



Annual Report of the Independent Monitoring Board at HMP LIVERPOOL

**For reporting year
01 January 2020 – 31 December 2020**

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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 Liverpool is a category B local adult male prison. It was opened in 1855 and, as a Victorian prison, faces many challenges with the infrastructure of the original building.

At the start of the reporting year, the operational capacity had been reduced to 700, in order to facilitate an extensive programme of refurbishment. Due to the pandemic, the capacity has remained reduced, but at the end of 2020 the population was around 800.

The residential accommodation consists of eight living units, including first night/ induction, drug rehabilitation and vulnerable prisoner units. There is also a healthcare inpatient facility.

Healthcare services are provided by Spectrum Healthcare UK Limited, and Mersey Care NHS Trust.

Education is provided by Novus. This includes English, maths and information technology, plus vocational training courses in a number of skills including plastering, painting and decorating, catering, construction and industrial cleaning. Unfortunately, during the restricted Covid period these workshops have ceased to operate.

There are industrial workshops, including leather goods (for prisons) and laundry. The prison works in partnership with resettlement agencies to help prisoners find employment, education, housing and other resettlement areas on release. Again, these workshops have remained closed during the restricted regime.

Partners of prisoners (POPS) and the chaplaincy provide individual support, and under normal conditions Samaritans train prisoners to act as 'Listeners' to support other prisoners through difficult periods.

The prison has a weights room, sports hall and outdoor sports pitches, and provides a full programme of fitness activities.

Facilities management services are provided by Amey.

3. Executive summary

3.1 Background to the report

The Covid-19 outbreak 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 it can 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.

The Board would like to thank the staff and managers for their willingness to co-operate with them, and for the positive and patient way they have responded to questions raised by the Board especially during the lockdown period.

3.2 Main judgements

How safe is the prison?

The Board considers HMP Liverpool to be a safe environment for prisoners. There has been a reduction in violence (see paragraph 4.3.1), however this could be attributed to the Covid-19 lock down. One consistent impression from managers, staff and IMB members limited on-site monitoring has been one of a calm, quiet prison where prisoners have felt safer and where an anticipated rise in levels of self-harm had not been evident (see paragraph 4.2.1). Some prisoners did state that they felt safer owing to remaining in their cells for most of the day, but the Board feel that this is not a healthy or progressive situation for prisoners to remain in.

Following some critical comments on the use of force from inspectors in 2019 the Board thought there had been improvements in the governance of the use of force, although there remain concerns about the insufficient use of body worn cameras (see paragraph 4.4.1).

How fairly and humanely are prisoners treated?

In the context of the of the current Covid lockdown, the Board feels that the prisoners have been treated as fairly as possible considering the severe restrictions on their movements (see paragraph 5.3.1). However, the Board is satisfied that the regime restrictions are nonetheless not inhumane. Prisoners have appreciated the extra benefits given to them (see paragraph 5.6.5). There was a concern earlier in 2020 that prisoners in covid isolation were not receiving showers. The Board brought this to the attention of the Governor and the situation was immediately rectified

The refurbishment programme of cell windows has been insufficient to prevent large ingress of contraband by drones in some areas of the prison (particularly I wing)

along with severe vermin infestation in the gullies (see paragraph 5.1.3). The board had raised this in last year's report.

How well are prisoners' health and wellbeing needs met?

There have been some delays in accessing healthcare, especially the dentist (see paragraph 6.2.4), but considering the Covid lockdown the Board felt that the healthcare services were in line with, if not better in some instances, than the outside community. Although time out of cell was very limited, prisoners with acute mental issues were able to receive visits from the mental health team and the chaplaincy. The Board has raised on numerous occasions the problem of seriously mentally ill prisoners being kept in prisons and especially in the CSU unit (see paragraphs 5.2.2, 5.2.4 and 6.3.7).

How well are prisoners progressed towards successful resettlement?

Opportunities to complete education and offending behaviour courses have inevitably been impacted by lockdown, but the information received by the Board would indicate that resettlement targets are being met (see paragraph 7.5.1). Pandemic protocols have meant there has been reduced face to face contact between professionals and prisoners. Transport between prisons and pandemic restrictions have delayed the movement of re-categorised prisoners (see paragraph 7.3.1).

3.3 Main areas for development

TO THE MINISTER

- The delays in transfer of seriously mentally ill prisoners to appropriate secure facilities is of great concern to the Board (see paragraph 6.3.7). Could the Minister assure the Board that this is given high priority for resolution?

TO THE PRISON SERVICE

- There is still a continuing issue with prisoners' property (see paragraphs 5.8.1 and 5.8.3)). This causes much stress and anxiety for prisoners, constant extra workload for prison staff and in all probability a great deal of money for the service in compensation. Can the prison service assure the Board that this constant problem will soon be resolved?
- HMP Liverpool is an old Victorian prison and although a great deal of money has been spent on it in the last few years, such a building needs constant maintenance. Therefore, finances need to be provided for its continual upkeep. At present there is a problem with the heating system at Liverpool (see paragraph 5.1.2).

TO THE GOVERNOR

- It is essential during these difficult times that phone calls to prisoners' families are given priority owing to lack of face-to-face visits. Can the Governor please ensure that the pin number process is given the highest priority possible to ensure all prisoners are able to phone family and friends without delays?

3.4 Progress since the last report

- In a very difficult and challenging year it is difficult to assess improvements. There have been good relationships between staff and prisoners with open and regular communication from the Governor which has contributed to the effective management of violence and self-harm during lockdown.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

4.1.1 The impact of COVID-19 on the number of prisoners moving through the prison's reception area can be seen in the table below. As the pandemic started, movement in and out of the prison dropped dramatically and movement numbers continued to mirror the progress of the outbreak throughout the year.

