



**Annual Report of the  
Independent Monitoring Board  
at HMP Lowdham Grange**  
**For reporting year**  
**01 Feb 2020 – 31 Jan 2021**

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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

**HMP Lowdham Grange** is a privately operated category B male training prison, opened in 1998. It is located near the village of Lowdham, 12 miles north of Nottingham.

The prison is operated by Serco Justice and Immigration, a part of Serco Plc ('Serco'). It has a certified normal accommodation of 894 and an operational capacity of 888.

The prison usually receives category B prisoners with more than four years left on their sentences. Many of the prisoners have convictions for offences involving violence. They have always spent a period at another establishment. Prisoners are usually transferred to a category C prison when they achieve category C status.

All services in the prison are provided by Serco except healthcare, which is contracted to Nottinghamshire Healthcare NHS Trust. The commissioning of the service is the responsibility of the health and justice team of NHS England and the Trust offers a range of services relevant to the needs of the prisoners:

- teams of specialist, general and advanced practitioner nurses who deliver physical and mental healthcare and substance misuse programmes
- visiting GPs, dentists and ultrasound diagnostic sessions
- psychiatric assessments and treatment
- medicines management with an experienced pharmacy team

The population has been around the certified normal accommodation figure through the year

	01 Feb 2020	31 Jan 2021	Percentage at 31 Jan 2021
<b>Cat B</b>	845	823	92.99%
<b>Cat C</b>	34	59	6.67%
<b>Cat D</b>	3	3	0.34%
<b>Total</b>	<b>882</b>	<b>885</b>	<b>100%</b>

### THE DIRECTOR

The governor of a private sector prison is referred to as the 'Director'. He/she is appointed under the terms of the Criminal Justice Act 1991 and has to be a certificated prison custody officer.

### THE CONTROLLER

All private sector prisons have a Controller's team, based in the prison. The role of the Controller is to monitor the contract between the Secretary of State for Justice and the private sector operator, to ensure compliance. The Controller and her team have held senior positions in state-run prisons prior to appointment.

## **3 Executive Summary**

### **3.1 Background to the report**

HMP Lowdham Grange went into command mode on 23 March 2020 as a response to the COVID-19 pandemic and has continued to operate a restricted regime throughout the remaining 10 months of the reporting period.

The lockdowns had a significant impact on the Board's ability to gather and verify information and discuss the contents of this annual report. Inevitably, with such a constraint, there may be less detail and supporting evidence than usual.

The prison avoided COVID-19 cases for the first six months of the pandemic and had put in place strict testing and shielding arrangements for all prisoners and staff. It had also set up the necessary measures for hygiene and protective equipment. However, a serious outbreak was declared in September when 160 staff and 200 prisoners tested positive for the virus, the biggest in a prison at the time.

The outbreak was managed well through close co-operation between Public Health England (PHE), the prison management and healthcare staff. Some prisoners required hospital admission and unfortunately, one prisoner died in hospital.

Lessons were learned from the outbreak and when there was a further outbreak in January 2021 measures were taken quickly to contain the spread of the virus.

In February 2021 an HMIP scrutiny visit report praised the close co-operation between the prison, PHE, and the NHS in quickly bringing the outbreak under control and learning lessons.

### **3.2 Main judgements**

#### **How safe is the prison?**

Following the announcement of the restrictions in prisons at the end of March 2020, the prison has been extremely well managed within the circumstances and constraints of the COVID-19 pandemic. The director and his team reacted swiftly to minimise the spread of the virus. All possible consideration was given to revising and restricting the systems of working, to maintain the safety of everyone within the establishment, staff and prisoners alike, and to mitigate the threat of the virus. Violence within the prison has reduced with assaults being down 10% year on year, and the HMIP survey reported only 16% of prisoners saying they felt unsafe.

#### **How fairly and humanely are prisoners treated?**

Prisoners at HMP Lowdham Grange are generally treated fairly. Although the prison population is made up of some very challenging prisoners, the regime is built on a positive ethos and the HMIP scrutiny visit commented on positive communication and relationships between staff and prisoners. In the survey the majority of prisoners said they felt they were treated with respect, which correlates with the Board's observations.

### **How well are prisoners' health and wellbeing needs met?**

Healthcare services have been under great pressure throughout the period. However, prisoners' physical and mental health was seen as a priority and has been effectively maintained. The mental and emotional wellbeing of prisoners is of significant concern due to the effect of prolonged periods of lockdown in their cells.

### **How well are prisoners progressed towards successful resettlement?**

The restrictions imposed upon the prison, although to keep everyone safe, have compromised the overall progression towards successful resettlement. The loss of many of the rehabilitative tools and programmes needed to progress may have an impact on many prisoners. There are over 250 prisoners with life or indeterminate sentences who may not have had adequate access to support programmes.

## **3.3 Main areas for development**

### ***TO THE MINISTER***

Will the Minister please:

- Ensure that priority is given to holding Coroner's inquests for deaths in custody to enable prisoners' families to understand more of the circumstances of the deaths of their relatives.
- Continue to focus on reviewing the sentences of IPP prisoners enabling them to progress and move towards a safe release.
- Continue to work with colleagues in other government departments to ensure that appropriate facilities are available for those prisoners with mental health issues, in order to prevent the need for prisons to hold such prisoners in segregation for extended periods.

### ***TO THE PRISON SERVICE***

Will the Prison Service please:

- Implement national procedures to test prisoners for COVID19 prior to transfer/travel to new establishments so as to reduce risks to prisoners and staff in the receiving prisons.
- Show commitment to funding and supporting innovative programmes of rehabilitation, mental health support, personal development, education and skills development for prisoners in a post-Covid-19 regime.
- Ensure adequate resourcing for probation services within the prison estate.
- Give renewed emphasis to the development of a national system of storage and retrieval of prisoners' property when they are moved between prisons.
- Ensure that the best outcomes for prisoners (safety, fair and humane treatment, health and wellbeing, progression and release) are achieved in the new arrangements for operating the contract for HMP Lowdham Grange from February 2023.

## ***TO THE DIRECTOR***

Will the Director please:

- Give commitment to prisoner wellbeing by developing and delivering innovative programmes of rehabilitation, mental health support, personal development, education & skills development for prisoners in a post-Covid-19 regime.
- Continue to champion the work of the race equality task force and in leading changes throughout the prison where this is identified as needed.
- Ensure that the introduction of the new body worn video camera equipment and systems is progressed, and also put in place processes to ensure that they are issued and used by staff.
- Continue to increase efforts to curb the import of drugs and illicit items into Lowdham Grange.

