

Annual Report of the Independent Monitoring Board at HMP Nottingham

For reporting year

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Introductory sections 1 - 3

1. Statutory role of the IMB

The Prison Act 1952 requires every prison to be monitored by an independent board appointed by the Secretary of State from members of the community in which the prison is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison and also to the prison's records.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that states designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The IMB is part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

The normal operational capacity of HMP Nottingham is 1060 prisoners, with a Certified Normal Accommodation (CNA) of 718. However, during the reporting period, the prison continued to operate at a reduced capacity of 850. This reduced capacity gave the prison management some flexibility in managing the essential isolating procedures needed to effect Covid security. The average population during the period was 828.

HMP Nottingham is designated as a category B adult male and YOI establishment, serving primarily the counties of Nottingham and Derby and those cities. Around 30% of prisoners are on remand awaiting trial and around 29% are category C and 2.5% category D. A small amount of capacity is reserved for post sentence immigration detainees awaiting resolution of their status and who are unsuitable for an immigration detention centre.

Accommodation has been mostly in shared cells and is arranged on seven wings, all of modern design. One is for vulnerable prisoners (VPs) and another for 'first night' prisoners. Prisoners with drug dependency issues are concentrated on a further wing. As in other local and resettlement prisons, remand prisoners continue to be co-located with sentenced prisoners, a matter on which we have commented many times before but which, in the pandemic situation, could not have been expected to receive attention. The entire site is designated as a no smoking area.

The segregation unit has capacity for 12 prisoners, including one special cell.

There is a separate block for education which, along with classrooms, provides capacity for two workshops, the library and a barber's suite; there are seven additional workshops, a large sports hall and gym and a separate fitness suite. Separately located workshop and education facilities are provided for VPs. Much of this capacity has been closed throughout the year because of Covid security.

The following services to the establishment are provided by third parties under contract arrangements:

- resettlement (Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company, owned by the Reducing Reoffending Partnership)
- healthcare (Nottinghamshire Healthcare NHS Foundation Trust)
- substance misuse treatment (Nottinghamshire Healthcare NHS Foundation Trust)
- learning and skills (People Plus Group)
- escort contractor (GEOAmey)
- visitor centre (PACT)
- maintenance (Amey)

The offender management unit also works with a large number of partner agencies in its efforts to provide resettlement opportunities for prisoners.

3. Executive summary

3.1 Background to the report

Almost the entire reporting period has been affected by the response to the pandemic. The lockdown of the whole establishment and the introduction of centralised command status by HMPPS ahead of the national lockdown was reported in the previous IMB report. It has been a whole year of restricted activity of every sort. Education has been closed, as has the library, most workshops and, for much of the year, face-to-face visits and the indoor gym. For about half of the reporting period meals were served to prisoners at their cell doors. The completion of essential domestic chores, showering and daily exercise have often been the only reasons for men to leave their cells. In addition, many have faced periods of isolation or quarantining to prevent the risk of spreading infection. In practice this meant that a man might not leave his cell for many days. Considerable efforts have been made by both national and local prison authorities to ameliorate the privations this entailed. Additional PIN credit for phones, with all but some segregated men having in-cell telephones, television in all cells, outside gym equipment and sessions, video conferencing for visits, additional food and a general relaxation of the rules-based approach (the suspension of 'basic') have all helped to reduce some of the negative impacts of the severely restricted regime which was necessary to prevent the spread of infection. In spite of the pressure the situation created, mostly prisoners have accepted the situation with tolerance and good nature and have been observed supporting each other, although it has to be recognised that for many the frustrations and restrictions were very difficult to cope with, leading to violent outbursts and self-harm.

Case History: A quote obtained by the prison for a newsletter read, "Things are difficult due to the pandemic and we all spend a lot of time in our cells and I struggle with this a little but I understand the necessity at present, hopefully things will get better soon".

We commend the staff who have continued to demonstrate commitment to the welfare of those in custody when coping with pandemic related staff shortages, in a pragmatic and professional way. Whilst there have been problems, inconsistencies and areas for concern, we observe that these have been more effectively addressed than has sometimes been the case in the past. Some prisoners have also made positive comments about staff.

Quotes regarding staff read, "I watch through my flap sometimes and I have seen staff bravely dealing with someone at rock-bottom and someone who is so aggressive they'd do anything to anyone. I have seen some rotten things said to the most loveliest people and still you came back. This pandemic has brought us all closer together"

and "The staff on the wing are amazing and although the door is locked for long periods of time, when it's opened I am greeted with a friendly face that will always listen and help me with any issues I have, sometimes it's just a chat. Staff are not always appreciated but I can't thank them enough."

Our own monitoring efforts have been affected by low numbers, as colleagues have left or been deployed to Covid roles in the community or health service or have otherwise been unable to engage with IMB duties. Until July, during the initial lockdown, we made hardly any visits to the prison but since then we have maintained a weekly presence. We are grateful to the prison for sending us reports and data and for helping with procedural and administration tasks; the installation of an in-cell access telephone in our office helped facilitate contact with prisoners so that throughout the entire period we have been able to deal with applications from prisoners, even during outbreaks of infection. PPE has been made freely available to us, as has routine testing and we are grateful for that inclusion.

3.2 Main judgements

How safe is the prison?

Self-harm incidence mirrors that of the previous reporting period. Incidents of violence have declined. Whilst not a commendation for the long periods prisoners have had to spend in cell, the separation of men who have issues with others would seem to have reduced the incidence of fights and assaults.

Much of the safety focus has related to the pandemic; we have, overall, been impressed with the commitment of everyone at HMP Nottingham to their own and others' safety.



