RESPONSE OF THE UNITED KINGDOM GOVERNMENT TO THE REPORT OF THE EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE AND INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT, FOLLOWING ITS VISIT TO THE UNITED KINGDOM FROM 8 TO 21 JUNE 2021

May 2022

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Introduction

The UK has a longstanding tradition of fulfilling our human rights obligations and ensuring rights and liberties are protected. The UK Government is firmly against torture and does not participate in, solicit, encourage, or condone the use of torture or cruel, inhumane, or degrading treatment or punishment for any purpose. It takes its international responsibilities to prohibit and prevent torture, both as part of the Council of Europe and the United Nations, extremely seriously.

We welcomed the visit by the CPT in June last year. This was a particularly challenging time for those working and detained in various facilities in the UK as a result of the Covid-19 pandemic. We are grateful for the collaborative approach taken by members of the CPT during their visit.

As noted in the CPT's report, members met with senior officials at the beginning and end of their visit, and with ministers from the Ministry of Justice and the Department for Health and Social Care at the end of the visit. The UK welcomed these opportunities to discuss conditions in detention facilities in the UK.

The CPT asked for a number of updates concerning individuals detained at Bronzefield, within a month of the receipt of its report. These were provided on 15 December 2021.

Paragraph 7

The CPT trusts that the United Kingdom authorities will continue to strive to ensure that all managers working in police stations and prisons are fully informed of the mandate of the CPT in order to avoid situations similar to those described above occurring during future visits.

The UK authorities will continue to make every effort to ensure that all relevant establishments have been fully informed and sufficiently briefed on the mandate of the CPT ahead of future visits.

Following the visit, officials from the Ministry of Justice held a Lessons Learnt session to discuss how the visit went, the key issues that arose and how we could improve our processes. The session involved officials leading on the different types of detention facility, as well as others from UK Government departments, the devolved administrations, and the Crown Dependencies.

National Preventive Mechanism

Paragraph 9

The CPT would like to be informed about the outcome of the consultation process (on strengthening various monitoring bodies including the NPM) and the follow-up given to it by the United Kingdom authorities.

The Ministry of Justice undertook a consultation in August 2020: 'Strengthening the Independent Scrutiny Bodies through Legislation' to consider, amongst other things, whether or not to put the UK's National Preventive Mechanism (NPM) on a legislative footing.

We received 30 responses concerning the NPM's statutory status, of which 25 (83%) expressed clear support for the proposal, with one expressing opposition (3%). The other 4 responses (14%) did not express explicit support or opposition.

The UK Government considered the responses in the context of its overarching objective of simplifying the current system of supervisory and investigatory bodies. As the NPM is, in our view, functioning well and the proposal to put it on a statutory footing did not feed into the strategic objective it was decided not to take forward legislation for the NPM at this time. This decision was duly communicated to the NPM.

Law enforcement agencies

Preliminary Remarks

Ill-Treatment

Paragraph 11

The CPT reiterates its recommendation that police officers be reminded regularly that when it is deemed necessary to handcuff a person, the handcuffs should under no circumstances be excessively tight and should be applied only for as long as it is strictly necessary.

The UK's position is very clear that all police use of force must be reasonable, proportionate, and necessary in the circumstances. Where the decision to use force is taken, police officers are accountable through the law for their actions.

In light of the CPT's recommendation on handcuffing, the UK authorities have taken a number of actions to ensure that all relevant staff are aware of the rules regarding handcuffing. Specifically, the National Police Chief's Council (NPCC) Portfolio for Control and Restraint have circulated the recommendation of the CPT amongst its members.

With regard to the South Yorkshire Constabulary, all students are trained to the College of Policing manual of guidance standards, and assessed against the following criteria:

1. Safe setup
2. Safe approach
3. Correct handcuff application. The South Yorkshire Constabulary advocate the back-to-back application for safety. Students are taught that cuffing to the front is only done in the event of injury or simple shoulder flexibility.
4. Cuffs checked for tightness
5. Cuffs checked for correct application site
6. Cuffs double locked.

Additionally, South Yorkshire Constabulary have requested that a 'Supervisors briefing item' regarding this issue is published on the Force Intranet to promote wider awareness.

All Metropolitan Police Service (MPS) operational officers and staff undertake officer safety training which regularly features the use of handcuffs and specifically handcuffing techniques. Training inputs include varying techniques but always include points on threat assessment, proportionality, and the need to justify use of force, coupled with a need to check for tightness and double lock. Cuff application is assessed within the training environment and is a pass/fail assessment. The MPS now have a post incident support mechanism to which officers can be referred in the event of poor handcuffing techniques

being identified on a more ad-hoc basis. Here they receive one to one training from subject matter experts.

The College of Policing is the body responsible for setting the standards by which police operate and guidance on the use of force and restraint by the police is set out in the College of Policing Authorised Professional Practice (APP). Police forces are operationally independent of government and issue their own guidance on operational activity. While the College of Policing already provides APPs in relation to this finding (which comes under the heading of Control, restraint, and searches), it has been alerted to the CPT's finding on this point with a view to circulating it amongst all police forces.

Safeguards against ill-treatment

Paragraph 13

The CPT reiterates its recommendation that the United Kingdom authorities take measures to ensure that all persons detained by the police are fully informed of their fundamental rights as from the very outset of their deprivation of liberty (that is, from the moment when they are obliged to remain with the police). This should be ensured by the provision of clear verbal information at the moment of apprehension, to be supplemented at the earliest opportunity (that is, immediately upon the arrival at a police establishment) by provision of a written copy of their rights.

Immediate steps should be taken to ensure that detained persons fully understand their rights and what they are signing for.

The UK Government expects all detainees to be treated fairly and with dignity, and that their rights and entitlements are provided in accordance with Code C of the Code of Practice (Police and Criminal Evidence Act 1984) and the College of Policing APP. The management of police custody suites is a matter for operationally independent police forces and Police and Crime Commissioners, in accordance with all relevant legislation.

All heads of custody in England and Wales will be alerted to the CPT's recommendation on this point, with a view to further dissemination of information on the issue amongst their staff.

The MPS acknowledge that on occasion some individuals are held for prolonged periods. This is while risks and queues are managed. As such the notifications of rights is not delivered either verbally or in writing until they reach the desk and delays against the recommendation are inevitable. In light of this recommendation the MPS will give further consideration to custody arrival procedures and work with Front Line Policing and the Directorate of Legal Services on the provision of verbal rights upon apprehension of detainees.

With respect to the issues raised at Durham Police station, all Custody Sergeants have been reminded of a detainee's right to read what they are signing. This forms part of the Custody Improvement Plan.

Additionally, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) continue to carry out a rolling programme of police custody inspections which includes the scrutiny of custody records and legislative compliance with further monitoring of detainee welfare carried out by the Independent Custody Visiting Association (ICVA).

Paragraph 14

The CPT recommends that where violent behaviour or potential violence of a detained person impedes the provision of information on his or her rights, the information should always be provided as soon as practicable, in line with the relevant legislation.

All heads of custody in England and Wales will be alerted to the CPT's recommendation on this point with a view to further dissemination of information on the issue amongst their staff.

The privacy issue identified at Durham Police Station has been addressed. Detainees are now allowed to use mobile phones, locked to only allow incoming calls. They can now speak in private to Solicitors on the phone in the cell, following a risk assessment. Additionally, reminders are intermittently sent to staff, through a newsletter and Team's channel, on various items, particularly private consultations with Solicitors.

Paragraph 16

The CPT recommends that the United Kingdom authorities take steps to ensure that detained persons are provided with feedback on whether it has been possible to notify a third person of the fact of their detention when the notification is done by police officers. The feedback should be traceable in police custody records. Further, police officers should facilitate the efforts of detained persons to have a third person notified of the fact of their detention.

As above, all heads of custody in England and Wales have been informed of the CPT's findings on this point, with a view to reminding all staff of the legislation and guidance surrounding the rights of those detained, including their right to notify a third person of their detention.

In this particular instance, the Custody Sergeant had discussed a retrospective case with the delegation, where the Custody Sergeant had gained the detainee's permission to discuss their mental health with their father. In trying to demonstrate a holistic approach to the detained person's care, the Custody Sergeant did not record it as an "exercising of her right to have someone informed of her arrest" but instead considered it to form part of the risk assessment. In light of the CPT's recommendation, Durham Constabulary has added this issue to the Custody Improvement Plan so that Custody Sergeants are clear where to record medical information without it becoming a disclosure issue. It has also been raised for awareness in relation to record keeping where rights are exercised retrospectively.

Paragraph 18

The CPT recommends that the United Kingdom authorities take steps to ensure that detained persons benefit from a ready access to a lawyer throughout the duration of police custody.

Further, steps should be taken at Durham City Police station to ensure that the confidentiality of consultations between a detained person and his or her lawyer is guaranteed.

As with previous recommendations, all heads of custody in England and Wales have been informed of the CPT's findings on this point, with a view to reminding all staff of the legislation and guidance surrounding the rights of those detained, including on access to a lawyer.

With regard to the specific incident of a delay in a detainee having access to a lawyer at Durham Police Station, this appears to be an isolated incident. The Custody Sergeant booked in a female, who had asked for the duty solicitor to be informed. However, this request was not actioned immediately due to human error. The request was actioned the next day when the Custody Sergeant was back on shift. The detainee was not interviewed or processed without legal advice and due to her intoxicated state on arrival, would not have understood any initial telephone advice. However, Durham Police Constabulary are reminding staff of the required processes and will also be monitoring adherence through a Custody Improvement Plan, accountability for which rests with the monthly Custody & Criminal Justice Governance Board.

Paragraph 20

The CPT recommends once again that the right of detained persons to be examined by a medical professional of their own choice be rendered effective in practice, including by reminding police officers of the existence of this right. Information sheets on the rights of detained persons should be updated accordingly.

As above, all heads of custody in England and Wales have been informed of the CPT's findings on this point, with a view to reminding all staff of the legislation and guidance surrounding the rights of those detained, including the right of detained persons to be examined by a medical professional of their choice.

We will consider the recommendation to update the relevant rights and entitlements information sheets when we next undertake amendments to the rights and entitlements notice.

The MPS have indicated that it will circulate details of this recommendation to all staff via its weekly briefing platform to raise awareness.

Paragraph 21

The CPT reiterates its recommendation that the United Kingdom authorities take the necessary measures to ensure that, in all police stations, medical examinations are conducted out of the hearing and – unless the health-care professional concerned expressly requests otherwise in a particular case – out of the sight of custodial staff.

As above, all heads of custody in England and Wales have been informed of the CPT's findings on this point.

Health Care Providers (HCPs) continue to be concerned over the safety of their staff and have seen a noticeable increase in assaults on staff in custody. As part of the communication with the Head of Custody on this point, police forces in England and Wales will be asked to consider fitting anti-hostage doors on their HCP consultation rooms. They will also be asked to consider developing a new HCP Risk Assessment to amend working practices (i.e., to move to a presumption that doors are closed during medical consultations unless safety grounds exist to require them to be kept open).

Northumbria Police have been contacted directly with the finding for any remedial action that was not raised by the delegates on their visit.

Paragraph 23

The CPT recommends that these deficiencies be remedied. [lack of proper recording].

As above, all heads of custody in England and Wales have been informed of the CPT's findings on this point

The MPS acknowledge that while the request to nominate a person to be informed of their welfare is often actioned during the booking-in procedure, the recording of contact (both attempted and actual) on custody records requires improvement. Previous efforts on this have been successful, however they need to be re-invigorated. The MPS Custody Directorate frequently reminds its staff that the quality and completeness of a custody record is the responsibility of the custody officer. MPS will circulate the recommendation to all staff via its weekly briefing platform and encourage supervision in this area during PACE reviews. Staff will also be reminded of the wealth of information available to them via police indices, through which contact details for nominated person may be traced.

Conditions of detention and regime

Paragraph 27

The CPT recommends once again that the United Kingdom authorities take steps to ensure that persons held for 24 hours or more in police custody are offered access to outdoor exercise and the possibility to take a shower. Further, the shower area at Wood Green Police Station in London should be fitted with a door to ensure privacy.

In addition, the Committee recommends once again that when custody suites are being refurbished or constructed, provision should be made for the establishment of a secure outdoor yard and that all police custody cells should have access to natural light.

As above, all heads of custody in England and Wales have been informed of the CPT's findings on this point.

MPS staff will be reminded, via the Custody weekly briefing platform, of the need to offer showers to all overnight detainees, and document this on the custody record. The shower facilities at Wood Green will be reviewed and amendments made to maintain the dignity of detainee's wishing to use this facility. A visit by the internal Custody Inspections Team will be scheduled. The College of Policing already provides Authorised Professional Practice (APP) which addresses the question of outdoor exercise and hygiene. It states that detainees are entitled to brief, daily outdoor exercise where practicable. Exercise should be provided individually and be adequately supervised. Officers should thoroughly search exercise areas for any potential hazards prior to use. Constant supervision may be necessary depending on the design of the exercise area, the nature of the exercise and the detainee's risk assessment. Officers should give consideration to the appropriate arrangements necessary to meet the needs of men, women, and children, for example, by providing adequate clothing.

All new custody suites and refurbishment work should be in accordance with the Police Custody Suites Design Guide (available via Buildings and facilities (college.police.uk). The Police Custody Design Guide (PCDG 2022) is the document that sets guidance for new build and refurbishment custodial estate with relevant highlights below:

- The Police Custody Design Guide (PCDG 2022) includes a required facility for the detainee to be able to wash/shower. The guide states the detainee shower requires a decency door to enable privacy.

- The PCDG 2022 includes the requirement of a detainee exercise yard. The guide recommends this space to be minimum 15m^2 in size. The guide states 'an exercise yard should provide a safe and secure area for a detainee to experience natural light and fresh air in an outdoor environment' (PCDG p.51).

- In relation to natural light, the guide states 'all cells should have adequate levels of natural daylight' (PCDG p.47.) It is an expectation of the design guide that cells either have a window or natural light via a roof tube.

Prisons for adult male prisoners

Preliminary remarks

Paragraph 32

The CPT once again calls upon the authorities of the United Kingdom to take concrete measures and determined action to reduce the level of overcrowding in the prison estate, including through changes in sentencing policies and practices. In doing so, due account should be taken of the risk of increased influx of new inmates into the prison system once the criminal justice system again becomes fully operational and tackles the backlog of criminal cases after the restrictions introduced in the context of the Covid-19 pandemic have been removed.

Since March 2020, there has been a fall in the national prison population in England and Wales of approx. 4700, primarily driven by a reduction in inflows from the courts during the Covid-19 pandemic.

Although the average number of prisoners living in crowded conditions across the estate fell during 2020/21, a significant number of prisons continued to operate in excess of their Certified Normal Accommodation level (i.e., uncrowded capacity) during this period, and the UK recognises the concerns raised.

We are investing £3.8 billion to deliver 20,000 additional, modern prison places including 2,000 temporary prison places across England and Wales by the mid-2020s. This includes creating four new prisons and expanding another four prisons. The first of these, HMP Five Wells in Northamptonshire, opened on 4 March 2022 and provides 1680 uncrowded prison places. These additional prison places will have a positive impact on lowering the proportion of crowding within the prison estate by providing accommodation that is safe, decent, and uncrowded. However, the extent to which the proportion of prisoners held in crowded accommodation will ultimately be reduced, will always be dependent on levels of demand in the system.

Latest prison population projections were published in November 2021. The prison population in England and Wales is projected to increase to 98,500 by March 2026. This is largely as a result of the recruitment of an extra 23,400 police officers, which is likely to increase charge volumes and therefore increase the future prison population.

Further, the Committee once again recommends that the authorities of the United Kingdom reconsider their plans to build very large prisons and consider investing in smaller prisons.

Whilst new build prisons have a higher-than-average capacity, they have been carefully designed to operate as a series of smaller communities: each prison block will have four floors, with around 60 prisoners on each floor and a total of around 240 prisoners in each block. These prison blocks offer men the chance to live in smaller groups than they do in many older prisons. This creates a sense of community that, combined with other design features, should lead to less violence and better relations with staff.

We are putting evidence at the heart of the design process. Understanding the needs of the prisoners who will be housed in the new prisons and what we know works to help address their offending behaviour means we are designing prisons and regimes that support governors to deliver the right outcomes - reducing reoffending and making the public safer. The evidence-based design principles informing our new prison builds include: accessibility for those with physical disabilities, together with learning from the recent call for evidence on neurodiversity for neurodivergent prisoners; appropriate spaces for rehabilitation, healthcare, and purposeful activity, including quiet areas and association spaces. In addition, new prisons will take advantage of modern digital infrastructure to provide in-cell technology. This allows prisoners more autonomy over managing their in-prison administration, such as booking health care appointment or visits, and arranging meal preferences.

Building and operating prisons on this scale balances securing good outcomes with economies of scale - ensuring value for money for the taxpayer.

In addition, the Committee would like to receive updated information about the prison building programme and the anticipated closure of the Victorian-era and other older prisons, along with details for the new prison establishments of their design, layout, cell sizes, communal spaces and the budgetary resources agreed and allocated, as well as their envisaged timeframes to completion.

We are investing £3.8bn over the next three years to deliver 20,000 additional, modern prison places, including up to 2,000 temporary prison places across England and Wales by the mid-2020s.

As previously mentioned, we opened a new prison in Wellingborough early this year, HMP Five Wells, and will open another at Glen Parva in spring 2023, each providing around 1,700 modern prison places.

We have secured full planning permission for one of four further new prisons, at HMP Full Sutton. Construction is due to start in 2022 and we aim to secure planning permission for the three further prisons this year.

95% of cells in the new prisons will be single occupancy. Each block will have 4 fully wheelchair accessible cells on the ground floor, 1 ground floor cell suitable for a medical bed and 3 cells on each wing suitable for those will low mobility needs. Windows in cells are larger and other windows in houseblocks are floor to ceiling. Bars have also been designed out which maximises light and views. The houseblocks have multipurpose association spaces, group rooms and ‘interview’ rooms. In addition, prisoners will have access to an industry area, a central services hub (with library, gym, faith etc) and green spaces which provide over a thousand activity spaces.

