



Annual Report of the Independent Monitoring Board at HMP/YOI Preston

**For reporting year
April 2020 – March 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

2.1 Overview

HMP Preston is a predominantly Victorian radial prison, constructed between 1840 and 1895. It operates as a category B male local and resettlement prison, servicing courts across north west England. It holds male prisoners aged 18+ who have been remanded in custody, are awaiting trial, serving sentences of 12 months or less, or are awaiting transfer to another prison after sentencing. It is situated on a very confined site near to Preston city centre, and experiences all of the difficulties typical of this style and age of establishment. Its location, however, allows good transportation links for visitors.

2.2 Prison roll

At the time of this report, the prison roll averages around 675, with an operational capacity of 680, against a certified accommodation of 433.

2.3 Prison facilities

In addition to the core residential accommodation and prison facilities, the following are available to the prisoners:

- a 30-bed healthcare centre, with regional beds for north west prisons
- a 28-bed recovery wing for those with addiction problems
- a dental surgery meeting current National Health Service (NHS) guidelines
- a well-stocked and managed library and a resettlement area
- an education department which includes an information technology (IT) centre (with 48 computers) and an art suite
- well-equipped PE facilities inconveniently on three sites, but well managed and delivered
- a textile workshop
- a horticulture centre
- a waste management unit
- clothing exchange and laundry

2.4 Partner agencies

2.4.1 Education and training

The education function is run by Novus, part of The Manchester College. It provides a mixed and balanced curriculum focusing on enhancing the employability prospects of prisoners on release, and reducing reoffending. The training function is run by HMP Preston.

2.4.2 Healthcare, and drug and alcohol recovery

The establishment operates a regional hospital facility, which includes a general medical ward with 12 beds, as well as a mental health ward with 18 beds. It takes prisoners from other prisons who have serious conditions or who are recovering from operations, and it has a palliative care role.

Since 1 April 2017, these services, along with those in other prisons in the North West and elsewhere, are run by Spectrum Community Health CIC ('Spectrum').

Spectrum provides primary care services, including integrated substance misuse services, pharmacy services and GP sessions. Spectrum is also responsible for the provision of the following services:

- mental health services (with its partners Tees, Esk and Wear Valleys NHS Foundation Trust)
- non-clinical substance misuse services
- optical services
- dental services
- a range of therapies (including physiotherapy and podiatry).

The integrated mental health team (IMHT) offers prisoners a full mental health assessment, from initial reception through to discharge, and also a crisis resolution service. The IMHT also attends all assessment, care in custody and teamwork (ACCT) reviews (for prisoners at risk of suicide or self-harm). The team is wing based, to facilitate access by wing staff and prisoners.

2.4.3 Works

Amey has the prison's maintenance contract.

3. Executive summary

3.1 Background to the report

The Covid-19 outbreak has been in effect for the whole of the period of this annual report. This has had a significant impact on the Board's ability to gather information and discuss the contents of this annual report. The Board has therefore tried to cover as much ground as possible in these difficult circumstances, but inevitably there is less detail and supporting evidence than usual. Ministers are aware of these constraints. Regular information is being collected specifically on the prison's response to the pandemic, and that is being collated nationally.

At the start of the national outbreak the Ministry of Justice (MoJ) and Her Majesty's Prison and Probation Service (HMPPS) implemented the Covid-19: National Framework for Prisons and Services which established an estate-wide consistent basis for Governors to make decisions according to their local circumstances, and with the appropriate level of oversight. This was achieved by establishing five regime stages at which the prison could operate and placing prisons in command mode and reporting to Gold command. The prisons had to develop exceptional delivery models (EDM) for each stage approved by Gold command. This resulted in very strong day to day central control of the prisons across the country, to ensure that every prison was being treated the same.

There was naturally a lot of apprehension amongst the staff, as there was in the nation as a whole. Infection control measures were immediately put in place; social distancing enforced for staff and prisoners, and prisoners confined to their cells except for exercise, and showers and phone calls. The senior management team (SMT) had to develop new working practices as directed by the Gold command. Data needed to control an infectious outbreak had to be collected and collated.

The prison has an operational capacity of 680 prisoners. It has 305 prisoner facing staff, 57 administrative staff, and additional staff belonging to the partner agencies (healthcare, education, probation, Amey etc...). These staff and the prisoners live in the local areas, which have continually had a high number of Covid-19 cases. They have family members, and are subject to all the same risks of infection as in general society. This similarity of personal circumstances may have helped relations between prisoners and staff.

The prison suffered two outbreaks of Covid-19. The first was in early June 2020 and the second started in October 2020 and lasted until February 2021. Whilst the prison was suffering the outbreaks an outbreak control team (OCT) was formed. The OCT was led by Public Health England (PHE) and met weekly to discuss the situation in the prison, agree control measures and suggest areas for improvement. Issues and recommendations that could affect the prison estate were escalated to gold command. The outbreak could only be declared over if there had been no infections for 28 days (for either prisoners or staff).