Movement through reception 2020

Month	In	Out	Total
January	596	591	1187
February	493	494	987
March	386	428	814
April	178	129	307
May	173	176	349
June	220	222	442
July	214	217	431
August	220	219	439
September	306	273	579
October	387	369	756
November	410	424	834
December	291	289	580
Totals	3874	3831	7705

4.1.2 As the pandemic began the prison introduced a reverse cohorting system to keep each new daily intake of men separated from each other for 14 days on B Wing - the First Night Centre / Induction wing. This was to prevent the spread of the Covid-19 infection throughout the prison. Operating the reverse cohort regime was a demanding managerial task often with many cohorts operating in order to provide a safe regime for all prisoners for example in one week in during May 2020 B wing was operating 23 reverse cohorts and needed to use three different exercise yards. The prison staff are to be commended for this exceptional

feat of organisation and management which allowed prisoners the usual normal facilities such as showers etc.

4.1.3 From November 2020 prisoners were tested on day zero when they first arrived in Reception and then again after five days. If they tested negative for both tests, they were able to enter general population after seven days, reducing the quarantine period from 14 to 7 days and easing the pressure on cohort units and staff.

4.1.4 The number of prisoners moving through reception for transfer to other establishments was initially restricted due to national measures and this was a source of frustration for some of those wanting to progress through their sentence. By mid-July the operational capacity of the prison, reduced following previous inspection, was gradually increased to 720 with plans to potentially increase to 800 by the end of the year

4.1.5 It is important that prisoners move through reception safely and vulnerable prisoners are managed well on arrival at HMP Liverpool. Initial screenings were completed before prisoners moved to their first night location where induction processes helped prisoners adjust to being received into prison – particularly important for those in prison for the first time. In December 2020 the average time a prisoner spent in reception was two hours and 17 minutes.

4.1.6 Normal first night services such as the opportunity for a private interview and for new receptions to be able to have one phone call to contact their families has been largely unaffected by the pandemic. Whilst there were some occasional delays in the secondary health screen being completed, the Board's main concern was the subsequent delays in processing the requests for telephone numbers to be added to prisoners permitted contacts list. By early October there were 150 outstanding applications from prisoners waiting for numbers to be added.

4.2 Suicide and self-harm, deaths in custody

4.2.1 Incidents of self harm fell by over half from last year's total of 655. They began to reduce from the start of lockdown in March, to a low of 12 in August. This may reflect a reduction in opportunities for accruing debt and bullying. From September they have begun to rise again slightly

Incidents of self harm 2020

Month	J	F	M	A	M	J	J	A	S	O	N	D	Total
	42	44	31	29	26	24	20	12	15	21	31	20	315

4.2.2 Two Registered Mental Nurses (RMNs) were allocated daily to attend ACCT reviews

4.3 Violence and violence reduction, self-isolation

4.3.1 Incidents of violence have fallen from last year's total of 226, possibly reflecting a reduction in prisoner contact during lockdown. There was a significant drop at the start of lockdown, but thereafter they fluctuated through the remainder of the year.

Incidents of violence 2020

Month	J	F	M	A	M	J	J	A	S	O	N	D	Total
	15	11	17	2	11	9	15	4	5	14	14	6	123

4.4 Use of force

4.4.1 A member of the Board had attended the Use of Force Committee regularly during the reporting year and was assured that all uses of force were routinely reviewed and a quality assurance process was in place. However, the Board shared the concerns of both the CPT and the Chief Inspector that insufficient use was being made of body worn cameras (BWC) to record incidents (see section 3.1). For example, in the period March - May 2020 there were 60 incidents where BWCs were available at incidents but were only activated in 27 (45%) of cases.

4.5 Substance misuse

4.5.1 Based on the finds reported in the daily Orderly Officers' report it was clear that many prisoners still found drugs to be easily accessible. This was despite the reduced movement of prisoners and suspension of visits. It may have been instructive to compare the numbers of positive tests pre- and post-Covid 19 restrictions had there not been a national suspension of the mandatory drug testing (MDT) programme.

4.5.2 There were regular reports involving prisoners suspected of being under the influence of new psychoactive substances (NPS) – 27 per month May – December 2020. There were frequent incidents of 'drone drops' of contraband to specific areas of the prison where ingress was made easier due to the poor state of cell windows (see paragraph 5.1.3).

5. Fair and humane treatment

5.1 Accommodation, clothing, food

5.1.1 The refurbishment of the prison is still ongoing. It was hoped that H Wing would be completed by January 2021, however there has been a delay owing to COVID-19.

5.1.2 The heating system is very erratic, sometimes too hot and other times too cold. As the prison is an old Victorian building it is sometimes difficult to remedy these problems, however the Board feel that some priority should be given to the maintenance of the heating system. Inadequate regulation of temperature in some cells during hot weather can be a problem. Staff have acknowledged the link between hot weather and poor behaviour and the pandemic has exacerbated the situation in the reporting year.

5.1.3 In the 2019 annual report it was reported that quite a number of windows on I wing were broken. Although some have been repaired this is still an outstanding issue. It was also acknowledged that there had been an improvement in the cleanliness of the outside gullies below cell windows, with the exception of one wing. The gullies below I wing are still of great concern to the Board as rubbish and other detritus still accumulates in large quantities. This area is not easily accessible for the cleaning team, however some measure needs to be established to ensure that these gullies are kept clean at all times. This issue was raised regularly with the Governor and the prison installed a new gate (£5000) to allow improved access by prisoners which has helped improve the situation.

5.1.4 Communal areas on the residential wings are generally kept clean and tidy by prisoner cleaning teams. However, the Board has received complaints regarding cells for new occupants not having all the essential items placed into them.

5.1.5 Earlier in the year it was reported to the board that prisoners in covid isolation were not receiving showers. This was immediately discussed with the Governor and the board are now assured that all prisoners, including those in isolation are given the time out of their cells to have a shower. There are issues with the temperature and pressure of the showers on I and F wing. This is an ongoing problem and is continually being reported to Amey.