### **3.4 Progress since the last report**

The Board is disappointed to note that:

- There continue to be significant delays in finding appropriate treatment/beds in secure units for prisoners with serious mental health problems.
- While there have been fewer prisoner moves, analysis of the applications received by the Board indicates no improvement in the management of prisoners' property when transferring between establishments.
- Prisoners are no longer transferred to their 'local' prisons as they near the end of their sentences and can be released from Lowdham Grange, which does not have the necessary programmes to support them.
- The regular use of body worn cameras by prison custody officers (PCOs) is still at a very low level, and this prevents the recording of incidents which can provide video footage for later detailed analysis.
- Schemes to support IPP prisoners and assist them towards parole/release do not seem to have progressed during the reporting year.
- Due to the restrictions imposed by Covid-19, the Board has been unable to monitor the effectiveness of the key worker scheme and evaluate its support to prisoners.

The Board notes there have been some improvements in this challenging year:

- Despite the restrictions of lockdown, the standard and availability of education provision for prisoners was prioritised.
- A new system for the storage and retrieval of prisoners' property in Lowdham Grange has been introduced.

- The introduction of a body scanner towards the end of the reporting period appears to be contributing to the efforts needed to curb the import of drugs and illicit items.
- The training of an in-house team to deal with incidents at height has reduced the risk to prisoners and the speed of resolution of such incidents.



## **Section 4                      Safety**

### **4.1    Reception and Induction**

#### **4.1.1   Environment and organisation**

The reception facility at HMP Lowdham Grange is adequate and although the area is open and lacking in privacy, initial interviews are normally carried out in private. Information about the prison regime is available to prisoners including information on the work of the IMB and contact arrangements. The Board notes that members of the reception staff are knowledgeable and helpful towards new arrivals. First night accommodation is prepared to a good standard with telephones and showers normally available to arrivals (also refer to Sections 5.4 and 7.1).

Towards the end of the reporting period a body scanner was installed and this has helped reduce the numbers of illicit items being brought into the prison from other establishments.

#### **4.1.2   Arrivals during the COVID-19 period**

Prisoner arrivals through reception were reduced from the start of the COVID-19 pandemic in March 2020. This enabled the prison to ensure that its strict measures for holding back entry of the virus into the establishment were effective.

These measures were very successful and for the first six months the prison remained virus free. However, it is disappointing that a number of prisoners tested positive when they arrived from other establishments and in September the prison suffered a severe outbreak with almost 200 prisoners and 160 staff testing positive for the virus.

The Board is at a loss to understand how the arrival of virus-positive prisoners can have been permitted on such a regular basis, and the arrival of such prisoners continues as this report is being written, in March 2021.

### **4.2    Self-harm, suicide, deaths in custody**

#### **4.2.1   Self-harm**

There was a monthly average of about 40 acts of self-harm amongst prisoners in the year and while this number is high, it is a 9% reduction over the previous year.

It is important to note that acts of self-harm are usually carried out by a much smaller number of prisoners who self-harm multiple times with mental health being described as the main reason for self-harming behaviours. For example, in June 2020, two prisoners with significant histories of self-harm were transferred into the prison and they self-harmed multiple times during the month. A further example shows that 25 acts of self-harm were committed in January 2021 by 15 prisoners.

Prisoners who self-harm are managed through the ACCT process (assessment care in custody teamwork). The number of acts of self harm largely correlates to the number of ACCT's opened during the reporting period (see also paragraph section 4.2.4 below).

#### **4.2.2 Incidents at height**

There were 46 reported incidents at height during the year, down considerably from the 87 incidents in the previous year. All of these lasted for between a few minutes and 2-3 hours and they were brought under control by the in-house specialist team without it being necessary to call on the national tactical response group (NTRG).

The Board is pleased to note that the training of the in-house specialist 'working at height' team, which started in the previous reporting period, has been completed. Response times and prisoner safety in dealing with such incidents has improved considerably.

#### **4.2.3 Suicide and deaths in custody**

Even though strict safety measures were in place at HMP Lowdham Grange two deaths in custody occurred, compared with three in the previous year:

There was one apparently self-inflicted death in custody in August where the prisoner was found unresponsive in his cell during the night and following emergency medical attention, he was pronounced dead at the scene. The second death, in October, appears to have been COVID-19 related. The prisoner, who had been having breathing difficulties, had been transferred to hospital and died there.

The Prisons and Probation Ombudsman (PPO) has carried out full investigations. The Coroner has been notified of both incidents as all deaths in custody require a full inquest with a jury. The Board is very concerned about the backlog of delayed inquests where prisoners' families are awaiting verdicts. Currently there are six, including four inquests from previous reporting years dating back to November 2018.

#### **4.2.4 The ACCT process (assessment, care in custody and teamwork)**

The ACCT process is the system in prisons to support people at risk of self-harm and suicide. It is used to identify risks to prisoners, behavioural triggers and protective factors and to put in place care plans to provide individual support, address issues and reduce any risks.

Self-harm and ACCT wellbeing checks have been conducted since the start of lockdown as a means of keeping a watch on prisoners who are known to be vulnerable and/or on an ACCT.

The programme facilitators supported staff in providing prisoners with additional support and contact during difficult times. Amongst other things, the facilitators assisted with:

- allocation of wellbeing check appointments
- unscheduled spot-checks on particularly vulnerable prisoners
- monitoring ACCT documentation for new additions to the case load
- maintenance of records and updating of ACCT documentation
- provision of feedback on matters of concern to relevant prison staff
- analysis of themes from checks for inclusion in safer custody meetings

The team works closely with the safer custody department and the forensic psychology team, and is actively involved in ACCT reviews, weekly segregation, safety intervention, and safeguarding meetings.

Data obtained from the prison shows that 303 ACCTs were opened during the year, an average of 25 per month. This is largely consistent with the number of incidents of self-harm in the same period and also with the reported mental health caseload for ACCT management.

Case reviews continued as scheduled through the year. The mental health and psychology staff offered support through care plans and guidance. A range of self-help and well-being material was also available to everyone (see also Section 6.3).

Regardless of the processes which have been put in place for managing ACCTs it is of concern to the Board that the recent HMIP scrutiny survey revealed that only 53% of prisoners who had been on ACCT said they had felt 'cared for' by staff. In view of this, the Board will continue to monitor closely the ACCT process and its application in the prison over the coming year.

### 4.3 Violence and violence reduction, self-isolation

The total number of assaults at HMP Lowdham Grange (prisoner-on-prisoner and prisoner-on-staff) reduced by almost 10% during the year when compared to 2019.

#### 4.3.1 Prisoner-on-prisoner assaults

Prisoner assaults during the reporting period reduced by almost 46%. The sharpest fall in incidents was in the period April-May 2020 when activities had been curtailed and prisoners were spending less time out of their cells.

	2019-20	2020-21	% change
<b>Prisoner-on-prisoner assaults</b>	<b>116</b>	<b>83</b>	<b>45.70% reduction</b>

As prisoners settled into the new regime fewer prisoners exercised together; no activities were taking place, and prisoners from different wings no longer came in contact with each other. However, the Board observed that the number of violent assaults increased when some regime restrictions were relaxed at different times later in the year.