Socially distanced medication hatch, temperature checking, spaced queueing at gate, outdoor gym

How fairly and humanely are prisoners treated?

We observe that the prison ethos is to treat all prisoners humanely and fairly as individuals. Of course, there have been times when we have needed to raise issues such as blocked toilets, temperatures both too cold and too hot, those with a disability for whom reasonable adjustment has been somewhat delayed and instances of food provision not meeting prisoners' needs but we have found the prison willing to listen to us and observed staff efforts to correct issues. Sometimes it has been they who have alerted us to those issues. However, in these exceptional

times prisoners have sometimes been deprived of basic rights and confined to cell for much longer periods of time each day than would usually be regarded as acceptable. This has affected everybody some of the time and those subject to self isolation for longer periods. When the numbers of prisoners to be managed have been high, and especially when in medical isolation, staff have acknowledged that prisoners have not always been able to shower or exercise.

How well are prisoners' health and wellbeing needs met?

As in the community, there have been cancelled appointments, limited face-to-face access and in some cases, periods without treatment – especially dental services. This improved over the summer of 2020 and service levels appeared to have been better maintained during the subsequent lockdowns. In line with community experience, practitioners conducted consultations using the in-cell telephones, a trend that looks likely to continue.

Over many years we have drawn attention to the mental health needs of prisoners as a group and we continue to be concerned that in particular, allocation of in-patient mental health facilities to prisoners does not meet their needs. We understand that this is the result of pressure on mental health services overall. In practice, this often results in individual prisoners spending very extended periods in segregation, as it is the only place they and others can be kept safe. A return to the practice of allocating all prisoners rejected for the secure mental health facility at Rampton to HMP Nottingham is both unwelcome and unreasonable.

How well are prisoners progressed towards successful resettlement?

Resettlement efforts, which were starting to show improvements in the latter part of the previous reporting period, had to be severely curtailed because of the pandemic. Despite the restrictions, resettlement staff did all they could to support prisoners within the limits set and a number of initiatives were instigated locally to help newly released prisoners, as described in section seven.

The national initiatives to prevent prisoners being released without a place of residence were most welcome and it would be extremely disappointing if these measures could not be maintained post-Covid pandemic.

There continued to be a number of prisoners with indeterminate IPP sentences within the prison (25 at the end of the reporting period). Working with these prisoners to maintain hope and prepare them for what few opportunities there are for review of their situation is incredibly difficult for all prison staff involved. Whilst this issue has recently received national government attention, no progress has been made, despite a change in the law that would improve the situation of these individuals being considered essential. We would contend that the continued detention of men under these circumstances is inhumane and the change of law leading to the cessation of such practice should be applied retrospectively.

3.3 Main areas for development

TO THE MINISTER

We would ask the Minister to address the ongoing situation in relation to IPP prisoners who are many years beyond their minimum term (see paragraph 7.3).

TO THE PRISON SERVICE

A return to the practice of allocating all prisoners rejected for the secure mental health facility at Rampton to HMP Nottingham is both unwelcome and unreasonable and we would request the prison service to give this matter attention (see paragraph 5.4).

Similarly, it can take many months for a solution to be found for those whose behaviour makes them an unattractive prospect to other establishments. This means they can be held at Nottingham for many months, often in segregation, without the programmes they need, and we would ask the prison service to find a solution which focuses on prisoner needs (see paragraph 5.4).

The required separation of remand and convicted prisoners is so widely ignored throughout the prison estate that we suggest this is a matter requiring structural attention beyond the individual prison (see section 2).

The inability of the system to ensure that prisoners have a second vaccine appointment on release needs to be addressed (6.1).

TO THE GOVERNOR

We hope that lessons learned during the lockdown period, such as in relation to the reduced circulation of drugs, will be used to inform the organisation of the prison when the restrictions are lifted, so that the overall experience of prisoners is improved.

3.4 Progress since the last report

In the context of a whole year of pandemic restrictions, unsurprisingly the prison has been mostly focused on managing that situation. We have observed many examples of improvements in the interpersonal interactions between staff and prisoners and hope that this will be evidenced as a trend when more normal operations are restored. We would also draw attention to proactive management focus on areas in need of improvement and the benefits observed. The most striking was the sharp drop in the number of use of force incidents in February 2021 following a whole prison initiative. Again, we hope this approach will form a sound foundation for the future.

Progress has been apparent in many areas of the prison, prompted by efforts to bring about some amelioration of the effects of the pandemic on the lives of prisoners and it would be a shame if these could not continue and, where appropriate, be built on to consolidate this progress.

Evidence sections 4 – 7

4. Safety

4.1 Pandemic response

The response to the pandemic began more or less as the reporting period started and ahead of the national response. We observed detailed precision planning, were kept in close touch with changes as they unfolded and noted the considerable efforts to promote the response and focus on the whole prison community with a strap line of 'Shoulder to Shoulder'. Communications throughout from the Governor have been frequent and regular. Aside from individual grievances which are noted as appropriate in this report, the collective response, even during outbreaks, has been one mostly of patience and tolerance. Prisoners have been isolated from each other to some extent throughout the year, deprived of activity in the form of work, education and, for much of the time, gym access and have had only limited amounts of time out of cell. In May the prison posted to its Twitter feed that the majority of prisoners were getting 90 minutes out of cell, some much more and some less. We are not in a position to verify or challenge that figure, as at the time we were unable to visit the prison and observe conditions for ourselves. Our conversations with prisoners since that time suggest that mostly they get 30 minutes' exercise outside, when weather conditions permit, and time out of cell for a shower and any domestic tasks. Food has for part of the year been served at cell doors, further reducing out of cell time. Even taking the prison tweet at face value, it is clear that the 22 hours a day, identified as the upper limit of humane treatment in the Mandela Rules, is exceeded. This is the price of protecting people during the pandemic in a communal living situation.