5.1.6 During lockdown the prisoners appreciated the regular distribution of additional 'goodybags'. Overall, the quality and quantity of food is good. Currently the Board considers there is sufficient choice and provision for special diets and the adherence of religious diets. Ramadan was described by the Muslim chaplain as

having been very successful with all the required arrangements in place for around 30 men who observed it.

5.1.7 There have been issues reported regarding the temperature of the food. IMB members have raised concerns that food is not being probed as is required. There were also concerns raised about the state of the food trolleys used to transport the food from the kitchen. Seals were damaged and even missing resulting in the inability to hold the required temperature. To improve the situation the trolleys have been subject to a maintenance assessment and repaired where required.

5.1.9 There is a lack of training for servery staff which was reported on in the previous annual report, and cleanliness of trolleys after use needs to be addressed.

5.1.10 Prisoners have access to weekly kit exchange which includes clothing and bedding and they also have access to cleaning products.

5.2 Segregation

5.2.1 During lockdown Board members were unable to attend segregation reviews, and monitoring had to be carried out remotely.

5.2.2 A registered mental health nurse (RMN) attended segregation reviews. Where prisoners moved between the in-patients unit and the care and separation unit (CSU), prison staff and healthcare managers attended key meetings (see paragraph 6.3.3).

5.2.3 A chaplain visited the CSU daily and the team were represented at the Segregation Monitoring and Review Group (SMARG) (see paragraph 5.5.10).

5.2.4 During the reporting year 18 prisoners were in the CSU unit for over 42 days. Two prisoners with severe mental health issues were held in the unit, one for 42 days and one for 64 days. These prisoners were waiting for accommodation in a secure mental facility.

5.3 Staff-prisoner/detainee relationships, key workers

5.3.1 The relationship between staff and prisoners had to take on a new dimension in the context of the COVID-19 pandemic. The regular opportunities for informal engagement between staff and prisoners were to a large extent lost with the introduction of the exceptional prison regime. The majority of prisoners were only allowed out of their cells for an hour in small groups of 20 for showers and exercise. The absence of regular prisoner movements, unlocking for activities, meal queues and association time meant that the opportunity for many of these social interactions between staff and prisoners were lost. The impact of the key worker scheme has also been disrupted this year because of the pandemic. HMPPS prioritised the need to reinstate key working with specific groups of vul-

nerable prisoners including those at risk of serious self-harm. This was started from mid- May using specific rooms to provide social distancing.

5.3.2 It was important in the unusual circumstances of the pandemic that good communications would help ease anxieties and inform prisoners and their families of developments in the regime. Information was regularly made available on information kiosks, through notices to prisoners, prison radio and by regular briefings to prisoner representatives. The Governor has also used social media to communicate effectively with families during this period.

5.4 Equality and diversity

5.4.1 The prison's equality action plan and progress on actions are normally monitored through the monthly Equalities Action Team meetings. However because of the pandemic these meeting have had to be less frequent than originally scheduled. The work of the equalities team is also normally supported by prisoner representatives from each of the residential units. Again this has also proved more difficult during the pandemic with cohorting and the need for social distancing.

5.4.2 The prison monitors the protected characteristics as set out under the Equality Act and records any complaints using the Discrimination Incident Reporting Forms (DIRFs). These forms may be completed by prisoners, staff or visitors. Dedicated DIRF post boxes are located on all wings.

The number of DIRFs received in the year is shown in the table below:

Protected Characteristic	Number of DIRFs received
Race	26
Religion / belief	3
Disability	1
Gender	0
Sexual orientation	2
Total	32

The Board note that there is no significant change in these figures from 2019.

5.4.3 Notices, DIRFs and other publications are translated and displayed in numerous languages, although the foreign national prisoner population at Liverpool is fairly low, normally averaging at around 6%. The Big Word translation service is available for foreign national prisoners with limited understanding of spoken or written English language. Handsets and instructions for use are sited in all residential areas and other areas of the prison. Most recent figures show that it was used 81 times during 2020. The names of men who require translation services

are passed to residential teams and where possible they are located with other members of their country who do speak English.

5.4.4 Around 11% of the prison population are from Black, Asian or other minority ethnic backgrounds. Analysis by the prison of representation of BAME prisoners in jobs such as cleaners, servery and area party did not detect any disproportionality. It has been more difficult for the equalities team to engage with older prisoners this year and gain their views because of Covid-19 and the high risk relative to their age and the number who were shielding. Only 1.22% of the prison population identify as LGBT; it is believed that a higher percentage of men choose not to disclose their sexuality and there are plans to encourage more men to disclose sexual orientation at reception.

5.4.5 The prison would normally hold bi-monthly forums for older, younger, LGBT+, disabled and BAME prisoners, as well as prisoner Equalities Representatives meetings. These were initially suspended during the pandemic but some did resume again later in the year. It was not possible to run the normal Family days involving prisoners and their families at HMP Liverpool this year.

5.4.6 Analysis by the prison of the IEP scheme showed 9.46% of 25-29 year olds have enhanced status out of a group that represents 20.8% of the prison population. Research has shown that maturation often plays an important role in the ability of young men to maintain good behaviour in order to obtain enhanced status and the Offender Management Unit (OMU) are working at implementing the Choose to Change Intervention for maturation to address this issue. Analysis of prisoners on the enhanced level by religion showed Christians represent 58.4% of the prison population but 64.8% of the enhanced group. A smaller proportion of Muslims prisoners were enhanced, they made up less than 10% of enhancements while representing 17.3% of the prison's population (see also section 5.6).

5.4.7 Personal Emergency Evacuation Plans (PEEPs) are in place for prisoners with a disability requiring support in the event of an evacuation. This group represents some 4.34% of the prison's population and those with a plan are clearly identified on each wing.