#### 4.3.2 Prisoner-on-staff assaults

In contrast to the reduction in prisoner-on-prisoner assaults, the number of assaults on staff increased in the reporting period:

	2019-20	2020-21	% change
<b>Prisoner-on-staff assaults</b>	<b>67</b>	<b>85</b>	<b>26.86% increase</b>

The Board notes that the majority of the assaults on staff appeared to be minor and they occurred as a result of some prisoners' reluctance to follow the very stringent rules imposed as a result of COVID-19 precautions. They were, in general, low-level and have been attributed to prisoners resisting the new regimes by pushing and shoving staff during cell opening and locking-up times..

### **4.3.3 Weapon and other finds**

During the year, the number of weapons finds fell by almost 54% to an average of 12 per month when compared with 26 per month in the previous year.

The Board is pleased to report that during the lockdowns the prison intensified its efforts to identify sources and locations of all types of prohibited items in the prison and in addition to weapons, many other prohibited items were found:

- communication devices, e.g. mobile phones, USBs/WiFi dongles, etc. (107 finds)
- alcohol/hooch (388 finds in the year, an average of 32 finds per month)
- miscellaneous items, such as, tattoo guns and smoking paraphernalia
- drugs including unknown tablets and vegetable matter

The removal of such items from circulation makes the prison a much safer place for prisoners, staff and visitors. The recent introduction of a body scanner in the prison is proving to be of great benefit reducing their circulation.

### **4.3.4 Actions taken by the prison to reduce violence**

The operation of the social responsibility unit (SRU) and the delivery of offending behaviour programmes were paused when it became necessary to re-house many of the prisoners to other parts of the prison and adapt the wing for COVID-19 cohorting. However, programme facilitators maintained contact with prisoners on paused treatment and all scheduled post-programme reviews took place by telephone. Further support in the form of wellbeing checks for SRU prisoners was undertaken by the facilitators who also took part in the ACCT reviews for appropriate prisoners.

The challenge support and intervention plan (CSIP) at the prison is a supportive and non-punitive process for prisoners at risk of harming others. It allows prisoners the opportunity to address long-standing issues that may have contributed to violent behaviour of the type likely to end with use of force.

The programme has been particularly successful in managing prisoners being relocated from the segregation unit and problematic transferees from other prisons. In total, 146 referrals were made to CSIP during 2020 and progress with these prisoners is reviewed regularly at healthcare and drug strategy meetings.

## **4.4 Vulnerable prisoners and safeguarding**

### **4.4.1 Self-isolation, segregation, own interest**

The Board is concerned that during the reporting period the number of vulnerable prisoners self-isolating and/or segregated on 'own interest' at HMP Lowdham Grange has increased. The prison does not have a vulnerable prisoner unit.

During the year 21 prisoners self-isolated and three of these were black, Asian or ethnic minority (BAME). More than 80% of this group were in the age range 25-39 years. The prison reported a reduction in drug debt in the year and prisoners identified as 'at risk' because of debt issues are being supported by 'Remedi', a programme to provide support and guidance around the illicit economy.

## **4.5 Use of force (UoF)**

### **4.5.1 Use of force incidents**

The Board noted increases in UoF incidents during the lockdown periods in March and later in September when the prison adopted very restricted regimes. These were periods when many internal prisoner relocations were necessary for virus control and to strengthen safety in the prison. For example, there was a sharp increase in UoF in September (up by 48% on the previous month) and this correlates with a spike in the number of assaults on staff in that month. Overall, there was a small reduction in the number of incidents through the year when compared to year 2019-20 (341 vs 345).

All UoF incidents are reviewed weekly at a meeting attended by the director or deputy director. The IMB had attended these meetings prior to the lockdowns.

### **4.5.2 Use of restraints**

- Handcuffs were used a total 224 times, 104 of these were to escort a prisoner compliantly over open ground. All planned removals were recorded on body worn cameras (BWCs) and the Board is advised that recorded footage is available for 76% of all spontaneous incidents. Access by Board members to review footage of incidents has been frustrated by an inability to visit the prison.
- There was no reported use of body belts during the reporting period.
- PAVA spray (an incapacitant) was used on a single occasion in December 2020 by the NTRG, during their intervention in a hostage incident on a wing exercise yard.
- Batons were drawn five times through the year, and used on two occasions.
- Special accommodation (SA) was used four times during this reporting period, all following UoF. The Board notes that this is largely consistent with the number in the previous year (2019) when SA was used on three reported occasions. The SA cell was opened seven times, for three prisoners.

## **4.6 Substance misuse in the prison**

The Board notes that there was a significant reduction in the number of drug finds in this reporting year, with an average of 10 finds per month, compared with 17 finds per month in the previous year. These finds included stimulant and psychoactive drugs, unknown tablets and organic materials.

Although the Board is satisfied that the use of the *Rapiscan* mail scanner continued to disrupt the supply of drug-impregnated mail to prisoners in the establishment it is of great concern that there were 1,210 positive 'hits' for drugs (mostly psychoactive substances) compared with about 550 'hits' in the previous year. At the same time, the prison has informed the Board of an increased volume of bogus confidential legal correspondence (Rule-39 mail) also contaminated with psychoactive substances.

Mandatory drug testing (MDT) was suspended because of the restrictions for most of the reporting year and resumed only for a short period in September 2020. Although a limited number of tests were conducted, any positive results revealed the presence of psychoactive substances.

Data provided by the prison show that there has been a slight reduction in the number of alcohol (hooch) finds during the year with an average of 32 finds per month. However, it was also reported by the prison that volumes of hooch showed a large increase. Although the Board has not been able to verify the volumes found, it is understood that the quantity has started to fall with the additional pro-active search work by the prison to identify and find ingredients and related paraphernalia.

Examination by the Board of the prison daily reports revealed a number of instances where prisoners were found 'under the influence'. Also, the prison reported an increase in the number of prisoners attempting to divert medication.

The Board applauds the efforts of the prison to limit drug use. However, it continues to have real concerns about the availability of psychoactive substances, particularly spice and cocaine. Equally, there is concern about the volume of homemade alcohol being found. In addition, the Board welcomes the current steps being taken by the prison management to interrupt the supply and it looks forward to enhanced screening of all people and material entering the prison.

## **5. Fair and humane treatment**

### **5.1 Accommodation, clothing, food**

Board members have entered the prison on just a few occasions since March 2020 and observed that wings were clean and tidy, and the grounds well maintained. The prison started refurbishments but progress was limited by the virus controls in the establishment. However, the flooring in two house blocks has been replaced. Cleaners and a full time laundry worker continued to operate on each house block wing during the lockdown periods.

Televisions were installed in all cells and all but a handful of prisoners have in-cell telephone handsets. Several initiatives were trialled including an in-cell messaging service to allow prisoners contact people on their approved contact lists, purchase items from the prison shop, order meals and participate in surveys. In order to ensure that social distancing was maintained, electronic proximity sensors were issued to wing staff.

The HMIP scrutiny survey in January 2021 indicated that the majority of prisoners understood the restrictions placed upon them and 68% felt safe from the virus. Prisoners confirmed that they had sufficient soap and hand sanitiser, cleaning materials, bedding and clothes and 97% of prisoners reported being able to shower every day.