The process of design for the new prison included broad engagement with prisoners, operational staff, and service providers, including third sector organisations and others in relation to family needs. Alongside the wealth of academic research, the Farmer report[1] and the stakeholder feedback provided the basis for the design environment, infrastructure, and

[1] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/642244/farmer-review-report.pdf

services. A Family Impact Assessment was conducted and reviewed as part of that design process.

The result of this is that new prison builds will include family and social areas that enable pro-social activities (eating together, playing with children, 'homework clubs' with older children).

Each new prison will have a large, welcoming visitors' hall capable of accommodating 50 visits which can retain a personal 'feel' in a light, open environment, promoting positive family contact.

There are currently no planned closures. There will be targeted closures of the least suitable facilities as and when we have the headroom to do so.

The population projections in the estate have meant that all current prisons, other than those already earmarked for closure, are required. Our ambition is that this additional space will support us as we modernise our prison estate in the future.

Ill-treatment and violence in prisons

Paragraph 34

In the light of the deficiencies identified in the use of force reporting in the establishments visited (see paragraph 40), the CPT trusts that the United Kingdom authorities will remain constantly vigilant to any signs of ill-treatment of prisoners by staff, especially as the prisons resume their normal regime.

We will remain constantly vigilant to any signs of ill-treatment of prisoners by staff, especially as the prisons resume their normal operations, through our use of force governance assurance visits, supported by our National Use of Force committee that provides oversight for use of force within prisons in England and Wales.

Paragraph 38

The CPT recommends that the United Kingdom authorities intensify their efforts to combat the phenomenon of violence in prisons. In particular, as prisons move through the various stages of relaxing restrictions (including increased mass movement and more association time for prisoners) as foreseen in the National Framework for Covid-19 Recovery, particular care will be needed to avoid a new wave of violence in prisons.

Throughout the pandemic, we have adjusted prison regimes where necessary to reduce close contact and minimise movements between sites to prevent the spread of COVID-19. We have also provided continuous support to prisons to help them manage violence and will continue to do so as restrictions on prison regimes are lifted.

The lessons we have learned from staff and prisoners' experience of the pandemic mean that it is the right time to rethink how we organise the prison regime. For example, COVID-19 has shown that prisons can improve safety outcomes by rethinking the structure of the day in a way that can make some prisoners feel safer and can improve the ability of staff to manage risks of violence and intimidation. The UK Government will be empowering prison Governors to thoughtfully structure the time which is spent on the prison wing in both purposeful activity and socialising and getting prisoners back into the activities which support their progression. Our future ambition for regime reform is that every prison understands the needs of each of their prisoners and is supported to design regimes which work for

everyone. This approach will allow us to further embed key safety interventions like Assessment, Care in Custody and Teamwork (ACCT), Challenge, Support, and Intervention Plan (CSIP) and key work effectively.

Reducing violence in prisons is a top priority for the UK and we are continuing to take action to make prisons safer. We have several key tools in place to reduce violence in our prisons. We have improved how we identify and manage those who pose a raised risk of being violent through CSIP, the national case management model mandated across the adult prison estate from November 2018. CSIP is focused on targeting and addressing the underlying causes of a prisoner's violent behaviour to reduce further risk of violence. Positive staff-prisoner relationships are a key driver to reducing violence. The increase in staffing that has occurred since October 2016 (an extra 4,370 full time equivalent officers as of September 2021) has enabled roll out of the key worker scheme to provide one-to-one support to every prisoner across the closed adult male prison estate and to prisoners in the women's estate based on level of need and risk of harm. Alongside these measures, we have strengthened our commitment to maintaining safe, stable, and secure prisons in the Prison Strategy White Paper published in December 2021. In prisons where violence is most prevalent, we will introduce specialist support for individuals provided by a dedicated team of a prison officer, mental health nurse and psychologist.

Paragraphs 39

In the view of the CPT, **increasing the ratio of properly trained prison staff to prisoners remains a critical factor in combatting all forms of violence in prisons, including prisoner-on-staff assaults**. Increasing the numbers of frontline staff, as well as improving their training, should be a particular priority (see also paragraphs 73 to 77).

We know that staffing levels are important for improving prison safety which is why we continue to take action to strengthen the frontline. As part of the Prison Safety and Reform White Paper published in November 2016, we committed to an increase of 2,500 prison officers by the end of 2018. Between the end of October 2016 (closest point of available data to when the commitment was made) to the end of September 2021, the number of prison officers increased from 17,955 to 22,325, an extra 4,370 Full Time Equivalent officers. In 2021, we further set out the approach to recruiting, retaining, supporting, and upskilling our staff in the Prisons Strategy White Paper published on the 7th December 2021[2]. For example, this will include commencing a large-scale recruitment campaign for up to 5,000 additional prison officers in private and public prisons by the mid-2020s and enhancing professional skills to support retention.

The increase in staffing levels has enabled us to roll out Key Work, where all prisoners in the male estate and eligible prisoners in the female estate have frequent and structured one to one meetings with an officer, which is crucial to developing positive staff-prisoner relationships and improving safety. In addition to this, we are reforming safety training for new and existing prison officers which focus on building an effective and professional workforce to meet the evolving needs of prisons.

The impact of such initiatives on violence levels was noticeable before the pandemic as they were on a downward trend with an overall reduction of 8% in assault incidents in the 12 months to March 2020, following a peak between July to September 2018.

The new Safety Support Skills package includes modules on suicide and self-harm, communication skills, understanding risks and triggers and violence. The violence module in particular, will equip staff to understand how to mitigate the drivers of prison violence as well as teaching them the skills required to hold difficult conversations, de-escalate effectively

[2] Prisons Strategy White Paper - GOV.UK (www.gov.uk)

and finally, how to effectively support the use of Challenge, Support, and Intervention Plan (CSIP) within their establishments. CSIP is the national case management model for managing those who pose a raised risk of being violent. It is a tool to combat violence that is centred around targeting individuals' specific needs and help them manage and move away from violent behaviour. The violence module will ensure that staff are confident in supporting prisoners on CSIP in their prisons.

Paragraph 40

The CPT reiterates its recommendation that the overall quality of the recording of violent episodes, use of force and injuries sustained be improved, including ensuring that mandatory F213 forms are duly completed in every case involving the use of force. In this regard, consideration should be given to digitising the F213 forms and ensuring that they constitute an integral part of the use of force documentation.

We are continually improving our governance and assurance processes over use of force incidents, and this includes improving the quality and completion of the 'Injury to Prisoner' form (F213) and other reports following an incident. Our new policy framework strengthens governance over the use of force, and as part of implementation we will be building capability in this area. We note the CPT's recommendation on digitising the form and will take this into consideration.

Paragraph 42

The CPT recommends that the good practice observed at Durham Prison be replicated more widely. [Safety and Intervention Meeting to discuss the most difficult to manage prisoners].

All establishments should have a working Safety Intervention Meeting (SIM) in place. This will be a specific requirement set out in the upcoming Safety Policy Framework that is currently being developed and will replace Prison Service Instruction (PSI) 64/2011. The SIM is a safety risk management meeting, chaired by Senior Management Teams. It focusses on those who are deemed as posing a significant risk of harming themselves or others, and to ensure and provide assurance that individuals are managed and supported appropriately. It brings together staff and expertise from across the prison, to enable a multidisciplinary response to identify, manage and mitigate the risks posed by individuals within their establishment who are at a particularly higher risk of causing harm. This can include individuals with particularly challenging behaviours. Guidance on running an effective SIM has been produced by Her Majesty Prison and Probation Service (HMPPS), along with a range of supporting materials, including an agenda template.

Paragraph 43

The CPT reiterates its recommendation that the terms of Prison Service Instruction 04/2017 be amended to make it mandatory for BWVCs to be issued, worn, and turned on by all prison staff who may have to use force against prisoners and non-compliance with this obligation (in the absence of an explanation of exceptional circumstances) should be treated as a disciplinary matter.

A procurement process for the next generation of Body Worn Video Cameras (BWVC) within the public prison estate is underway, with rollout commencing in 2022. In conjunction with the procurement of new cameras, a review of the current Prison Service Instruction is being undertaken to ensure the new Policy Framework reflects new and effective practices. This

includes mandatory wearing of cameras by operational band 3 – 5 Prison Officers, with local and national compliance monitoring for use.

Conditions of detention

Paragraph 47

The CPT recommends that the United Kingdom authorities take steps to ensure that prison cells measuring less than 8 m² (excluding the space taken by the in-cell sanitary annexe) at Durham and Wormwood Scrubs, as well as, as relevant, in all other prisons in England and Wales, are only used for single-occupancy. It would be desirable for double-occupancy cells to measure at least 10 m² (excluding the fully partitioned sanitary area). The capacity of the establishments should be reviewed accordingly. Reference is also made in this context to the recommendation made in paragraph 32. Further, sanitary annexes in double-occupancy cells should be fully partitioned up to the ceiling.

Prison cell occupancy in prisons in England and Wales is certified by the Prison Group Director (PGD) in accordance with Prison Service Instruction (PSI) 17/2012 Certifying prisoner accommodation, which provides guidelines for determining cell capacities.

Cells with a Certified Normal Accommodation (CAN) of one are only shared where a PGD has assessed them to be of an adequate size and condition. This form of sharing, known as 'crowding', is acknowledged to be undesirable, and the long-term actions being taken to reduce it are outlined in point 32 (i).

The respective PGDs for Durham and Wormwood Scrubs have assessed that these cells are of an adequate size and condition for double occupancy.

In addition, the Committee recommends that work continue at Durham and Wormwood Scrubs Prisons to ensure that all the premises are maintained in a good state of repair, clean and adequately ventilated and that efforts are pursued to replace the worn-out furniture at Durham Prison.

HMP Wormwood Scrubs cellular accommodation ductwork cleaning was undertaken and completed by the end of March 2021, at a total value of £39,600.00. Additionally, our committed spend this Financial Year to date is £1.7million on the maintenance of HMP Wormwood Scrubs and a total of £574k is forecast to be spent on Clean and Decent (Cleaning and Clothing) during 2021-22.

HMP Durham is committed to maintaining a decent environment for those within our care. The Clean Rehabilitative Enabling and Decent (CRED) programme is underway, this involves a standardised refurbishment of the cell and the replacement of worn-out furniture. To date B1 landing has been completed. All metal beds are being replaced and white wood furniture installed. Duvets have been purchased and are being distributed throughout the establishment. Further projects include replacing C wing electrics sockets, A wing and the Chapel refurbishment. The Governor will continue to meet with the facilities management team weekly to discuss improvements and review progress.

Paragraph 51

The CPT would like to receive more details about the Future Regime Design Project (FRD) and about the improvements in the provision of regime activities its implementation has so far brought and is expected to bring.

Further, **the Committee trusts that steps will be taken as soon as the health situation permits to ease the restrictions imposed in the context of the Covid-19 pandemic in prisons, in line with the National Framework and with the lifting of restrictions in the community, to ensure that prisoners gradually benefit from more out-of-cell time and re-engage in purposeful activities. Immediate steps should be taken to ensure that all prisoners, irrespective of the Covid-19-related restrictions in place, can benefit from at least one hour of outdoor exercise per day.**

The Future Regime Design (FRD) project will work collaboratively to create a national regime model that identifies the needs, risks, and strengths of each individual. FRD will be focusing on what is deemed to be purposeful activities, how that is measured and how activities impact individuals. It recognises the importance of development of personal and social skills by promoting the increase of purposeful activities.

This will enable prisons to provide a fuller regime in a more resource effective, innovative way by recognising everyday opportunities. It will embed responsibility, community, and the development of critical life skills into the daily routine though formal and non-formal activities. To decrease frustration, increase wellbeing and reduce violence FRD aims to prevent long periods of inactivity.

The national regime model during COVID -19 restrictions set minimum standards for time in the open air and time out of cell. These minimum standards will be taken forward with the reform programme as time out of cell is part of the purposeful activity work. However, there may be exceptional operational circumstances and risks that impact on this.

More generally, **the CPT recommends that the United Kingdom authorities continue their efforts to review the provision of purposeful activities to prisoners, with a view to ensuring that as many prisoners as possible participate in a full programme of activities. The aim should be to ensure that all prisoners, including those on remand, are able to spend a reasonable part of the day (i.e., eight hours or more) outside their cells engaged in purposeful activities of a varied nature (work; vocational training; education; sport; recreation/association). Inmates who are unemployed or do not participate in activities should be provided with more out-of-cell time than described in paragraph 48.**

The Future Regime Design (FRD) project will promote purpose through personalised, meaningful activities that address individual needs and risks, building on an individual's strengths. Focusing on quality and quantity, we will measure the impact on the individual as well as time in the regime. FRD will build on technological advances and work with partners to ensure our regimes promote rehabilitation and equip individuals with skills to succeed. Through the personalisation of regime for each individual it will ensure they take part in activities that benefit them, ensuring that valuable time will not be wasted when in or out of cell. The FRD aims to deliver a balance between autonomy and accountability, supporting Governors to deliver, and prisons of all functions to discharge their core function well, enabling progression and giving hope within and beyond prison walls.

Paragraph 52

The CPT recommends that steps be taken to ensure all yards are equipped with a shelter and a means of rest.

HMP Woodhill has recently secured funding for exercise equipment to be installed in every exercise yard. The installation of seating in all exercise yards, subject to funding, is being

explored. A Shelter will need to be agreed via consultation with the Directorate of Security, and risk assessed to minimise it being used to stage Incidents at Height.

At HMP Wormwood Scrubs there are no current plans for this work as it is not a priority area for spends in this financial year, however, the recommendation is noted and will be explored subject to available funding and security risk assessments within the next financial year.

HMP Durham have seating in all their exercise yards. Areas of shelter will be reviewed in line with security baselines to determine the feasibility of providing shelter safely.

Health care services

Paragraph 53

The CPT would like to receive comments of the United Kingdom authorities on these issues [use of agency health-care staff in prisons].

NHS London (HMP Wormwood Scrubs): Practice Plus Group (PPG) healthcare is committed to providing a dedicated and diverse workforce for HMP Wormwood Scrubs and has specific recruitment structures for London to support this. PPG has a national focus on recruitment which is supported at operational and Human Resource (HR) directorate level which monitors and supports recruitment and retention activity. There are recruitment challenges in the health economy and where this occurs PPG use specialist Health in Justice agency providers that provide health care staff, often with an extensive history of prison healthcare. The ability to support services with experienced prison nurses ensures that service delivery can be maintained and supports our vision of maintaining access to excellence in prisons.

All agency staff receive the same level of information and access as permanent employees, and our general experience of working at HMP Wormwood Scrubs is that we have long term agency placements rather than intermittent ad hoc ones.

NHS North East (HMP Durham): The healthcare provider has demonstrated to NHS England and Improvement the wide variety of recruitment activities undertaken to secure permanent healthcare staff. Some staff who have previously worked at the establishment are returning to posts they vacated which is offering the stability and experience required to manage the complex healthcare needs for men in HMP Durham. This also needs to be viewed in the context of the wider workforce challenges faced by the NHS that have been exacerbated by the COVID-19 pandemic. It is acknowledged that agency staffing is not a desirable long-term solution, however, there are currently significant workforce challenges that make this a required option. NHS England and NHS Improvement works with healthcare providers regarding workforce development, including having robust recruitment and retention strategies in place to build and develop the prison workforce.

NHS East of England (HMP Woodhill): The healthcare provider has been successful in recruiting to permanent posts, which has lessened the reliance on agency staff. The provider is engaged in structured work to recruit to the remaining vacancies, with a focus on increased ‘agenda for change banding’ to make posts more attractive to potential applicants. NHS England and NHS Improvement works with all healthcare providers to ensure that they have a robust workforce strategy in place (and associated staff contingency plans), so that high levels of quality service delivery can be maintained.

HMP Woodhill: The Healthcare team has a dedicated pool of regular Central and North West London (CNWL) NHS bank staff that are utilised to cover short-term replacement when permanent staff are unavailable. There are staff vacancies in all areas however recruitment is continually in progress and regular CNWL NHS bank staff are used to cover deficits. Non-substantive staff are supported by a skilled and conscientious team who have excellent working knowledge of local day to day operations. Agency use is kept to a minimum; currently there is only one long term agency nurse working within the team.

HMP Woodhill has a sustainable long-term recruitment strategy of sufficient numbers of health-care staff via continued re-advertising of vacant posts over several available social media platforms including open days and job fairs. Recruitment days were facilitated in October 2021 to canvas more interest in working for the healthcare team, with a further one planned for Feb/March 2022.

NHS South East Region (HMP YOI Bronzefield): A continued commitment to the recruitment of Substantive staff to fill vacancies and reduce the reliance on agency staff is consistently maintained by the healthcare provider and checked on a monthly basis by the NHS England and NHS Improvement Commissioner of the relevant health services it commissions.

HMP YOI Bronzefield: In 2020 Sodexo (the contracted operator) revisited its clinical career pathway strategy. A new role of 'Nursing Associate' now exists, where former Healthcare Assistants receive additional training and supervision, enabling many of the tasks traditionally associated with qualified nurses to be successfully and safely undertaken. Sodexo are utilising pharmacy technicians to undertake medication duties on the wings delivered by nurses, and as such for some of the nursing skill set serve as an effective substitute. We have brought in a Chronic Disease Nurse and Non-Medical Prescriber post, together with an Advanced Nurse Practitioner on each site. Bank shifts from our permanent staff and long-term agency bookings continue to make up the shortfall between establishment and permanent staffing. Agency staff receive the same 2-week induction as Sodexo employees and are offered monthly clinical supervision. These measures maintain high clinical standards and ensure a fit-for-purpose healthcare workforce. It is worth noting that the agency staff utilised are consistently limited to those on a full-time basis that are subject to Sodexo training expectations and standards. Sodexo are reducing the number of agency staff and have seen a continuing reduction in their use.

Health services are currently undergoing extraction from the contracts in all privately managed prisons to transfer service commissioning responsibilities to NHS England and NHS Improvement by April 2023.

Paragraph 54

The CPT trusts that as the prison systems transitions through the various stages of easing Covid-19-related restrictions according to the National Framework, the waiting times for dental appointments at Wormwood Scrubs and Woodhill Prisons will become significantly shorter.