5.5 Faith and pastoral support

5.5.1 At the end of the reporting year the religious breakdown of the population included Roman Catholic (32%), Church of England (17%), and Muslim (8%). Other Christian traditions accounted for 6%. A total of thirteen faith groups were represented. 31% of prisoners declared no religious affiliations.

5.5.2 The multi-faith Chaplaincy team is led by the Muslim Chaplain. The team includes faith representatives from ten different faith groups, the only current vacancy being for a Pagan leader. Two sessional chaplains from smaller faith groups were self-isolating. The team had maintained a good presence throughout this difficult year and had met together on occasions.

5.5.3 The team have maintained a duty chaplain role and key daily activities, visiting the wings daily. Chaplaincy services and groups were suspended but religious mate-

rial, provided by faith advisors centrally and covering all faiths, was distributed weekly.

5.5.4 Prisoners could make applications to see a Chaplain through the electronic kiosks on each landing. A chaplain would visit them on the wing, using PPE if necessary. In the six month pre COVID period (October 2019 to March 2020) there were on average of 72 applications each month. For the remaining part of the reporting year these had averaged 48 per month which may reflect the limited time out of cell.

5.5.5 There was good co-operation with various departments to enable Ramadan to take place for around 30 men who observed it. Meals were prepared by Muslim prisoners in the prison kitchen and delivered to residential wings in food flasks. An Eid meal was delivered to all men registered Muslim and a special Eid menu was offered to the whole prison.

5.5.6 The managing chaplain was instrumental in re-instating reception of National Prison Radio which had encountered technical problems. This enabled the prisoners to listen to the faith services broadcast during lockdown. A local 'Walton channel' was used to stream the prison's own Christmas Services.

5.5.7 Chaplaincy facilities are good but the department would benefit from comfortable quiet seating areas for prisoners within the main Chapel area.

5.5.8 There was good integration between the Chaplaincy and other areas of the prison. Chaplains continued to meet all new receptions and aimed to do so within 24 hours. Prisoners' religious affiliations were recorded, they were offered immediate support and given a revised information leaflet about the Chaplaincy team, informing them how to make contact during the Covid period and advertising the worship opportunities available through the National Prison Radio and Prayer Line.

5.5.9 A chaplain visited the healthcare centre daily. They were integrated into Assessment Care in Custody Teamwork (ACCT) procedures visiting all men being monitored as being at risk of self-harm weekly. They would attend as many ACCT reviews as resources allowed which was recorded as an average of 60 per month. A Chaplaincy representative attended the Safer Liverpool Meeting

5.5.10 Relationships and cooperation with the CSU and the security department was good (see paragraph 5.2.3). A chaplain visited the CSU daily and the managing Chaplain had developed a helpful practical guide to culturally sensitive searching.

5.5.11 The prison visitors scheme had initially been suspended which impacted on those prisoners socially isolating. By the end of the reporting year the scheme had resumed through offering video visits. The Chaplaincy also supported a penfriend scheme for prisoners.

5.5.12 By October the blanket ban on funeral attendance was lifted and applications to attend a close relatives' funeral were approached on an individual assessment. Because of the restricted number of people allowed at funeral services some families

preferred prisoners (and the required prison officer escorts) not to attend. Many local funeral directors had developed funeral streaming services enabling them to 'virtually' attend funeral services on ipads provided by the prison. Although there had been technical problems this had generally worked well and had been used on around twenty occasions.

5.5.13 Visits to dying relatives were allowed only in exceptional circumstances. Chaplains had used phone and video calls to provide compassionate support for prisoners whose relatives or friends were seriously ill and close to death. The Chaplaincy team are to be commended for the role they have played during very difficult times.

5.5.14 The Chaplaincy had good links with community groups. This included prison fellowship groups in the community who over Christmas arranged to deliver gifts to 46 children of men in custody at Liverpool. The lead chaplain had links with the St Vincent de Paul Society and the Community Chaplaincy Association. Donations had been received from a local charity for all men observing Ramadan.

5.6 Incentives and earned privileges (IEP)

5.6.1 Immediately following the introduction of the restricted regime the basic level of IEP was rescinded by HMPPS and all prisoners had access to a television. Any prisoner who had had his TV removed under the scheme previously had this returned to him.

5.6.2 Although the scheme is premised on behaviour there was little opportunity for men to engage with the scheme as most were locked up for most of the day. However, where behaviour was continually poor or involved violence men were placed on basic regime and their TVs removed. This required exceptional defensible reasons to be recorded in a defensible decision log. Assurance checks on those men who had been placed on basic and had their TV removed were completed but the Board did not have access to this information.

5.6.3 The numbers of prisoners on the various regime levels was reported monthly on an information HUB. By July 2020 19 prisoners were on the basic level twelve of who had had their TVs removed. Televisions were not replaced with radios. The decisions were reviewed by a senior residential manager although the Board has not been able to access these reviews.

5.6.4 In the seven months of data made available (April to October 2020) there were on average 243 prisoners on Enhanced (33.9%), 450 on Standard (62.8%) and 24 on the basic regime (3.3%) (see paragraph 5.4.6). During these months there were on average seven prisoners each month placed on basic for violent acts.

5.6.5 Although there was little opportunity to earn the key earnable privileges outlined in the scheme all prisoners received additional telephone credit and confectionary packs.

5.6.6 In October 20 and November 2020 IEP was the second most complained about subject of complaints submitted.

5.7 Complaints

5.7.1 A comparison of the number of complaints submitted to the Business Hub between 2019 and 2020 is listed in the table below. While there was an increase in complaints in some months during 2020, particularly towards the end of the year it is hard to discern any definite pattern.