The seriousness of an outbreak in a confined institution such as a prison can be shown by the following figures. At the start of the second outbreak, it was known that there were fifteen prisoners testing positive for Covid-19 with half a dozen prisoners thought to be symptomatic but not declaring. The OCT authorised three tranches of mass testing of the prisoners, spaced at seven-day intervals. Out of a total of 590 prisoners tested, 139 returned a positive result. This resulted in 202 prisoners being

placed in isolation. If the mass testing had not taken place when it did, the spread in the prison could have been total and the staff would have had difficulty in coping. The extra work involved in having a prisoner in a cell isolating involves delivering meals to the cell and delivering mobile phones to the cell. As the cells do not have showers, prisoners have to be escorted to the showers, and they require a special clean after each use. There has also been a need for special laundry provision for clothing and bedding. Each of these contacts requires the use of PPE. With over 100 cells containing prisoners who had tested positive, this was a major task. Also, during this second outbreak, for a two-week period there were 55 officers absent due to Covid-19 related illnesses.

Staff levels have been a constant problem this year. There were staff shielding because of clinically vulnerable family members in June and although they returned to work in August, they had to return to shielding on 31 December, when the new government guidance was issued. At one point during the second outbreak there was a total of 65 staff off due to Covid-19 symptoms or isolating due to contact with a positive case. There have also been staff off due to having to quarantine after travelling outside of the country (six staff in total). Staff were able to work overtime (payment plus) when resources were low. This was entirely voluntary. The take-up was nowhere near enough, due to the staff being tired after months of managing the pandemic. The staffing levels were not helped by the prison having 20 prison officers on entry level (POELT). These are officers under training, but who are still counted as being on the establishment of the prison. In normal times their absence on training courses has to be covered by cross deployment. In the Covid-19 situation they are not receiving any training, but due to staff shortages are having to cover for experienced staff.

This year has shown that although prisons are a confined environment, they are not isolated environments. In a confined environment infection can spread rapidly as it did in the second outbreak. Prisons are accessed by the staff working there, who can bring in and take out the virus. Prisoners are taken to and received from courts and other prisons. Again, the virus can be taken in and taken out. The requirement that staff restrain violent prisoners, provide emergency first aid and provide escorts to hospital are examples of where non-social distanced contact is necessary. The former examples are ones where time is of the essence and PPE may not have been used. The testing has identified 139 positive cases amongst staff, and 250 amongst prisoners. This equates to just below 40% of all staff within the prison. The exact percentage of prisoners is difficult to establish due to transfers and released prisoners. The Board believes this to be a high percentage and the fact that there have been no prisoner deaths and only two staff still suffering from long Covid to be fortunate. These figures indicate that the only way to control an outbreak in the prison was to vaccinate all staff and prisoners. This was recommended by the OCT to Gold command, but not accepted.

3.2 Main judgements

How safe is the prison?

This year's restricted regime has limited contact between prisoners so has reduced certain prisoner-on-prisoner pressures. The time locked in cell has caused more low-

level violence between cell mates and as time has passed it increased pressure on individual prisoners. Consequently, self-harm has increased slightly, but mainly it has been low level cutting (see section 4.2). There have been a number of serious attacks on staff. A number of these have been caused by prisoners on the mental health wing of HMP Preston's regional hospital (see section 4.3).

Preston compares well with its comparator prisons.

How fairly and humanely are prisoners treated?

The physical environment of the prison does not meet modern standards due to the fact that that it was built in the Victorian era. Particular areas of concern are reception (see section 4.1), and the size of the cells (see section 5.1). The personal relationship between the staff and the prisoners is good. This is in part due to good communications in keeping the prisoners informed of all regime changes during lockdown (see section 5.3), and the additional facilities introduced to help prisoners maintain relations with family members (see section 7.4).

How well are prisoners' health and wellbeing needs met?

The primary concern has been the control of the Covid-19 virus. Severe restrictions on time out of cell were imposed immediately. The basic contractual health functions to protect the safety of the prisoners were met throughout the year, but at times certain procedures were not functioning (see sections 6.1 & 6.2). The wellbeing of the prisoners was seen as important. The use of key workers was continued but at a reduced intensity, but assessment, care in custody teams and weekly safety intervention teams were functioning throughout (see section 6.2).

How well are prisoners progressed towards successful resettlement?

This area has suffered this year.

The management of the prisoner's progress through their sentence has suffered through Covid-19. Many probation offender managers have been either working from home, or more recently only attending the prison on a rota basis. It is a credit to the offender management in custody (OMiC) team that the offender assessment system (OASys) assessments have been completed, oral hearings have been supported and multi-agency public protection arrangement (MAPPA) and parole reports completed (see section 7.3).

The ability to enhance the prisoner's skills suffered with education closing down and then reopening with courses that could not give qualifications (see section 7.1). Vocational training ceased (see section 7.2).

In terms of accommodation and employment Shelter have been operating on a form system and no face-to-face interviews have taken place with prisoners. This, of course, is a far less effective system (7.5).

The progress towards successful resettlement has been as good as can be expected, under the present circumstances.