NHS East of England (HMP Woodhill): NHS England and NHS Improvement Commissioners have worked with the healthcare provider in the formulation of a 'dental recovery plan'. As a consequence, the provider has increased dental sessions to ensure that dental waiting times for appointments will become shorter. Waiting times are scrutinised via Health and Justice Indicators of Performance (HJIP) reporting and via quarterly contract review meetings, so

that NHS England and NHS Improvement can be assured that patient care across the secure and detained estate is not compromised because of a person's residence.

Dentistry was significantly impacted by the COVID-19 pandemic, however, CNWL NHS has a robust recovery plan which monitors dental activity; waiting times for appointments have significantly reduced due to the allocation of extra sessions. The dental waiting time is monitored and updated via governance meetings and local Risk Registers. Additionally, recovery funding was allocated by NHS England and NHS Improvement Commissioners which has further increased dental capacity which will ensure that dental waiting times will become significantly shorter.

NHS London (HMP Wormwood Scrubs): The delivery of dental services at HMP Wormwood Scrubs has been extremely complex and challenging over the course of the pandemic. PPG healthcare and our partners Time for Teeth Limited are committed to providing timely access for all patients, both routine and urgent, in line with NHS England and NHS Improvement guidelines. The dental teams and healthcare providers have worked together to navigate additional guidance issued in relation to the provision of dental services and continue to improve clinic utilisation in order reduce waiting times and improve access. Our expectation is that as COVID-19 cases reduce and restrictions change within both community and prison services, we will be able to deliver a more effective and responsive dental service to the patients at HMP Wormwood Scrubs.

As of December 2021, HMP Wormwood Scrubs has zero patients who have not been seen within 6 weeks by the dental service. This data is collected by our business and performance manager on a monthly basis and reviewed in partnership with the healthcare leadership team and the sub-contractors Time for Teeth, to ensure that we are working within national set guideline by NHS England and NHS Improvement.

Paragraph 55

The CPT recommends that the triage period [for medical appointments for prisoners] be significantly shortened.

Primary care: All routine primary care applications are triaged by a dedicated nurse on the same day and either allocated to the correct pathway or seen by a relevant clinician within an appropriate timescale, dependent on the urgency. Access to Primary Care services at HMP Wormwood Scrubs for a routine referral is generally good and is usually within 5 working days.

Mental Health: All mental health referrals are triaged via the Recovery and Enablement team (RET) and within the policy clear guidance is given showing that referrals are allocated based on risk (see below and in attached file: Brent, Enfield, and Haringey Mental Health team Operational Policy) and triaged upon entry to the service. The table below outlines the emergency, urgent and routine referral timelines. Prison enablement, COVID-19 safety measures and staff absence due to COVID-19 have impacted on the ability to access patients, akin to service in the community, healthcare teams continue to triage in order to ensure that risk is manged appropriately.

Level of Referral	Response time
Emergency	Same working day as received by the Mental Health In-Reach Teams (MHIRT)
Urgent	Within 24 hours from date received by the MHIRT
Routine	1 – 5 working days from the day that the assessment is allocated at the weekly Team meeting

Paragraph 56

The CPT recommends that steps be taken by the United Kingdom authorities to ensure that health-care professionals indicate in the record drawn up following the medical examination of a prisoner their observations indicating the consistency between any allegations/statements made by the prisoner concerned and the objective medical findings.

There are professional standards related to record keeping issued by the Nursing and Midwifery Council (NMC) and General Medical Council (GMC). Standards include all records that are relevant to the practitioner's scope of practice. Records should be contemporaneous, document all relevant clinical findings, decisions made, actions agreed, who is making the decisions and agreeing the actions, information given to patients and any treatment prescribed or other investigation or treatment. All records made must include the name of the person making the record and when.

Paragraph 57

The CPT recommends that the United Kingdom authorities maintain these arrangements beyond the Covid-19 pandemic and take further steps to ensure that medication is not given to prisoners in an open corridor and medical confidentiality is fully respected.

There are national professional standards for the access to medicines in prisons and this includes medicines access points being fit for purpose: Optimising Medicines in Secure Environments (rpharms.com). Healthcare and HMPPS leads collaborate locally to ensure the standards are met at specific prisons and responsibility for this rests with the commissioned healthcare provider. Lessons learned about improvements to safety and the patient experience of accessing medicines during the COVID-19 pandemic form part of the NHS England and NHS Improvement restore and recovery programme and are already in guidance published by HMPPS when regimes move to lower levels.

Paragraph 58

The CPT recommends that the United Kingdom authorities take the necessary steps to ensure that, as necessary, health-care staff have unimpeded access to inmates at all times.

Prison Group Directors with responsibility for prisons in their regions work closely with healthcare providers and commissioners to enable effective working partnerships and also to ensure that health-care staff are supported in gaining necessary access to prisoners as and when required.

Paragraph 59

The CPT recommends that the In-reach team at Durham Prison benefit from the input of a clinical psychologist.

The mental health team at HMP Durham is not an in-reach team, but an integrated team that is based within the prison as part of the wider healthcare provision.

The team has undergone a restructure which is allowing skill mixing and use of allied health professionals. This is attracting staff into specific posts within the mental health team and ensuring that the men see the right professional for assessment and ongoing treatment.

Whilst there is not a specific clinical psychologist post within the team currently, the team have access to a resource on an ad-hoc basis. However, this is currently under review, and it is likely that a clinical psychologist role will be added within the HMP Durham team.

Paragraph 60

The Committee would like to receive the comments of the United Kingdom authorities on this issue [the Integration and Support Unit at Durham as a model of good practice to be rolled out to other prisons].

The Integrated Support Unit (ISU) model works well but only if there are the right skill mix of professionals and there are robust pathways in and out of secure mental health beds. Caution is needed if this is to be rolled out in other establishments to ensure the ISU remains as a therapeutic environment and not a holding area for people awaiting external secure mental health provision.

The ISU is an important innovation within the North East and Commissioners are happy to share the learning from the unit to promote the benefits that this may bring to other prisons. It is integral that there is effective partnership working between HMPPS, NHS England and NHS Improvement and the healthcare providers to ensure that the infrastructure and joint working are in place to support delivery. Providing swift access to increased support to help prevent inpatient stays is a core aspect of the management of mental ill-health within the North East Prison cluster.

Paragraph 61

The CPT recommends that steps be taken to ensure that mental health nurses are available at Woodhill Prison to provide care to prisoners at primary level. Further, the vacant posts in the In-reach team should be filled.

NHS East of England: The healthcare provider is engaged in on-going work to recruit to the remaining mental health posts; the provider has recruited two mental health nursing posts that are currently going through clearance. In addition, the provider is investing in the development of 'therapist' posts to enhance the mental health delivery at HMP Woodhill. NHS England and NHS Improvement also has planned quality visits with the provider. The purpose of the visits is to scrutinise the delivery of the mental health pathway at the site, to be assured that the mental health needs of the population at the prison are being met, and that National Institute for Health and Care Excellence (NICE) guidelines are being adhered to when delivering mental health care.

HMP Woodhill: In accordance with the NICE guidelines the Mental Health In reach service within Woodhill utilises a Stepped Care Model approach to deliver both primary and secondary mental health services. Primary mental health is provided by General Practitioners and mental health nurses through signposting to psychology and low-level interventions provided by Associate Mental Health Practitioners. The Mental Health In-reach team (MHIT) is commissioned as a Secondary Mental Health service providing multi-model input to prisoners via a well-established Multidisciplinary Team. CNWL NHS is in the process of developing specific roles targeting primary mental health in the form of mental health wellbeing and recovery practitioners.

The Mental Health team is well established with a low vacancy rate. The vacant posts in the In-reach Team are being addressed through continued re-advertising over several available social media platforms. Recruitment days were facilitated in October 2021 and March 2022 to canvas more interest in working for the healthcare team. A further recruitment day is planned for June. The vacancy factor for the MHIT has continued to steadily decrease since December 2021. Currently a Cognitive Behavioural Therapist is in clearance. Recently over the past couple of months one Assistant Psychologist and one Occupational Therapist have started with the MHIT.

Paragraph 62

The CPT recommends that the resources to provide primary level mental health care at Wormwood Scrubs Prison be significantly reinforced to meet the needs of the prison population and to shorten the waiting time for mental health assessment. Further, the Committee recommends that the vacant posts in the In-reach team be filled.

Practice Plus Group (PPG) in partnership with the commissioning team at NHS England and NHS Improvement are currently undertaking a review of services, to deliver a new model of care in all London prisons in 2022. This will include resourcing for a fully integrated mental health offer across all of the stepped care model.

Barnet, Enfield, and Haringey (BEH) mental health trust are actively recruiting for all current vacancies. There is a safe level of cover, with the use of bank and/or agency posts, to ensure that the service is maintained at HMP Wormwood Scrubs. The same challenges with recruitment and staffing answered in paragraph 53 are also relevant here.

Paragraph 63

The CPT reiterates its recommendation that the United Kingdom authorities take all necessary measures to ensure that prisoners suffering from severe mental health problems are transferred without delay and cared for and treated in a closed hospital environment, suitably equipped and with sufficiently qualified staff to provide them with the necessary assistance. In this connection, given their insufficient number, high priority should be given to increasing the number of beds in psychiatric hospitals. Further, placement in in-patient health-care units in prisons should not be regarded as a substitute for transfer of prisoners to psychiatric facilities.

If a prisoner has a severe mental health need warranting detention under the Mental Health Act 1983, they should be transferred to hospital without delay. However, we recognise that in some cases, this process takes too long.

The Ministry of Justice (MoJ), Her Majesty's Prison and Probation Service (HMPPS), NHS England and Improvement and the Department of Health and Social Care (DHSC) are determined to reduce the delay in the transfer process and prevent prison being used inappropriately, ensuring the best outcome for each individual.

In the White Paper, Reforming the Mental Health Act 1983[3], published in January 2021 and updated in August 2021, the UK Government committed to introducing a new statutory time limit of 28 days for transfers from prisons to mental health hospitals, to be commenced once revised NHS England and NHS Improvement guidance for transfers and remission has been fully embedded into practice. In April 2021 the NHS introduced a new process for collecting and monitoring data on transfers. This data is being analysed monthly to identify trends and areas where further improvement is needed to meet the 28-day timeframe. We will take stock of progress during 2022/23.

We recognise the pressure on beds in some local areas, which commissioners are looking at how to address. As part of their Long-Term Plan, NHS England and NHS Improvement are focusing on investing in community services and alternatives to admission, to try and reduce the need for inpatient care. By reducing the overall pressure on beds, we aim to ease transfer to hospital when a bed is required. To meet Long Term Plan ambitions, NHS England and NHS Improvement are investing an additional £1bn per year by 2023/24 in mental health services.

To ensure the individual receives the necessary care in hospital, all healthcare providers are required to complete mandatory and statutory training appropriate to the profession and the role.

Healthcare assessment wings may be a preferred therapeutic environment whilst an individual is waiting for an assessment or transfer to hospital, but it is not used in lieu of a person being treated under the Mental Health Act 1983.

Moreover, as long as persons with mental health disorders are accommodated in the in-patient units at Wormwood Scrubs and Woodhill Prisons, the CPT recommends that the United Kingdom authorities take steps to ensure that they are provided a range of suitable therapeutic activities.

[3] Reforming the Mental Health Act - GOV.UK (www.gov.uk)

NHS London (HMP Wormwood Scrubs): Barnet, Enfield, and Haringey (BEH) provide the inpatient unit at HMP Wormwood Scrubs and deliver a comprehensive package of therapeutic activities. An example of the weekly timetable of activities offered (as of January 2022) is included at the end of this document.

There are also additional local activities that promote broader Health and Wellbeing Initiatives that take place on the weekend including prison staff engagement such as pool, table tennis and table football tournaments to support our patient group.

As referenced in point 62, the new models of care service review will consider the requirements for therapeutic interventions within HMP Wormwood Scrubs.

HMP Woodhill (please also see response to paragraph 64): NHS England and NHS Improvement is working with the healthcare provider to continue to develop the mental health day programme at the site, which will offer structured interventions for people with mental health problems and reduce the need to place prisoners with mental health needs in 'in-patient' beds.

The Clinical Assessment Unit (CAU) at HMP Woodhill is a 12-bed unit that caters for an array of complex patients with Mental Health and Physical Health needs. The CAU has an established range of timetabled therapeutic activities provided to everyone accommodated in the inpatient unit, such as, library, games, pool table, regular resident community meetings, art therapy, music sessions and debating current affairs.

Paragraph 64

The CPT would like to receive more details about the plans to transform the Compass unit at Woodhill Prison into a day centre for vulnerable persons. As long as the unit continues to accommodate vulnerable persons, the CPT recommends that the United Kingdom authorities take steps to ensure that they are provided a range of suitable therapeutic activities. Moreover, as all other prisoners, they should be able to benefit of at least one hour of daily outdoor exercise (regardless of the Covid-19-related restrictions in place).

The COMPASS unit is a small unit that can hold up to 25 prisoners. It is run by the prison and provides a smaller more contained unit for prisoners who might struggle to manage on the larger house units across the prison. Prisoners who reside on the COMPASS unit are encouraged to access the NHS Offender Personality Disorder (OPD) pathways delivered through the Stabilisation, Progression and Recovery Programme (SPaR).

The SPaR programme offers a range of therapeutic activities and opportunities for prisoners including psychological interventions including Mentalisation Based Therapy, Dialectical Behavioural Therapy, Cognitive Behavioural Therapy and Schema Focussed Therapy. The SPaR provides a range of groups to prisoners on the COMPASS unit (and across the prison) including Art Therapy, Schema Focussed Therapy and Music Interventions.

The SPaR programme offers prisoners the opportunity to engage in meaningful and evidenced based programmes of change. The programme also offers joined up thinking across the NHS, OPD, HMPPS and other agencies to ensure that prisoners have clear pathways through and within the prison. The SPaR programme works intensively with prisoners when close to transfer and release, in order to support the prisoner to manage these transitions. The programme offers limited support 'through the gate' (i.e., those being released).

East of England NHS England and NHS Improvement is working with the provider to understand the quality and impact of the new mental health unit at the site and to obtain assurance that the objectives given in the case for investment are achieved. NHS England and NHS Improvement is committed to the on-going commissioning of this unit, and in due course will seek independent evaluation of the unit to gain clear insight into the impact of the range of therapeutic interventions offered to prisoners, and that the interventions meet the needs of prisoners who are supported by the unit. The outcome of the future evaluation will be shared with all stakeholders, and recommendations made to support the ongoing development of this unit.

The National Framework for Prison Regimes and Services, which governs prison responses to COVID-19, operates on a sliding scale, allowing prisons to adjust their regimes based on the level of infection risk and public health advice. This risk-based approach allows prisons to provide services, including exercise and in-prison socialisation, whilst appropriately managing the risk of infection. This is an important element in minimising the risk to life whilst preserving the quality of life for those living and working in our prisons.

The Prisons Strategy White Paper sets out our vision for prisons. This includes the Future Regime Design programme, which will support and empower governors to meet the needs and goals of prisoners in their establishment. This will ensure that appropriate regimes for prison populations are delivered, for example, specialised exercise for older prisoners. Further, it will support prisons in achieving the core national standards such as outdoor exercise.

Paragraph 67

The CPT recommends that the United Kingdom authorities redouble their efforts to tackle the issue of self-harm in prison. The implementation of the recommendations set out in this report concerning regime of activities (paragraph 51), mental health care (paragraph 63) and staffing (paragraph 77) will facilitate these efforts.

Further, **the Committee would like to be informed of the measures taken and/or envisaged by the United Kingdom authorities to identify and tackle the longer-term effects on mental health of prisoners of the Covid-19-related restrictions.**

In July 2020, HMPPS implemented a revised version (v6) of the Assessment, Care in Custody and Teamwork (ACCT) case management approach across the prison estate. Revisions in ACCT v6 include a stronger emphasis on taking a person-centred approach; better multi-disciplinary team working; a consistent quality assurance process and an improved focus on identifying and addressing an individual's risks, triggers, and protective factors.

HMPPS recognise the high levels of self-harm within the prison estate and the disproportionate levels of self-harm within the women's estate. HMPPS have established a women's estate self-harm taskforce to address this. The taskforce has a programme of work in place designed to address the factors driving self-harm in the women's estate, where a rise has been seen in self-harm incidents since COVID-19 measures were introduced.

In December 2021, the UK published the Prison Strategy White Paper outlining how we are investing in our prisons to make them safer. HMPPS have committed to making significant progress in delivering 290 ligature-resistance cells to protect vulnerable prisoners during a time of acute crisis and will be testing in-cell technology that alerts prison officers to any

changes in vital signs, so that they can reach distressed prisoners as quickly as possible. HMPPS are trialling alternatives to wet-shave razors which can be used by prisoners both as a weapon for assault and to self-harm. HMPPS will introduce a peer support model for prisons, which includes emotional resilience training led by ex-prisoners for early days in custody, and wellbeing navigator roles to promote prisoner wellbeing and support mental health. HMPPS will also introduce specialist support through an 'Enhanced Support Service' for individuals, provided by a dedicated team of a prison officer, mental health nurse and psychologist.

HMPPS have also funded and successfully piloted a support service developed by the Samaritans, providing additional help and guidance to prisons in the period following a self-inflicted death in order to reduce the risk of a further death. HMPPS will be rolling out this service nationally in 2022.

Mental health services in prisons are delivered via integrated mental health teams following the stepped approach to common mental disorders. This allows for the early identification, sign posting where appropriate and offering of self-help and facilitated self-help as early interventions. Mental health services are trauma informed and work holistically, building upon existing relations with other agencies and partners to best meet the needs of the individual. This could involve education, local authority, increased meaningful activity, or mental health interventions. Mental health, substance misuse and primary care teams work with the custodial team to provide person centred care planning as part of the ACCT process.

The long-term impact on the mental health of people in prison during the pandemic is not fully understood yet, and the continued use of this model enables a low-level and watch-and-wait approach before engaging in full mental health intervention if required.

Paragraph 68

It trusts that the necessary resources will be allocated to ensure that the 2019 Prison Drugs Strategy is effectively implemented in all prisons. Reference is also made in this context to the recommendation concerning the regime of activities (paragraph 51).