Complaints submitted 2019 and 2020

	J	F	M	A	M	J	J	A	S	O	N	D
2019	123	138	159	140	169	189	202	157	180	182	187	182
2020	143	158	153	147	182	151	210	200	172	207	272	216

5.7.2 White British prisoners accounted for 85% of the complaints received by the prison while making up just 82% of the prison's population. The Equalities team plans to investigate so see if these figures reflect any lack of confidence in the complaints procedure by other ethnic groups. Prisoners who identify as Christian account for approximately 50% of complaints. Prisoners, who identify as having no religion, approximate 28% of the prison population account for 36% of all complaints. However, it must be pointed out that multiple complaints from a single prisoner can distort the figures. Prisoners who identify as heterosexual account for almost 95% of all complaints, while those prisoners who decline to disclose their sexual orientation making up the next largest group. The Equalities team plan to work with reception to explore if more men can be encouraged to engage with regard to their sexuality.

5.7.3 Two members of the Board continued to visit the prison weekly through the pandemic to collect and process IMB applications. Initially there was an expectation that there would be many complaints about the Covid-19 exceptional regime, but this did not prove to be the case. Very few issues were raised regarding the regime throughout the year with issues around property and delays in processing the requests for telephone numbers to be added to prisoner's permitted contacts list being the main bases for concerns.

5.7.4 A wider understanding of possible issues raised by prisoners was made more difficult by the lack of minutes from the Prisoner Consultative Committee meetings which had taken on the form of a briefing note to prisoners rather than a record of the issues they highlighted. Efforts were also made early in the lockdown period to explore the possibility of establishing a direct and confidential IMB telephone link with prisoners through the in-cell telephony system. Initial

hardware problems were overcome by the swift intervention of the Governor, but technical problems in members linking into the system continued throughout the year.

5.8 Property

5.8.1 The handling of prisoners' property, whether in prison or on transfer to other prisons remains of great concern to all IMB boards. There are numerous applications to the board regarding missing property.

5.8.2 The cell clearance policy has again been reviewed and the need to work within the specific timescale emphasised. However, property being transferred on by staff without completion of the appropriate paperwork does not ease the situation. Also the reduction of administration staff in the prison means that not all paperwork is being processed on time.

5.8.3 A suitable, urgent resolution and investment in technology and recording of property would be welcomed by both prisoners and staff.

6. Health and wellbeing

6.1 Healthcare: general

6.1.1 Spectrum Healthcare UK Ltd was the lead provider of health services, with Mersey Care NHS Foundation Trust providing the Mental Health In-Reach services and Change Grow Live (CGL) providing the psycho-social support for the substance misuse service. Better Health Liverpool was the branding given to health services in the prison.

6.1.2 In the initial months following lockdown the National Health Service England (NHSE) stood down the quality framework and The Health and Justice Indicators of Performance reports (HJIPs) were initially not produced. Not all patient outcomes were captured for the complete year. The Board has not had direct access to the reports that were completed nor the minutes of the Local Health Delivery Board.

6.1.3 Better Health Liverpool Incident Reports included an analysis of incidents - the number, nature and severity. The Board was only given access to two monthly reports. In October 2020 the highest reported incidents categories were medication errors (8) and treatment problems (7). In November 2020 these were medication errors (10) and slip, trip or fall by patient (6).

6.1.4 Notwithstanding the absences related to Covid there had been no significant healthcare staff shortages. At the end of the reporting year there were eleven band five vacancies but these were filled by a consistent group of agency staff who received all the required in-house training and managerial support that substantive staff received. A long term care nurse visited patients with lifelong conditions. Two nurses worked nights supported by a Health Care Assistant (HCA) providing cover for both the in-patient and main prison wings.

6.1.5 There have been limited opportunities for prisoner representatives from across all locations to raise concerns about healthcare due to cohorting and where outbreaks had occurred on specific wings. The Better Health Liverpool (BHL) user voice forum met in March and December 2020 with a small unrepresentative group of prisoners from one wing. There were plans to hold this forum with the PCC to improve representation.

6.1.6 There is a healthcare complaints pathway distinct from the prison complaints, but not all prisoners are aware of this. Where required healthcare staff aimed to see patients who had complained within 10 days and outcomes recorded. The Board were not provided with details of complaints which are included in HJIP reports. Applications for healthcare could be made through the electronic kiosks, but some prisoners had complained it was not always easy to cancel prearranged appointments

through the kiosk. Problems using the kiosks was an issue prisoners had raised in our report last year.

6.2 Physical healthcare

6.2.1 In an IMB questionnaire 18 (67%) prisoners said that they were able to get help with their physical health problems.

6.2.2 Prisoners applied to see a GP through the electronic kiosks. A GP held a virtual clinical triage daily and urgent cases identified. Prisoners were called over to the clinic or in some circumstances the GP would visit the prisoner. 24-hour primary care nurse cover was in place.

6.2.3 Non urgent clinics were initially stopped but reinstated gradually when the regime level allowed. Significantly fewer prisoners were allowed to attend each session to enable social distancing to operate. Flu vaccinations were offered for those over 65 and with underlying conditions.

6.2.4 A dentist worked in the prison daily to manage triaging and urgent presentations. Treatments involving aerosol generating procedures were delayed due to escorting officers having a lack of access to the correct PPE. This was not resolved at Liverpool until early December 2020 following the receipt of the air filter respirator hoods and training for twenty staff in their use. The outcome has been considerable delays in treatment. In November 2020 the average waiting list was 212 days (around 30 weeks). At the time of the last HMIP inspection (September 2019) appointments were available within a week and continuing treatment within three to six weeks. Access to a dentist was raised by prisoners at a user forum in December.

6.2.5 The number of prisoners who failed to attend for clinic appointments was, we were told, between 10-- 13% but based on the vastly reduced numbers given appointments for clinics it was difficult to compare with the high rates of 36% we reported last year and 40% reported at the time of the last inspection.