There have been two substantial outbreaks of infection, one in October 2020 and the other in January 2021. Both affected prisoners in large numbers and also staff. Very few prisoners were seriously ill, with only a small number admitted to hospital and no Covid fatalities. Staff on wings continued to care for those who were sick, as did the healthcare staff. It was our observation that the response to outbreaks was swift and, on both occasions, they were brought under control within a month.

After the October outbreak, routine PCR testing was made available to staff and towards the end of the reporting period a lateral flow testing programme was introduced, on a voluntary basis. Prisoners have been tested when symptomatic and when asymptomatic if on a wing with positive cases. There have also been a number of occasions when the whole establishment has been locked down and tested. Any prisoners refusing testing have been isolated for the appropriate period.

As part of the 'reverse cohorting' strategy to contain infection, which we understand was developed in co-operation with Public Health England, one wing was designated for the housing of those transitioning in and out of the prison and also for those who were either symptomatic or tested positive. Those entering the prison either from court or other establishments are isolated for 14 days. In addition, on several occasions, other wings, or parts of wings, have had to be isolated because of outbreaks. It is obviously a stressful situation for individuals to be confined to cells for days, sometimes without either shower or exercise access, though we note the prison's efforts to provide access to showers wherever possible. There are human

rights and OPCAT considerations here and we have raised issues on behalf of prisoners with prison management. Whilst we have every sympathy with the situation faced by individuals, for the most part we have to agree that Covid safety needed to take precedence. Discussions with prisoners have in the main indicated a high level of understanding of a situation beyond anyone's control and prisoners have shared stories with us about the pandemic experiences of their relatives in the community. Sometimes we have been able to talk from a distance to those in work parties outdoors, workers in the staff bistro and reception and those able to exercise and sometimes we have talked to prisoners on the in-cell telephones.

It was well into the pandemic, and as the second wave emerged, that the prison service decided that face coverings were necessary. These were introduced at Nottingham in line with national policy and, over a relatively short period, compliance increased to a point where it ceased to be an issue because all staff wore masks. Other PPE, gloves, visors and aprons were made available during outbreaks and localised movement restrictions were imposed to limit mixing of office-based functions. Prisoners have been provided with face coverings and can mostly be observed wearing them, although keeping 2 metres apart appears less instinctive for those not moving around outside the prison and engaging with it as the norm. Both staff and prisoners are challenged by management when too close to others.

4.2 Reception and induction

Due to the physical constraints of the reception area and the holding rooms, it has often been difficult for social distancing to be observed.

The use of the scanner to detect hidden packages has continued to disrupt the flow of drugs and mobile phones into the prison.

4.3 Suicide and self-harm, deaths in custody

There were, sadly, two natural causes deaths in custody during the reporting period. Neither seems to have been related to the pandemic and neither related either to self-harm or violence.

There were 1013 acts of self-harm during the year, a very similar figure to the previous year. As with the previous reporting year, the prison reports that a significant number of acts of self-harm can be attributed to a small number of prisoners. Our scrutiny of the daily operations data supports this analysis. The monthly figures show a number of peaks and troughs, with notable peaks in March, May, August and January which do not necessarily seem to correlate to any tightening or easing of Covid regime restrictions but in some instances do relate to repeated self-harm of especially troubled individuals. There does appear to be some statistical correlation between the numbers of assaults on prisoners, assaults on staff, acts of self-harm, ACCTs opened and use of force. Again, we know from our own monitoring experience and scrutiny of the data that a small number of individuals are so unwell that use of force sometimes relates to preventing them from self-harm. We observe from information shared routinely with us by the prison that efforts are made in instances of self-harm to identify a trigger incident. This then indicates any trends which can be the focus of management action. For instance, early in 2021 there were a number of self-harm incidents which appeared to be linked to frustrations with the activation of access to telephone numbers, which resulted in a focus on streamlining that process.

During the reporting period, the prison maintained a process for prisoners who had been identified as potentially needing help to receive a visit from the safety team. This has provided something of a safety net, enabling concerns to be raised and investigated at an early stage on some occasions. The prison's daily observation sheets now note when a prisoner has had a significant change of circumstances as a result of a video link court appearance, for example receiving a long sentence. This has previously been identified as a potential trigger for self-harm.

We are aware that early in the reporting period a prison service decision was made not to include the preparation of ligatures in the self-harm figures. This was discussed with governors and we were satisfied that where a ligature was discovered, this would alert staff to the potential for self-harm and appropriate action would be taken using the ACCT system.

Case History: On one occasion when visiting prisoners on constant supervision we learned that one of those prisoners had engaged with the other in order to encourage him to take better personal care of himself.

Case History: A prisoner who has multiple problems was in a constant watch cell in a very low mood and a member of staff was observed sitting on the floor to get closer to him, deep in conversation.

There were significantly fewer ACCTs opened during the reporting year, a total of 1020 against 1314 the previous year. Although we have not generally been able to attend ACCT reviews this year, we have monitored the system by sampled scrutiny of relevant paperwork. Overall, we would conclude that the management of the ACCT system has continued in an improving direction.

