the way that COVID-19 has affected the establishment? Have relevant actions been taken in response to this analysis?
- What is the evidence on drug use, victimisation and use of force? How is the prison responding to this?
- Has the prison maintained adequate oversight of key areas such as use of force and segregation (including analysis of data and action planning) to ensure that all uses are necessary and proportionate? Is consideration given to minimising the spread of COVID-19 when using force?
- What is the prison doing to motivate good behaviour? Can prisoners still progress on a rewards scheme?
- Are disciplinary processes fair and proportionate? Is consideration given to the impact of imposing disciplinary measures in the context of a restricted regime?
- Are safeguards in place to prevent unofficial or collective punishments?

1d. Support for the most vulnerable (including those at risk of self-harm)

- What is being done to identify and address potential psychological deterioration of prisoners, including those with mental health problems and those at risk of self-harm?
- Are prisoners in isolation, and those choosing to minimise their social contact, being appropriately identified, supported and provided with sufficient meaningful human contact?
- Are Listeners able to carry out their roles? Are they supervised and supported?
- Is self-harm being identified? Has the pattern of self-harm behaviour changed since the implementation of the restricted regime and how has the prison responded?
- Are deaths and near misses still being reported and investigated, and are lessons learned?
- Are prisoners at risk of self-harm being effectively supported, including through case management?
- Are prisoners able to quickly raise the alarm in an emergency?
- Are prisoners able to contact helplines and can families and others reach safer custody lines?

2. Respect

2a. Staff-prisoner relationships

- Are staff-prisoner relationships positive and meaningful? How are they affected by the regime currently in place?
- Is the key worker scheme operating effectively for all prisoners? If not, is it focused on those with the greatest needs and risks?

2b. Daily life: living conditions

- Are prisoners held in decent living conditions?
- Are prisoners, including those in isolation, able to keep themselves and their cell clean?
- Are communal areas regularly cleaned and disinfected to a good standard?
- Can prisoners access clean clothing, towels, bedding and laundry facilities?

2c. Daily life: complaints, legal services, prisoner consultation, food and canteen (residential services)
- Does the food meet the varied needs of prisoners, including those with specific religious and cultural needs?
- Is the prison shop operating effectively?
- Is there an effective complaints and applications system? Is analysis of complaints undertaken and acted on?
- Is effective prisoner consultation in place and does it lead to action where necessary?
- Can prisoners exercise their legal rights, including applying for bail? Do they have adequate and confidential access to their legal representatives?

2d. Equality, diversity and faith

- Is strategic oversight of equality and diversity in place, including monitoring, analysis and action planning? Do managers and staff have sufficient time and support to carry out equalities work?
- Are external community representatives able to provide strategic advice and support to prisoners?
- How is the prison consulting minority groups to understand the impact of the restrictions on them and to inform decision-making?
- Is there monitoring of the differential impact of restrictions on particular groups? Are any mitigations put in place to address evidence of differing impacts?
- Is discrimination or harassment investigated and challenged?
- Are reasonable adjustments made to allow for prisoners to participate in prison life?
- Are prisoners supported to practice their religion? Can they access places of worship?
- Does the chaplaincy have a presence and provide adequate pastoral support?

2e. Health care

- Is there effective partnership working and management oversight of health care services to ensure health needs are being met?
- Is there an up-to-date local outbreak control plan and joint risk register to mitigate infection risks?
- Are all new arrivals receiving a safe and comprehensive health screen?
- Do patients have access to primary health care, mental health and substance misuse services which meet their needs?
- Is there evidence that health providers are innovative in implementing new ways to deliver care to meet individual needs?
- Is there a timely and equivalent dental service available to prisoners, including emergency treatment?
- Do prisoners have their ongoing social care needs met? Are those with unmet needs being identified and assessed in a timely manner?
- Are medicines appropriately prescribed and reviewed? Are they received without delay and in a safe manner?
- Do prisoners receive relevant pre-release assessment and support, and can they access community services to maintain continuity of care on release?

3. Purposeful activity

- Is time out of cell adequate and are any restrictions on it proportionate to current risks?
- Do all prisoners have daily access to the open air for at least one hour?
- Have activities that can be undertaken with sensible precautions been reinstated, e.g. gardening, workshops with social distancing, etc?
- Can prisoners participate in education, including basic English and maths, and distance learning?
- Do prisoners have regular access to library resources and physical exercise?
- Has the prison provided enough good quality, creative in-cell activity?