6.2.6 Few health promotion initiatives have run due to the restricted regime. This has been limited to a leaflet drop on suicide prevention, distraction packs, poster displays and awareness campaigns.

6.2.7 All new receptions should receive a secondary screening within the first week. Two Prison and Probation Ombudsman reports published during the reporting year following deaths due to natural causes had raised concerns about the failure to conduct secondary health screens promptly. The prison used a red flag system to highlight patients who had breached the 7-day protocol. We were told a small number were not completed within the required period for a range of reasons. Data on completion of secondary screenings was included in Health and Justice Indicators of Performance which the Board did not have access to.

6.2.8 To reduce the risk of virus spread the prison aimed to reduce the frequency of times prisoners were required to collect medication at hatches and a concerted effort was made to move prisoners to in-possession (IP) medication. The list of patients on prescribed medicines was reviewed and updated. This led to an increased number of prisoners with IP medication. At the end of the reporting year 529 (70.1%) prisoners were in receipt of some sort of prescribed medication and between 60%-70% held this in-possession. Over the reporting year there has been a significant decrease in the number of prisoners prescribed so-called 'tradeable' medications.

6.2.9 Risk assessments were completed at 7 and 28 days after being issued medication IP and pharmacy technicians monitored compliance with the outcome recorded in HJIP reports. Between July and December 2020 there were on average 59 random or targeted compliance checks completed each month by the pharmacy technician. Prisoners placed on ACCT monitoring, moved to the CSU or inpatients or who did not have the correct amount of medication when checked were removed from having IP medications – although there is no written record kept of this. Prisoners who did not collect critical medications were identified each morning at the 'safety huddle' and are followed up.

6.2.10 The early issue of sleeping medications had been raised by prisoners through applications and at the patient user forum. A concern the Board had also raised in last year's report. As a result, prisoners were sleeping in the late afternoon and early evening and awake through the night. This was raised with the Governor and it is understood that these medications are now being issued at more appropriate times.

6.2.11 Given the increased amount of medication in-possession the IMB had raised with prison managers the availability of lockable cabinets for prisoners to secure their medication. Although the HMIP action plan (February 2020) indicated that all refurbished wings now had lockable cupboards the Board has not been assured that the weekly Clean, Rehabilitative, Enabling and Decency (CRED) or cell checks support this.

6.2.12 Prisoners' attendance at external healthcare appointments was impacted by a number of factors as a result of the pandemic. In some cases, hospitals had cancelled non-urgent appointments, some consultations had taken place by phone and some prisoners declined appointments. Guidance from PHE required prisoners who had spent time overnight in hospital to be isolated for 14 days on their return to the prison on the RCU (Reverse Cohorting Unit). Some external appointments were cancelled due to late arrival or the escorting officers having insufficient PPE.

6.3 Mental healthcare

6.3.1 In an IMB questionnaire 14 prisoners said that their mental health had got worse since the introduction of the restricted regime. HJIP outlined the profile of those received in to custody, but the Board did not have direct access to that information.

6.3.2 The integrated mental health team included a wide range of clinicians from psychiatry and psychology including therapists, counsellors, social worker and mental health and learning disability nurses who worked with the most vulnerable. All new prisoners were screened for learning disabilities, and mental health learning difficulties nurses attended safer custody meetings, ACCT and segregation reviews.

6.3.3 Support through in-cell telephony had been available to around twenty men on psychologists' caseloads but due to the lack of privacy this was not always satisfactory. The Board was told that all Care Programme Approach (CPA) cases, those with severe and enduring mental health problems, were prioritised for cell visits.

6.3.4 Prisoners could sign a compact agreeing to information sharing between healthcare and prison staff. Joint training between the team and prison officers working in inpatients and on J wing (Wellbeing Unit) had been limited over the year. Prison staff and managers attended key meetings when the most difficult and complex prisoners were discussed, particularly where prisoners were moved between inpatients and the CSU. There had been occasions where the IMB had raised particular cases with the Governor (see paragraph 5.2.2)

6.3.5 The 26 bed in-patient unit was bright and clean. A regional bed manager provided oversight of use of inpatient beds to reduce their use for nonclinical purposes. The healthcare manager described a collaborative approach to bed use through a multi-disciplinary team.

6.3.6 The regime for inpatients, as elsewhere, had been limited to a period out of their cell for a shower, cell cleaning and access to the electronic kiosks to make applications and, when possible, a short period of exercise. Education and activity packs had been provided along with occasional gym sessions. However, on occasions it had been difficult to deliver the regime consistently for patients on healthcare, due to the number of patients shielding and the number of patients with complex needs and challenging behaviour, who required several officers to safely unlock them. On one occasion a prisoner had required restraining in order to administer medication.

6.3.7 The Prisoners requiring transfer from prison to hospital under the 1983 Mental Health Act should be transferred within 14 days. At the time of the last inspection (September 2019) the average wait for transfer was 51 days which was considered unacceptable by HMCIP. At the outset of the pandemic these transfers remained a priority for HMPPS and were included in the exceptional circumstances transfer protocol. During our reporting year 13 patients had been referred for assessment by secure hospitals. Of these eight had been transferred, three were awaiting transfer, one was awaiting assessment and in one case the prison was awaiting feedback following assessment

6.3.8 There was little the prison itself could do to improve the availability of beds in secure settings. The mental health team monitored waiting times and maintained a database. Of the eight patients that had been transferred they had waited on aver-

age 83 days. The longest wait had been 237 days and the shortest was moved within five days. Of the three still awaiting transfer they had waited on average 136 days the longest waiting time was 205 days and the shortest was 70 days. The Board was told that if a transfer became urgent the Commissioners were contacted to try and speed up processes. This same concern had been raised in the last IMB annual report.