In the recent HMIP prisoner scrutiny survey, 84% of prisoners said they felt they had sufficient clean clothes each week.

Food is prepared in a central kitchen and delivered to the house blocks in heated trolleys. Groups of five prisoners were allowed to collect hot meals from the wing servery for consumption back in their cells. At lunchtime, cold meals were delivered to cells. The HMIP prisoner survey indicated that 77% of prisoners were satisfied with the food supply and 91% said they had access to the canteen (shop).

### **5.2 Segregation, special accommodation**

#### **5.2.1 Segregation accommodation:**

The segregation unit is referred to as the reintegration unit (RIU). It regularly deals with very challenging prisoners who often abuse their surroundings. Damage to cells is common through acts such as dirty protests, flooding, and arson. For example, during the year, one prisoner was on dirty protest for 47 days, on 22 separate occasions. Repairs to the unit are a constant feature and acute damage is dealt with promptly.

#### **5.2.2 Staffing**

The conditions in the unit are very challenging with a high proportion of prisoners displaying serious mental illness and behavioural problems. The unit is led by a respected and skilled custodial manager (COM) with the support of experienced officers who play an important role in mentoring and training new staff.

The Board has observed that all RIU staff demonstrate concern and awareness for the prisoners and the most disturbed prisoners are treated calmly and with respect.

### **5.2.3 Prisoners in segregation**

The average occupancy in the RIU over the reporting period was 80%, i.e. 19 prisoners at any one time. Amongst these there was an average of six prisoners on an open ACCT at any one time. One hundred percent occupancy (21 prisoners) was observed in February 2020.

At the time of writing this report, 28% of the prisoners in the RIU were segregated on own interest. The Board would question whether the unit is the correct location for self-segregation, for potentially long periods while, in the main, those prisoners are awaiting transfer to other prisons.

The Board's analysis of prisoner-on-staff assaults revealed that 10 prisoners were responsible for 32 assaults in the RIU. Of the 10 prisoners responsible for the assaults six were supported by the mental health team for conditions that would contribute to their assaulting behaviour.

The Board notes that the collaborative clinical and operational strategy initiative has resulted in the allocation of segregated prisoners to a clinical lead to oversee their care and progression. During virtual meetings, the mental health team have been observed to demonstrate a good understanding of prisoners' needs and have been proactive in advancing their treatment (also refer to section 6.3).

The Board remains very concerned that some prisoners are segregated for extended periods and these extended stays continue to be both undesirable and in many cases, detrimental to the prisoners concerned. However, the Board is satisfied that prisoners are only located in the RIU when the prison has considered all alternatives and where segregation provides the only option to keep prisoners and staff safe.

The Board readily recognises that in some cases, transfers to a segregation unit in another prison may offer some temporary progress for prisoners with mental health illnesses. Nevertheless, extended periods of segregation are inappropriate for prisoners who are mentally ill or suffer from severe personality disorders. It is the opinion of the Board that the correct solution is a shorter pathway to appropriate assessment and treatment in secure mental units if recommended (also refer to section 6.3).

### **5.2.4 Segregation reviews and meetings**

Face-to-face reviews with segregated prisoners continued to be held three times a week. These are chaired by a member of the senior management team and are attended regularly by staff from healthcare, offender management, psychology, and the IMB. The reviews continued throughout the year. The Board has noted the supportive inter-actions between staff and prisoners and it is satisfied that the reviews are conducted fairly in an appropriate and sensitive way to achieve the best outcome for prisoners.

The segregation monitoring and review group meeting also continued to be held once a week to review the cases of all segregated prisoners and to draft a



progression and exit strategy for each. These meetings are chaired by the director and attended by senior management staff, the mental health team, healthcare and other staff and a member of the IMB.

The Board is satisfied that the prison is committed to finding solutions for segregated prisoners while transfers to other establishments or wing re-integration are awaited.

### **5.3 Staff-prisoner relationships, key workers**

#### **5.3.1 Staff prisoner relationships**

Many prisoners have spoken of boredom and frustration with the restricted regime, and it is the prison's view that this is linked to the increase in assaults on staff. Although good governance arrangements are in place to monitor use-of-force, the use of the new body worn camera equipment is still very slow to progress. The prison has informed the Board that progress is slow because of unresolved technical issues.

The recent HMIP prisoner survey indicated that 79% of prisoners considered that staff treated them with respect and 75% said there was a member of staff they could turn to with a problem. One third of prisoners offered the view that they felt victimised by staff. It has not been possible for Board members to spend time on the wings to explore this further by talking to prisoners

During periods when physical activity could not be offered, prisoners were provided with in-cell physical and wellbeing workouts, such as yoga, and fitness programmes. However, the prolonged lock-in period has clearly taken its toll and many prisoners used the survey to express their concerns about the impact of the lockdown on their wellbeing. Similarly, members of staff have reported that their own morale has declined during the pandemic.

#### **5.3.2 Key worker scheme**

The key worker scheme was suspended in March 2020 with many prisoners having no record of a key worker session or welfare visit until December 2020. Less than 50% of the prisoners who responded to the HMIP scrutiny survey reported having spoken to a member of staff in the preceding seven days on any matter. Cell door key worker sessions with prisoners resumed in May 2020 with an initial focus on vulnerable prisoners.

The Board notes that its (virtual) attendance at the daily management meeting has allowed it to observe reported progress with the key worker sessions over a number of months. However, because of prison staff absences, it has not been possible to monitor continuity of named key worker visits to their assigned prisoners.

#### **5.3.3 Staffing**

Staffing numbers in the prison remained stable and largely up-to-strength throughout the year. Necessary recruitment continued via on-line interviews and assessments. However, there were difficulties on several occasions because of staff illness and absences, especially during the significant COVID-19 outbreak in September. The Board notes the co-operation between the prison and other establishments in the region in providing bed-watch and escort cover at times of extreme staff shortage.

## 5.4 Equality and diversity

The prison population is diverse in terms of age, faith, ethnicity, disabilities and health, nationality and other factors:

- **Age:** Over the 12-month reporting period the Board notes that the age profiles in the prison have remained constant despite movements of prisoners across the prison estate. The 30-39 age cohort remains the highest at 34%. The smallest group is the 60+ group at 3%.
- **Sexual orientation:**

Heterosexual	Gay/Bisexual	Not disclosed
777	8	99
- **Disability:** In order to identify and record prisoners with disabilities, prisoners are screened at reception on arrival. The induction officers refer such cases promptly to healthcare staff and relevant interventions are made during follow-up meetings. At the close of the reporting year 210 prisoners declared having a disability, almost 25% of the population.

Due consideration is given to prisoners with disabilities in the allocation of work and where possible, reasonable adjustments are made to duties/tasks to allow for disabilities. With regard to learning disabilities, which could affect literacy, the electronic ATM messages contain photographs and symbols so that prisoners are able to identify, for example, allergens and meals suitable for all religious beliefs (also refer to sections 6 and 7).