4. Rehabilitation and release planning

4a. Contact with children and families

- Is the prison taking proactive steps to plan for the reintroduction of social and official visits as soon as safely possible?
- What impact do restrictions have on the quality of visits?
- Are alternative means of communication, such as video-calling, extra letters and mobile phones, frequently and freely available to prisoners? Are prisoners encouraged and supported to take up these means of contact? What is the quality of video calls?
- Is family support work taking place?

4b. Sentence progression and risk management

- Are prisoners able to progress through their sentence and are they actively supported by prison offender managers (POMs)?
- Can POMs contact COMs (community offender managers) and relevant community services?
- Are risk of harm assessments and sentence plans being completed?
- Can prisoners access work to address their offending behaviour (e.g. programmes or one-to-one work) and ROTL?
- Are progressive transfers possible and taking place where appropriate?
- Is the interdepartmental risk management team (IRMT) functioning effectively? Are multi-agency public protection arrangements (MAPPA) levels reviewed ahead of release?
- Are public protection arrangements reviewed frequently enough (e.g. decisions to put prisoners onto monitoring or to remove them)?
- Is phone and mail monitoring still taking place in a timely manner?

4c. Release planning

- Are resettlement plans completed effectively, taking into account changed circumstances due to COVID-19 (such as inability to access face-to-face services)? Is required pre-release support provided?
- Is there help available for prisoners with housing problems? Has anybody been released homeless recently? How many have been released to emergency accommodation?
- Are suitable measures in place for prisoners who have or are vulnerable to COVID-19 on release?
- Are prisoners assisted to understand and comply with community restrictions on release?
- Are prisoners who are suitable for early release (End of Custody Temporary Release/ Coronavirus Restricted Temporary Release, Special Purpose License, Home Detention Curfew) (ECTR/CRTR, SPL, HDC) assessed thoroughly and quickly, and released promptly?

Expectations

The *Expectations* from which these questions are derived are as follows:[v]

1. Safety

- Prisoners travel in safe, decent conditions, are treated with respect and attention is paid to their individual needs. (1)
- Prisoners are safe and treated with respect on their reception and first night in prison. Risks are identified and prisoners are supported according to their individual needs. (2)
- Prisoners are encouraged to behave positively in the prison community. (4)
- A clear and coordinated whole-prison approach ensures prisoners feel and are safe from victimisation, violence and other antisocial behaviour. (5)
- Prisoners are subject to disciplinary procedures which are fair and proportionate and follow due process. Prisoners understand the charges and procedures they face. (6)
- Force is only used against prisoners as a last resort and never as a punishment. When used, force is legitimate, necessary, proportionate and subject to rigorous governance. (7)
- Prisoners are kept safe at all times while segregated and individual needs are recognised and given proper attention. (10)
- Prisoners are held in a safe environment where security is proportionate. (12)
- Effective processes are in place to protect prisoners from misconduct or illegal conduct by staff. (14)
- The prison provides a safe and secure environment which actively reduces the risk of self-harm and suicide. (16)
- Prisoners at risk of self-harm or suicide receive individualised care from a multidisciplinary team and have unhindered access to help, including from their families. (17)
- Prisoners, particularly vulnerable adults at risk - as defined in the Care Act 2014 - are provided with a safe and secure environment which protects them from harm and neglect. (18)
- Safe outcomes for prisoners are supported by effective leadership and management. (20)

2. Respect

- Prisoners are treated with humanity and respect for their human dignity. Relationships between prisoners and staff are positive and courteous. (21)
- Prisoners live in a clean and decent environment which is in a good state of repair and fit for purpose. (24)
- Prisoners are encouraged to keep themselves, their cells and communal areas clean. (26)
- Prisoners have a palatable, varied, healthy and balanced diet which meets their individual needs. (29)
- Prisoners have a weekly opportunity to purchase a suitable range of goods at reasonable prices. (31)
- Prisoners are able to take an active role in influencing decisions about services, routines and facilities in the prison and in managing their own day to-day life. (32)
- Prisoners have confidence in complaints procedures, which are effective, timely and well understood. (34)
- Prisoners' legal needs are met without delay and they can exercise their legal rights. (36)
- The prison demonstrates strong leadership in delivering a coordinated approach to embedding equality considerations in regimes, eliminating all forms of unlawful discrimination and promoting inclusion. (37)
- Prisoners with protected characteristics and any other minority characteristics are treated equitably and according to their individual needs. (41)
- Prisoners are encouraged to practise their religion fully and in safety. (50)
- Prisoners are fully supported by the chaplaincy, which contributes to prisoners' overall care, support and rehabilitation. (52)