4.4 Violence and violence reduction, self-isolation

The prison statistics showed a significant reduction in violence during the reporting year. There were 207 assaults by prisoners on prisoners, compared to 375 in the previous year. There were 103 assaults on staff by prisoners, compared to 171 during the previous year. From our discussions with prisoners and staff, this seems to have been the result of a number of factors. Clearly, with less interaction between prisoners, and between prisoners and staff, there have been fewer opportunities for violent acts. In addition, the prison reported that fewer drugs were entering the prison, something borne out in discussions with staff and prisoners, as noted in paragraph 4.7 below. This is likely to have reduced the potential for debt and the associated violence and bullying. The challenge for the prison will be to prevent levels of violence from increasing once the necessary easing of restrictions occurs.

Self-isolation has been more difficult to identify in a situation where most prisoners are locked up for almost the entire day, as has been the case for much of the reporting year. For much of the period, the prison has been reporting very low numbers of self-isolators.

The Board is aware that the prison holds weekly safety meetings at which those of most concern are discussed, and has on occasion attended.

4.5 Vulnerable prisoners

Vulnerable prisoners, located on G Wing, have continued to be employed in catering jobs and associated workshops throughout the reporting period, meaning that for

many there has been less time in cell than for other prisoners. During the year, management and procedural changes were reported by staff to have improved operation of the wing. Unusually, no particular issues specifically related to vulnerable prisoners were raised with us.

4.6 Use of force

There were 1122 occasions on which use of force occurred. PAVA was not used by the prison during the period. Early in 2021 we became aware that the prison was under pressure from its own hierarchy to reduce the use of force. A focus on reducing low level use of force, and in particular decisions to use guided holds, resulted in a marked reduction in February, a trend which continued into the new reporting period.

4.7 Substance misuse

One of the most significant positive outcomes of the lockdown was the apparent rapid reduction in the availability of drugs. Restricted access to the prison, combined with the use of the body scanner in reception, disrupted the in-flow of illegal substances. Prisoners indicating positive on the scanner, or by a dog, were given the chance to surrender the contraband and if they declined were isolated either in segregation or, more usually, on C Wing. We are not entirely comfortable that men are then in cells for a number of days without access to either showers or exercise but acknowledge that prisoners in this position have the means to bring this situation to a close. All prisoners have access to hot water for washing and food is provided at the door.

Some prisoners have told us that they feel safer now that they do not have to mix across the whole establishment and drugs are less freely available.

Many prisoners arrive in a state of drug dependency and healthcare has sustained the supply of substitution medication and, when possible, worked with prisoners to rehabilitate them. Again, this has been disrupted by the pandemic, as has mandatory drug testing.

In the absence of illicit drugs from outside, quite a few prisoners have resorted to the production of hooch in their cells. In December alone, 80 litres were found in cell searches. This is extremely worrying as it seems certain that much was actually consumed and as is widely understood, such substances can be very dangerous.

5. Fair and humane treatment

5.1 Accommodation

With between 800 and 850 men in the prison for almost all of the year (there was a short period of lower numbers around Christmas), the prison is less crowded than at times in the past, with many more prisoners in cells alone. As we have commented previously, we hope that there will not be a change to this situation.

There has been an issue on two wings regarding heat and ventilation, with complaints that upper floors become too hot and cannot be ventilated because roof vents can no longer be opened for health and safety reasons (water ingress and fire precautions). We are advised that a technical and health and safety assessment has established that ventilation is sufficient, so there seems to be little more that can be done. In the warmer week in February the heating was turned off, only for the temperature to drop and for prisoners to, understandably, complain about the cold.

The very limited opportunity for mixing with others has somewhat mitigated the use of the vulnerable prisoner (VP) wing to house prisoners outside the VP profile, about which we reported last year. We will monitor the situation when more normal arrangements are back in place.

5.2 Kit

Early in the period kit arrangements were changed and stored personal clothing was released to prisoners. No doubt this, together with further spending on kit by the prison, has been the underpinning reason why there have been far fewer issues with shortages this year and fewer complaints. We hope this will provide learning for the future in terms of what is permitted.

Case History: In January 2021 prisoners raised with us an issue about not having warm and protective outdoor clothing suitable for cold, damp weather, especially important as exercise could now only take place outdoors. This was raised with the residential governor and a solution was identified in the form of lightweight waterproof jackets, which were then placed on order and distributed to prisoners going outdoors.

5.3 Food

There have been significant changes to the way food is provided as a result of the pandemic. The cooked meal has been moved to lunchtime with an enhanced cold meal at tea-time. For the first half of the reporting period, meals were served to prisoners at their cell door by staff. The offer was restricted to fewer choices, whilst still maintaining the range needed to satisfy religious observance and lifestyle/belief preferences, together with medical need. Given the number of meals served it is unsurprising that occasionally some men were provided with the wrong food. We know, because the prison has told us, that the most serious example was a product with nuts being served to an individual with a nut allergy, fortunately without serious consequence. Prisoners complained about not collecting their own food, about reduced choice and very occasionally about quality. The kitchen is generally responsive to alerts about individual situations.

Case History: A vegan prisoner brought to our attention an issue about the quality and quantity of vegan food offered and we are pleased that the kitchen has resolved this, having taken note of information provided by the Vegan Society.

Provision of food to Muslim prisoners during Ramadan was broadly in accordance with arrangements in previous years and few problems were notified to us.

There have been a small number of complaints about the nutritional balance of the food on offer, particularly around the amount of fruit and vegetables. We have raised this with the catering manager and Governor.

During the pandemic associated lockdown, prisoners have received additional food in “comfort packs”, including items such as fruit, cake and savoury snacks.