- **Ethnicity:** Although there is a very diverse population within the prison, 58% of the prisoner population is white British (509 prisoners). The remainder of the population is composed of:

Ethnicity	No. of prisoners	%age
Asian incl. Pakistani, Indian, Bangladeshi, Chinese and others	88	10%
Black incl. African, Caribbean and others	162	18%
White incl. Irish, Traveller and others	56	6%
Middle East and others	7	1%
Mixed Race	63	7%
White British	509	58%
<b>Total prison population:</b>	<b>885</b>	<b>100%</b>

The Board welcomes the efforts of the prison to raise awareness of the need for greater understanding of equality and diversity issues amongst prisoners and staff. It is of particular note, therefore, that the prison formed a race equality task force group during the year.

The prison appointed a dedicated leader to activate the task force and it is planned that the group will be prisoner-led with 14 prisoner equality reps to

monitor and report on the impact of the prison regime on diverse groups. It is also planned to conduct monthly meetings to focus on concerns related to protected characteristics in the prison population. The initial meetings were held during the summer of 2020 but progress has been hindered by the restrictive regimes,

The Board recognises there is a need for monitoring in this very important area and looks forward to tracking the future progress of the task force and outcomes for prisoners.

- **Foreign national prisoners (FNP):** There were 98 FNPs in the prison at the close of the reporting year, a marginal reduction over the previous period. Support continued to be offered to FNPs and where possible, sentence planning and contact with appropriate external agencies was maintained.

Although the amount of information available to prisoners on arrival at the prison is considerable, the Board notes with some concern that facilities for prisoners with limited English language skills are unsatisfactory with, for example, most documentation being available only in English (also refer to section 7).

- **DIRFs (discrimination incident report forms):** During the year 117 DIRFs were submitted:

Outcome from the complaint	Number of DIRFs
Upheld	10
Upheld in part	3
Inconclusive (insufficient evidence)	2
Formal investigation	1
Not upheld	100
In progress	1
<b>Total DIRF complaints:</b>	<b>117</b>

Having analysed the data available, the Board reports that 73% of DIRFs related to race and 19% to religion. The remaining 8% related to disability, age, sex orientation, and gender reassignment.

The Board notes that the investigation of DIRFs is undertaken with great diligence and also a commitment to ending all forms of discrimination.

## 5.5 Faith and pastoral support

The range of religious beliefs practised by prisoners is a reflection of the diverse population in the prison:

Religion	No. of prisoners	%
Christian	362	41%
Muslim	221	25%
Buddhist	26	3%
Other religions	97	11%
No religion	179	20%
<b>Prisoner total:</b>	<b>885</b>	<b>100%</b>

The Board notes that the managing chaplain and the faith leaders showed admirable commitment when there was an increased call for faith and pastoral care during the pandemic. The team acted promptly to the restricted conditions in the prison by devising innovative ways to provide services including, for example, the introduction of iPad 'visits' for bereaved prisoners, religious services on the prison's TV system, additional newsletters, and Internet access for faith groups without representation in the prison.

The restricted regime brought some unexpected bonuses. For example, inter-faith on-line debates and discussions have raised awareness of the similarities, differences and recurring themes in religions. It is felt that this may go a long way towards increasing tolerance and understanding of religious diversity and beliefs.

The Board notes that there was a greater demand for bereavement support and assistance to troubled prisoners and support was provided without let-up throughout the year. This tested the flexibility of the chaplaincy team and was provided irrespective of the team members' religious beliefs.

## **5.6 Incentives and earned privileges (IEP)**

At the start of the restricted regime and in line with HMPPS guidance all prisoners were removed from the basic tier of the incentive scheme. Most prisoners have been on an enhanced or standard regime during lockdown and privileges were removed only in cases of violence towards other prisoners or staff. The Board is satisfied that appeals by prisoners against their status were handled fairly by the prison.

Normally, the cost of telephone calls is paid by prisoners from their earnings and from time to time the prison provides additional credits on compassionate grounds, for example, for distressed prisoners in cases of family bereavement or serious illness. During the year the prison also allocated an additional £5 phone credit each week to all prisoners regardless of their IEP status.

All prisoners were provided with in-cell televisions and some additional TV channels for the period of lockdown, Prisoners in the segregation unit were also given this privilege, where it was incentive-led, based on their behaviour while in the unit.

While most work apart from essential duties was paused during the year, the Board is pleased to note that the community rewards incentive scheme (CRIS) continued to allow prisoners to accumulate 'spending' points for good behaviour.

The scheme allows prisoners to earn points which could be converted to credits for the purchase of various items for themselves or to send to their families. Unlike many other incentive schemes, no member of the scheme is excluded because of their existing IEP level. Of particular note was the 'Bonus' award where points were earned by the whole wing community. This was an important reminder to prisoners that the whole wing could be affected by their behaviour if they did not meet acceptable standards.

The Board believes that the CRIS system motivates good behaviour amongst prisoners and contributes to a reduction in violence, making the environment safer for all prisoners and staff.

## **5.7 Complaints**

During the reporting year there were 1,705 COMP1 complaints, a reduction from 2,496 in the previous year. In common with the returns from last year it is noted that a small number of prisoners continued to submit multiple complaints through the year. The Board notes also that 75% of the complaints related to residential or property matters and the remaining 25% related to work allocation, mail and other issues.

## **5.8 Property**

The Board has reported over a number of years that the management of prisoners' property, especially during transfer, has been unsatisfactory. It continues to receive applications about missing, stored and confiscated property and this is a significant and troublesome issue for prisoners.

This issue is a cause of distress to many transferees, and although there were fewer arrivals at the prison in this reporting year, such property issues did not reduce.

Therefore, it is encouraging that HMP Lowdham Grange is joining with other prisons in the Serco group to develop a digital property recording/tracking system which will eliminate, to some extent, the problems pertaining to property and 'paper' property cards. However, it is the firm opinion of the Board that the best solution is the development and implementation of a national digital property management system installed across the whole HMPPS estate.

## **5.9 PAL (Prisoner Advice Line)**

The PAL service, which is operated by a team of three prisoners, provides a wide-ranging information and advisory service to all prisoners in the establishment. Against the background where other peer mentoring schemes, such as, 'buddies' have been greatly curtailed, PAL has continued to operate at the time when perhaps they were most needed to support vulnerable prisoners and to promote safeguarding.

This valuable and quality service is available to all prisoners and during the year there were 16,763 enquiries to the PAL lines, an exceptional increase of 130% over the previous year (7,271 enquiries). By far, the greatest number of calls (45%) was related to enquiries which, under normal circumstances, could have been answered by accessing the ATMs on the house block wings; 24% were 'reference' enquiries concerning prison service information, helpline numbers and lock-down regime information in the prison.

The Board notes that the prisoners running this valuable service answered all enquiries directly without recourse to prison departments or wing officers and that the service is very well appreciated by the prisoners.