In support of the Drug Strategy NHS England and NHS Improvement commission Substance Misuse (SM) services for the whole pathway of care for people in the secure and detained estate. This includes ALL adult prisons, Immigration Removal Centre's (IRCS) and Children and Young People secured and detained across England. Drug Treatment services are available in all prisons.

In line with the strategy, Commissioners, Governors, healthcare providers and service users contribute to deliver co-designed bespoke services tailored for the setting and cohort, focussed on achieving the desired outcomes based on national clinical guidelines. All SM service specifications used in prisons have been co-produced alongside clinicians, peers and lived experience and service providers.

Services are commissioned to the national specifications which are informed by a specific patient population Health and Well-Being Needs Assessment (these are refreshed on an annual basis). This identifies the needs of the establishment / cluster population across prisons and the requirements for all prisons, children's secure units and IRCs to have SM service provision and a model which has been developed to support an integrated pathway

with primary care, mental health, and physical health services alongside individual SM service requirements. All SM models in prisons are supported by a clinical, psycho-social, 12 step and mutual aid recovery pathway. The commissioned services support integrated substance misuse services to enhance how a patient's mental health and dependency issues can be managed and treated throughout their period of custody, as well as securing appropriate and consistent continuity of care as they are released into the community.

Paragraph 69

The CPT recommends that the United Kingdom authorities take steps immediately to ensure that all newly admitted prisoners, irrespective of the Covid-19-related restrictions in place, can benefit from at least one hour of outdoor exercise per day.

The Prison Rules, which set out the legal requirements for all prisons, require regular time in the open air, and we are committed to offering this for all prisoners.

The National Framework for Prison Regimes and Services, which governs prison responses to COVID-19, operates on a sliding scale, allowing prisons to adjust their regimes based on the level of infection risk and public health advice. This risk-based approach allows prisons to provide services, including exercise and in-prison socialisation, whilst appropriately managing the risk of infection. This is an important element in minimising the risk to life whilst preserving the quality of life for those living and working in our prisons.

Recent waves of COVID-19, caused by the emergence of new variants, have led to a substantial rise in the number of staff sick or isolating. HMPPS has taken practical steps to ensure prisons remain able to deliver the core regime, including time in the open air for all prisoners. This has included a regular staff testing programme to identify cases early and break chains of transmission, using financial measures to incentivise staff, creating a national reserves scheme to bring experienced former staff into prisons, re-deploying experienced staff from HQ to prisons and building a pool of prison officers to be deployed to challenging prisons. HMPPS have offered dedicated support to prisons that are struggling to deliver the core regime during the pandemic.

The Prisons Strategy White Paper sets out our vision for prisons. This includes the Future Regime Design programme (see information set out in response to paragraph 64)

Further, as far as the Covid-19-related restrictions remain in place and there is a need to isolate newly admitted prisoners, the CPT encourages the United Kingdom authorities to ensure that these persons are provided considerably more human contact every day, if necessary, within their cohort and in a sufficiently ventilated indoor or outdoor area, while strictly observing the necessary preventive measures (physical distancing, wearing of masks).

In addition, the CPT would like to be informed to what extent the arrangements concerning newly admitted prisoners will be affected once prisoners and staff are fully vaccinated.

HMPPS continue to keep the Compartmentalisation guidance[4] under review and will update it as required by any updates in COVID-19 guidance. HMPPS recognise our obligation to provide safe and decent regime levels to those who are Reverse Cohorting, Shielding or under protective isolation but must balance this responsibility against the need to protect our

[4] HMPPS-Cohorting-and-Compartmentalisation-Guidance.pdf (prisonersadvice.org.uk)

population and workforce. The vaccination status of those in our care and our staff continues to be one of many factors that we take into account when making decisions about regime delivery and COVID-19 controls, but it is important to recognise that acceptance of the vaccination remains voluntary for all, and vaccination status is also confidential medical information that is not always shared.

Maintaining safety and the mental health and wellbeing of prisoners has remained a priority throughout the pandemic. HMPPS have worked hard to ensure that prisoners in our care have continued to have sufficient levels of social contact during periods where reduced mixing has been required. This has been especially important during those periods where social visits have had to be reduced in frequency or temporarily suspended. Prisoners isolating in-cell are being given access to services including telephone contact with loved ones, extra PIN credit, and video calling services in addition to in person social visits. HMPPS continue to make the Samaritans phone service available and are working with the Samaritans to ensure that the Listener peer support scheme continues to function effectively.

HMPPS practice reflects advice from the UK Health Security Agency, formerly Public Health England, in working to minimise the amount of contact prisoners have whilst potentially infectious. HMPPS are committed to continuing to act based on public health advice and ensure our response is proportionate over time as the risks from COVID-19 change.

Guidance to prisons recommends that prisons should consider forming a group of staff to consistently cover newly admitted prisoners, and that staff should not be removed from this unit for the duration of their shift. These staffing provisions ensures that prisoners have a consistent group of officers with whom they can interact, raise concerns, and strengthen their human contact.

HMPPS has continued to ensure that prisoners receive quality inductions on arrival in prisons and that they are able to access faith services and mental health support.

HMPPS have invested in tools such as the Standards Coaching Team (SCT) to raise the quality of staff-prisoner interactions, by providing staff with the training and support to ensure every contact is of value. The SCT has continued to work throughout COVID-19 and has recently expanded in size to cover more prisons.

This approach to prison regimes ensures that prisoners receive an appropriate level of quality human contact whilst minimising infection risk and protecting the safety of prisoners and staff.

Other issues

Paragraph 77

The CPT recommends that the United Kingdom authorities continue their efforts both to recruit new front-line custodial staff and to bolster their retention. In this context, the CPT would like to receive more detailed information with regard to:

(a) the progress achieved in the recruitment and retention of front-line custodial staff.

(b) concrete measures put in place to provide support to staff to navigate the transition from a period of restricted regimes, as envisaged in the Covid-19: Custodial Recovery Guidance.

(c) the implementation of the Level 3 Custody and Detention Professional Apprenticeship and its outcome.

a) *Recruitment and Retention*. Following an initial pause in recruitment activity in response to the onset of the pandemic, HMPPS have digitised the recruitment processes and now run 'online assessment centres', increasing capacity and reducing the time to hire by several months. HMPPS accelerated the launch of recruitment campaigns in Autumn 2020 and currently have recruitment activity for all sites with a current or future recruitment need.

The number of band 3-5 prison officers who joined HMPPS in the year ending 30 September 2021 was 3,712 (headcount). This is a 50.2% (1,114) increase of compared to the previous year and a 35.4% (871) increase since the last quarter.

Competition for talent continues to increase with a number of sectors struggling to recruit. HMPPS operational line along with some other professions are finding it particularly challenging to compete in the emerging marketplace. To support recruitment activity, HMPPS have fast-tracked existing Operational Support Grade Staff into prison officer roles and have launched a bespoke scheme (Advance into Justice) to target and support armed forces veterans into prison officer roles.

A leaving rate of 11.1% in the 12 months to 30 September 2021 shows more officers leaving the service than the previous year. Historically, attrition of officers, particularly in their early years, has been too high. As well as causing an unsustainable level of turnover in the system, feedback from Governors highlight that the high rates of attrition leave new staff feeling unsupported, contributing to a vicious cycle of staff dissatisfaction and lack of retention. HMPPS have therefore launched a retention framework, toolkit and a programme of work analysing data from exit surveys and examining case studies to identify why officers leave, and acting at a local, regional, and national level to improve retention levels. This is aimed at supporting Governors in tackling local issues within their control and to enable targeted national support for a range of issues including career progression, wellbeing, and leadership. From exit interviews with staff, HMPPS know that there is demand for us to modernise our employment contracts to enable a broader range of flexible and family-friendly working patterns, and so HMPPS are exploring how they can do this. HMPPS also know that flexible working is likely to increase our recruitment base, improve retention and enable us to support the regimes we set out to deliver more efficiently. It will also help to energise our workforce by offering contracts which suit their personal needs, reducing the likelihood of burnout.

b) *Support for COVID-19 Recovery.* A key element of recovery will be identifying local backlogs and, to the extent judged appropriate to local circumstances, working towards clearing these in order to enable delivery against the recovery priorities whilst ensuring appropriate COVID-19 controls remain in place within establishments.

Staff capability and wellbeing is a key priority as set out in our recovery guidance. It aims to build on existing work to reduce fatigue, support mental health and wellbeing, build confidence and capability while continuing to deliver adequate staffing levels to deliver regimes. This priority also reinforces the importance of safety and stability as part of regime expansion, ensuring HMPPS maintain a focus on minimising levels of violence and ensuring our staff feel safe.

At a national level this priority focuses on:

- Ensuring that staff are aware of and able to access employee support programmes and that managers are able to support staff wellbeing and considering specific support for those who are returning from shielding or have been off due to sickness and providing staff with the support and confidence to navigate the transition from a period of restricted regimes.

- Reducing the backlog of annual leave and Time Off in Lieu (TOIL) that has accumulated over the pandemic and encouraging staff to take their leave.

- Providing important role specific training that may have been paused during the pandemic to ensure staff skills are up to date and they are confident in their roles.

- Ensuring that prisons and youth secure sites have the resilience to open regimes through essential operational training levels in Control and Restraint (C&R), Minimising and Managing Physical Restraint (MMPR), PAVA (a synthetic pepper spray) and Negotiator training. Prior to expanding regimes, prisons and youth secure sites will refresh their contingency plans and review any procedural or physical security risks which will need to be agreed for assurance of compliance.

- Ensuring there is a pipeline of accredited staff for key posts, the need to prioritise the staffing of recruitment and accreditation processes (e.g., Running assessment centres/delivering Prison Officer Entry Level Training (POELT) training) and ensure that workforce planning is clearly identifying needs.

- Supporting, mentoring, and upskilling new officers, particularly those who are early in their service and/or have joined since March 2020 and have not experienced an environment of full regime delivery.

- Maintaining visible and consistent leadership. Providing regular check-ins on well-being, and a clear local delivery strategy that is effectively communicated will continue to be important.

c) *Custody and Detention Apprenticeship*. The Custody and Detention Apprenticeship for new Prison Officers was launched in the North and Midlands in Summer 2021 with rollout to the South in January 2022. Early indications are that the new way of initial training and onward development is beneficial but further evaluation will take place following implementation.

The original launch month of March 2020 was postponed due to the COVID-19 pandemic with revised dates as follows:

- Re-launched May 2021 for the Midlands and North, engagement events started January 2021.

- South launch January 2022, engagement events started September 2021.

- Wales launch April 2022, engagement events started January 2022

All apprentices will have a dedicated apprenticeship coach who will support and guide the learner through their journey as well as complete further ‘on the job’ live assessments. There

will be knowledge experts within establishments. All apprentices must complete 366 active days prior to being put forward to their End Point Assessment.

HMP Wormwood Scrubs and HMP Woodhill are part of the phase 4 launch that is being implemented in January 2022. Therefore, there are no new members of staff that have been signed up to the Custody & Detention Apprenticeship at either Establishment. However, HMP Wormwood Scrubs were an early adopter site, prior to the official phase 3 launch. There were five members of staff that were enrolled to the Apprenticeship. Of the five new Officers, two have completed their end point assessment. The awarding body (skills for justice) have passed them both with distinction. Two other learners are completing End Point Assessment in February and the final learner is due to submit their project report which enables them to enter gateway.

HMP Durham were part of phase 3 launch. Currently, there are 23 active learners and there are 10 learners in the pipeline.

Further, the CPT recommends that at Durham, Woodhill and Wormwood Scrubs Prisons, staffing levels and actual numbers of staff on duty in the wings should be reviewed to ensure that, as the establishments transition from the Covid-19 restricted regimes, there is a sufficient number of staff at all times to maintain efficient control over the establishment, to prevent a new outburst of violent attacks and to guarantee the safety of both prisoners and staff, as well as to facilitate the provision of a full regime of activities and the full exploitation of the potential of the Future Regime Design Project (FRD) (see paragraph 51). In particular, steps should be taken to ensure that the vacant posts of prison officers at Durham, Woodhill and Wormwood Scrubs Prisons are filled as a matter of urgency.

HMP Wormwood Scrubs: London Prison Group experiences issues with staff attrition and in order to address this they run regular recruitment campaigns to ensure there is a sufficient pipeline of new starters coming into the London area.

HMP Durham: Staffing levels are set following the completion risk assessments and Safe Systems of Work (SSOW) to maintain Safe, Decent and Secure Operating Levels. Current staff in post figures for Officers currently exceeds recommended staffing figure. A weekly Regime Management Plan (RMP) meeting takes place to monitor any shortfalls and to prioritise resources

HMP Woodhill: Staffing at Woodhill remains a concern in regard to recruitment and retention, but significant effort is being put in to address this. HMP Woodhill are currently undertaking a re-profiling exercise to align our detail with the post-COVID-19 and post-Reconfiguration regimes. Additionally, we are investing heavily in the up skilling and coaching/mentoring of all grades in partnership with the HMPPS Standards Coaching Team and 'MatchFit' to address the retention rate of staff and the experience levels of leaders.

Future Regime Design (FRD) project: The FRD project is closely aligned with wider workforce reform plans. Purposeful activity is as much about the working experience with staff as it is for prisoners. Supporting staff to support prisoners is one of the key objectives of the FRD. Creating a better environment for staff by decreasing frustration, increasing wellbeing, and reducing violence by preventing long periods of inactivity. It is expected that this will have a positive impact on attraction and job satisfaction levels of staff.

London Prison Group was allocated £94k from the Future Regime Design Project, of which £18k of the funding has been allocated to Wormwood Scrubs that will be used for a local art project, the Duke of Edinburgh award scheme and also for allocation to the Prisoner Council,

to determine the most appropriate and effective local use to support regime activities and opportunities.

Paragraph 79

Inmates were not asked to attest with their signature that they received a copy of the disciplinary decision ("DIS7 form"). Moreover, the copy did not contain any reasoning. In the CPT's view, these constitute additional procedural safeguards which should be provided to prisoners.

Improvements to the functioning of the adjudications system are underway, (see the Prison Strategy White Paper) including digitising parts of the process to improve the efficiency of the administrative tasks and reduce procedural errors. This recommendation will be considered as part of this work.

The DIS7 Form (a record of the punishment) only requires recording of reasoning where the punishment is outside published guidelines. This document is signed by the adjudicating governor before being issued to the prisoner. The Adjudicator will record on the record of hearing (DIS3 Form), their reasoning for any punishment issued and the prisoner's understanding of the punishment.

Paragraph 80

The CPT reiterates its recommendation that the Prison Rules be amended to reflect these considerations [length of periods of cellular confinement]. Pending the amendments, the current practice of imposing cellular confinement as a disciplinary punishment for less than 14 days should be maintained.

An evidence-based whole system review of prison adjudications is planned and will include the range of punishments and charges available to Governors. A review of this kind will require extensive consultation and may lead to potential legislative change. Subject to ministerial decisions the review is expected to span across 2022/23. The current focus is on delivering the commitments in the Prisons Strategy White Paper, including exploring swift sanctions.

Prisoners will be screened by healthcare before a punishment of cellular confinement is imposed. Adjudicators will consider alternative punishments that may be more appropriate if the prisoner in question has already reached the maximum number of days in cellular confinement. Prisoners serving cellular confinement will be allowed all normal privileges other than those incompatible with the punishment (unless a separate, concurrent punishment of forfeiture of privileges has also been imposed). Prisoners will continue to be able to correspond, exercise, attend religious services, make applications to the Governor, probation officer, chaplain, and the Independent Monitoring Board (IMB), and have access to a phone, unless their attitude or behaviour makes it impractical or undesirable for them to access services out of their cell.

Paragraph 82

The CPT recommends that steps be taken to remedy this oversight [lack of assessment by healthcare staff after placement in, and duration of period in, segregation unit].

When a prisoner is placed in the segregation unit, staff will inform the healthcare department as soon as possible and will record on NOMIS (the National Offender Management Information System) the time at which Healthcare are informed. Assurance will be monitored via the Segregation Monitoring and Review Group (SMARG) meeting.

Paragraph 83

At Woodhill Prison, a few complaints were heard from prisoners that they were not aware that the 42-days review [of segregation decisions] by the Prison Group Director had taken place and that they had not received the relevant decision. Steps should be taken to remedy this oversight.

All prisoners who are subject to Prison Group Director (PGD) authority over 42 days in segregation are now provided with a copy of their decision to continue segregation and have a NOMIS (the National Offender Management Information System) case note entry added to record this.

Paragraph 87

The CPT recommends that the United Kingdom authorities step up their efforts to avoid, as far as possible, segregating prisoners under Rule 45 of the Prison Rules for lengthy periods.

Segregated prisoners should have an individual regime plan to assist them to return to a normal regime. They should benefit from a structured programme of purposeful and preferably out-of-cell activities and be provided with meaningful human contact for at least two hours every day and preferably more, with staff and/or with one or more other prisoners.

Current policy (contained within PSO1700 Segregation, Special Accommodation and Body Belts) and guidance outline that prisoners in segregation for long periods should be regularly reviewed at a local level, by the Segregation Review Board, attended by a multidisciplinary team. The Prison Group Director's office review longer term segregation decisions to ensure that the need for segregation is appropriate and being effectively monitored. Designated officers are assigned to each prisoner and are required to engage in purposeful dialogue throughout the day. A minimum of three interactions are required to be recorded on the prisoner's daily history sheet. Furthermore, prisoners in segregation have the opportunity for daily interaction with prison and healthcare staff, and chaplaincy. They can speak, and if safe to do so, associate with other segregated prisoners. As far as possible, segregated prisoners have access to a regime that is comparable to that on normal location including the usual basic entitlements to social and legal visits, access to phones, showers, exercise in the open air and access to privileges under the Incentives Scheme.

The Prison Act 1952 Section 6 states that an Independent Monitoring Board (IMB) is appointed for every prison. IMB members are independent and visit a prison an average of 3-4 times per month. Their role is to monitor the day-to-day life in the prison and ensure that

proper standards of care and decency are maintained. The IMB are notified within 24 hours of the segregation of any prisoner. A member of the IMB speaks to the prisoner and scrutinises the paperwork authorising initial segregation. IMB members also attend the Segregation Review Boards.

