

EXECUTIVE SUMMARY

In the course of the June 2021 visit to the United Kingdom, the delegation examined the treatment of persons held in prisons in England. Particular attention was paid to the impact of the restrictions imposed in the context of the ongoing Covid-19 pandemic, safety and violence in prisons, the situation of female prisoners and conditions in segregation units in the various prisons visited.

In addition, the delegation examined the treatment, living conditions and legal safeguards offered to patients, including children and adolescents, held in several psychiatric establishments. Special attention was paid to the use of means of restraint and seclusion of patients in all the hospitals visited. The delegation also visited several police establishments, in order to review the treatment of and safeguards afforded to persons deprived of their liberty by the police.

The co-operation received by the delegation throughout the visit, from both the national authorities and staff at all the establishments visited, was generally very good. That said, at Shepcote Lane Police Station, Sheffield, the delegation's access to the custody suite was delayed for some 40 minutes and at Wormwood Scrubs Prison, the delegation initially encountered difficulties in accessing information, moving inside the prison and interviewing in private prisoners held in the segregation unit.

Law enforcement agencies

During the visit, the delegation received no allegations of deliberate physical ill-treatment by police officers of persons who were – or had recently been – in police custody. On the contrary, several persons interviewed during the visit stated explicitly that they had been treated correctly and respectfully by police officers. That said, the delegation heard several allegations of excessively tight handcuffing.

The fundamental safeguards against ill-treatment are guaranteed by the relevant legislation and the delegation found that they were generally afforded to detained persons by the police. Nevertheless, certain shortcomings were identified in the establishments visited.

In particular, it emerged that arrested persons might be kept in small holding rooms outside custody suites for a considerable time after arrival at a police station, before they were officially informed of their rights by custody sergeants. Further, detained persons were sometimes asked to attest with their signature that they had been informed of their rights without being effectively able to see what they were signing. Moreover, according to the custody records examined by the delegation, in a few cases, a duty lawyer was contacted by police officers some considerable time after access to a lawyer had been requested by the detained persons. Some deficiencies were also observed as regards the keeping of custody records. The CPT reiterates several recommendations with a view to ensuring that all persons detained by the police are fully informed of their fundamental rights as from the very outset of their deprivation of liberty and are in a position to benefit from their rights throughout the duration of police custody.

Material conditions in the police custody cells were generally good. However, several complaints were heard that detained persons were not informed of the possibility to use a shower and/or take outdoor exercise.

Prisons for adult male prisoners

Overcrowding is a long-standing concern to the CPT. The Committee has noted that the overall size of the prison population has decreased, but it is clear that this was principally the result of the unprecedented situation caused by the Covid-19 pandemic, in particular delays in court hearings and the reduced capacity of courts; it would appear from the latest figures available that the prison population is starting to rise again. The CPT takes note of the plans of the United Kingdom authorities to deliver additional prison places but reiterates that addressing the issue of overcrowding requires a broader coherent strategy, covering both admission to and release from prison, to ensure that imprisonment really is the measure of last resort.

The CPT's delegation heard no direct allegations of ill-treatment of prisoners by staff. On the contrary, several prisoners interviewed during the visit spoke positively of staff. However, in the light of the deficiencies identified in the use of force reporting in the establishments visited (see below), the CPT trusts that the United Kingdom authorities will remain constantly vigilant to any signs of ill-treatment of prisoners by staff, especially as the prisons resume their normal regimes after the Covid-19 pandemic.

The information gathered during the visit indicates that there has been a reduction in the levels of recorded violent attacks in prisons. However, the decrease was attributable, at least to a certain extent, to the restrictions on physical contact imposed in the context of the Covid-19 pandemic. Moreover, there were still numerous cases of serious inter-prisoner violence and violence by prisoners on staff, as a result of which prisoners and staff had sustained serious injuries. The CPT recommends that the authorities intensify their efforts to combat the phenomenon of violence in prisons. As prisons move through the various stages of relaxing Covid-19 related restrictions, particular care will be needed to avoid a new wave of violence in prisons.

As regards the recording of violent episodes, in a number of cases, reports of injuries to prisoners lacked detail, were incomplete or were even missing altogether. The CPT recommends that the overall quality of the recording of violent episodes, use of force and injuries be improved.

Material conditions at Woodhill Prison were good overall. At Durham and Wormwood Scrubs Prisons, efforts were being made to improve conditions. That said, prisoners continued to be doubled up in cells intended for single-occupancy, there was an absence of partitioning of the toilets in some cells used for double occupancy and, at Durham Prison, the CPT's delegation observed signs of dilapidation in some of the cells and common areas.