## **6. Health and wellbeing**

### **6.1 Healthcare general**

The HMIP scrutiny visit described healthcare as 'reasonably good' and remarked favourably on the partnership working to address local Covid-19 outbreaks. There were well attended regular meetings of the local healthcare delivery board (LDB) in the prison, chaired by the prison director and included representation from commissioners, social care providers, the prison controller, head of healthcare, senior nurses and key prison managers. The purpose of the LDB is to ensure that healthcare is delivered effectively and to monitor the progress of development plans.

Prisoner access to healthcare information and appointments is supported by the use of technology. All prisoners have their own accounts and use the ATM terminals on the house block wings to make non-urgent appointments. Also, the in-cell telephones have proved particularly useful for triage purposes and consultations where face to face contact has been limited in the past year. There are plans to extend further the use of such technologies.

### **6.2 Physical healthcare**

The healthcare team provides a responsive nurse triage so that GP referrals can be prioritised. This was effective during the pandemic when there were staff shortages through sickness and shielding. The HMIP scrutiny survey found that 50% of the survey sample rated the healthcare provision as good but there were concerns about access to doctors and dentists.

The Board considers that these findings are consistent with comparable data from the community and would show a similar picture for GP/hospital appointments and consultations where patients were limited to telephone contacts for all but the most urgent referrals. The Board will continue to monitor access as the prison emerges from restrictions.

During the year the healthcare team organised and implemented a prison-wide programme of screening and immunisation for Hepatitis C. This initiative is on-going and it is noted that the experience gained by the healthcare team in executing the programme helped greatly in organising the smooth roll-out of the prison's COVID-19 vaccination programme.

Dental care was available for urgent treatment. Ventilation in the dentistry suite has long been inadequate and as an interim solution, the prison installed temporary equipment pending the eventual installation of a suitable air conditioning system. The Board notes that in the past, there have been unacceptably long waiting times for dental treatment and it will monitor these more closely through the coming year.

Medication supply and dispensing was maintained during the pandemic and the pharmacy is now housed in suitable premises. Proposals for the installation of secure medicine lockers in the house blocks have been submitted to the prison management and these are awaiting funding approval.

In common with the wider community, the reported NHS capacity issues for dealing with backlogs of elective work and urgent care have had an impact on the prisoners. For example, the Board received an application from a prisoner with symptoms of possible cancer. He claimed that he had received no indication that he would be referred for further assessment. However, the Board investigated the matter and was reassured that the prisoner had been referred for urgent review.

The Board is satisfied that the prison's advanced nurse practitioner is assessing the needs of individual prisoners and arranging appointments as hospital services resume. On-site ultrasound and telemedicine will re-start as the service recovers and the Board will follow progress in this area closely.

## **6.3 Mental health**

### **6.3.1 Mental health general**

At the HMIP scrutiny visit in January 2021 many prisoners raised their concerns with the inspector about the negative effects of regime restrictions on their mental health and emotional wellbeing and this has resulted in further challenges for prisoners, many of whom have a high prevalence of mental health problems.

The mental health team provides co-ordinated primary and more specialist mental health expertise and has supported prisoners throughout the year. The Board notes, however, that the recent HMIP scrutiny survey indicated that most prisoners felt that they were in need of additional support.

A wellbeing centre had been constructed in the prison before the pandemic with the aim of providing therapeutic support and intervention for vulnerable prisoners and those with complex needs. Although formal commissioning of the centre was postponed, a small number of prisoners with complex and high-level needs received treatment, which they reported as being beneficial to their mental health.

The centre is overseen by the mental health team, which includes occupational therapy staff. It has a therapeutic group room and a sensory room to help regulate physiological and emotional responses for patients who are assessed as being likely to benefit from this therapy.

The Board is concerned about the legacy issues resulting from the restricted regimes which have been in place for all prisoners for most of the year. Nevertheless, it is optimistic that the expertise and facilities available at the prison, including a fully operational wellbeing centre, will go a long way towards helping prisoners with their mental health needs and contribute to stability within the establishment.

### **6.3.2 Mental health and the segregation unit**

One of the main concerns for the Board continues to be the long-term segregation of prisoners with severe mental health and personality disorders. It is to be noted that delays in transfers to hospital settings have affected the most unwell prisoners, some of whom require beds in secure mental units.

Even with the on-going efforts of the mental health team in providing treatment, four prisoners waited between 76 and 230 days for transfer. One of the prisoners was engaging in intermittent and extended dirty protests and also self-harming repeatedly. A number of his self-harm instances had required hospitalisation (also refer to Sections 4.2 and 5.2).

It is clear that extremely vulnerable prisoners are waiting too long for transfer to mental health hospitals under the provisions of the Mental Health Act. Indeed, the Board found it necessary to petition the Minister twice during the year to facilitate admission for two prisoners to secure mental health establishments.

The Board welcomes the proposed reforms to the Mental Health Act to impose a 14-day time limit for transfers of these prisoners. However, the impact of the reforms on the prison may not be of much significance when it is considered that few of the prisoners are from the local area and also, the bureaucracy involved in dealing with authorities in other geographic regions is likely to remain as indeed, will the chronic shortage of secure mental health beds in the country.

## **6.4 Social care**

Much improved links with Social Services had been established and prior to COVID-19, responses to referral requests were good. Advice and equipment has been available during lock down. The Board notes that in the last 12 months none of the referrals was assessed as in need of additional support (also refer to Para. 5.4).

The Board also notes that prisoners with disabilities and protected characteristics received particular assistance during the year to help ensure their safety. For example, the prison provided:

- six 'chairs with arms' for prisoners unable to stand up from a sitting position,
- 'weighted pens' to assist with writing for a prisoner with Parkinson's Disease,
- a disability safety helmet for a prisoner with Epilepsy,
- vitamin supplements for all prisoners aged 50 and over,
- thermal underwear for a 51yr old prisoner with limited mobility.

The HMIP scrutiny survey indicated that almost a quarter of the respondents felt they have a disability. The Board considers that this warrants closer investigation and analysis of how disability is recognised and responded to in the prison.

## **6.5 Exercise, regime**

All workshops and out-of-cell exercise in gyms were paused during much of the year. However, essential wing work by prisoners, such as, cleaning, laundry and kitchens continued.

Nevertheless, the Board appreciates that very early in the initial stages of the COVID-19 restrictions the prison quickly implemented a 'tier' system of cohorting for prisoners on different wings to ensure out-of-cell time for everybody. This was based on the risk of COVID-19 positive prisoners coming into contact with others and



spreading the virus. This measure provided a safe regime for prisoners and staff throughout the lockdown periods.

Although time out of cells was curtailed for most of the prisoners it is apparent that there was widespread understanding of the need for extended in-cell time. This was confirmed in the HMIP prisoner survey where 74% of prisoners indicated that the restrictions were necessary. Twenty one percent of prisoners were allowed less than one hour per day out of cell and 68% were allowed 1-2 hours out of cell per day for exercise and other activities on the house block wings.