HMPPS has recently commenced a review of the segregation policy. This review will consider learning from research, promising practice, and recommendations from independent bodies such as HM Inspectorate of Prisons, the Prison and Probation Ombudsman, Independent Monitoring Board, and the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). The revised policy will be accompanied by a series of tools which will assist staff and prisons in ensuring the safe management of prisoners held in segregation. The new framework is expected to be issued in 2023.

In addition, the Committee recommends that steps be taken at Wormwood Scrubs Prison to develop staff capabilities to engage with prisoners.

HMP Wormwood Scrubs will roll out the Future Regime Design (FRD) project, where one of the key objectives is to ensure that staff are supported to support prisoners. It will create regimes where every person and activity contribute to our ultimate objective of enabling staff and prisoners to be the best they can be. It will support our staff to become confident and capable, maintaining control and order and driving regime around them supporting prisoners to spend time well.

Since the CPT's visit, there has been a significant change of staff in the segregation unit, new Officers and Supervising Officers have been recruited to work in the unit, in line with policy (specifically selected and approved as suitable by the Governing Governor). The regular refresh of Officers in any segregation unit is a helpful way of providing fresh impetus and maintaining high standards.

More segregation unit staff have now received Five Minute Intervention training and have up to date Control and Restraint (C&R) training (which includes training on de-escalation and other verbal communication). C&R remains a priority area of training, the prison is also seeking other training opportunities for segregation unit staff to support continued professional development.

As the prison's regime improves, there will be more opportunity to work innovatively with prisoners, via a bespoke gym and psychology programme which had some success prior to the pandemic.

Further, the Committee would like to be informed of what steps are being taken by the United Kingdom authorities to place the prisoner referred to in paragraph 86 in ordinary accommodation. More generally, while the Committee understands that such cases present complex challenges for the prison management, it has serious reservations as to whether placement in a segregation unit for such a long period pending investigation of a criminal case is a proportionate measure; it would like to receive comments of the United Kingdom authorities on this issue.

This information is provided separately given its confidential nature.

Paragraph 88

The CPT recommends that steps be taken at Durham and Woodhill Prisons to ensure that data on the use of the segregation units are properly recorded.

HMP Durham: Data is analysed at a monthly Segregation Monitoring and Review Group (SMARG) meeting. The role of the SMARG is to monitor the adherence to PSO 1700 (Segregation, Special Accommodation and Body Belts); to monitor and review the use of segregation throughout the prison, monitoring overall trends in the use of segregation and to review and advise on the training and educational needs of staff. It also allows a forum to conduct individual analysis on certain groups of prisoners.

HMP Woodhill: The SMARG meeting has been reviewed to ensure data is being recorded properly and analysed at the quarterly meetings.

Paragraph 94

The CPT would like to receive confirmation that prisoners held in the Separation Centre at Woodhill Prison now may take daily outdoor exercise in the "walled garden" adjacent to their unit.

Prisoners located in the Separation Centre (SC) and Protected Witness Unit (PWU) now have shared access to the 'Walled Garden', with time built into their respective regimes to allow each unit to access this area three days per week. Exercise yards are used on the days where the units are not scheduled to use the 'Walled Garden'.

To further enhance regime delivery, exercise equipment has been installed in the Closed Supervision Centre (CSC), SC and PWU exercise yards.

Paragraph 95

The CPT invites the United Kingdom authorities to ensure that, as prison establishments transition from the Covid-19 restricted regimes, a more finely calibrated approach to the resumption of regime activities and association is adopted, prioritising small special units, such as those at Woodhill Prison, where this could be done with minimal risk.

Learning from the pandemic has identified that there must be a balance between sufficiency and safety in regime activity. This has seen a focus on group sizes for activity and a reduction from large mass association groups to smaller structured on wing activity. This is a key part of the Future Regime Design (FRD) project.

Regimes in specialist units within Long Term and High Security Estate (LTHSE) will operate within the national guidelines relating to the COVID-19 pandemic for as long as they are in place.

Further, the Committee recommends that, alongside the easing of Covid-19-related restrictions, prisoners held in the SC and CSC at Woodhill Prison are provided a full regime of activities, in line with the principles set out [in the CPT's full report - at paragraph 92].

Closed Supervision Centre (CSC): Prisoners held in the CSC, which has two wings, are assessed weekly by a Multi-Disciplinary Team (MDT) at a Dynamic Risk Assessment

Meeting (DRAM), where they are assessed on their progress and behaviour. This determines their staff unlock level, their access to parts of the regime and mixing with other prisoners.

A-wing: Is an assessment wing, that holds prisoners that present the highest risk to staff and prisoner safety. Currently, and at the time of the visit, A-wing is a single prisoner unlock wing, due to the unsuitability for any of the prisoners to mix.

B-wing: Holds prisoners that have progressed from the assessment wing and are completing work to progress through the CSC system. HMP Woodhill have three separate groups that are assessed as being able to mix, where they have a structured weekly regime, agreed in consultation with the prisoners on the unit. The regime gives each group a period of time out of cell every day.

Prisoners on both CSC wings have access to a full range of activities.

Separation Centre (SC): The SC has a structured regime that enables prisoners to mix daily and also offers a full range of activities.

Paragraph 96

The CPT encourages the United Kingdom authorities to maintain beyond the pandemic the possibility for prisoners to make video calls to facilitate their contact with the outside world. It would like to be informed of the plans of the United Kingdom authorities in this regard.

As mentioned in the Prisons Strategy White Paper, we are committed to continue offering secure family video calling and over the next 12 months, we will seek to implement long-term options in line with the recommendations of Lord Farmer's review for maintaining family ties and lessons learnt from the roll out during the pandemic.

Prison for female prisoners

Preliminary remarks

Paragraph 98

The CPT would be interested to receive more details about the United Kingdom authorities' plans regarding the women's prison estate in England and Wales, in particular as regards new gender-specific policies and their practical implementation, the selection process of newly recruited staff to work with female prisoners and an update on the plans to create additional places for women in prison and, more generally, to reconfigure the women's prison estate and to open new establishments.

Since the Female Offender's Strategy (FOS) was published in 2018, the HMPPS Women's Team have developed new gender specific policy frameworks including:

- The Women's Policy Framework[5] and supporting Guidance: Working with Women in Custody and the Community[6].

[5] Women's Policy Framework - GOV.UK (www.gov.uk)
[6] Guidance on Working with Women in Custody and the Community | Birth Companions

- Pregnancy, Mother and Baby Units and Maternal Separation from Children up to the Age of Two in Women's Prisons[7].

- Women's Estate Case Advice and Support Panel (WECASP)[8].

Each of these policies provide gender specific mandatory actions, advice, and guidance for staff in both prisons and probation who work with and care for women in the prison and probation system.

In April 2020 the HMPPS Women's Team set up a Women's Estate Self Harm Taskforce to address the high rates of self-harm in women's prisons and create a gender specific response to the needs of women experiencing self-harm. During COVID-19 restrictions, this included increased pin credit allowance and access to secure video calling to encourage and enable connection with families to mitigate visit restrictions, the provision of distraction packs and in-room education materials, and the introduction of bespoke wellbeing checks for all women. HMPPS Women's Team are also developing a strategy for managing young women coming into the adult women's estate, which they hope to deliver this year.

Each women's prison is working towards becoming a trauma informed and responsive environment. For example, gender-specific staff training has been developed, and proposals have been agreed to change the recruitment of prison officers to women's prisons. Bespoke selection processes are under design and due to commence in 2022/23.

Bespoke gender specific training for new Officers has been developed and the new Women's Estate Prison Officer Entry Level Training (WE POELT) rolled-out in early 2022. Adapted training modules for Prison Offender Managers and Keyworkers working in the Women's Estate have also been developed. In addition to this, the Women's Estate Specialist Training (WEST) course has been developed for existing staff working with women. This is expected to roll-out in Autumn 2022.

Research is also underway exploring the experiences of imprisonment for women with trauma histories, as well as the effectiveness of the staff training, from the perspectives of prisoners and staff. Mandatory training helps all staff to understand trauma, and its impact and prevalence within the population.

The multi-site expansion of the Women's Estate to provide up to 500 additional prison places creates an opportunity for significant investment in the women's estate, which will deliver improved, gender-specific accommodation. The expansion will be delivered through building a mix of open and closed provision at existing women's prisons.

New accommodation will be specifically designed to meet the needs of women. The changes will increase the resettlement opportunities for women by providing greater access to open conditions enabling women to be held closer to families, their communities and employment opportunities and to being released on temporary licence. This will create an effective rehabilitation bridge for them between custody and their eventual return to the community.

Our designs are conscious of and directly informed by the experiences of women in custody, who may have experienced physical and emotional violence and sexual abuse or exploitation.

The Offender Management in Custody (OMIC) model for women allocates key work and case management time based on the individual's level of need and risk of harm. Women assessed as having the most complex needs will receive an enhanced offender management service, with additional engagement time between the Prison Offender

[7] Pregnancy, MBUs and maternal separation in women's prisons Policy Framework - GOV.UK (www.gov.uk)
[8] Women's Estate Case Advice and Support Panel Policy Framework - GOV.UK (www.gov.uk)

Manager (POM) and the prisoner. Unsentenced women and those assessed as having less need will receive 45 minutes with their key worker each week.

Issues linked to women with complex needs will often underpin, or be relevant to, their offending behaviour which a Prison Offender Manager is best placed to address and support them with.

Prison officers will continue to work with all women and build on the excellent relationships developed within their roles as residential officers. All staff will continue to work together to share information in order to support and manage women effectively.

In this respect, it would also like to be informed of the steps being taken to promote a network of centres in line with Baroness Corston's review of 2007.

At the time the National Offender Management Service (NOMS), now HMPPS, did not support Baroness Corston's recommendation (Corston Report 2007) for small custodial units, although it did support the underlying view that women's custodial provision should provide appropriate physical conditions as close to home as possible, so that women can be supported back into their communities on release.

In support of this position, all women's prisons were re-classified as resettlement prisons. This meant that they had the optimum reach across England and Wales for women to be held as close to home as possible and undertake all the rehabilitative elements relevant to their offending. This also means that women are able to demonstrate their progress to the point of being suitable to leave prison for further rehabilitation through the Release on Temporary Licence (ROTL) scheme without a disruptive and stressful move to another prison.

The 500 additional prison places will further ensure that the women's estate is able to offer gender-specific design and greater use of open conditions which will enable women to remain closer to home.

The Prison Strategy White Paper describes our longer-term ambition for the estate, which is to introduce smaller, trauma-responsive custodial environments for women on short sentences that are designed to stabilise women who have substance misuse issues with other complex needs. If successful, these would allow us to gradually scale down the size of women's prisons and create an estate comprised of small, geographically dispersed, rehabilitative custodial environments that hold women closer to home, reducing reoffending and lowering the total cost of women's crime to society.

Ill-treatment and violence

Paragraph 100

The CPT recommends that the United Kingdom authorities remain vigilant to any signs of ill-treatment by staff at Bronzefield Prison. In addition, steps should be taken in the establishment to ensure that the overall quality of the recording of violent episodes, use of force and injuries sustained be improved, including ensuring that mandatory F213 forms are duly completed in every case involving the use of force. In this regard, consideration should be given to digitising the F213 forms and ensuring that they constitute an integral part of the use of force documentation.

Sodexo (which operates the prison) have effective professional standards and corruption systems in place to identify any concerns relating to staff operating within the establishment. It has strong links with the HMPPS corruption team and actively utilises the support of the

HMPPS Prevent and Pursue teams. Additionally, there are systems in place whereby prisoners are able to confidentially report any concerns to the security team.

As part of the COVID-19 recovery plan, the Use of Force (UoF) meeting has reverted to a stand-alone meeting to review and monitor the quality of recording information for violent incidents, UoF and any injuries sustained. Quality assurance processes are being strengthened in collaboration with HMPPS National Control and Restraint Instructors. The debriefing of residents following any UoF now forms part of the daily manager and weekly Safety Intervention Meetings to provide governance and assurance of completion of paperwork.

Completion of 'Injury to Prisoner' forms (F213) following UoF, or violence is reported as part of the daily briefing report that now forms part of the UoF assurance process.

Paragraph 101

The CPT trusts that the management and staff at Bronzefield Prison remain vigilant as the establishment moves through the various stages of relaxing restrictions (including increased mass movement and more association time for prisoners) as foreseen in the National Framework for Covid-19 Recovery and make efforts to avoid an increase in the number of violent episodes.

The foundation of HMP YOI Bronzefield plans for movement through the COVID-19 Recovery stages are maintaining safety and decency. The prison has effective risk controls and proven safe systems of work to enable structured activities to be undertaken to improve wellbeing, educational skills, vocational skills, and risk reduction interventions.

The 'mass' movement to activities has been revised to reduce the number of women moving to activities at the same time, enabling controlled movements to be undertaken. The activity sessions are split into two sessions in the morning and two in the afternoon, enabling a staggered movement of groups of women throughout the day.

Additionally, recovery stages include compartmentalisation of women into regime groups where an incremental approach to increasing the size of regime groups for association and on wing activity has been implemented.

Strategic actions have been taken in debt management and the supply and reduction to reduce the potential for known triggers for violence. The increase in structured and purposeful activities have improved safety.

Conditions of detention

Paragraph 102

The CPT recommends that the purpose-built single-occupancy cells at Bronzefield Prison be used to accommodate only one prisoner. Further, the in-cell sanitary annexes in double-occupancy cells should be fully partitioned.

In order to provide sufficient places for the current prison population, it is necessary for HMPPS to maximise the use of all available places across the estate.

The occupancy of prison cells is determined by establishments and certified by the Prison Group Director (PDG) of Custodial Contracted Group (CCG) in accordance with Prison Service Instruction (PSI) 17/2012 Certifying prisoner accommodation, which provides clear

guidelines for determining cell capacities. Cells will only be shared where the CCG Controller has assessed them to be of adequate size and condition for doing so.

A review of the partition options was undertaken in 2019. All options available compromised the safer cell specifications and as such, for safety reasons, we have retained the current specification. All cells on House Block4 are designed to enable full partition.

Paragraph 103

There was no shelter from the rain or sun in the two yards attached to the segregation and care unit. The CPT recommends that this deficiency be remedied.

A review of the options is underway for the Segregation and Care Unit, the options being explored are a fixed canopy or fixed roofing on each yard. HMP YOI Bronzefield are confident a suitable solution can be reached by Summer 2022.

Paragraph 105

The CPT recommends that immediate steps be taken to ensure that all prisoners, irrespective of the Covid-19-related restrictions in place, can benefit from at least one hour of outdoor exercise per day.

The national regime model during COVID-19 restrictions set minimum standards for time in the open air and time out of cell. These minimum standards will be taken forward with the reform programme (Future Regime Design), as time out of cell is part of the purposeful activity work.

Further, with the lifting of restrictions in the community and the roll out of the vaccination programme throughout the country, the CPT would like to receive details of the out-of-cell time and purposeful activities now being offered to women prisoners.

Time out of cell and purposeful activity are intrinsic elements of any regime. In June 2020 HMPPS put in place a National Framework for Prison Regimes and Services. It provided a summary of how prisons would operate while COVID-19 remains a threat, but where the most severe restrictions on prison regimes are no longer proportionate or sustainable, or where the threat can be mitigated via alternative approaches.

In October 2021 HMPPS commenced a piece of work to determine how and when was the right time to transition away from the National Framework, given the changing balance of risk combined with our continued progress through recovery. Many prisons were at Exceptional Delivery Model (EDM) Stage 1 or moving towards Stage 1 regimes, however in December the uncertainty surrounding the Omicron variant, as well as the current COVID-19 and other winter operational risks, meant the balance of risk has shifted and prisons would remain in the National Framework.

In 2021 HMPPS Women's Team put in place specific regime mitigations for women due to the negative impact COVID-19 regimes were having upon them. Since the return to EDM stage 3 HMPPS Women's Team have relooked at regime mitigations for the women's estate to provide:

Pin Credit: Maintaining the additional £10 which has now been in place for 12 months. It was due to start reducing by £2.50 per month from January but the intention is that this reduction will be put on hold.

Video Calling: The Women's Estate should be offering at least 2 video calls per month to all women. There is no upper cap, and this facility should be made available as appropriate when meeting the needs of individuals.

Offender Management in Custody: In 2021 the Women's Estate used well-being checks to ensure the well-being of all of our women. Offender Management in Custody (OMiC) is now in place and prisons are required to provide at least fortnightly keywork sessions for all women and weekly equivalent engagement sessions for those of high complexity

Care for our Most Vulnerable Women: All Women's Prisons have been asked to ensure usual systems are in place to ensure that daily interactions take place for the following women:

- Women in Segregation.
- Women on an Assessment, Care in Custody and Teamwork (ACCTs).
- Those women in early days of custody.

Care for Women where there is a change in Circumstances: Offender Management Unit (OMU) staff should be alert to women who have a change in circumstances and a Prison or Probation Prison Offender Manager (POM) must see all women when they are made aware of these changes. These changes will include (but not limited to):

- After a Court Video Link.
- Following a decision at court (delay in process, sentencing or refusal of bail etc).
- After receiving a Parole Outcome.
- Changes in Foreign National decisions/ timings.

Pregnant Women: It is essential that the fortnightly care plan meetings take place for all pregnant women and that individual care plans must take into account the circumstances relating to the restricted regimes.

As of 26 January 2022, prisons remain in the National Framework. All women's prisons are operating at EDM regime Stage 3, as instructed nationally in December. Social distancing and other restrictions to reduce contact were re-introduced at this stage, although social visits remained in place.

Health care services

Paragraph 106

Ten posts of nurses and two posts of health-care assistants were vacant at the time of the visit and were covered by agency staff or through overtime. Reference is made in this context to the considerations and request for comments set out in paragraph 53 above [use of agency staff].

NHS South East Region (HMP YOI Bronzefield): a continued commitment to the recruitment of Substantive staff to fill vacancies and reduce the reliance on agency staff is maintained by the Sodexo and Central and North West London NHS Foundation Trust (providers of physical and mental health respectively). The NHS England and NHS Improvement Commissioner carries out monthly checks of the relevant health services it commissions at HMP YOI Bronzefield, noting that HMPPS remains the Responsible Commissioner for Primary care services at the Prison.