Prior to the Covid-19 pandemic, efforts were being made in all the establishments visited to engage prisoners in organised activities. However, despite these efforts to alleviate the worst effects of the regime restrictions imposed during the pandemic (such as the continuation of essential work and the provision of in-cell learning and distraction packages, as well as some access to outdoor exercise), the fact remained that the vast majority of prisoners (i.e., those not engaged in essential work) continued to be locked up in their cells for 22 to 23 hours a day, with far too little to do. This had been the situation for the duration of the pandemic.

The understandable decision that regime activities and association in prison should be severely restricted during the Covid-19 pandemic had impacted the lives of prisoners held in the Close Supervision Centre (CSC) and the Separation Centre (SC) at Woodhill Prison. The CPT invites the United Kingdom authorities to ensure that, as prison establishments transition from the Covid-19 restricted regimes, a more finely-calibrated approach to the resumption of regime activities and association is adopted, prioritising small special units such as those at Woodhill Prison, where this could be done with minimal risk.

The Committee has also recommended that, alongside the easing of Covid-19-related restrictions, prisoners held in the SC and CSC at Woodhill Prison be provided a fuller regime of activities.

As regards health care, the health-care staffing levels in the three establishments visited appeared on the whole to be adequate to meet the needs of the prison population, prisoners were comprehensively medically screened upon admission and medical records were generally well-kept. However, records usually did not contain any conclusions as to the consistency between the prisoner's statement as to the origin of injuries and objective medical findings.

At Durham Prison, the delegation gained a very good impression of the provision of mental health services. That said, at Woodhill and Wormwood Scrubs Prisons, the delegation observed considerable delays in the transfer of prisoners suffering from severe mental health problems to psychiatric hospitals and the CPT reiterates its recommendation that the authorities take all necessary measures to ensure that prisoners suffering from severe mental health problems are transferred without delay and cared for and treated in a closed hospital environment, suitably equipped and with sufficiently qualified staff to provide them with the necessary assistance.

There have recently been signs of improvement as regards the turnover of prison staff, resulting in a greater number of front-line operational staff having sufficient experience. Nevertheless, there was still a high proportion of front-line custodial staff with less than two years of experience in working in prison, and who have never seen prisons operating under normal circumstances; this will present a real challenge when regimes re-open.

Isolated instances of very long placements in administrative segregation persist in all three establishments and the regime of activities offered to segregated prisoners was impoverished.

Prisons for female prisoners

The delegation received no allegations from the women interviewed of ill-treatment by staff. On the contrary, some women spoke positively of staff and the way they were treated. However, the deficiencies identified in the male prison estate concerning the recording of violent episodes and injuries sustained by prisoners were also observed at Bronzefield Prison and the CPT recommends that the authorities remain vigilant to any signs of ill-treatment by staff in this establishment.

Material conditions at Bronzefield Prison were in general very good.

The delegation also gained a very good impression of the regime activities that had been offered to the women prior to the Covid-19 pandemic. Virtually all prisoners had been engaged in a broad range of activities, most of which had taken place in a spacious and well-equipped "business centre" composed of several workshops and classrooms. However, the situation during the pandemic was similarly restrictive to that observed in the prisons for men.

The health-care team at Bronzefield Prison was well-staffed and the establishment was also regularly visited by a range of specialists.

The CPT found that the establishment was accommodating a number of women with severe mental disorders who could not be provided with adequate care in a prison setting. Of the 14 patients accommodated in the establishment's in-patient unit, 13 had been placed there on mental health grounds. The unit was effectively acting as a mental health facility without any structured therapeutic activities for its women patients. The situation of four women accommodated in the in-patient unit who were acutely unwell was of particular concern to the CPT's delegation. The CPT recommends that the provision of mental health care at Bronzefield Prison be thoroughly and comprehensively reviewed and that a rapid urgent pathway to a mental health care facility for prisoners with acute mental disorders be put in place.

The number of self-harm incidents had increased sharply at Bronzefield Prison during the pandemic. Moreover, potentially high lethality incidents involving the use of ligatures were frequent and the delegation was particularly concerned to find that, in some cases, prisoners were able to use the same ligature method on multiple occasions within a matter of hours, and for days on end. The CPT formulates several recommendations to tackle the phenomenon of self-harm, including by reviewing the current risk assessment process and ensuring that mental health assessment takes place whenever necessary.

As regards custodial staff, the CPT notes that there were several vacant posts and the turnover of staff remained relatively high.