Health care

- Patients are cared for by services that accurately assess and meet their health, social care and substance use needs and which promote continuity of health and social care on release. (53)
- Patients receive treatment which is sensitive to their diverse needs from competent staff in an environment that promotes dignity and maintains privacy. (54)
- Prisoners' immediate health, substance misuse and social care needs are recognised on reception and responded to promptly and effectively. (56)
- Patients' individual, ongoing health care needs are addressed through an appropriate range of care services. Continuity of care is maintained on transfer or release. (57)
- Prisoners with social care[vi] and support needs are identified and receive assessment, care packages, adaptations and advocacy services that continue on release or transfer. (59)
- Prisoners with mental health problems are identified promptly and supported by community-equivalent services to optimise their mental well-being during their stay and on transfer or release. (60)
- Prisoners can promptly access safe, effective and individualised clinical and psychosocial support. (62)
- Prisoners receive community-equivalent, person-centred medicines optimisation and pharmacy services. (63)
- Prisoners receive timely, community-equivalent dental services, including oral health promotion. (64)
- Respectful outcomes for prisoners are supported by effective leadership and management. (65)

3. Purposeful activity

- Prisoners have regular and predictable time out of cell which is sufficient to promote rehabilitation and mental well-being. (66)
- Prisoners, including inpatients, those on the basic regime and those in segregation, are able to spend at least one hour in the open air every day. (68)
- Prisoners benefit from regular access to a suitable library, library materials and additional learning resources that meet their needs. (69)
- Prisoners are encouraged to participate in physical education and fitness provision that meets their needs. (70)
- Prisoners benefit from good quality education, skills and work. (72.1)
- Purposeful activity outcomes for prisoners are supported by effective leadership and management. (74)

4. Rehabilitation and release planning

- Prisoners are encouraged to re-establish or maintain relationships with their children and families where it is appropriate and are supported in doing so. (75)
- Prisoners have regular and easy access to mail, telephones and other communications, subject to a risk assessment for public protection concerns. (77)
- Prisoners can maintain access to the outside world through regular and easy access to visits. They are aware of the prison procedures and their visits entitlements. (78)
- Management of the sentence is effective in reducing the likelihood of reoffending on release. (81)
- Risk of harm to others is assessed and managed in every case to protect the public. (82)
- Appropriate interventions are provided to address the risk of harm, reduce the likelihood of reoffending and promote successful reintegration. (86)
- Prisoners receive advice on managing their housing and have suitable and sustainable accommodation on release. (88)

- Prior to release, prisoners have an up-to-date plan for addressing outstanding rehabilitation needs, which is managed in partnership with the community-based responsible officer. (98)
- Prisoners are given all necessary practical support ready for their day of release. (99)
- Rehabilitation and preparation for release outcomes for prisoners are supported by effective leadership and management. (100)

6. Visit methods

Inspectors will, wherever possible, base all findings on the triangulation of multiple evidence sources. Triangulation describes the corroboration of an evidence source with at least two other different sources. Inspectors will use the following methods to arrive at findings:

- Data to enable triangulation.
- Observations while walking around establishments.
- Speaking to prisoners. This will be done while adhering to social distancing guidelines and in the following ways:
  - on wings where prisoners may already be unlocked
  - opening cells where it is safe to do so
  - in workshops, if they are running
  - at mealtimes when prisoners are collecting their food
  - during other periods when prisoners may already be unlocked
  - by using in-cell phones where they are available
  - isolating prisoners will normally only be spoken to by phone. If that is not possible and inspectors consider it important to speak to an isolating individual, this will be done only with HMI Prisons' own personal protective equipment (PPE) and normally by the HMI Prisons health inspector.
- Speaking to staff. This will also be done while walking around establishments and while maintaining suitable distance.
- Prisoner and staff surveys will also be undertaken.
- The off-site inspector can check NOMIS, OASys and other computerised case notes as required.
- Maintaining a direct link with Independent Monitoring Boards (IMBs). The IMBs are gathering considerable information from forms of remote monitoring, including a telephone line set up specifically for prisoners. This information will continue to be shared with HMI Prisons as it has been during the SSVs. We will continue to provide the IMBs with our findings.