Paragraph 109

The CPT recommends that the number of mental health practitioners in the In-reach team providing secondary level mental health care at Bronzefield Prison be increased to ensure that all women prisoners requiring secondary mental health care can be accepted by the team and are allocated to a mental health practitioner without undue delay. Further, the two vacant posts of clinical psychologists in the In-reach team should be filled.

An increase in the provision of secondary care mental health services is planned during the re-procurement of health services at the prison, due April 2023. Recruitment to vacancies remains a challenge, both for Registered Mental Health Nurses and Therapists. NHS England and NHS Improvement is working very closely with the North West London NHS Foundation Trust to explore incentives to strengthen recruitment. The lack of primary mental health care provision at the prison has caused an increase in demand for secondary mental health services, as has the increase in acuity and complexity of the mental health needs of women entering the prison. In advance of the re-procurement, an increase in the Psychiatrist provision by one Whole Time Equivalent has taken place.

Paragraph 116

The CPT recommends that the United Kingdom authorities take urgent steps to ensure that the provision of mental health care at Bronzefield Prison is thoroughly and comprehensively reviewed; in doing so, the needs presented by the prison population should be duly taken into account.

NHS England and NHS Improvement have commenced the re-procurement process of both primary and secondary mental health services. This process has been supported by an independent Health Needs Assessment and in accordance with revised Service specification for Mental Health Services in the secure estate. A review of the overall Mental Health Pathway has also been conducted, leading to increased consultant psychiatry being provided, additional Mental Health nurse provision and significant progress being made in management and patient planning.

Weekly bed management meetings are conducted to ensure suitable escalation of cases and that any remedial action required is taken. Work is underway to provide a seven day a week Mental Health and Personality Disorder Daytime resource facility for patients, led by Occupational Therapists, safer custody, and clinical psychologists.

The recommendations set out in paragraph 63 concerning transfers without delay to suitable hospital environment and provision of assessment, adequate treatment and care equally apply to the in-patient unit at Bronzefield Prison.

See the response at paragraph 63.

Further, the CPT would like to be informed of the outcome of the mental health needs assessment carried out by the NHS and the steps subsequently taken, including more details on the "enhanced support package".

NHS England and NHS Improvement has commissioned the Centre for Mental Health to conduct a National Mental Health Needs Analysis. This piece of work will give a good understanding of how current provision meets the mental health needs of people in prison. This in turn will provide a clear quantitative picture of current mental health need, both met and unmet, and the provision of mental health services, including the range of interventions,

waiting times and skill mix. The analysis is due to be ready by the end of the financial year 2021/22.

It would also like to be informed, within one month, of the date on which the fourth woman patient referred to above was transferred to an appropriate mental health facility and to be informed on how she was managed during her time in the prison in-patient unit, including as regards personal hygiene, cell cleanliness and food management.

This information has been provided to the CPT.

More generally, given the delays in the referral process currently in place, the CPT recommends that a rapid urgent pathway to a mental health care facility for prisoners with acute mental disorders be created.

The Mental Health Act 1983 outlines a pathway for people in prison whose mental health needs cannot be met there, to be transferred to a secure inpatient hospital service or Psychiatric Intensive Care Unit (PICU) as risk permits. NHS England and NHS Improvement have incorporated the recommended timeframes set out in the White Paper (reforming the MHA) and are currently monitoring these time frames.

Paragraph 118

The CPT recommends that the current risk assessment process be reviewed, in order to ensure that such clothing is used as early as necessary, and for as long as genuinely needed. More particularly, it is not acceptable that a person is able repeatedly to tie ligatures with items of clothing which have been left in her possession over an extended period of time.

The policy is to use ligature-resistant clothing whenever necessary, and for as long as necessary, but, critically, as a last resort. Research has established that a stable environment is often an essential protective factor for preventing self-harm, and that changes to that environment can be counterproductive. Decisions over the use of ligature-resistant clothing therefore have to balance the risk that the prisoner will use their clothing to make ligatures against the risk of further harm from compelling them to wear different clothing that, of necessity, is less comfortable and less dignified. Whether and when to do this has to be specific to the circumstances of the individual in distress. For that reason, we cannot adopt a blanket approach of assuming that ligature-resistant clothing should be resorted to early and used for prolonged periods.

Further, the interventions by staff vis-à-vis self-harming prisoners should not be limited to the identification and removal of ligatures (as would appear to have been the case in the first example described above) and, whenever a clear pattern of self-harm is identified, a mental health assessment should take place at the earliest opportunity.

Interventions are not confined to ligature removal. The Assessment, Care in Custody and Teamwork (ACCT) process, which is used to manage and support those at risk of self-harm, encourages staff to use a wide range of supportive measures, depending on the individual's needs.

Not all people who self-harm will have mental health problems. The ACCT process requires a contribution from healthcare staff at the first case multi-disciplinary review (which must take place within an hour of an ACCT document being opened) and their continuing involvement for as long as necessary. If the prisoner is already under the care of a mental health team, that team must be involved in all case reviews, including any decision to close the ACCT. If not, at every case review the multi-disciplinary team must consider whether an

urgent or routine referral to the mental health team for assessment and support is necessary. In addition, prison staff are trained in mental health awareness, and can seek a mental health assessment at any time without having to wait for the next scheduled review.

More generally, reference is made to the recommendations set out in paragraph 63 concerning transfers without delay to suitable therapeutic environment and provision of therapeutic activities and paragraph 116 concerning the need to review the provision of mental health care comprehensively and thoroughly at Bronzefield Prison.

A full review of therapeutic activities at Bronzefield has been conducted and support received from specialist Occupational Therapists. A full timetabled therapeutic programme is now in place across in-patient setting at HMP YOI Bronzefield (information on the programme is attached to the UK's response).

The CPT would also like to receive information on the care provided to the above-mentioned two women either within the prison or in a mental health facility and what steps were taken to prevent them from seriously self-harming or attempting to commit suicide.

This information is provided separately given its confidential nature.

Paragraph 119

The CPT notes with interest these commendable efforts and would like to receive more information about the outcomes of the work of the [Self-Harm in the Women's Estate] Task Force and their practical implementation.

The Women's Estate Self Harm Taskforce was set up in April 2020. The taskforce is coordinating a range of work and taking an evidence-based approach to reduce levels of self-harm in the women's estate. This review will include a particular focus on what more can be done to better support the small number of prolific self-harmers that are responsible for approximately 70% of all incidents of self-harm in the women's estate.

Some of the key actions already delivered include.

- Following a comprehensive review and pilot in April 2021, the revised Assessment, Care in Custody & Teamwork (ACCT) v6, our case management approach for supporting people at risk of self-harm or suicide went live in the women's estate.
- A bespoke Offender Management in Custody (OMiC) model went live on 30th April 2021 and is continuing to be implemented across the women's estate. OMiC provides each woman with either a dedicated key worker or additional time with their Prison Offender Manager.
- Securing funding to support delivery of Support through Enhanced Management (a trauma-informed initiative to understand and manage behaviours of women with complex needs), and additional counselling provision.
- The taskforce has also driven the development of additional women-specific training to provide new officers working in the women's estate with a better understanding of these issues. Adapted training modules for Prison Offender Managers and Keyworkers working in the Women's Estate are also being developed.

To improve our understanding and inform future work, the taskforce has supported women-specific self-harm research which is being undertaken with Derby University. HMPPS Women's Team have also appointed a Safety Analyst within the women's estate, to look at

the data and make better informed decisions around reasons for self-harm within the women's estate.

Paragraph 120

The CPT recommends that the United Kingdom authorities take steps immediately to ensure that all newly admitted prisoners, irrespective of the Covid-19-related restrictions in place, can benefit from at least one hour of outdoor exercise per day.

Further, as far as the Covid-19-related restrictions remain in place and there is a need to isolate newly admitted prisoners, the CPT encourages the United Kingdom authorities to ensure that these persons are provided considerably more human contact every day, if necessary, within their cohort and in a sufficiently ventilated indoor or outdoor area, while strictly observing the necessary preventive measures (physical distancing, wearing of masks).

In addition, the CPT would like to be informed to what extent the arrangements concerning newly admitted prisoners will be affected once prisoners and staff are fully vaccinated.

Please see the response to the recommendation at paragraph 69.

Other issues

Paragraph 122

The CPT recommends that the vacant posts of prison custody officers at Bronzefield Prison be filled.

At the time of the CPT's visit HMP YOI Bronzefield had 16 vacancies. Since the CPT's visit, 10 new Prison Custody Officers (PCO's) have graduated and gone live. A further 18 commenced training in September 2021. HMP YOI Bronzefield monitor their PCO vacancies carefully and have recruitment activity scheduled in throughout the year. If this needs to change or move to respond to the establishment's requirements, the prison can do this. There is a PCO campaign currently in progress. HMP YOI Bronzefield also have a number of retention activities in place to retain their staff. We have re-introduced the custody and detention level 3 apprenticeship; a PCO Apprenticeship lead is in place (this role supports classroom learning but also continues to undertake a mentoring role during the entirety of the apprenticeship); PCO buddies on each houseblock and upskilling activity to build confidence takes place at team briefings.

Further, the Committee would like to be informed of the measures which will be put in place to provide support to staff to navigate the transition from a period of restricted regimes, as envisaged in the national Covid-19: Custodial Recovery Guidance and, more generally, of the measures to increase the staff retention rates.

HMPPS has been prioritising the work on how to effectively combine keeping our prisoners and staff safe from COVID-19 in prisons that are considered a "higher risk environment" according to Public Health, with delivering full, decent, purposeful regimes. HMPPS continue to work hard to recover from the challenges of COVID-19 and are committed to ensuring that regimes being delivered going forward must achieve a locally defined balance between

safety and sufficiency. Safety means a regime that grips local safety and security risks (violence, disorder, conveyance, self-harm, bullying, debt, anti-social behaviour etc.) Sufficiency means a regime that delivers sufficient quality and hours of regime with a focus on work and education.

There is current ongoing work to determine how best HMPPS can move back into Recovery mode from Response, and what we can be learned from previous Recovery efforts to ensure that we improve our approach this time around. This will include how HMPPS can better support our Governors and senior leaders as well as our operational level staff on the frontline.

Paragraph 123

The disciplinary punishments imposed were often of a relatively minor nature (such as a caution). Consequently, **given the particular context, this begs the question whether minor breaches of discipline could not be better dealt with in a less formal way, e.g., through interviews with prisoners, without the need to open a formal adjudication procedure in every case.**

The decision whether to lay a disciplinary charge is a discretion, not a duty, and this discretion has to be exercised fairly and be a proportionate response to the offending behaviour. As part of the planned improvements to the functioning of the adjudication system, revised staff training modules will include alternative responses to minor infringements of Prison Rules, such as informal conflict resolution techniques. In addition, using our evidence base, we will explore bringing forward secondary legislation to support swift sanctions which better support positive behavioural change through the introduction of 'fast track adjudications' (Prison Strategy White Paper commitments).

Paragraph 127

The CPT recommends that the United Kingdom authorities step up their efforts to avoid, as far as possible, segregating prisoners under Rule 45 of the Prison Rules for lengthy periods. Further, efforts should be increased to ensure that the specific needs of female prisoners held in segregation for prolonged periods of time are adequately addressed, including by adopting a multi-faceted approach, involving clinical psychologists to design individual programmes, including psycho-social support and treatment.

More generally, segregated prisoners should have an individual regime plan to assist them to return to a normal regime. They should benefit from a structured programme of purposeful and preferably out-of-cell activities and be provided with meaningful human contact for at least two hours every day and preferably more, with staff and/or with one or more other prisoners. Further, they should be able to benefit from at least one hour of daily outdoor exercise (regardless of the Covid-19-related restrictions in place).

Women in segregation for long periods are regularly reviewed in line with policy by the Prison Group Director's team to ensure that the need for segregation is appropriate and being effectively monitored. If it is considered appropriate, cases are then referred to the Women's Estate Case Advice and Support Panel (WECASP) to provide additional support to prison and probation staff managing the individual.

The underpinning principle of the WECASP is to provide multidisciplinary support to prisons in the management of a small number of complex individuals within the Women's Estate who are not progressing in their sentence plan; with the aim of stabilising their behaviour, improving their wellbeing, and supporting the surrounding staff groups; to help reduce their risk accordingly, as well as enabling them to progress.

The WECASP panel work collaboratively with staff to ensure care and management approaches have a case formulation focus and are trauma responsive.

The panel includes:

- HMPPS Women's Team.
- Prison Group Director (PGD) representative.
- Women's Estate Lead Psychologist.
- Head of Enhanced Case Management Team, Public Protection Casework Section.
- Offender Personality Disorder (OPD Pathway case managers / commissioners).
- HMPPS Health and Social Care.
- Long Term and High Security Prison Group (Restricted Status women only).

The creation of this system enables a needs-led approach to the supervision of those in women's prisons, improving care and progression whilst also making women's prisons safer for other individuals and staff in both prisons and probation. It provides advice and support for staff from the central multidisciplinary panel and assists with care planning and progression through sentences, this includes those in long term segregation.

The Future Regime Design (FRD) project aims to address individual needs and risks. It will foster a positive custodial experience, ensuring individuals needs are meet during all stages of their sentence. This will include regimes that consider all aspects of the individuals needs and background. It will take a multi-layered approach, seeing the prisoner as an individual.

It will create an open learning culture that maximises purpose in and out of cell, on and off wings. It will recognise the following: social interaction, living in groups, problem solving, time management and personal responsibility are valuable life skills. Therefore, the project will integrate these when designing regimes to support each individual.

New multi-disciplinary/agency standards are currently being piloted, including within women's prisons. These will inform future policy on the care and treatment of people located within care and separation units (segregation). The standards emphasise a multi-agency approach and focus upon the use of a least restrictive environment as possible

Paragraph 132

The CPT would like to receive an account of the steps taken to implement the recommendations made in the report by the Prisons and Probation Ombudsman.

All elements of the Prisons and Probation Ombudsman (PPO) recommendations relating to Sodexo (The private prison operator of HMP YOI Bronzefield) and NHS England and NHS Improvement have been implemented.

Key steps from the recommendations are.

- An integrated Perinatal Pathway has been implemented, inclusive of a Perinatal Mental Health team, Health Visitor, primary care, midwifery, and prison teams.

- A dedicated Perinatal Manager, Pregnancy and Mother and Baby Liaison Officers (PMBLO's) and increased staff resource for the Mother and Baby Unit and pregnancy have been implemented.

- Implementation of the HMPPS National Perinatal Framework.

- Support to Ashford and St Peter's Hospital with their enhanced midwifery service on site.

- Fortnightly Multi-Agency Pregnancy Review Boards.

- Emergency Response to Labour Processes have been publicised, with staff awareness raised via pocket cards.

- Identified staff actions have been completed.

- A perinatal Training Plan has been completed, and training for staff undertaken.

- A pathway for those refusing to engage with midwifery has been established and is operating well.

Psychiatric establishments

Preliminary remarks

Paragraph 136

The CPT hopes that there will continue to be a drop in the number of detained patients and would like to receive detention figures for 2020/21 and to be informed of the official number of mental health beds and the number of patients detained on 31 January 2021.

The total number of detentions in England for 2020-21 is 53,239[9]

The number of patients detained in England at the end of 31 January 2022 is 14,579[10]

The total number of specialist mental health beds commissioned by NHS England (specialised commissioning team) is 7,525.

There is no central record of the non-specialised mental health beds commissioned by Clinical Commissioning Groups.

[9] Mental Health Act Statistics, Annual Figures – 2021-21, NHS Digital
https://files.digital.nhs.uk/38/EEB6CC/ment-heal-act-stat-eng-2020-21-data-tab v3 Table 1e re-issued.xlsx

[10] Mental Health Services Monthly Statistics Performance January, Provisional February 2021, NHS Digital
Measure ID - MHS09 (People subject to detention at the end of the reporting period)
https://files.digital.nhs.uk/5E/9F44B1/MHSDS Data_Jan_EOY_F_2021.csv. NHS Digital holds information only for detentions that take place in healthcare settings. NHS Digital holds information only for detentions that take place in healthcare settings The total number of detentions is calculated from both the Mental Health Services Data Set (MHSDS) and the Emergency Care Data Set (ECDS) collections.

Of the 14,579 detained patients at 31 Jan 2022, 6,998 are in specialist mental health services (source NHS England and NHS Improvement).

Paragraph 138

The CPT would like to be informed of the outcome [of the written complaint of an alleged incidence of verbal racial abuse.]

The CPT considers that verbal abuse and racist behaviour constitute forms of ill-treatment and recommends that the management of Priory Hospital Enfield remind staff that such behaviour is unacceptable and unprofessional and will be dealt with accordingly.

The Priory hospital has checked all records and can find no record of a formal complaint regarding racist verbal abuse. We can work with the CPT to further investigate this alleged incident.

Priory does not condone any form of abuse from any staff member towards patients or colleagues. Any reports of such will be fully investigated and managed in accordance with HR policy and local safeguarding protocols.

Living conditions

Paragraph 143

The CPT recommends that, if it is deemed essential for the safety of the patient concerned that access to their bedroom be denied during the day, a room should be set aside for relaxation and private phone calls, with a clear glass door and large windows which would enable observation of the patient by staff.

St Andrew's*:* Our dialectical behaviour treatment (DBT) wards (Ashby and Naseby) believe that all patients should be treated with dignity and respect and cared for in the most suitable and least restrictive environment to address their clinical needs and risks. We design care for the individual, not just the condition, with a person-centred approach.

Ashby and Naseby wards are a specialist service offering treatment to those with a primary diagnosis of Emotionally Unstable Personality Disorder (commonly referred to as Borderline Personality Disorder – BPD) alongside disordered eating.

Our programme focusses on helping our patients develop the motivation and skill to manage their everyday lives despite historical abuse, neglect, deprivation. We therefore offer a structured timetable to facilitate engagement and progress. The programme is structured whilst also flexible and is fundamentally guided by an individual behavioural formulation that recognises their diagnostic challenges and life worth living goals within the context of a therapeutic model with the strongest evidence base of any 'recommended' therapy that exists today.