3.3 Main areas for development

TO THE MINISTER

Will the Minister do all within his power to support the White Paper on the reform of the Mental Health Act that proposes a statutory time limit of 28 days on the provision of a bed in a secure mental health unit when formally requested by the prison (see section 6.2)?

Will the Minister review the current guidelines and ensure that all personnel within the prison are vaccinated irrespective of the guidelines for the general public (see section 3.1)?

TO THE PRISON SERVICE

Will the Prison Service secure the resources for and progress the purchase of the site of the adjacent county museum building, to secure the perimeter of the prison and to open up potential for other associated possible improvements in the prison structure such as the provision of a new reception area (see section 4.1)?

Will the Prison Service secure funds to allow the repair of telephone lines to the offender management unit (OMU) (see section 7.3)?

TO THE GOVERNOR

It is difficult to recommend areas for development when the main wish must be “to get back to normal”, which is outside the Governor’s control. The pandemic has seen the introduction of some innovative uses of technology; Purple Visits, tablets for socially important meetings with families and Christmas photos. It is hoped that these will continue and be developed. The pandemic has also seen the reduction in some functions such as key workers (5.3). It is to be hoped that this function can be reinstated as soon as possible.

3.4 Progress since the last report

The Covid-19 pandemic and the lockdown within the prison has set back rather than enhanced the work of the prison this year. The work this year has been primarily to contain the spread of Covid-19.

The full integration of the body scanner into reception has improved the detection of concealed items being brought into the prison, although reducing the physical space of reception (see section 4.1). Following on from the previous year, a further number of cells have been re-classified as single occupancy for humane reasons (see section 5.1).

The introduction of more electronic communications has facilitated some remote monitoring by the IMB, and has allowed prisoners access to family members whilst social visits have been cancelled.

Work to install in-cell telephones commenced in 2021 (see section 7.4).

No progress has been made to improving the reception area despite continued criticism of the physical layout.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

Preston is a local prison, which results in reception being a busy area sending to and receiving prisoners from courts, and releasing and transferring prisoners. Over the years the Board has commented on the cramped conditions in reception-

At the same time as the pandemic began, a body scanner was introduced into reception. When more space was required for health and safety reasons, the already limited space was reduced by the body scanner. It has, however, been a success in reducing the drugs being brought into prison in body cavities.

Before lockdown, the prisoners were taken from reception to the first night centre (FNC) where they would obtain their induction over three days before they were introduced into the main prison. When lockdown was imposed prisoners were conveyed to the reverse cohort unit (RCU). This unit carried out all the functions of the first night centre, but it held the prisoners for 14 days to ensure they were not symptomatic before they were moved onto the main locations. The regime on the RCU was identical as that in the main prison. Those prisoners who were symptomatic or had tested positive had to isolate. They were given a shower every other day and were given a mobile phone to allow them to keep in touch with their families. Later in the year they were tested on day 1 in prison, and then on day 5. If they tested negative on both occasions they could be moved on to the main wings after 8 days if they showed no symptoms. When the prison was classified as an outbreak site, prisoner movement was curtailed so prisoners could spend longer on the RCU.

Due to the time spent in the RCU, its size had to be more than double that of the FNC.

The Board wishes to restate its view that the reception area is physically not fit for purpose. The pandemic has made a bad situation not only worse, but also dangerous for the staff to work in. The staff and the prison orderlies ought to be complemented for working through a very worrying period.

4.2 Suicide and self-harm, deaths in custody

There have been no deaths in custody during the reporting period.

The rate of self-harm initially dropped slightly with the introduction of Covid-19 restrictions. This could be due to prisoners having less exposure to each other increasing the perception of safety for some, predominantly those vulnerable due to debt, gang affiliation or mental health issues. Prisoners thought to be at risk from suicide or self-harm were managed by the assessment, care in custody and teamwork (ACCT) approach. Even when staff shortages were severe, this section remained fully staffed. These prisoners received increased support by way of daily welfare checks around their normal reviews. These checks were also in place for other prisoners identified as being vulnerable due to mental health issues. These were identified through the weekly safety intervention meetings (SIM).

The number of ACCTs open per month increased until October. In November it fell and did not increase substantially, until the figure in March was lower than the previous April.

There has been an overall increase in self-harm over the year. Much of the increase has been superficial in nature, with cutting, including scratches, remaining the predominant method of self-harm. In some cases, this was found to be caused by low-level frustration and boredom due to the restricted regimes and would normally be addressed through encouragement and support into activities such as work or education. The use of constant supervision in gated cells has shown a slight decrease this year indicating a slight reduction in the more serious attempts at self-harm. There are now limited options, with only distraction packs underpinned by staff support and welfare checks.

As with violence, a small number of prisoners can distort the figures. A single prisoner in the regional hospital wing, waiting for a place in a secure unit, has caused a large number of acts of self-harm, even whilst on an ACCT and a challenge, support and intervention programme (CSIP).

4.3 Violence and violence reduction, self-isolation

The level of violence can be measured by the number of incidences of the use of force (see section 4.5) and assaults and self-harm (see section 4.2).

Although there has been an increase in the self-harm figures in Preston, it compares well with its comparator prisons by having lower figures for serious assaults on staff, assaults on staff and assaults per 1000 prisoners than the norm.