## **6.6 Drug and alcohol rehabilitation**

On-going programmes were suspended for almost 11-months because the drug recovery wing was adapted for COVID-19 cohorting and many of the prisoners were dispersed to other parts of the prison. The Board notes that prisoners with substance misuse problems continued to receive appropriate treatment. Referrals to the healthcare teams come from a number of sources including:

- At Reception, where substance misuse is identified, details of prisoners are routinely referred for follow-up assessment and treatment.
- From prison custody officers, who routinely report instances of intoxication and other evidence of drug and alcohol use on the house block wings.
- In the prison, where some prisoners self-refer to seek help and treatment.

Thereafter, all prisoners, when referred to health care and the well-staffed substance misuse team, are offered appropriate guidance, treatment, and continued care. The substance misuse staff continued to provide extensive support to all prisoners by a variety of methods including: face-to-face meetings, telephone calls, supervision and use of the appointed prisoner-mentors.

Four prisoners who had embarked on Programme No.4 of the START course (substance misuse treatment and recovery therapy) in January 2020 completed the course during the year. Formal graduation of these prisoners together with those who had completed Programme No.3 will take place when conditions allow.

Support and harm-minimisation was offered to all prisoners suspected of using illicit substances including hooch. At the end of the reporting period the team was supporting 119 prisoners, including recipients of opiate substitution therapy, with 53 on maintenance doses and 12 on reducing regimes. The prison has undertaken additional work to further develop services in this area and when restrictions begin to be eased, it will be in a better position to offer more effective interventions for prisoners who wish to quit their substance misuse habits (also refer to Section 4.5).

While the Board acknowledges the limitations imposed by the pandemic on the range of treatments available, it is impressed with the levels of assistance and support available to prisoners affected by substance dependency.

## 6.7 Soft skills

The Board is pleased to note that a member of the psychology team has prepared a research paper on the *psychological impact of quarantine in prisons*. This contemplates what prisons should consider to further understand and manage the impact of isolation during and after the pandemic. It includes recommendations on methodologies for supporting both prisoners and staff, and it highlights the risk of self-harm increasing once the prison starts to move towards recovery. Currently, this research paper is being reviewed by prison management for approval.

Independently from this, the prison established a wellbeing centre which will be a focus for therapeutic group work in the future. The Board is pleased to note that the formation of this facility demonstrates the prison's vision and commitment to work in a different way in response to prisoners' social needs (also refer to section 6.3).

It was difficult for many prisoners to access the prisoner-run buddy / support scheme because of out-of-cell restrictions. However, all prisoners had access to the national Samaritans helpline via their in-cell telephones.

## 7. Progression and resettlement

### 7.1 Education, Library

The education team faced serious challenges throughout the year because of the of COVID-19 restrictions. Nevertheless, it is clear to the Board that prisoner wellbeing through education was foremost in the minds of the team and shaped their responses to prisoners' needs.

In the first week of the lockdown the team prioritised delivery of English language, mathematics and wellbeing programmes. The education team contacted all prisoners by (in-cell) telephone to explain what courses were on offer and to determine the level of interest for various topics. They then prepared and provided education packs to those prisoners who were interested. Feedback from the team indicates that this approach was successful, not only in terms of continuing educational engagement but also, the contact provided a wellbeing call to prisoners (also refer to section 6.4).

Follow-up telephone support to help prisoners with their learning enabled the team to identify additional requests for specific topics and create themes for preparation of 'distraction' packs. The Board analysed prisoners' use of the in-cell education material up to the end of January 2021 and this revealed the following:

<b>Course</b>	<b>Education packs issued per month</b>
English, maths and ESOL (English for speakers of other languages)	94
Personal/behaviour development and family relationships	7
Art and graphics	36
Distance learning for formal qualifications	21
Library	80

Apart from the formal course material provided by the team, a range of other distraction materials was available including fun packs, creative and themed packs.

The Board notes that although the in-cell packs were informative and well produced, they contained a lot of text. This made difficulties for prisoners with low-levels of literacy and where English was not their first language. When this became apparent the prison took steps to improve the material and at the same time upgrade support for prisoners with literacy difficulties or learning disabilities.

The media team sourced additional educational material and broadcast it on the prison's TV channel. This team also developed a '*Get the Message*' service, recording/videoing prisoners on their house block wings for the prison's 'Story Time' platform and for transmission to prisoners' families. The service was used by an average of 58 prisoners per month.

Prior to COVID-19 the prison recognised a need to broaden the curriculum and it had undertaken a programme of improvements to include additional courses. This led to

an increase in the numbers in education before and during the pandemic although few prisoners are yet to have their new skills and knowledge accredited.

The HMIP scrutiny visit to the prison in January 2021 included a review of the education provision in the prison by Ofsted (Office for Standards in Education) and considered the outcomes of the education provision for prisoners:

- The library service operated on a nominal basis only and its use by prisoners was minimal during the year. The HMIP scrutiny survey suggested that there was inadequate or poor communication about the availability of the service.
- The education team delivered a reasonably diverse programme of education under difficult circumstances for prisoners. This was recognised by the prisoners themselves and reflected in their favourable comments to the Ofsted inspector. Many were highly motivated to learn new skills and they understood the importance of their learning in relation to their resettlement goals.

## 7.2 Vocational training, work.

Plans by the prison to revitalise vocational training by offering a wider range of vocational training opportunities did not materialise to any large extent because of the pandemic restrictions. The Board is acutely aware that all prisoners are serving long sentences of more than four years, with 246 serving life or IPP (imprisonment for public protection) sentences. Release from the prison is rare and as a consequence some qualifications are likely to be outdated by the time of release.

There are 59 category C prisoners and three category D prisoners in the prison and if a prisoner moves to a category C or D establishment, there is often little opportunity to use the vocational skills gained in HMP Lowdham Grange (also refer to Section 7.3 below).

Even though some of the practical vocational training was paused, in-cell material was provided where possible as a substitute to prisoners:

- **Painting and decorating:** In-cell material was provided from November 2020 with an average of 10 packs issued per month,
- **Social and life skills:** in-cell material provided from December 2020 with an average of 14 packs issued per month,
- **Performing manufacturing operations:** in-cell materials provided from May 2020 with an average of 10 packs issued per month,
- **Passports to Employment (embedding English and maths):** in-cell materials provided from September 2020 with an average of 17 packs issued per month.

More than 200 prisoners were employed each month throughout the year. They were engaged in essential work, such as, kitchen and servery duties, wing cleaning, laundry, prisoner representatives, etc.

A contract to provide medical scrubs and wash bags for the NHS led to an expansion of textiles work in the workshops. Twenty prisoners were involved in this activity and it enabled some of them to quickly develop new skills and at the same time, it raised

their awareness of social responsibility. Approximately 2,500 items of PPE were produced and donated by the prison to nearby King's Mill NHS Hospital and for Epsom General Hospital.