6.3.9 Whilst some support has been available for individuals it is less clear how the prison was responding to the mental wellbeing of prisoners as a whole over such a protracted period of long term confinement. In the IMB questionnaire, which had a very limited response, 45% (13) said they had been unable to go outside to exercise every day – an essential part of mental wellbeing. GP's were doing 'Mood Reviews' for prisoners feeling depressed or suffering anxiety who were on psychotropic medication.

6.4 Social care

6.4.1 A Memorandum of Understanding is in place between Spectrum, the prison and Liverpool City Council. Assessments are completed by LCC and Spectrum deliver the care packages through their integrated team which included a social worker, occupational therapists and dedicated health care assistants. We are told that there are no outstanding social care assessments. Outcomes were reported through HJIP reports to which we had no direct access.

6.4.2 Five social care packages had been delivered during the reporting year meeting the needs, for example, of paraplegic prisoners and others needing a range of levels of personal care. Other less formal packages were also provided by Spectrum. There is a dedicated Long Term Care pathway lead nurse - work that the Care Quality Commission (CQC) at the last inspection had commented was outstanding.

6.4.3 There are two wheelchair accessible cells in the main prison (G and K wing) and wheelchair-using prisoners could be held on the healthcare centre on occasions. Some adaptations have been made to some cells and shower facilities on the residential wings (see paragraph 5.1.1).

6.4.4 The prison has a formal service level agreement for end of life care with local health authorities. Palliative care services are commissioned, benchmarked against the national Dying Well in Custody standards, and reported to NHE quality team quarterly. Patients' wishes are incorporated where possible into a care plan.

6.4.5 A fledgling buddy scheme was in development on K wing where many older prisoners were accommodated. The Exceptional Regime Management Plan (ERMP) indicated that the prison was looking to replicate the community volunteer scheme to support older prisoners with meal collection/cleaning etc. This current scheme did not offer any formal qualification; the men involved volunteered for the role but did sign a compact agreement. The prison was hoping to formalise the scheme with the

regional disability lead although all meetings regarding this have been postponed due to COVID-19.

6.5 Exercise, time out of cell

6.5.1 Under the restricted regime time out of cell is very limited. However, the Board are satisfied that the prisoners are given the required time out of cell under the national guidelines. At the beginning of the lockdown four cells were allowed out at a time for a period of half an hour, plus exercise on a rolling programme. Towards the latter part of the year this was increased to one full landing at a time plus exercise and showers on the landing.

6.5.2 There was very limited gym time however specific landings were allowed time out onto the sports field once the restrictions eased.

6.5.3 Prisoners generally accepted these restrictions well, as they could see from television reports the state of the pandemic throughout the community.

6.6 Drug and alcohol rehabilitation

6.6.1 Spectrum delivered clinical interventions for prisoners detoxifying. Reception GPs prescribed detox medications, and a substance-use GP specialist or clinical lead completed a full clinical review the following day. This was reviewed again at five days and 13 weeks. A wing continued as the drug treatment unit. The Board was unable to obtain details of outcomes for prisoners here.

6.7 Soft skills

6.7.1 J wing continued to operate as a 'Wellbeing Wing' to support prisoners with additional needs. At the time of the last HMIP inspection 45% of prisoners were being monitored by learning disability and mental health workers and around 200 were in regular therapy. This, along with group work, has been severely impacted by the limitations on the regime, and social distancing. There has been some use of in-cell telephony by the psychologists to support prisoners.

7. Progression and resettlement

7.1 Education, library

7.1.1 Despite COVID-19 restrictions, the Board considers that the prison has implemented an increasingly effective 'in cell' education programme in the absence of face to face teaching. The effectiveness of this programme will become clearer as outcomes are analysed.

7.1.2 The education provider Novus reports that their staffing levels have covered all courses with flexible working patterns, although most employees now spend the majority of their hours 'on site'. Managers' report they have a robust quality assurance system in place for all 'in cell' work packs. Novus has reported an increased quality of work produced by prisoners.

7.1.3 Throughout the summer of 2020 staff produced 'in cell' learning packs so men could continue with their courses without the need for face to face contact. Tutor support was offered via the in cell telephone and work was delivered to and collected directly from cells.

7.1.4 Novus continue to support prisoners to progress once they complete a qualification. Tutors discuss other taster courses and /or work placements before prisoners make a choice. Taster courses lasting 5-6 weeks are offered in a range of subjects including English and maths, catering, customer services, joinery, art, wellbeing, IT/computing, performing manufacturing operations (PMO) and radio production.

7.1.5 A number of enrichment courses, including philosophy, are offered to smaller numbers of prisoners via in cell phones in partnership with Liverpool Hope University. Tate Modern Project enabled 24 men to share their artwork with family on a digital platform. Other initiatives include Music in Prisons; White Water Writers and a prison TV loop project promoting awareness of LGBT month.

7.1.6 'In cell' accredited courses have begun and others are planned to be delivered before March 2021, including Food Hygiene L2, CSCS Card and performing manufacturing operations (PMO L2). The delivery of these courses will need to have an element of operational support for examinations which cannot be conducted 'in cell'. Some external exams did take place in December 2020 including L1 Maths and L2 Diploma in Plastering.

7.1.7 All courses have been delivered 'in cell' since September 20. 'In cell' support for prisoners included face to face meetings on the wing until 30th Dec 2020 when further Covid restrictions meant it was by telephone only with increasing digital communication via the CMS system. Promotion of educational activities and enrichment opportunities are broadcast on the prison radio and TV loop.

7.2 Vocational training, work

7.2.1 Whilst workshop based activity has not been in place since March 2020 there are still jobs for 163 men including kitchen, cleaners, painters, mentors and orderlies. There are also 44 essential workers including laundry, food packing and textiles that have continued to work under the Covid regime.