Violence reduction is managed through the formal use of the segregation unit and the adjudication process. In addition, the use of CSIP has proved effective.

The Board has no figures for self-isolation.

4.4 Use of force

This year has seen a lower use of force than last year. The main reason must be the lockdown resulting in the reduced time out of cell. Last year saw a large decline in November and December, whilst this year there was an increase in October and November. For a short period of time there was a higher rate than last year. This could be explained by the fact that in August the time out of cell in both the open air and for completing domestic activities was increased. This provided more opportunities for a release of tensions brought about by the restricted regime. As the year progressed there was an increase in "in-cell" prisoner-on-prisoner violence. This was mainly low level fighting due to disagreement about living arrangements. There were, however, a small number of serious assaults. The assaults on staff are a concern. Perpetrators of violence are challenged both by the prison's disciplinary system and by the criminal justice system by referring serious assaults, especially assaults on staff, to the police. Those prisoners highlighted by SIM as having a propensity for violence can be placed on a CSIP, to improve their behaviour.

The main incidents that caused use of force were non-compliance with instructions from staff, assaults on other prisoners and general threats.

The use of force has continued to be monitored monthly throughout the lockdown. All aspects are monitored: time, location, ethnicity, religion and age. Every use of PAVA

is reported to the PAVA scrutiny panel and the feedback received indicates its use has usually been appropriate. Where this has not been the case, managerial action has been taken.

The two consistent factors relating to use of force that indicate concern are the age of the prisoner, and the location in healthcare. Prisoners between the ages of eighteen and thirty are restrained more often than those in other age groups. On a monthly basis a specific monitored group can show an unexpected increase in incidents. This can usually be explained by the presence in the prison of particular prisoners, who attract more attention.

The prison has a regional hospital wing which includes a mental health landing. This location accounts for nearly 50% of the assaults on staff. Section 6.2 states that healthcare has transferred fifteen prisoners to secure units, with an average stay in healthcare of 3 to 6 months. If they had been transferred within twenty-eight days of a request being made, as is proposed in the new mental health act, these incidences would have been much reduced.

4.5 Substance misuse

This year saw the introduction of a body scanner in reception (see also section 4.1). The effect has been an increase in the number of attempts to throw drugs over the walls into the prison. The scanner, and the suspension of social visits, has helped to impede the amount of drugs entering the prison, but drugs on the wings are still an issue. The lack of mandatory drug testing due to the lockdown has not helped to identify the exact location of drugs, and to challenge those prisoners testing positive.

Prisoners have a medical on arrival in prison. Those who admit to an addiction are seen by a doctor who then prescribes appropriate medication. Prisoners are then re-assessed on day 5, and after 13 weeks.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

The physical environment of the prison is that of a prison built in the Victorian era. The cells do not meet modern living standards, being too small and having unscreened toilets. As there are no communal eating areas, all meals have to be eaten in cell. This year a number of cells have been reclassified as single occupancy, reducing the operational capacity of the prison to six hundred and eighty. Before lockdown a programme had started to install privacy screens around the toilets. This was stopped in lockdown. Now prisoners are confined to their cells twenty-two hours a day, these conditions are far from satisfactory. The showers have been improved over the last couple of years, but are still far from satisfactory.

The clothing exchange contract is managed by Amey, although general operations are undertaken by OSGs and prisoners. In addition to the clothing exchange, Amey operates the laundry.

The presence of Covid-19 in the prison has necessitated additional safety measures in the prison and in the laundry with the handling of the clothes and bedding of those prisoners who have tested positive and those isolating due to Covid-19. Staff and prisoners wear full PPE when dealing with wheelie bins containing contaminated clothes. This clothing is washed at temperatures of over 65 degrees for over one hour.

There is a clean-down every day, including mopping and shelf cleaning. At the weekends there is a more intensive cleaning operation.

Food in a prison is always important. Its guaranteed provision in lockdown was essential. Very early on in lockdown, five days of meals were made and frozen and non-kitchen staff including governor grades were given training in how to prepare these meals. This was a contingency for if members of the kitchen staff tested positive for Covid-19 and all of them had to isolate through 'track and trace'. This did not happen, but there was a period when only one member of the kitchen staff was available for work, the manager. He had a period when he had sole responsibility with the prisoners for producing the meals. From March until December the prisoners could not pre-order meals. A national guideline was issued that prohibited the writing, collecting and sorting of menu request forms, as it would entail too many people handling the forms and be a transmission risk. This was not popular and did raise some complaints from prisoners. The prison has also been provided with extra items of food, which enabled them to provide each prisoner with a daily comfort pack. These have been of variable quality, although they have contained vitamin sticks, to be added to water, or vitamin drinks, as an acknowledgement of the confined living conditions. At the last prisoners' consultative meeting there were no complaints about food.

5.2 Segregation, special accommodation

The monitoring of the segregation unit has proved difficult this year due to the Board not entering the prison. Regular contact has been made by telephone with the staff,

but no physical contact with the prisoners has been made. Late in the year attendance at Rule 45 reviews was facilitated by the provision of a conference phone.