Our current support framework offers the opportunity to consider all aspects of our patients care with a strong individual case formulation in mind.

We run a managed environment behavioural programme so napping in the day in another room is not appropriate. Patients do have access to rooms for relaxation and creative

activities if the risks are mitigated. If, however, napping is because of any Physical health concerns, Covid or for instance chronic fatigue, then we facilitate this.

The support framework is a guide as to best practice, but we always individualise this for all of our patients. It is to empower our patient group and get them moving forward in life and out of hospital. It is a central part of the comprehensive in-patient DBT program.

Following meals patients will be encouraged to join in ward-based activities to distract from urges to purge.

Any additional behaviours (e.g., bingeing, over-exercising) linked to unhealthy beliefs around body shape and food will be individually care planned and described in the appropriate care plan.

On both wards, there is a quiet room that patients can use. For Naseby, there is also a sensory room on the first floor where patient can take private phone calls, along with the glazed phone box, which provides visibility. The quiet rooms on both wards are used for NG feeding when required and the CQC have advised us to have all glazing covered, due to privacy and confidentiality issues.

The team are actively encouraging good sleep hygiene at night and engagement in therapy in the daytime. Work has gone in to re-working the framework, creating the clinical treatment model, personalising care plans, a change in ward environment to allow more space away from the main day area and working on both staff and patient language since this visit.

Paragraph 144

The CPT recommends that steps be taken to ensure that:

- the secure outdoor exercise yards at Priory Hospital Enfield and the outdoor yard of Unicorn Ward, Cygnet Hospital Sheffield be made more attractive so that patients are encouraged to access the fresh air every day. Unrestricted access to daily outdoor exercise should be facilitated for all mental health patients unless there are clear medical contra-indications or treatment activities require them to be present on the ward.

- efforts be made at Cygnet Hospital Sheffield to ensure that the rooms accommodating adolescents are kept clean.

With regard to Priory Hospital Enfield quotes for screening within the courtyard have been approved and it is hoped this work will be completed in Q1 of 2022. A basketball hoop will be fitted for the patients following a request at Clinical Governance.

At Cygnet Hospital the outside areas have had new cladding installed December 2021 on Pegasus and Griffin. Griffin has had the paving stones replaced and a new sensory garden has been planned and to be completed by end July 22. The Unicorn Sensory garden was updated March 2022 involving re-painting as well as new plants and raised beds. New equipment in the basketball court and football pitch is in place, including new hoops. The patient gym has been upgraded with new weights and weight benches.

Regarding the cleanliness of adolescent rooms, the cleaning schedule has been revised. Patient's bathrooms get cleaned on a daily basis including weekends which includes cleaning of the sink, toilet, shower tray and bathroom floor, Bathmats and shower mats get changed on a regular basis, and this is all documented on daily bathroom sheets. The ward staff duties are to make sure the bedrooms are cleaned on a regular basis and generally

support the patients to clean and change their beds at the weekend. This is monitored on the cleaning schedule. The cleaning schedules are all signed for and all cleaning schedules are audited by the Head Housekeeper.

Paragraph 146

At Priory Hospital Enfield the delegation received a few complaints, including one concerning the wrong food being provided to a patient with an allergy. Staff at Priory Hospital Enfield should be vigilant and make sure that patients with allergies are served appropriate food.

Whenever a new admission arrives on site, their allergy details are passed on to our catering team. A copy of their known allergies is stored by the kitchen, so kitchen staff are aware, and another copy is kept in the ward servery so that ward staff are also aware of all allergies.

Treatment

Paragraph 150

The CPT recommends that patients on Blake Ward, Priory Hospital Enfield, be more involved in the development of their care and treatment plans so that they are fully aware of these plans.

Care plans are discussed weekly with patients or whenever there is a change in a patient's mental state. Care plans are also discussed with the patient in their weekly Multi-Disciplinary Team (MDT) ward round, so they are aware. We offer patients a copy of their care plan(s) and any changes to it. We review this in quarterly audits to ensure we continue to work to this standard.

Further, the Committee would be interested to learn how the good practices noted in the hospitals visited or in other facilities are shared throughout the mental health system.

Within specialised mental health services, good practice is shared via the Clinical Reference Groups for each of the services lines, and via the NHS-led Provider Collaboratives

Within high secure services we also have a "High Secure Collaborative" which meets quarterly and shares good practice and lessons learnt across the 3 high secure hospitals in England and the State Hospital in Scotland.

Within wider mental health services, again good practice is shared at all levels of service provision form Chief Executive forums through to regional discussions and also via individual clinicians.

Paragraph 151

The CPT recommends that steps be taken to increase the offer of psycho-social treatment on Blake Ward at Priory Hospital Enfield and that patients be encouraged to actively participate in occupational therapy. In addition, the presence of psychologists on this ward should be ensured.

The ward has a Psychologist who offers two days per week of psychology to patients who are referred by the MDT.

Paragraph 153

The CPT recommends that at Priory Hospital Enfield a clear centralised system for monitoring the effects of certain medication be established.

All medication side effects are monitored in the patient's MDT ward rounds. Outside of this, patients have regular 1:1 time with their Keyworker where their medication can be discussed, and any side effects will be raised. The ward pharmacist audits prescribing & medication use and reports via "live view" required actions to Consultants/Doctors.

Paragraph 154

Efforts should be made to ensure that patients on this ward are offered the same opportunities to participate in daily activities as those on the other wards at Priory Hospital Enfield.

The staffing model has been adjusted now and the patients have access to a full time Activities Co-Ordinator on site who engages the patients in activities.

Staff

Paragraph 157

The CPT recommends that an increased presence of an occupational therapist on Blake Ward at Priory Hospital Enfield be ensured.

As above (response to paragraph 154), a full time Activities Co-ordinator is present on site to work alongside an Occupational Therapist (OT) who works 3 days per week on the ward.

The management had a recruitment strategy to reduce reliance on bank and agency staff. The CPT would like to receive information about the progress of this strategy.

Staffing continues to be a challenge for the hospital; however, a recruitment drive is underway, supported by a central team, in an attempt to drive up the number of applications. There has been a salary review in an attempt to be more competitive with other local services and site have a recruitment and retention plan with initiatives to help retain the current workforce. A copy is supplied with the UK response.

Paragraph 158

At the time of the visit [to Bamburgh Clinic], there were 10 nursing and eight HCA vacancies which the management hoped to fill before the end of 2021. **The CPT would like to receive confirmation that these vacancies have been filled.**

Since June 21 Secure MH inpatients, we have recruited the following staff:

- 17 Band 3 Nursing Assistants

- 1 Band 4 Assistant Practitioner
- 13 Band 5 Staff Nurses
- 2 Band 6 Clinical Team Leaders (CTL)
- 1 Ward Manager

This gives a total of 34 staff.

Paragraph 161

The staff turnover rate [at Cygnet Hospital Sheffield] remained exceedingly high which undermined the stability of teams and hence impacted on the quality of care. **The CPT would like to receive information on the progress made in addressing this issue.**

A staff retention plan has been developed. The turnover in the last 3 months was at 9.9% (around average for the site and in line with the situation nationally). Turnover will be broken down per ward and per discipline to be able to demonstrate areas of high turnover (e.g., bank support workers)

Restrictive practices

Paragraph 163

The CPT recommends that each mental health facility has a central register which includes not only the number of instances of restraint but also their duration in an accessible manner.

At Priory hospital this is now easily available via an incident reporting system (Datix) which can export the data into Excel.

At Cygnet a central incident management system (IMS) that registers all restraints is in place. IMS/internet errors at time of visit did not allow for this to be accessed in a user-friendly way. The IMS system can filter the incidents that involve restraint and also look into the type of restraint and duration. This can also be cross referenced across numerous other domains such as gender, category of incident and sub-category of incidents. Length of restraint was being recorded incorrectly as the length of incident where restraint was being applied, discontinued then re-applied.

Under the Use of Force (Mental Health Units) Act 2018, it is mandatory for NHS organisations or trusts and independent hospitals (where they are providing NHS-funded care) providing mental health services to submit data on the use of force, including restraint, to the NHS Digital Mental Health Services Data Set (MHSDS). The responsible person for each mental health unit must keep records of any use of force on a patient by staff who work in that unit, which includes information on the reason for the use of force, the place, date, and duration of the use of force, the types of force used, and a description of how the force was used. The Secretary of State for Health and Social Care must ensure that, at the end of each year, statistics are published regarding the use of force by staff, using the relevant information recorded.

Paragraph 164

The CPT underlines that further efforts must be made to effectively implement this strategy in practice and would like to receive information on the impact of this strategy as of 31 December 2021.

We have advocated an approach to reduce restraint levels in Alnwood.

We have continued to monitor this over the course of the last year. Data we have supports a reduction and improvement in all elements of restraint except for a peak in September following the introduction of a new patient in the Unit. Care planning and work with the young person has also significantly reduced the need for restrictive intervention over their stay with discharge now being planned.

Data extracts for both Ashby and Lennox from our Talk First Dashboard are sent along with this response. Talk First being a system by which staff engage patients in their own individual care plans with individualise strategies to both self-regulate and reduce distress to ultimately reduce violence and aggression and the need for restrictive practices by using all data available to inform patient care.

Under the Use of Force (Mental Health Units) Act 2018, the responsible person for each mental health unit must publish a policy regarding the use of force by staff who work in that unit. The written policy will set out the steps that the unit is taking to reduce (and minimise) the use of force by staff who work in the unit. Policies on the use of force should be reflective of the patient population, service provider and the community where it resides. Due to the disproportionate impact of the use of force on women and girls, people from black and minority ethnic backgrounds, and disabled people, these groups should also be specifically included the developing of the policy. The responsible person should ensure that the policy on the use of force is co-produced with people with lived experience of mental health services, along with their families and carers.

Paragraph 166

The CPT recommends that the UK authorities ensure that the NICE guidelines and the MHA Code of Practice be strictly adhered to in all mental health units across the country when resort to physical restraint is deemed necessary to manage a patient. All health care staff need to be properly trained in restraint techniques that enable them to avoid having to place a patient in the prone position.

Further, greater efforts should be made to limit the time that patients are physically restrained.

The purpose of the Mental Health Units (Use of Force) Act 2018 is to establish the measures that are needed to both reduce the inappropriate use of force and to ensure accountability and transparency about the use of force in mental health units. The statutory guidance sets out how we expect mental health units to implement the requirements the Act places on them. Under the Act the responsible person for each mental health unit must ensure staff receive appropriate training in the use of force. The statutory guidance sets out what that training should cover.

The Restraint Reduction Network was commissioned by Health Education England to develop training standards for the prevention and, where necessary, use of restrictive interventions. The Restraint Reduction Network Training Standards (2019) provide a national

benchmark for training in restrictive practices and have been endorsed by a number of professional bodies, charities, and arm's length bodies. This includes reducing reliance on restrictive practices by focusing on prevention, de-escalation, and reflective practice. It recognises the prone restraint position as one of last resort, and one which needs to be carefully managed to ensure the patient's safety. If used, prone restraint needs to be justified and documented. The Training Standards are mandatory for all restrictive intervention component that is delivered to NHS commissioned services for people with mental health conditions, learning disabilities, autistic people and people living with dementia in England.

Paragraph 167

The CPT would like to be informed about the measures being taken to ensure that the new law [Mental Health Units (Use of Force) Act 2018] can be applied effectively throughout the country.

On 7 December 2021, the DHSC laid commencement regulations in parliament, published the statutory guidance and the UK Government response to the consultation on the statutory guidance. The statutory guidance sets out how we expect mental health units to implement the requirements the Act places on them.

The majority of the provisions within the Act were brought into force on 31 March 2022 and the rest (recording use of force, statistics prepared by Mental Health Units, annual report by the Secretary of State for Health and Social Care, and police body-worn cameras) are expected to be brought into force as soon as possible.

DHSC officials have been working with the CQC on the practicalities of how mental health services will be assessed as being compliant with the provisions set out in the Act. The Act's requirements will be included within the CQC's inspection and monitoring framework, which is being updated.

NHS England and Improvement have been working with mental health services to ensure they are prepared and ready for commencement of the Act. Many of the Act's provisions are included within the NHS Standard contract, so that commissioners of services are also able to ensure compliance and hold providers to account through the contract.

NHS England and Improvement is working with mental health services and DHSC, through the Restrictive Practice Oversight Group to reduce restrictive practice and improve patient experience as part of the Mental Health Act reforms.

Paragraph 168

The CPT considers that efforts should be made to further reduce the use of mechanical restraint at Bamburgh Clinic Newcastle.

In relation to Mechanical Restraint Equipment (MRE) use across the mental health wards within that timescale, we have not used any emergency MRE all MRE use has been for planned visits and transfers taking account of the Ministry of Justice (MoJ) conditions recommended for each individual patient.

We are working collaboratively with Incidents & Claims Department to review the IR1 drop down option so that we can reflect the reasons for the use of MRE i.e., MoJ

What we do have in place regarding the reduction of MRE:

- MRE use is on the agenda for the localised Talk 1st meetings, staff receive guidance relating to this model, and patient individualised care plans to engage, de-escalate & manage interventions
- Ongoing roll out of HOPES[11] awareness training
- Barriers to Change Checklist is in use
- Clinical Business Unit (CBU) attend complex patients MDT to support the team re MRE
- Reducing restrictive practice awareness / blanket restrictions training in ongoing internal review and monitoring of dashboard
- We have continued to increase the number of staff attending Prevention and Management of Violence and Aggression (PMVA) and refreshers once training made available post COVID restrictions, which has a large component of de-escalation guidance & awareness for staff to enhance skills to reduce need to use MRE & or PMVA.

See also response to recommendation 166 above.

Paragraph 169

The CPT recommends that, at the Alnwood Unit, Newcastle, efforts be made to reduce the use of rapid tranquilisation, in particular by intramuscular injection, and that alternative, less intrusive, means of restraint be explored.

Whilst rapid tranquilisation is still used, we have also noted a reduction in recent months with use for alternatives such as oral medication being available also alongside de-escalation techniques. Whist the data has not been statistically explored it is likely that there is a correlation between the reduction of restriction interventions such as restraint and the deployment of intramuscular (IM) rapid tranquilisation as well as the continued efforts of staff teams in positive engagement

See also response to recommendation 166 above.

Paragraph 171

The CPT reiterates that seclusion, as in the case of any other means of restraint, should always be a measure of last resort to prevent risk of harm to the individual or others and that it should normally only be resorted to for the shortest possible time (minutes rather than hours).

The Mental Health Act Code of Practice requires that where a person restricts a patient's movement, or uses (or threatens to use) force then that should:

- be used for no longer than necessary to prevent harm to the person or to others.
- be a proportionate response to that harm, and

[11] The HOPE(S) model is an ambitious human rights-based approach to working with individuals in segregation developed from research and clinical practice. The clinical model developed by Mersey Care reduces the use of long-term segregation sometimes experienced by autistic adults, adults with a learning disability and children and young people. CNTW have adopted this approach.

- be the least restrictive option

It also sets out that in order to ensure that seclusion measures have a minimal impact on a patient's autonomy, seclusion should be applied flexibly and in the least restrictive manner possible, considering the patient's circumstances.

The Mental Health Use of Force Act and the statutory guidance also focus on the principle of least restriction, meaning that where force is necessary the least restrictive method should be used with the least amount of force (proportionate to the risk posed) and for the minimum amount of time.

Paragraph 172

The CPT trusts that the refurbishment will be carried out to ensure the rooms provide a more conducive and calming environment to uphold patient dignity. Further, the rooms should be equipped with a call bell and the lighting should have a dimming mechanism.

Quotes for the seclusion areas refurbishment have been obtained and Capital Expenditure committee (Capex) approval is pending.

The CPT recommends that steps be made to upgrade the seclusion rooms at Cygnet Hospital Sheffield.

A full review of seclusion suite was completed on 13th December 2021. Options for a new seclusion room are currently being considered by the Property Director. Drawings have been completed for options and all options include complete refurbishment in line with the MHA Code of Practice. This work is already included in planned capital expenditure for 2022.

Paragraph 174

The CPT would like to be informed of the number of cases of LTS in each of the high secure hospitals for 2021 and, more particularly, the number of patients that have been held in LTS for more than six months, one year, two years or longer (with a precision of the time period). Further, it would like to be informed of the reasons leading to a continued high resort to LTS when the emphasis should be on decreasing the resort to such a measure. The CPT would also like to receive a copy of the latest three-monthly "external review" carried out on LTS in each of the high secure hospitals.

See data annexed at the end of this document.

Paragraph 178

The CPT recommends that efforts be made in all mental health units across the United Kingdom to reduce recourse to LTS by using less restrictive measures as far as possible and that the length of time patients are held in LTS also be reduced.

See responses to recommendations 166 and 171.

Paragraph 179

The CPT recommends that the United Kingdom authorities remind the hospitals that the use of "enhanced observation" should always be proportionate to the risk posed by the patient.

NHS England and NHS Improvement endorse that "enhanced observations" should only be used, and be proportionate, in relation to the risk posed to self or others. This should already be covered within organisational policies and practice and be subject to clinical review.

Paragraph 181

The CPT reiterates its recommendation that the United Kingdom authorities, in close consultation with the high secure hospitals, further review the use of night-time confinement and inform the Committee accordingly.

This issue is due to be discussed at an upcoming meeting with the national oversight group for the high secure hospitals and will provide a response following this.

Safeguards

Paragraph 182

The CPT would like to receive updated information from the United Kingdom authorities on the measures being taken to ensure that police stations are no longer used to hold persons with mental health disorders.

In 2020/21, the overwhelming majority of people detained by police officers under section 136 of the MHA were taken to health-based places of safety, rather than to police custody. 132 adults were held in police stations as a place of safety. No children were held in police stations as a place of safety, which was made unlawful in the Policing and Crime Act 2017.

We have committed to reforming the MHA to end police stations being used as a place of safety. When a person is in a mental health crisis, we want to ensure they are in an appropriate environment to receive the care and support that they need. This should be a clinical environment, where their needs can be adequately determined through a mental health assessment. The legislation will be brought forward in due course, when Parliamentary time allows.