5.4 Segregation, special accommodation

It was a matter of considerable concern that we were unable to visit the prison for the early months of the reporting period and especially that we could not have contact with segregation prisoners. We took some comfort from the fact that we knew that all prisoners continued to be seen by a governor and by the chaplaincy and that there was a settled team of staff, who we had previously formed a view provided a humane and caring environment. We were unable to attend any reviews and our efforts at remote dial-in monitoring were unsuccessful. In more recent months, the capacity of the room used for reviews and adjudications has prevented us from attending.

During the reporting year we sadly saw the use of a body belt to prevent a prisoner from committing the most extreme, life changing self-harm. We were fully involved in the pre and post application briefings, had observed for ourselves the prisoner repeatedly attempting this self-harm, despite being on 4-man constant watch, and observed the application of the belt. We were satisfied that all appropriate care and safeguards were in place, relevant staff were employed/in attendance and were pleased when the individual was eventually transferred to appropriate mental health accommodation.

Our main concern continues to be with prisoners who have remained in segregation for long periods - sometimes with repeated authorisations beyond 42 days and sometimes because planned moves back to normal location are not successful and result in further segregation - because moves to more suitable accommodation in the secure prison or mental health estate have not been possible. This has also been exacerbated by Covid-related movement restrictions. In these cases, we have had regular discussions with the governor responsible for segregation and the Governor and have been appraised of their efforts in facilitating eventual moves.

We would again raise the issue that the lack of suitable secure accommodation for men with severe mental health or personality/behavioural disorders within the justice system remains a cause for concern.

The transfer of prisoners to HMP Nottingham from Rampton secure hospital has again become a concern; we raised this several times in past years and for some time efforts were made to disperse these prisoners across the estate, but this now seems to have been reversed. These prisoners often spend long periods in

segregation and it can take many months for them to be found more suitable placements within the prison estate.

5.5 Staff-prisoner/detainee relationships, key workers

On the whole, staff-prisoner relationships are good and prisoners do commend staff to us, collectively or individually, for their efforts. We also, however, receive some complaints about staff behaviour and where the prisoner gives permission and provides sufficient detail, we have enlisted senior prison staff help for any investigation. The use of force lead and Deputy Governor are those most involved in progressing complaints regarding staff behaviour and we have found them responsive and thorough in this respect.

During the reporting year the prison's efforts in implementing and maintaining the key worker scheme were overtaken by the pandemic and the resulting alternative, nationally imposed requirements for supporting prisoners. These requirements were not always clear and were subject to change, but we observed the prison's efforts to understand and then implement them. The importance of maintaining prisoners' support was a high priority for the prison and we found the staff involved in this were helpful and responsive when we approached them to deal with issues raised by prisoners. As indicated in 3.1 above, there were acknowledgements from prisoners that staff were supportive and we consider that there has been significant improvement in this area.

5.6 Equality and diversity

Equality was reported on in detail in last year's report and much of what was reported then remains the case. Generally, Nottingham prison is a place where there is an ethos of tolerance and issues of equality and diversity are taken seriously by senior managers and inappropriate behaviour is not tolerated.

Case History: A quote obtained by the prison for a newsletter read, "As a prisoner who is transitioning I thought I would experience difficulties at Nottingham but it has been quite the opposite. In a time when things are difficult for everyone I take comfort in the fact that I feel part of this community. No one treats me as a person that is different, they just treat me as myself."

However, we do still encounter episodes where it takes some time and effort to get to the right solution, especially where a multi-agency approach is required; this is probably an area which would benefit from an awareness drive, perhaps with refresher training for staff.

Case history: A man with hearing problems got to his socially distanced visit before anyone realised he would be unable to lip read through masks/face coverings. The visit was simply terminated which was a harsh experience for his visitors as well as for him; at the time no one apparently thought that an immediate solution might be to transfer prisoner and visitors to closed visits. The equalities manager engaged with the prisoner subsequently to find a

partial solution to both this and other hearing related issues being experienced.

Case history: An investigation into another issue revealed the use of derogatory language, which humiliated a particular group of workers. When challenged, those responsible could see the problem and immediately undertook to change their approach.

Sometimes, staff and prisoners have been heard using inappropriate terminology about those with a protected characteristic. We know that the prison takes action in such cases and has had a programme of awareness sessions for all protected characteristics, as reported last year, but with the pandemic much of this work has had to be limited and at best offered in alternative and possibly less impactful ways.

We would regard all these issues as requiring a higher level of awareness rather than as examples of deliberate discrimination.

The pandemic also had unexpected impacts on equality.

Case history: A wheelchair user was awaiting assessment for a suitable chair for in-cell use when the lockdown began. As occupational health were unable to visit, no assessment could be completed and so it took some time to find a suitable chair, but the efforts of the equalities manager eventually found a workable and affordable solution which made the life of the prisoner much better.

5.7 Faith and pastoral support

In line with the external community pandemic response, collective in-person worship ceased early in the reporting period. The chaplaincy made essential contact and gradually returned to normal working over the summer of 2020. They have maintained their visits to prisoners in segregation and have always been available to talk and pray with prisoners. Although in the early months, their in-attendance resources were stretched, they continued to provide pastoral support. Prisoners have reported to us how supportive chaplaincy staff have been, especially when prisoners have families impacted by Covid.

Case History: A prisoner whose mother was in ICU suffering from Covid reported on how supportive chaplaincy were and how he especially welcomed the visits by the Hindu chaplain.

The chaplaincy-supervised iPad, used for funerals, has been especially welcomed by prisoners.

Case History: In one instance, they managed to arrange for a new prisoner to have live-link access to a family funeral at only one day's notice.