Ten prisoners have stayed in the unit for more than 42 days and have had to be signed up appropriately. The staff made considerable efforts to engage with the prisoners to persuade them to return to normal location, but unsuccessfully. A contributing factor could be because with the exception of a television the regime is almost the same as the main prison.

The figures for the use of the gated cell show that it was used 22 times. Two prisoners used it three times each. In seven incidences it was used by prisoners from the mental health landing of the regional hospital wing. These prisoners had the longest stays in the gated cell. This issue is raised in section 6.2, mental health care.

5.3 Staff-prisoner/detainee relationships, key workers

Due to the pandemic, the Board did not enter the prison during the reporting period. The Board's assessment of these relationships, therefore, is limited to conversations with staff when conducting our weekly rotas, a number of zoom meetings the Board has had with a small number of prisoners, and reading the minutes of prisoner consultative meetings.

The former method of assessment could be said not to be independent, but the latter must be considered reliable. The conversations the Board had directly with prisoners were the best guide. All prisoners, though few in number, complimented the staff. They understood that the staff and their families were suffering just as their own families were. The prisoners interviewed were concerned about their fellows who they could see had mental health problems, and thought more could be done for them.

The apparent good relations are due in the Board's opinion to

- Good communications. The prison never introduces a new regime without fully informing the prisoners by the notice to prisoners.
- Although key workers were originally withdrawn due to staffing pressures, they were reinstated with every prisoner being seen once a month, and those deemed vulnerable, for example on an ACCT and those on the RCU, being seen every week.
- The knowledge that the pandemic was not discriminating between prisoners and staff.

The thoroughness of the key worker contact could not be monitored due to our lack of entry into the prison.

5.4 Equality and diversity

Covid-19 has led to the cancellation of many celebratory events, but from July onwards there have been displays, special menus, and where appropriate quizzes and competitions for staff and prisoners on approximately nine occasions. Much of the material was shared between prisons in the north west.

There has been a downward trend in DIRFs from 2018 to present. The peak in 2020 was from January to March, with higher numbers of DIRFs about race. The latter were usually complaints of racist name-calling, including four on the same day about one particular officer. This was dealt in a satisfactory way by management.

In line with prison guidelines the prison utilises the equality monitoring tool (EMT) and the three main areas of concern have been identified as: -

- Age – the younger prisoners (18-29) who feel that prison officers treat them with less respect and deal with them more harshly. They are also subject to high rates of use of force (4.5).
- Ethnicity – Black and Asian prisoners – who are critical of the staff attitude to them as a group, their inability to gain good jobs, and the feeling of being under more scrutiny than white co-workers.
- Religion - the halal food selection, the lack of privacy when requesting and submitting DIRF forms.

These issues are addressed at the inclusion, diversity, equality, access and leaders (IDEAL) bimonthly meetings. It is noted that a small number of prisoners can distort the figures in a number of categories (see section 4.2).

5.5 Faith and pastoral support

Of the eight chaplains who regularly visit the prison, only two visit all areas of the prison. Four chaplains are shielding at home, and the others are office-based. There have been no live services in the chapel and those prisoners who request them receive weekly packs supplied by the chaplains. One-to-one counselling is given in the chapel, especially for serious illness and bereavement cases. Prisoners on ACCTs are seen weekly, and those who are about to be discharged are seen the week before discharge.

The pastoral support has largely been concentrated on family contact, and is described in section 7.4.

5.6 Incentives and earned privileges

At the beginning of lockdown, a national decision was made to suspend the basic level of the incentives and earned privileges (IEP) scheme. In normal times those prisoners who were on basic would have had their televisions removed. It was thought that with prisoners being in their cells a minimum of 22 hours a day, this was not a humane thing to do.

As the IMB has not been entering the prison, the monitoring of the IEP progress has not been carried out.

5.7 Complaints and property

Complaints to the Board have reduced significantly during the year. This could be either due to the restricted regime, or the lack of presence of the Board in the prison. The number of complaints about property although small, is slightly higher as a percentage than last year, showing that property is a significant concern for the prisoners.

6. Health and wellbeing

6.1 Physical healthcare

At the start of lockdown healthcare (HC) lost 10 staff due to Covid, either from testing positive or shielding. This, on top of a vacancy of eight staff, put strain on the remaining staff. The first four months were very tough and this was made more difficult by the prison being declared an outbreak prison in June. During this period, great care was taken to protect the safety of the prisoners and the prison by HC carrying out their basic contractual functions. All prisoners received their first screening on arrival at reception, including vaccinations, and their second screening 24 hours later.

Strict enforcement of the use of personal protective equipment (PPE) and staff hygiene was implemented from the beginning. The supply of PPE remained adequate. Emergency care by was provided by GPs.

Routine GP clinics, routine vaccinations for long term conditions, group interventions, dental clinics and other clinics for conditions that required external practitioners to enter the prison were stopped due to their unwillingness to enter the prison. Group interventions such as Alcoholics Anonymous were put on hold due to a lack of meeting rooms to accommodate social distancing. Medication was delivered but due to staff shortages this took between three and four hours instead of forty minutes. Methadone was dispensed at the wing medication hatches rather than centrally on A Wing to reduce prisoner movement and therefore cross-contamination.