Good efforts were made to re-integrate women placed in administrative segregation back into mainstream accommodation. However, the delegation met seven highly challenging women who had been placed in the segregation and care unit for very long periods of time. The CPT recommends that the authorities step up their efforts to avoid, as far as possible, segregating prisoners for lengthy periods. Moreover, a multi-faceted approach should be adopted, involving clinical psychologists to design individual programmes, including psycho-social support and treatment. More generally, segregated prisoners should have an individual regime plan to assist them to return to a normal regime and should benefit from a structured programme of purposeful and preferably out-of-cell activities and meaningful human contact every day.

Psychiatric establishments

The delegation received no allegations of physical ill-treatment of patients by staff. On the contrary, the delegation met many dedicated health professionals working hard to care for their patients. There was, however, one isolated allegation involving a complaint of verbal abuse of a racist nature at Priory Hospital Enfield, about which the CPT has requested further information.

The material conditions in the establishments visited ranged from good to excellent. That said, some of the outdoor spaces (namely, those of the secure wards at Priory Hospital Enfield and one at Cygnet Hospital Sheffield) were not conducive to a therapeutic, patient-centred environment. In some of the hospitals visited, patients had limited access to the outdoors. The CPT recommends that unrestricted access to daily outdoor exercise should be facilitated.

The treatment offered to patients was generally of a high quality. Individual care and treatment plans were mostly comprehensive, developed by a multi-disciplinary team with the involvement of the patients themselves. Most establishments also offered numerous opportunities for rehabilitation and occupational therapies. However, at Blake Ward, Priory Hospital Enfield, the treatment offered to patients and the programme of psycho-social and occupational therapies was insufficient, and patients were not aware of their care and treatment plans.

Staff numbers were generally sufficient in all hospitals visited, although there was a high reliance on bank and agency staff, notably at Priory Hospital Enfield. Furthermore, the staff turnover at Cygnet Hospital Sheffield was exceedingly high, thus impacting on the quality of care. Positively, the regular presence of peer support workers in two of the hospitals visited is considered to represent a good practice.

There was a relatively high level of use of restrictive practices, particularly at the Alnwood Unit of St Nicholas Hospital Newcastle. The CPT underlines that further efforts should be made to implement the existing strategy to reduce resort to means of restraint at this unit. Physical restraint in a prone position (face down) was still applied in most of the hospitals visited, including with regard to children and adolescents, contrary to national guidelines. Further, the delegation received several allegations of patients who were subjected to physical restraint in the presence of other patients,

including during naso-gastric feeding. Such invasive procedures should be performed out of sight of other patients.

As regards seclusion, the CPT notes with concern the situation of several patients who had been held in prolonged seclusion (up to several weeks, and in one case, for two months with the application of a high number of different restraint measures).

The report also addresses long-term segregation (LTS) which had been found to be an issue at the high secure hospitals during the CPT's 2016 visit to the United Kingdom. The CPT raises concerns about the use of LTS in the establishments visited in 2021, questioning whether its use can be conducive to a patient's treatment and noting that lengthy periods of seclusion and LTS might result in the deterioration of the patient's mental health. As regards the high secure hospitals, the report revisits the issues of forcible administration of clozapine via naso-gastric tube and night-time confinement.

In respect of patients' legal safeguards, the CPT notes the ongoing reform of the Mental Health Act and the Government White Paper which proposes changes to the law, including increased powers for the Mental Health Tribunal. However, the CPT considers that the proposed new timeframe for involuntary treatment is still too long; an immediate external psychiatric opinion should be sought in any case where a patient objects to the treatment proposed by the establishment's doctors. In addition, the CPT recommends that patients should be able to appeal to an independent authority against compulsory treatment decisions. As regards consent to treatment, the CPT reiterates that patients should not be treated against their will merely because they have been admitted on an involuntary basis. Compulsory treatment should be a measure of last resort and every instance of its use must be fully documented; patients should also be able to sign their consent electronically.

Delayed discharge remains rather high and this was notably the case at the Alnwood Unit with a large number of children with autism and learning disabilities awaiting discharge. Delays in accessing a SOAD¹ were also noted, meaning that patients were being treated against their will for longer than the statutory three months and, during the Covid-19 pandemic, patients were not assessed in person but over the telephone, a practice which the CPT considers unacceptable. There was also insufficient access to independent mental health advocates (which provide an additional safeguard for patients' rights) at Priory Hospital Enfield.

In respect of contact with the outside world, it was positive that, at the time of the visit, patients were once again beginning to receive visits from their families in person. They were also able to contact their relatives via phone or videoconference and, in some establishments, many patients had access to their mobile phones (including smartphones), based on an individual risk assessment.

¹ Second opinion appointed doctor.