Religious texts have been provided on request and broadcast services are available to all prisoners. Ramadan observance in May 2020 and Christmas were supported and the celebration of other religious festivals and memorial days, such as Holocaust Memorial Day, was conducted as well as possible in the circumstances.

5.8 Incentives and earned privileges (IEP)

In line with nationally determined arrangements, there has been no basic status within the IEP system during the pandemic lockdown. All prisoners, except in exceptional circumstances, usually as a result of damage, have had access to a TV, in-cell telephone and other privileges, including additional PIN phone credit, facilities for additional letter writing and distraction packs. Purple Visits (online social visits) have been in use and all suitably security-cleared prisoners can make use of these, though uptake has been patchy.

As a consequence of this, we have received few complaints about IEP and incentives.

5.9 Complaints

The prison complaints team suffered, as did the IMB, from a small number of prisoners who submitted multiple complaints, repeatedly about the same issue/s that are outside the prison's control. We are not aware of any significant increase in the number of complaints, when these are excluded.

Again, as a result of the pandemic, we experienced some difficulties in resolving issues involving other establishments/IMBs, especially when other Boards were not regularly visiting their establishment and/or could not provide the necessary information.

5.10 Property

The previously reported, a lower rate of issues concerning property has continued but there is a marked change in distribution, in that the number of complaints regarding property within the prison has dropped, whilst those regarding property lost in other prisons or during transfer has increased. This may reflect the changes in movement, limited socialisation and reduced time out of cell caused by the Covid restrictions.

6. Health and wellbeing

6.1 Physical healthcare

Prisoners are entitled to healthcare provision according to need like the general population. There are many reasons why prisoners tend to have greater health needs than the general population – deprivation and poverty, homelessness, addiction and chaotic lifestyle all play a part. A higher than average incidence of disability of more than 25% is also evident.

During the early months of the reporting period, healthcare in the prison was affected by the pandemic similarly to community healthcare. We were grateful to healthcare staff who spoke to us to facilitate our remote monitoring during this period. In-cell phones were installed for healthcare use, enabling clinicians to have telephone appointments with prisoners and efforts were made to respond quickly to requests. Information and resources were made available to supplement face-to-face and telephone contact. Healthcare accessed and provided PPE for its staff and arranged work patterns so that only one person went to each wing to dispense medication and visit those whose needs required more than telephone contact.

Generally, as in every other aspect of the situation, prisoners were tolerant and understanding that their experience reflected the similar restrictions in the community.

We are not aware of any acute or emergency need being unmet. However, there was very little dental care until June 2020 and a number of prisoners raised this with us because they were in need of attention. The withdrawal of some services, such as occupational health, from physical presence caused delays in addressing some chronic situations; the situation of a wheelchair user in relation to the provision of in-cell furniture is noted at paragraph 5.6.

During the subsequent part of the reporting period, from the summer of 2020, healthcare services gradually resumed more normal patterns. The kiosk system, which in normal times enables prisoners to request appointments and view records, was disabled throughout the period as a Covid security measure. Our applications related to healthcare for the year were almost identical in number to the preceding year, which helps to triangulate our monitoring experience that the healthcare team, like everyone else, did their best in difficult circumstances and what they provided was at least adequate.

The pandemic also created infection situations. Inevitably, with a transient population and staff living in the community, there were small numbers of positive cases throughout the period but the situation was at its most serious during October 2020 and January/February 2021 when there were significant outbreaks. During these, healthcare staff worked with the prison to provide testing which then enabled isolation to be effective in preventing further spread. In October, healthcare also provided mass testing for staff.

Very few prisoners have become sufficiently ill to need hospitalisation and there have been no Covid deaths amongst prisoners.

Prisoners are entitled to receive a Covid vaccine according to the same prioritisation as in the community and this has been facilitated by healthcare. There was a short delay initially, when only very small numbers of prisoners were eligible, but the programme is now rolling out broadly in-line with community rollout. It seems unfortunate that there cannot be a facility for prisoners to have a second vaccine booked before they are released, as lack of GP registration, chaotic lifestyle and limited access to online booking may make this vulnerable group likely to delay or even miss the second vaccination. We understand this is common across the prison service. It reflects the discontinuity of care that is more widely evident as men are remanded and then released from custody.

6.2 Mental healthcare

Mental health provision is via an in-reach team and access to out-reach community services. Like physical health provision, the mental health service assessed and RAG rated need and advised us that provision was equivalent to that in the community during the pandemic.

Throughout the period, including during the first lockdown, healthcare staff continued to attend segregation reviews and ACCT reviews. When we observe staff with the prisoners they care for, we see high levels of empathy and knowledge of their patients.

It is regrettable that there has been no noticeable improvement in the long delays for transfers to hospital under the Mental Health Act 1983. Patients requiring a transfer under the Mental Health Act should be transferred expeditiously and within the current transfer guidelines. We have reported this concern many times and understand that it often results from the pressure on community services. However, there are frequently cases where men exhibit distressing symptoms, including self-harm and so cannot be safely housed on normal location for sustained periods. When these men do not have a determination of mental illness, but rather a behavioural or personality disorder, a timely transfer to more suitable circumstances can rarely be arranged.

6.3 Exercise, time out of cell, gym

It is of great concern that prisoners have had to stay in their cell for much of the time. This regime has been managed at a national level under prison service Gold Command and only very gradually were additional out of cell facilities available, once emergency provision arrangements were approved at Gold Command level. The gym was closed for most of the year and beyond. During the summer and until October the staff provided a gym regime outside. This programme benefitted from the good summer weather but was clearly becoming difficult as autumn arrived. The reopening of gym sessions inside only lasted a few weeks before the November lockdown, followed by Tier 3 restrictions, followed by the 2021 lockdown, causing it to close again. The separate fitness suite has remained closed since the start of the pandemic and at the end of the reporting year there were no immediate plans for it to be reopened.