In August the provision of services started to improve, but in October for the second time Preston was declared an outbreak prison. Disruption to the HC services did take place but not as much as in the first lockdown. All vaccination programmes are up to date.

In both outbreaks PHE recommended that prisoners in the RCUs should be placed in single cells, but due to capacity concerns within the prison estate, this was not accepted by HMPPS. Although this could allow cross contamination between prisoners, for a person who was in prison for the first time, double occupancy may have been better for their mental health during their stay in the RCU.

In the second outbreak fifteen hundred polymerase chain reaction (PCR) tests were carried out on the prison population. These were carried out by a private contractor, but elements of the additional administrative work were absorbed by healthcare.

Since January when the lateral flow test (LFT) was introduced, HC has performed approximately eight hundred tests. These tests are an addition to HC's contract, but have been absorbed into their workload.

Vaccination for Covid-19 is proceeding along national guidelines. The Board believes that this should have been extended to all prisoners and staff, due to the closed environment nature of the prison (see section 3.1).

By the end of the year, HC was functioning well with no prisoner out of date with any routine vaccination. The normal regime of blood sampling, routine appointments was in place, and substance misuse reviews were taking place after five days and 13

weeks. The discharge reviews were taking place. All waiting lists are comparable with those in the community.

Acknowledgement should be given to the HC staff who had to treat prisoners face-to-face during their initial assessments, while dispensing medication and during medical emergencies, at a time of high-risk and low staffing levels and through two Covid-19 outbreaks.

6.2 Mental healthcare

The IMHT have been present in the prison during the whole of the year. At the start of lockdown they stopped seeing prisoners face to face. This continued until the end of the first Covid-19 outbreak in the prison in July. During this period they talked to the prisoners through the door and provided distraction packs to all prisoners on their caseload and on their waiting list. This has continued. At the end of the first outbreak, they resumed seeing prisoners and have continued to do so throughout the second outbreak. Talking therapies also stopped initially, but resumed at the end of the first outbreak. Attendance at ACCT reviews and crisis meetings has continued throughout.

The mental health landing of the regional hospital wing closed down for a very limited period at the start of lockdown. It then opened but asked for Covid-19 tests on all patients before they were admitted. This proved impossible for a number of patients, however, they had to be admitted untested. The wing is now open and is operating using the Covid-19 guidelines. The recently refurbished therapy room continues to be a very positive addition for patients, who are able to access the area on a one-to-one basis, with a senior councillor or a psychology well-being practitioner.

Throughout the year the unit has been extremely busy and this has been exacerbated by staffing issues. The manager covers HMP Lancaster Farms, as well as Preston, and there has been Covid-19 related staff sickness and self-isolation, as well as resignations. Further nursing staff have now been recruited.

One of the problems has been that prisoners are coming into Preston with serious mental health issues and the lack of face-to-face contact by mental health community teams has been a factor in this occurrence.

There have been a number of prisoners with acute mental health symptoms that require team members to be involved in initiating time-consuming procedures under the Mental Health Act, for a prisoner to be sectioned on release to a bed in one of the acute hospitals. If they have a violent history and are not about to be released then a bed has to be found in a secure hospital, usually the Guild Lodge. This is not an easy task and takes a considerable amount of time after a full psychiatric assessment has been undertaken.

Healthcare has transferred fifteen prisoners to secure mental health units. No patients were found a place within 28 days. The average time taken to find a place was between three and six months. This is outside the new proposed guidelines.

A further problem for the IMHT has been the lack of practical support, within the prison, from Shelter and the OMU, both of whom have been offering skeleton cover during the pandemic (see sections 7.3, 7.5 and 7.6). It is often the practical issues, particularly when planning release, that cause prisoners stress and anxiety.

Despite all these issues the unit has coped well during the period.

6.3 Exercise, time out of cell, gym

This has seen the biggest change in the prison regime during the lockdown. Those prisoners not classified as essential workers were originally locked in their cells 23 hours per day. They were allowed 30 minutes to shower, clean their cells and to phone families and 30 minutes out on the exercise yard. This was eventually increased to one hour for each.

There have been no internal gym sessions this year, except for four weeks in December when the prison was in tier 3. Prisoners have, however, been taken in small groups on to the exercise yards to be given cardio exercises by the gym staff. The exercise yards have seen the introduction of exercise machines, to bring more variety into the exercise periods.

In normal times this regime would be classified as totally inadequate. In the climate that prevailed at the time, it was seen as regrettably necessary. The particularly small footprint of the prison meant that only a regime of this nature could protect the prisoners and staff. The fact that there were two outbreaks of Covid-19 in the prison during the reporting period showed that even this regime was not totally successful.

6.4 Drug rehabilitation

Spectrum have been in prison during the lockdown. Their face-to-face meetings with the prisoners have varied with the state of infection within the prison. Early on during lockdown they assessed prisoners from their medicals in reception on the RCU, and in through the door consultations. They now have face-to-face meetings which last 20 minutes. Those on a methadone reduction programme are seen every 14 days. Those prisoners due for release are classified as needing an essential visit and are seen face-to-face. These visits cover their care plans and journeys.