7.3 Offender management, progression

7.3.1 Work on offender management and prisoner progression was inevitably impacted during 2020 by the Covid-19 pandemic, with less staff on site and the need for social distancing arrangements. In the initial stages of the pandemic all requests for moves or inter-prison transfers needed to be approved by national and later regional managers, and movement between prisons was understandably very restricted. By May and June more moves were being allowed, although movement to an establishment appropriate to their categorization did remain a source of frustration for some prisoners for some time.

7.3.2 During the pandemic there has been almost no face to face prisoner contact by OMU staff and prisoners have been contacted using the in cell telephone system. If there was an issue with this method then space in the video suite was available. Re-categorisation continued to operate and by the end of the year the majority of these did appear to be up to date with 36 reviews being completed in December 2020 together with 412 for the rest of the year giving a yearly total of 448 reviews.

7.3.3 In November it was reported that of 63 men released 54 were released into permanent or temporary accommodation and nine were not. During the Covid 19 pandemic the Homelessness Prevention Team ensured that accommodation was found, whereas previously authorities accommodated those with priority needs.

7.3.4 HMP Liverpool reports that no prisoners were released on temporary licence (ROTL) in 2020. The aim is normally to try and get prisoners on or as near as possible to their home detention curfew eligibility date (HDCED). At the start of 2020 there were 24 offenders in custody who were up to or past their HDCED; by November this number had fallen to only five. The OASys (Offender Assessment System) backlog had also fallen; at the start of the year it was 28 but by November this had fallen to just eight.

7.3.5 Owing to the need for social distancing and very limited face to face contacts there had been no resumption of offending behaviour programmes during the year.

7.4 Family contact

7.4.1 The prison has been working hard on plans to accommodate face-to-face visits whenever possible. There were some negative comments regarding the difficulty of communication through screens, however feedback from visitors remains positive with most stating that they felt safe during a visit. There were technical issues initial-

ly with the purple visits (video) however from 29 July there was a rise of purple visits (video)

from 67 to 109 by 3 August 2020 (see paragraph 5.5.11).

7.4.2 The board was very concerned to learn that prisoners transferring into Liverpool were unable to telephone their families because of a backlog of telephone pin numbers being processed. At one time there were around 100 waiting to be entered onto the system.

7.4.3 The Managing Chaplain was the Family Resettlement Pathway lead and through an active link with Partners of Prisoners (POPS) the chaplaincy had remained supportive to families calling to the prison. They monitored discharge lists and attended resettlement boards chaired by Shelter once these had re-started.

7.5 Resettlement planning

7.5.1 Despite Covid restrictions, the Board considers that a satisfactory programme is in place to prepare prisoners for resettlement. The effectiveness of this programme would seem to be in line with previous years. During the year prisoners released into secure and settled accommodation ranged from 100% in June 2020 (63/63 prisoners, 32 of whom received accommodation intervention, 47 FBD (Finance, Benefits, Debt) intervention, 18 ETE (Education, Training, Employment) intervention to 77% in Nov 2020 (55/71 prisoners, 32 of whom had accommodation intervention, 59 FBD, 18 ETE). In December 2020 there were 56 prisoners realised with six leaving to no fixed address (NFA) or transient accommodation (89% resettled). This illustrates the increasing pressure that the pandemic has placed on the availability of safe accommodation for released prisoners.

7.5.2 Covid restrictions have meant that there has been no face to face contact with the Merseyside Community Rehabilitation Company (MCRC) for the majority of the year. Contact with prisoners was conducted by phone, email and self-assessment forms. Other agencies, including Shelter have managed face to face meetings with prisoners.

7.5.3 Shelter ran a four level support system. Level 4 for all prisoners included 'in cell' self-assessment questionnaire and signposting to appropriate support services. Level 1 and 2 were targeted at higher level need and short term prisoners. They involved referral to the 'Through the Gate Team' which triggered deeper support through an action plan. Intervention for prisoners was conducted by phone or face to face depending on need although there was an initial period where all face to face work was suspended.

7.5.4 Throughout the year the data tracker indicates that 100% of prisoners accessed the Basic Custody Screening tool within 5 working days. Each prisoner was then given appropriate Information advice and guidance IAG and placed on an appropriate course if there was space.

7.5.5 All prisoners were reviewed at the Resettlement Board 12 weeks prior to release. Attendance by external agencies at these multi agency meetings has been limited due to Covid restrictions.

7.5.6 There have been two pilots running through the year. The Employment Hub launched Sep 20 advertises employment opportunities on the prison kiosk, TV and radio systems. Up until March 21, 29 job opportunities had been advertised including some which were multiple vacancy. The Manchester Growth Company received 17 expressions of interest and 10 formal applications. The 'Beyond the Gate Project' is scheduled to run until March 21 offering support in prison and on release. The success of these projects will be apparent in the coming months.

8. The work of the IMB

Board statistics

Recommended complement of Board members	16
Number of Board members at the start of the reporting period	7
Number of Board members at the end of the reporting period	7
Total number of visits to the establishment	Not available
Total number of segregation reviews attended	Not available

Most members were unable to visit the prison during Covid-19 and maintained contact remotely. Two IMB members were able to visit regularly.

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	10	10
B	Discipline, including adjudications, IEP, sanctions	4	16
C	Equality	4	5
D	Purposeful activity, including education, work, training, library, regime, time out of cell	20	3
E1	Letters, visits, telephones, public protection restrictions	26	32
E2	Finance, including pay, private monies, spends	10	5
F	Food and kitchens	3	12
G	Health, including physical, mental, social care	24	36
H1	Property within this establishment	6	23
H2	Property during transfer or in another establishment or location	28	11
H3	Canteen, facility list, catalogue(s)	-	2
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	20	17
J	Staff/prisoner concerns, including bullying	26	22
K	Transfers	20	16
L	Miscellaneous, including complaints system	-	18
	Total number of applications	201	228



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