The prison arranged for outdoor gym equipment to be installed on several of the exercise yards and initially this seemed popular. However, cold, wet weather clearly challenges the usefulness of such provision.



Gym equipment on yards



Socially distanced indoor gym

6.5 Wellbeing

From the beginning of the pandemic, leadership at the prison approached the challenges with a mantra of staff and prisoners being ‘shoulder to shoulder’. This resonated well with the wider public messaging of ‘all in it together’ and ‘nobody safe unless everybody is safe’. Communications were prioritised with a weekly newsletter to the whole community and the Governor wrote to the families of staff and prisoners explaining the arrangements for keeping people safe. Whilst the IMB’s role does not extend to staff welfare, in the context of the pandemic the welfare of staff was even more intertwined with the welfare of those in their care than it would usually be and it is important that there be recognition of the commitment exhibited to keep Nottingham prison a safe environment. Aside from isolated cases amongst staff and prisoners newly in the establishment, there was very little infection for the first six months of the pandemic. The many initiatives of leadership to engage staff in community and charitable projects have worked successfully to maintain morale.

Case history: Although prisoners mostly could not work in the textile workshops, staff used the facilities to make and donate supplies for medical staff.

Although there were times when absence, due to shielding and self-isolation, was high, we are not aware of any occasion when prisoners were deprived of services purely because of staff absence. This is very different from the situation a few years ago, when there were repeated cancellations of activities and regime.

Staff worked to try and maintain morale for prisoners, organising music and quizzes around the Christmas period. Donations made it possible for prisoners to send children a small parcel at Christmas and to send Christmas cards; prisoners all had an opportunity to have a photograph with Santa taken to send to loved ones. We hope these types of initiative will set a new standard for the future. Business community donations of doughnuts, Easter eggs and savoury snacks were small but appreciated treats for prisoners and staff alike. The chaplaincy ensured that there was recognition of all represented religious festivals, on a socially distanced basis.

Later in the reporting period, and especially in anticipation of a positive outcome from the vaccination programme, the prison began to explore the scope for new initiatives for the future of purposeful activity in the prison. The aim is to broaden the range of available activity and resettlement preparation, whilst maintaining strands of good learning from the past year.

The wellbeing of individual prisoners is addressed through several different processes in the prison – for example ACCT, mental health interventions and key worker activity which are described elsewhere. A new initiative this year has been to seek the engagement of family members of prisoners who are struggling with the prison experience. There are multiple potential benefits from this engagement and we hope such initiatives will broaden as the restrictions ease. We also hope to see the reopening of the wellbeing centre which was closed throughout the entire reporting period and had been previously successful in supporting prisoners with fragile mental health.

7. Progression and resettlement

7.1 Education, library

Throughout the reporting year, classrooms, most workshops and the library were closed for Covid security reasons.

The library continued to supply books on the wings via the wing book cases and for parts of the year it offered a limited request service. However, there were some periods during the year where library staff were absent, as the library was required to operate in line with the restricted community library provision.

Education staff continued to provide support to prisoners remotely, especially to support those completing formal qualifications, but classroom activity was not possible. Education materials were provided in-cell and via TV.

Whilst clearly this was disappointing for prisoners, we received no complaints and prisoners were forbearing in this respect.

7.2 Vocational training, work

The only work available during the year has been that related to the running of the establishment. There has, therefore, been a significant difference in the experience of lockdown between those with full-time work and those without. Full-time workers have had a great deal more time out of cell. Waste management and housekeeping roles, including serveries on wings have continued. Orderlies assisting in reception, the gym (when open) and segregation, red-band (trusted) cleaners and workers in the staff bistro have continued to be deployed. The kitchen has continued to employ prisoners from the vulnerable prisoner wing and one workshop, also employing vulnerable prisoners, has serviced the preparation of both breakfast and evening meal packs. Any progression benefits of this employment have to be regarded as incidental.

All prisoners have received minimum pay even when not working.

Despite restrictions, the prison has continued to try and identify and develop new, Covid-safe roles for prisoners, all be it in very small numbers.

Case history: In the latter part of the reporting period the prison has developed a novel role of Covid testing support worker. A trusted, trained prisoner is supporting fellow prisoners in completing their Covid tests.

7.3 Offender management, progression

Whilst the offender management unit (OMU) has had to significantly change its ways of working because of Covid, it has maintained a responsive service, making extensive use of in-cell telephony and other innovations and we have received significantly fewer complaints (when multiple repeat applications are excluded) about the OMU/sentence management service. We understand that at the end of the reporting period the OMU service was considered exemplary when reviewed internally by HMPPS.

The pandemic has necessarily had an impact on prisoners' ability to progress and complete sentence plans, given the limitations of movement between establishments. However, again we have not received an increase in complaints

about this or transfers, once multiple repeat applications from a particular individual are excluded.

We remain concerned about the IPP prisoners within the prison and provisions for their progression, especially during these challenging times. At the end of the period there were 25 IPP prisoners in the prison. We have discussed this with the Governor, who shares our concerns about the IPP arrangements, but who can do little about this national issue.

7.4 Family contact

For those in custody, just as for those outside, family access has been very limited. There are many people in custody who have not seen their family during the entire period. In the autumn, face-to-face visits reopened but visits were limited to only two visitors, no under 11s (excepting babes in arms), two-metre distance, no physical contact and mandatory face masks. Understandably many found this very unsatisfactory.