Paragraph 184

The CPT wishes to reiterate that the fact that a patient has been admitted on an involuntary basis should never be regarded as granting a licence for that patient to be treated against their will. Compulsory treatment should be a measure of very last resort and every instance of its use must be fully documented.

We are committed to legislate so that patients suffering from mental health conditions, who may require care under the MHA have greater control over their treatment and receive the dignity and respect they deserve.

The proposed reforms to the Act aim to ensure that the patient's wishes, preferences, beliefs, and values, are more central to clinical decision making. Compulsory medical treatment for mental disorder should only be given as a last resort, where there is no other alternative available or nothing else more acceptable to the patient, and it is necessary to promote the patient's recovery.

Under the proposals, patients' treatment will receive independent scrutiny from the CQC's second opinion appointed doctor (SOAD) service at a much earlier point to ensure that compulsory treatment is only used when absolutely appropriate and where it is considered therapeutically beneficial to the patient.

The proposals will see that patients, so long as they have mental capacity, will be able to refuse urgent treatment, even if it is aimed at alleviating their serious suffering, thereby respecting the patient's right to self-determination.

We have also proposed to increase safeguards around the use of electroconvulsive therapy (ECT) in urgent circumstances, in order to better uphold the patient's right to refuse ECT and to ensure that it is only used when it is the most appropriate course of action for the patient and is, for example, potentially lifesaving.

For the purposes of enabling greater transparency and scrutiny of decision making, where compulsory treatment is considered necessary by the Responsible Clinician, the reasons for this will need to be recorded in the patient's statutory Care and Treatment Plan under the proposed reforms. The plan should, where appropriate, be shared with the patient and potentially those who care about their welfare, such as their nominated person. The Mental Health Tribunal should also provide independent oversight of the plan at hearings regarding the patient's detention.

Paragraph 185

The CPT recommends that the relevant legislation should be amended so as to require an immediate external psychiatric opinion in any case where any patient actively or passively objects to the treatment proposed by the establishment's doctors; further, patients should be able to appeal against a compulsory treatment decision to an independent authority, such as the Mental Health Tribunal, and the patient should be informed both orally and in writing of this right.

The proposed reforms to the Act introduce new safeguards that give the patient greater control over their care and treatment and ensure that they receive independent scrutiny of their treatment at a much earlier point in their detention.

For patients who are not consenting to treatment, clinicians will be subject to more stringent rules around when they can override the patient's refusal. This is to ensure that clinically appropriate alternatives, which might be more in line with the patient's wishes and preferences receive proper consideration. If it is decided that compulsory treatment is necessary, then an external psychiatric opinion provided by a SOAD must be requested by the clinician at this point, rather than after the treatment has been given for a period of three months.

Patients are currently able to appeal treatment decisions by way of Judicial Review. The Independent Review of the Act recommended that patients should have a new right of appeal to a single judge of the First Tier Tribunal (Mental Health) (MHT). We consulted on this proposal in the White Paper *Reforming the Mental Health Act 1983*, and a number of

significant concerns were raised with this policy, which we are currently exploring in greater detail to establish if they can be overcome.

Paragraph 186

The CPT recommends that all invasive procedures such as forced feeding via NGT should be subject to regular independent review and should be performed out of sight of other patients to preserve the dignity and safety of the patient concerned.

All naso-gastric feeding within Cygnet CAMHS services should be done in a separated area away from the sight of other patients. At Cygnet Hospitals Bury and Sheffield, a dedicated area has been established for such packages of care. A similar area has also been identified at Cygnet's Joyce Parker Hospital, in readiness for when they launch their NG feeding programme later in 2022.

There is a CAMHS clinical working group that works across all Cygnet CAMHS services. This group has a live action plan regarding the further development of NG feeding programmes within CAMHS. Part of this action plan is ensuring independent reviews.

Paragraph 187

The CPT would appreciate the comments of the United Kingdom authorities on this matter, including as regards the question as to how long such forced treatment via NGT can be sustained when the clozapine does not appear to be having any beneficial effect on the patient. The CPT would also like to be informed about the outcome of the review carried out by the Ethical Committee128 regarding the case of one person at Ashworth Hospital who had been administered clozapine via NGT every day between June 2020 and May 2021.

Since the introduction of IM clozapine in almost all cases this is a first line in patients who are compliant with oral medication. There are two occasions whereby naso-gastric administration of clozapine is occasionally needed, and these are as follows:

1. If the oral dose of clozapine exceeds 400 mg daily. Above 400 mg the volume of IM clozapine to be given into the muscle is too great to be sustainable. It requires multiple injections and risks of skin breakdown. Therefore, the NG route is safer.
2. In patients who also require an NG tube for fluid replacement in cases where they are not eating and drinking, we would also use the NG route for their medication, and not subject them to additional restriction by giving them IM clozapine

The review carried out by the Ethical Committee supported the ongoing use of NG clozapine for whom there was no other available treatment and who refused to take clozapine orally. The patient continues on daily NG administration and has successfully transferred out of Ashworth to a medium secure unit. The NG procedure continues in this establishment

Paragraph 188

The Committee would like to know whether it is likely that this form of clozapine will be authorised in the United Kingdom in the future.

See response to recommendation 187 above.

Paragraph 189

The CPT recommends that the United Kingdom authorities take steps to enable patients to sign T2 forms, even electronically. Further, it recommends that such a form be included in the care and treatment plan that will be placed on a statutory footing.

The T2 form is already a statutory document (see The Mental Health (Hospital, Guardianship and Treatment) (England) (Amendment) Regulations 2008). Therefore, we do not think that there is a benefit to including in the new statutory Care and Treatment Plan.

We note the CPT's recommendations with regards to enabling patients to sign T2 forms, however we are concerned that this could have adverse consequences. For example, patients may feel that their signature carries a contractual status and therefore cannot be easily withdrawn, should they later change their mind and wish to refuse the treatment in question.

Paragraph 190

The CPT recommends that the United Kingdom authorities take action to ensure that patients in all mental health facilities are seen in person during a SOAD assessment.

Remote assessments by the SOAD service using video and telephone communication were adopted at a time when national Covid -19 restrictions were in place and the practical alternative – passed in law (Coronavirus Act 2020) but never implemented – was the suspension of SOAD assessments and their replacement by self-certification by treating doctors. Following a relaxation of the Covid-19 restrictions, SOAD assessments can now be carried out in person through a visit by the SOAD to the detaining hospital, although CQC allows the option of a remote assessment where this is deemed appropriate by the individual SOAD.

The pandemic has broadened the use of telemedicine in many fields of practice, and while the CQC accepts that there are particular sensitivities regarding the issue of treatment without consent under a statutory framework, we do not take the view that this necessarily excludes the use of telemedicine in the procedural safeguards of a SOAD assessment. The CQC supports the continuation of remote assessments as an option as it considers that they can be a practical and effective way to provide the procedural safeguard, especially where it might be decided (on a case-by-case basis) that an assessment in person would cause unnecessary delay without adding value or meeting a patient's express wishes.

Any visitors to units are required to follow the appropriate IPC requirements/guidelines which includes those related to COVID.

Paragraph 191

The CPT recommends that the United Kingdom authorities take steps to reduce the time limits for SOADs to carry out their assessment to ensure that patients are not subjected to involuntary treatment beyond the current statutory period of three months without a second opinion.

The cause of patients being treated without certification (under urgent treatment powers) upon the expiry of the three-month rule may be due to undue delays in completing the SOAD

procedure but can also be due to late requests for that procedure to start, or inadequate information being provided by the treating hospital. There is currently nothing intrinsic to the current SOAD procedure that extends its duration beyond what is necessary to make physical arrangements for the review of treatment.

As such the key focus on ensuring that there are no gaps between the end of the three-month rule and completion of SOAD assessments is for treating hospitals to ensure that they anticipate and request such assessments in good time before the end of the three-month period. The MHA Code of Practice states that such requests should be made at least four weeks before the end of the three-month period (para 25.15). CQC collates information on late requests and shares this with Providers through its INSIGHT reports to enable them to investigate and audit their practice in this regard, and CQC can follow up with authorities who appear to be making such late requests at an avoidable level.

Data on all second opinion activity for the last two years shows a national average time from receipt to assessment of 12 days.

For St Andrew's Hospital, specifically mentioned by the CPT, this has been 20 days. However, we do accept that 36 (9%) out of 386 second opinions for St Andrew's took six weeks to completion. St Andrew's is a large site with a relatively long-stay population, and as such submits a high volume of SOAD requests. This does create a challenge in meeting their specific demand with a relatively small pool of SOADs willing or able to visit or carry out the second opinions remotely for this site. This is one of a few hospitals where we agreed to arrange monthly day sessions (pre-scheduled days where the appointed SOAD would carry out multiple second opinions). These have not always worked as expected, due to logistical difficulties (e.g., due to a lack of arrangements on the part of the Provider or when the appointed SOAD is unable to do the day due to ill health), and despite regular SOAD activity at the site, where day sessions have to be cancelled this exacerbates delays.

There are no statutory time limits for the completion of SOAD work, and we do not have plans at present to introduce ones for general requests. If the SOAD assessment is requested with sufficient time before the end of the three-month rule, such a time limit would serve no purpose. We consider it would be better for the assessment to take as long as is required to ensure adequate consultation, etc, than be curtailed by an arbitrary cut-off point. In a similar way, for much of the civil detention procedure under the MHA there are no such time limits, with similar justification.

The CPT notes the UK Government's proposal to reduce the 'three-month period' to no longer than two months in any case, and considerably shorter for some cases. SOAD procedures are under exploration at present as legislative proposals are being drawn up.

Paragraph 192

The CPT recommends that all T3 forms be reviewed at least once a year.

The CPT report states that the committee "noted from one of the prescription charts that a T3 form had not been reviewed for over two years contrary to the Care Quality Commission guidance." There is no such CQC guidance, and in our view should be no explicit time period after which a T3 form should be deemed to require review. Although we note that the Act's Code of Practice states, at paragraph 25.76, that it is 'good practice' for clinicians in charge of the treatment to review certificates 'at regular intervals', in our view this recommendation can only sensibly be applied to certificates issued by that clinician, where that clinician has a power to review (and where appropriate, reissue) such certificates. It

cannot refer to SOAD certificates, which are in any case discussed in the subsequent paragraphs 25.77-8.

We feel that there is adequate oversight and review of SOAD forms T3, which are facilitated in the following way:

- SOADs are free to state, upon completing any particular T3 form, that it has a date for review, and (assuming the form is otherwise in force at that date, i.e., the patient has neither given consent to treatment nor been discharged from detention) such a date would be taken as the expiry of the form and authority for treatment absent such review and the issue of a new T3 form.

- The MHA requires (at section 61 of the Act) that the treating doctor submit a report to CQC on the treatment of any patient for whom a form T3 has been issued, either at the next renewal (or equivalent to renewal) of detention; or at any other time requested by CQC. Such reports are scrutinised on receipt by CQC and, should this medical scrutiny suggest it, notice will be given of a further SOAD review. This, in practice, provides an at least annual appraisal of any extant form T3.

The section 61 reporting system allows CQC to ensure that no form is allowed to run indefinitely without review. Given its level of oversight of such forms, the CQC does not think it appropriate to establish a particular timescale at which any T3 should be deemed to require to be withdrawn.

T3 forms are, of course, SOAD forms stating treatment to be appropriate. It may be that the CPT recommendation intended to refer to T2 forms, completed by the treating doctor to certify a patient's consent (although the context of the recommendation makes this unlikely). CQC does encourage treating doctors to issue 'fresh' T2 forms where the extant one is over a year old, as a part of wider regular checks that the patient continues to provide valid consent to ongoing treatment. This is what is being discussed in the quotation from the Act's Code of Practice highlighted by the Department of Health and Social Care: "Although the Act does not require the validity of certificates to be reviewed after any period, it is good practice for the clinician in charge of the treatment to review them (in consultation with the responsible clinician, if different) at regular intervals (para 25.76). (Source DHSC)

Paragraph 193

The CPT supports this proposed additional role for the Mental Health Tribunal.

The Independent Review of the Act recommended that patients should have a new right of appeal to a single judge of the First Tier Tribunal (Mental Health) (MHT). We consulted on this proposal in White Paper *Reforming the Mental Health Act 1983* and a number of significant concerns were raised with this policy, which we are currently exploring in greater detail to establish if they can be overcome.

Paragraph 195

The CPT recommends that even during public health crises, patients with mental health disorders have an effective right to be heard by the MHT at the very least by audio-visual means when the court reviews the lawfulness of their continued involuntary hospitalisation.

In response to the COVID-19 outbreak, a series of temporary, emergency rule changes and practice directions were made to alter how proceedings in the tribunals could be conducted. After six months, these practice directions were reviewed and extended until March 2021.

These temporary measures affected the Mental Health Tribunal by:

- allowing cases to be decided by a single judge sitting alone, unless the Chamber, President or Deputy Chamber President considers it to be inappropriate.

- allowing certain cases to be dealt with on the papers, unless the Tribunal considers it to be inappropriate; and

- temporarily removing the requirement for pre-hearing examinations, unless the Chamber President, Deputy Chamber President or an authorised salaried judge deem one necessary due to the exceptional circumstances of the case.

The changes enabled the Tribunal to continue operating during the pandemic period. During a crisis the Tribunal needs to retain the flexibility to respond as is necessary and appropriate in order to deliver justice. This may include being able to prescribe whether certain categories of cases may be more suitable to be dealt with on the papers, and/or allowing patients to be able to choose to have their case dealt with as a hearing by papers.

During the pandemic the Tribunal utilised the use of video/ audio hearings where appropriate and the Tribunal continues to utilise this technology today.

Paragraph 197

Nevertheless, the CPT recommends that the United Kingdom authorities take further steps to effectively reduce the number of delayed days before discharge from mental health units. This is especially important for children in secure mental health facilities. The CPT would like to receive updated information on delayed discharges for the year 2021.

See attached document for data on delayed discharges.

Paragraph 198

Patients should be encouraged to take advantage of these means of making a complaint. Alternatively, efforts could be made to provide complaints boxes on the wards which can only be opened by specially designated persons, in confidence. In addition, it should be ensured that staff understand that it is unacceptable to take reprisals against patients who have made a complaint.

The right to complain and the effective handling of complaints are fundamental parts of mental health services. Complaints processes are in situ in all units, and their existence is

made known to all patients within secure services, patients also have access to advocacy services who are able to support and advocate for patients.

As part of the UK Government's proposed reforms, we wish to place a statutory duty on hospital managers to ensure that all patients (and their nominated person) are given verbal and written information about complaints procedures regularly. Staff should be appropriately trained and have an understanding of the Mental Health Act to support patients with additional needs to access this information, and detained patients should be able to request the support of an Independent Mental Health Advocate (IMHA) to help them to understand this information and exercise their rights, including making a complaint.

The CPT stresses the importance of independent mental health advocates as providing an additional safeguard for patient's rights and recommends that all patients be informed of their existence and provided greater access to them.

Independent mental health advocates (IMHAs) provide important safeguards to people detained under the Act. We want to expand the role of IMHAs so that they can also

- support patients to take part in care planning
- support individuals to prepare advance choice documents
- challenge treatment decisions where they have reason to believe they are not in the patient's best interests
- appeal to the tribunal when patients are too unwell to do so themselves

High quality advocacy is critical to make sure people get the support they need when detained. We are considering how we can improve the role and we welcome your views on whether this can be achieved by professionalising the service

As set out in the White Paper *Reforming the Mental Health Act 1983*, we will take forward legislative changes to extend eligibility of IMHA services to all mental health inpatients, including informal patients, and to add the proposed additional rights and powers relating to supporting service users with advance choice and care planning, and applying to the Tribunal on behalf of the service user. We will also consider the requirements needed for an opt out service.

The Priory receives 15 hours of Independent Advocacy each week, this can be increased if needed based on occupancy and patient need.

Other issues

Paragraph 199

Further efforts should be made at Priory Hospital Enfield to ensure that patients fully understand the procedure in place as regards involuntary treatment, including the role of the SOAD.

At the Priory patients are read their rights, including about the role of the SOAD, every three months as a minimum or when there is a change to a patient's section or mental state.

Paragraph 200

The CPT stresses the importance of user-friendly record-keeping in contributing to effective monitoring of mental health units and it encourages the hospitals visited to review the more complex systems to ensure easier and quicker retrieval of data.

We recognise that usability of Electronic Patient Records (EPRs) in mental health is poor in some areas and are working with colleagues in NHS England and NHS Improvement's new Transformation Directorate to support upgrade of EPRs across the Mental Health sector to ensure they are fit for purpose, effective and usable.

TIMETABLE OF ACTIVITIES AVAILABLE AT WORMWOOD SCRUBS (Recommendation 63(1))

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
Breakfast Club OT	Ward Round 9.30 – 11.30	Current Affairs OT	Ward Round 9.30 – 11.30	Activities/Games OT	Association	Association
PM	PM	PM	PM	PM	PM	PM
OT 1-to-1 interventions	Good Vibrations (music group)	OT 1-to-1 interventions	Association	Association	Association	Association
Association	Association	Association				

LONG TERM SEGREGATION IN HIGH SECURE HOSPITALS FOR 2021 (Recommendation 174)

Hospital	LTS Data for Jan-Dec 2021	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Ashworth	No of patients in LTS	**33**	**29**	**30**	**30**	**27**	**26**	**27**	**26**	**25**	**22**	**22**	**22**
	No of patients in LTS over 6 months	6	8	8	7	6	6	3	3	3	3	3	3
	No of patients in LTs over 1 year	11	10	11	11	11	12	13	14	15	15	14	13
Broadmoor	No of patients in LTS	**30**	**36**	**34**	**31**	**29**	**31**	**35**	**34**	**31**	**26**	**28**	**31**
	No of patients in LTS over 6 months	6	6	6	7	5	7	7	6	3	3	6	3
	No of patients in LTs over 1 year	13	11	11	11	12	12	12	12	14	13	12	14
Rampton	No of patients in LTS	**45**	**47**	**44**	**42**	**40**	**39**	**41**	**36**	**35**	**38**	**38**	**35**

	No of patients in LTS over 6 months	5	6	3	3	3	4	8	7	8	8	7	7
	No of patients in LTs over 1 year	5	5	4	4	4	3	3	4	4	3	4	3