Spectrum have not been carrying out group work on G Wing, the addiction rehabilitation wing. They have been giving prisoners individual programmes of work and have seen them face-to-face. They have not been giving them the intense support they did before lockdown. The prison staff have run a reduced rehab regime by facilitating peer groups and their own 12-step programme.

New prisoners allowed on to G Wing are chosen not by Spectrum, but by the wing officers from their role as key workers.

6.5 Soft skills

Due to the ban on meetings in groups, the development of soft skills was not progressed this year.

7. Progression and resettlement

7.1 Education, library

Novus staff were instructed by their employer to leave the establishment and work remotely when lockdown began in March 2020. Novus engaged in discussions with the MoJ and a return plan was risk assessed and agreed, enabling staff to return to work in the prison in 'bubbles' in July 2020.

When they came back into prison, one of their first priorities was to ensure that all the qualifications prisoners had obtained before the lockdown were registered and the qualifications given to the prisoners.

It was then agreed that a bespoke educational offer would be introduced until learners were able to return to class. Initially this involved self-assessment and non-accredited learning packs as it had been agreed that the teachers could not authenticate work. Although there was some take-up, one prisoner spoken to on a Zoom call did not see the point of this as there was no qualification at the end of it. He appeared to be one of the more educated prisoners.

All new prisoners are given an induction pack and an initial assessment. Novus are then able to place the learners on their preferred courses at the correct level. Staff work hard to promote courses and regularly do leaflet drops around the wings or display promotional information on notice boards. Staff are visible daily across the establishment and encourage all prisoners to engage with their services.

7.2 Vocational training, work

Vocational training has not taken place this year. As in normal times, prisoners have contributed to the running of the prison by continuing to work in the kitchens, reception, serveries and acting as wing cleaners and Listeners. A small number have also continued to work with Q Branch, the inhouse maintenance team. Their reduced time in their cells was obviously beneficial, but their increased contact with other people, albeit socially distanced, increased their risk of contracting Covid-19.

7.3 Offender management, progression

OMiC continues to be embedded at Preston and is going well. Prison offender managers (POMs) have adapted well to the challenges of OMiC work.

POMs are well ahead with mandatory training and most have completed the e-learning around adult and child safeguarding. However, due to Covid-19, face-to-face classes have been stopped since April/May last year and therefore staff have not been able to complete the face-to-face training.

Seconded probation staff are currently working to the Probation Service's (PS) EDM and are working from home. The PS has advised staff to only come into the office for essential duties. Staff were given the IT equipment, including mobile phones, to be able to work from home and all aspects of the role are being completed. POMs are supporting probation staff to do this. Prisoners were able to contact the PS staff via their mobile phones, and written replies were sent to the prisoners. Oral parole hearings are still taking place. Parole reports continue to be submitted on time. MAPPA reports continued to be submitted and meetings attended where appropriate.

Communications with OMU have been difficult for part of this year and continue to be so, due to a cabling fault causing the loss of the landline telephones. This was addressed by the provision of a number of mobile phones. This severely restricted the Board's ability to monitor the OMU, and must have impacted on their ability to function.

The OMU has rolled out digital categorisation and these are signed off by the OMU operational manager, senior probation officer (SPO) and the governor responsible for the OMU, after they have been quality assured. The management view is that these are now of a good standard, but the Board has not been able to verify this.

The SPO is rolling out the offender personality disorder pathway. This has been on hold due to Covid-19 but they are in a position to screen prisoners when Covid-19 restrictions are lifted.

In terms of OASys there is no back-log at the present time, which is commendable.

Bearing in mind the restrictions of the pandemic and the fact that seconded probation staff are mainly working from home, the OMU has held things together really well and will be in a good position to further develop OMiC when restrictions are lifted.

7.4 Family contact

Maintaining family contact was seen by the MoJ as an essential priority from the beginning of lockdown. Many initiatives to maintain contact were national initiatives, and the chaplaincy, through the families and significant others department (F&SO), was diligent in implementing them.

The first to be implemented was the £5 per week addition to the prisoner's phone credit. With no in-cell phones, prisoners could only contact their families when they were out of their cells for their domestic period. Then they were also supposed to clean their cells and shower. As only four cells at a time were on domestic duties some cells were open at inconvenient times for families to receive calls e.g. meal times. It was quickly arranged that the domestic period would be rotated so no prisoner would be excessively inconvenienced. In 2021 work was started on installing in-cell phones, an overdue improvement.

Due to the national guidelines, social visits were stopped immediately. After physical alterations to the visits' hall, they recommenced for two days in July. They were proposed to open at Christmas, but again national guidelines forced their closure. The take-up of visits was not as high as expected. This was probably due to the shortened visiting time, the exclusion of children and concern about visitors getting to the prison.