Case history: One prisoner who could not resist minor physical contact with his partner had to isolate for two weeks after the visit (in line with PHE guidance).

The prison spent much effort in making the visits halls Covid secure but they were used for only a short period before social visits were once again ended.



Visit hall layout for both 1:1 and 1:2 visits.

The provision of video link Purple Visits was more popular, though limited to just 30 minutes per prisoner per month. Some of the restrictions placed on those linking in were difficult to adhere to, especially when children were involved, and initially there were reported incidents of the visits shutting down. After a period of teething problems this seemed to be overcome and few complaints were heard.

These restrictions on in-person family contact seriously challenge the concept of humane custody but were beyond everyone's control; for much of the year, though not the whole period, restrictions were simply a reflection of the wider society restrictions. The prison has provided additional PIN phone credit to all prisoners to ameliorate the impact of the social isolation and we conclude that telephone contact has gone some considerable way towards making the situation bearable for most prisoners. As always, we have received complaints about delays in activating telephone numbers but the prison was aware of the situation, is responsive when we raise individual cases with them, and towards the end of the reporting period it became a focus for improvement.

The prison has also instigated some impactful schemes to help with family contact during this period, such as birthday cards and children's activity packs (shared and completed whilst on a Purple Visit).

7.5 Resettlement planning

It has been a difficult time for planning resettlement for many prisoners, though by working with partner agencies much has been done to prevent prisoners leaving prison to live on the streets. This has been through a combination of both national and local initiatives.

Unfortunately, the Next Steps lounge, reported on last year, has had to close because of the Covid infection/transmission risk but the prison has done much to prepare prisoners for release, including making sure they have face coverings and using charitable funds to provide additional items on release, such as inexpensive, limited functionality mobile phones with some credit already applied for prisoners without a phone of their own.

The resettlement team advises us that is constantly looking for new ways to support prisoners and to better prepare them for release.

8. The work of the IMB

The 2020/21 reporting year proved a challenging time for the Board with just four of the eight members remaining active throughout the entire year; one member transferred to another Board, one member spent much of the year overseas because of Covid travel restrictions and two members were temporarily excused IMB monitoring duties to concentrate on their professional roles within the NHS/Public Health Covid efforts. The addition of a “double-boarding” member from the IMB at HMP Leicester was a helpful addition in the latter part of the reporting year.

In the first lockdown of the Covid pandemic, monitoring and dealing with prisoner applications was conducted remotely with support from appropriate prison administrative staff. Later, three members recommenced visiting the prison, followed by one more later in the year.

Both monitoring and applications handling has been conducted weekly throughout the reporting period and almost all applications have been responded to within 7 – 10 days.

Visits to wings and especially to the segregation unit have necessarily been curtailed by Covid restrictions for most of the year but the prison’s provision of access to the in-cell telephony system from the IMB office has been most helpful in allowing direct conversations with prisoners. Any opportunities to see prisoners safely, such as in exercise yards or when in outdoor work parties, have been taken.

The most severely affected activity has been attendance at segregation reviews due to the inability to meet the necessary social distancing requirements. Later in the year the prison arranged for conference calling into the reviews to be available, but this has not been entirely successful for logistical and practical reasons.

The Board has continued to hold Board meetings monthly throughout the year, either in person or via conference calls.

Board statistics

Recommended complement of Board members	15
Number of Board members at the start of the reporting period	8
Number of Board members at the end of the reporting period	8
Total number of visits to the establishment	121
Total number of segregation review sessions attended	11

Applications to the IMB

The paper-based system for handling prisoner applications continued throughout the reporting year but, with severely restricted time out of cell, prisoners have had reduced opportunity to access forms and submit applications. For a short period in the summer this system was supplemented by the 0800 applications line pilot, where prisoners could use a freephone number to register their application, which was then forwarded to the IMB for consideration.

Whilst this did provide enhanced access for submitting applications, it also allowed some persistent individuals to submit multiple applications over a short space of time, sometimes many a day, repeatedly about the same matters that were often outside the influence or remit of the IMB. Alongside a few repeat paper applications, these accounted for around 250 applications from 12 individuals, with one person submitting over 200 applications in just over five weeks. Whilst these applications were batched together for responses, each one required the necessary consideration, administration and recording, putting huge pressure on the Board.

To allow some limited comparison with the previous year's applications figures, numbers excluding these multiple repeat applications are also included in the table below.

Code	Subject <i>(applications have been categorised by the substantive subject of the application only)</i>	2019-20 Reporting year	2020-21 Reporting year (exc. repeats)	2020-21 Reporting year (inc. repeats)
A	Accommodation, including laundry, clothing, ablutions	31	20	23
B	Discipline, including adjudications, IEP, sanctions	42	15	15
C	Equality	16	8	9
D	Purposeful activity, including education, work, training, library, regime, time out of cell	22	13	15
E1	Letters, visits, telephones, public protection restrictions	27	34	55
E2	Finance, including pay, private monies, spends	24	8	8
F	Food and kitchens	18	22	22
G	Health, including physical, mental, social care	48	47	49
H1	Property within this establishment	34	23	26
H2	Property during transfer or in another establishment or location	12	22	22
H3	Canteen, facility list, catalogue(s)	16	7	7
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	45	12	103
J	Staff/prisoner concerns, including	61	60	64

	bullying			
K	Transfers	23	20	55
L	Miscellaneous, including complaints	N/K	55	60
	Total number of applications	419	366	623



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