Health and safety

The detailed health and safety guidance established for SSVs has been updated in light of current knowledge and circumstances, with the aim of minimising the risk of spreading infection when carrying out SVs. Risks and mitigations are extensively documented in the current version of HMI Prisons' COVID-19 health and safety guidance, which is available on our website.

Safeguarding and sanctions

HMI Prisons will continue to follow its existing safeguarding and sanctions protocols.[vii]

7. Reporting findings

HMI Prisons will provide written briefings to individual establishments, HM Prison and Probation Service (HMPPS) and health providers in the same week as the visit. Within one month of the visit, HMI Prisons will publish an individual establishment report on the treatment of and conditions for prisoners during the recovery from COVID-19. The report will include a commentary on the pace of progress towards reintroducing constructive and rehabilitative regimes. Recommendations made in previous full inspection reports will not be followed up at SVs, but recommendations made at a previous SV will be.

HM Chief Inspector of Prisons (HMCIP) may write to the Secretary of State to bring to their attention serious concerns that in their judgement require immediate attention. HMCIP reserves the right to publish any such correspondence. However, the Urgent Notification process, which was designed with full inspections in mind, will not be used for SVs. The reports will be structured as follows:

- Introduction
- Fact page
- Where relevant, judgements on previous key recommendations
- Key concerns and recommendations from this visit
- Notable positive practice
- Main findings under healthy prison areas
- Photographs where useful

Prisoner and staff surveys will be published alongside the report on the HMI Prisons website.

HMI Prisons may collate the findings of individual visits to produce thematic reports on specific issues that affect the whole estate.

8. Conclusion and implementation

HMI Prisons' developing approach to scrutiny during the COVID-19 pandemic will enable greater depth and breadth of scrutiny and more triangulation of evidence. The SVs will continue to provide constructive and evidence-based commentary, which also tells the story of prison life during recovery from the COVID-19 crisis. The reports will be published quickly enough to influence decisions.

The SV methodology is intended to be sufficiently flexible to allow for more intensive scrutiny and longer visits as conditions improve. It will be subject to regular review to ensure that HMI Prisons' approach is responsive to changing circumstances. The viability of returning to the full inspection methodology is also under constant review and they will be re-established as soon as it is safe and practicable to do so.

Notes

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[i] This document refers throughout to prisons, which form the bulk of HMI Prisons' work. Separate tailored briefings will be prepared for prisons holding women, immigration removal centres, young offender institutions holding children and courts and police custody.

[ii] As recognised by the Subcommittee on Prevention of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (SPT), the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) and the World Health Organization (WHO), it is crucial that National Preventive Mechanisms (NPMs) can continue to exercise their mandate, as set out in OPCAT, throughout the COVID-19 outbreak, particularly in light of the risks the outbreak poses to those detained. At times of crisis and operational pressure, the risks of both conscious and unintentional mistreatment increase, and external perspective and oversight of closed institutions can be even more important than usual. The SPT guidance stresses these points and states that NPMs, 'should continue to undertake visits of a preventive nature, respecting necessary limitations on the manner in which their visits are undertaken'. The CPT states that, 'Monitoring by independent bodies, including National Preventive Mechanisms … remains an essential safeguard … States should continue to guarantee access for monitoring bodies to all places of detention, including places where persons are kept in quarantine'. For more information, see the accompanying human rights scoping document, HMI Prisons, *COVID-19 Human Rights Scoping*, July 2020.

[iii] There are significant limitations to what can be learned from data alone. During inspections, we view data as a starting point and our final conclusions often diverge from the direction in which it was initially taking us. The quality of information also depends on careful recording; in the current situation we may be able to place less reliance on full and thorough records given that staff may have other urgent priorities.

[iv] This is an indicative timetable and may be subject to minor variations in light of circumstances.

[v] Numbers in brackets refer to the number of each expectation as it appears in the *Expectations: Criteria for assessing the treatment of and conditions for men in prisons*.

[vi] Care Act 2014; Social Services and Well-being (Wales) Act 2014.

[vii] These can be found at https://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/.