These and other issues stimulated the prison service to increase the use of IT. To replace social visits a standalone firm was commissioned to facilitate video calls, known as Purple Visits, through the use of a controlled and monitored application. They are run for two half days and one full day a week. Again, the take-up by prisoners is lower than expected. This could be explained by the complaints the prisoners make of the picture quality and the freezing or lost connections caused by

any sudden movement of the participants. This can be inevitable when children participate.

Tablets have been purchased to provide better connectivity for use in more sensitive situations, such as contact with dying relatives, and live streaming funerals.

HMP Preston also embraced Twitter as a quick way to inform families of any updates, and advertise the good work done in the prison.

The chaplaincy is assisted by two family service providers, Prison Advice and Care Trust (PACT) and Partners of Prisoners (POPs). The former was instructed by their management to withdraw from the prison at the start of the lockdown. They have, however, provided letter writing packs for the prisoners. The latter have continued to enter the prison, have been active throughout, and have answered their family helpline.

To reinforce visual contact with families lost through the closure of social visits, in the summer prisoners were allowed to send photos of themselves to their families via email. This was accessed by approximately one hundred prisoners. The families were allowed to send photos to their partners in return. Families are now allowed to send in photos once a month. In the run-up to Christmas prisoners could have their photos printed out and inputted into a Christmas card to send their families along with Christmas writing paper.

Two groups of prisoners who can experience extra stress in lockdown are those whose partner has recently given birth and those who have been in care for most of their lives and have no family on the outside.

In January 2021 a new project was created around new-born babies. Prisoners who were expecting a new-born baby could apply for a video call facilitated by a tablet, due to Purple Visits being too sensitive a format. They also received a parenting pack which informed them of the first four weeks of their child's life. Its function is both to educate them and make them feel a part of the child's life.

People who prior to prison have spent a number of years in care may not have had the best family contact prior to Covid-19. The care leaver forums (CLF) were closed at the start of the lockdown, so until October 2020 they were seen weekly by their key worker, but this was revised to monthly when the EDM was revised. If they felt they needed any more support they could apply to the F&SO. To help them at Christmas a card was sent out to all care leavers from the F&SO department. On care leavers day, 19th February, an activities pack was sent out to them and a poem competition was organised

7.5 Resettlement planning

From the end of March until the end of May the Shelter staff were not allowed in the prison. The staff worked remotely on the cases of those prisoners about to be released. The staff contacted prisoners through 'email a prisoner', communicated with prison staff and made housing referrals on behalf of prisoners. Shelter provided an ID/letter of introduction to open a bank account for every prisoner.

At the end of May two members of Shelter at a time were allowed into the prison. This meant the staff could use the internal post system so that bank accounts and

other financial interventions increased. Shelter has four staff, three assessors and one administrator based at Preston, however during this period other assessors also worked remotely on Preston cases when there was a need. From August face-to-face interviews could take place in exceptional circumstances such as housing assessments or those prisoners whose first language is not English. These meetings had to be socially distanced and co-ordinated with the prison staff. This placed more constraints on the meetings due to the restricted regime and staff shortages. Pre-Covid-19, whilst having an interview with the prisoner, Shelter could phone the housing provider and assist the prisoner with his application.

During the first lockdown, the government initiated the Homelessness Prevention Task Fund (HPTF), which funded the provision of housing for many released prisoners. Shelter was also able to access charities such as the Vicar's Relief Fund (VRF) for help with rental deposits etc.

In periods in which Shelter have had no face-to-face contact, the staff worked with key workers and wing staff to facilitate phone assessments and get signatures on documents within deadlines.

At the time of writing Shelter is restricted to two staff in the prison at any one time and no face-to-face contact is allowed. Shelter try to get the housing providers to email over housing questionnaires that can be sent round via internal mail in the absence of telephone assessments and continue to work with key workers and prison staff to get the information they need

The Homelessness Prevention Taskforce was reinstated in October and has currently been extended till the end of March 2021.

8. The work of the IMB

The national pandemic and lockdown commenced a week before the end of last year's reporting period. The Board has not entered the prison in this reporting period except for three visits over two weekends for administrative purposes. All monitoring has been done remotely by telephone. The Board has carried out a small number of interviews with prisoners by zoom. Nineteen R45 reviews have been carried out by conference calls.

Board statistics

Recommended complement of Board members	15
Number of Board members at the start of the reporting period	9
Number of Board members at the end of the reporting period	11
Total number of visits to the establishment	3
Total number of segregation reviews attended remotely by conference phone	19

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	20	2
B	Discipline, including adjudications, IEP, sanctions	10	0
C	Equality	7	1
D	Purposeful activity, including education, work, training, library, regime, time out of cell	19	2
E1	Letters, visits, telephones, public protection restrictions	31	3
E2	Finance, including pay, private monies, spends	21	1
F	Food and kitchens	11	1
G	Health, including physical, mental, social care	78	11
H1	Property within this establishment	38	8
H2	Property during transfer or in another establishment or location	16	4
H3	Canteen, facility list, catalogue(s)	10	1
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	18	6
J	Staff/prisoner concerns, including bullying	56	11
K	Transfers	19	0
L	Miscellaneous, including complaints system	72	14
	Total number of applications	426	65



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