### **7.3 Offender management, progression.**

The Board notes that the offender management unit (OMU) was not fully resourced for the entire reporting period. The shortfall of about 30% of probation prison offender managers together with the COVID-19 restrictions meant that there was limited face-to-face contact with prisoners and many have had no contact with their prison offender manager (POM).

There was a similar situation with the shortage of probation POMs who conduct the very important prisoner risk assessments. Bearing in mind that high-risk prisoners comprise 80% of the prison population, more than 200 prisoners from other establishments arrived in the prison in the last 6-months without their initial offender assessment system (OASys) risk and sentence plan reviews. As a result, there was only limited information about these prisoners until the assessment system was updated by a Probation POM.

At the time of compiling this report there are 99 prisoners with overdue OASys reviews and 29 prisoners without the related sentence plans. The Board is concerned, therefore, about the potential risks to staff and other prisoners posed by potentially violent prisoners whose backgrounds are largely unknown in their early days in the prison.

The breakdown of sentence types being served by prisoners is shown below:

Life-sentenced prisoners	<b>223</b>	
Indeterminate-sentenced prisoners	<b>27</b>	
Determinate-sentenced prisoners	<b>635</b>	<b>Total 885</b>

There were 59 category C prisoners in the establishment at the close of this reporting year, an increase of 25 prisoners over the previous year. There were also three category D prisoners. It is evident therefore that categorisation reviews continued to take place.

It is a matter of continuing concern to the Board that the number of prisoners serving IPP sentences has not reduced to any large degree during the year. Currently there are 27 prisoners in this group, some of whom are many years over their original tariff and find it very difficult to progress with their sentence plans. Prison management and the psychology team review the notes for prisoners in this group on a monthly basis to ensure appropriate focus and support is in place.

Telephone and video links have been used widely to ensure that regular contact and supervision is maintained between offender managers and prisoners and referrals continued to be made to the psychology team by the OMU.

Prisoners have been able to contact their community offender managers from in-cell phones, with call-costs being refunded. Similarly, parole reviews continued during the year with hearings taking place remotely by telephone or video conference.

During the pandemic the opportunity arose to undertake an audit of the neuro-diversity needs of prisoners awaiting offending behaviour programmes, which was led by the psychology department. Input from the education team was invited because of its role in screening all prisoners on entry to the establishment. The team was, therefore, in possession of information which could be used by psychology staff to utilise in their programme assessments. This dialogue is on-going and may prove valuable in helping prisoners in the longer term.

## **7.4 Family Contact**

Face to face family contact for prisoners has been severely restricted for much of the year. However, the HMIP prisoner survey of January 2021 revealed that 99% of prisoners said that they are able to use a phone every day (if they have credit) to make contact with the outside world to call people on their approved contact lists.

Because of technical difficulties, Purple Visits, which relied on video links, were not available to prisoners until mid-December, much later than other comparable establishments. Since then, up to the end of this reporting year, a total of 295 Purple Visits took place including 35 calls on Christmas day.

The prison's family-link worker continued to support prisoners with issues such as maintaining contact and family court matters throughout the COVID-19 restrictions.

The prison has made innovative use of video technology which allowed prisoners to record stories for their children. The 'Inside Media' team has enabled more than 550 video recordings to be made and sent from prisoners to their families (also refer to section 7.1 above).

## **7.5 Resettlement Planning**

Thirty three prisoners were released from the prison during the year. The prison does not have a dedicated or funded resettlement function and the Board notes the following:

- Most of the prisoners released were high-risk and all were released to approved premises with associated support.
- All prisoners were offered and secured bank accounts, if requested and they were provided with Job Seekers Allowance appointments.
- Offender managers facilitated pre-release meetings between the prisoners and community offender managers to ensure that appropriate risk management plans and licence conditions were in place.

The Board is satisfied that prison management ensured that no prisoner was released without accommodation during the year and on one occasion the prison was put in a position where it had to procure hotel accommodation for a released prisoner.

## Section 8 The work of the IMB

In response to the onset of COVID-19 in March 2020, HMP Lowdham Grange went into command mode and this imposed strict limitations on the Board's visits to the prison. In consequence, the Board relied on remote monitoring by telephone and video conferences to gather information on the operations of the prison, its response to the pandemic and, to an extent, for the preparation of this annual report.

The Board has met regularly using telephone and video systems including the monthly Board meetings attended by the director and controller's team.

The restrictions on IMB visits were partially lifted from Aug-Sep 2020, and again in January 2021. However, most Board members were unable to visit because of personal risks and shielding. Monitoring was undertaken on a rota basis by virtual attendance at a range of multi-disciplinary meetings including:

- the daily management meetings (five times a week)
- the weekly progress review meeting about prisoners in segregation
- the segregation reviews with individual prisoners (three times a week),
- the weekly healthcare delivery meetings and local delivery board

The Board's attendance at these enabled it to monitor closely the progress and care for some of the most vulnerable prisoners.

It was a great shock when two of the most experienced and respected Board members died unexpectedly in August and September 2020, one of whom was the Chair and the other a former Chair and who was at the time, the Board Development Officer. The members of the Board received kindness and compassion from the management of the prison and valued greatly their support to the bereaved families. The Board was humbled by the genuine respect and the warmth of the comments from staff in the books of remembrance that were opened by the prison and given to the families.

In addition, two further very experienced Board members left during the year, one of whom had completed his 15-year tenure.

A temporary arrangement with an Acting Chair was agreed from September until January 2021 when new officers were due to be formally appointed. The Board has drawn heavily on the skills and experience of its members during a very challenging year, and their commitment and resilience during the year has been remarkable.

### Board statistics

Recommended complement of Board members	16
Number of Board members at the start of the reporting period	14
Number of Board members at the close of the reporting year	9
+1 awaiting ministerial approval	
Total number of visits to the establishment	50
Total number of segregation reviews attended	70

## Applications to the IMB

Code	Subject	2019-2020		2020-2021	
		Total	% of Total	Total	% of Total
A	Accommodation	5	2.7%	3	3.1%
B	Adjudications	5	2.7%	2	2.0%
C	Equality and diversity	8	4.3%	3	3.1%
D	Education/employment/training incl. IEP	13	6.9%	7	7.1%
E1	Family/visits incl. Mail and phone	8	4.3%	6	6.1%
E2	Finance/pay	3	1.6%	3	3.1%
F	Food/kitchen related	11	5.9%	1	1.0%
G	Health related	20	10.6%	6	6.1%
H1	Property (within current establishment)	20	10.6%	8	8.2%
H2	Property (during transfer from another establishment)	20	10.6%	15	15.3%
H3	Canteen, facilities, catalogue, Argos, shopping	1	0.5%	2	2.0%
I	Sentence related incl. HDC, ROTL, parole, release, re-categorisation, etc.	7	3.7%	2	2.0%
J	Staff-prisoner-detainee concerns incl. bullying	13	6.9%	10	10.2%
K	Transfers	8	4.3%	1	1.0%
L	Miscellaneous	28	14.9%	7	7.1%
CA	Confidential access	18	9.6%	22	22.4%
Total Applications:		188		98	