



HM Prison &
Probation Service

HMPPS Prison Regime Management during COVID-19

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Introduction

In anticipation of the global COVID-19 pandemic potentially reaching UK prisons, HM Government's Department for prisons; the Ministry of Justice (MoJ) and its Executive Agency responsible for operational delivery; Her Majesty's Prison and Probation Service (HMPPS) developed a close working relationship with Public Health England (PHE) to develop a strategy to counter the threat. PHE forecasting concluded there was a credible risk of staff and prisoners becoming infected in high numbers. This risk was more pronounced in prisons due to the close proximity of people in large numbers, the over-representation of individuals with mental and physical health issues and the ageing physical fabric.

An HMPPS COVID strategy for UK prisons was introduced in March 2020 which has subsequently been bolstered in response to emerging outbreaks across the estate. This strategy consists of three main products that counter the threat of staff and prisoners becoming symptomatic by targeted action in key areas to minimise the risk of prison outbreaks. The three composite elements of this strategy are as follows – each of which is explained in more detail within this document:

- 1) An **Exceptional Regime Management Plan** (ERMP) model for regime restrictions at each site;
- 2) a temporary **Population Management Strategy** governing inter-prison movements and
- 3) a **Cohorting Strategy** separating symptomatic, newly arrived and the most vulnerable prisoners

Alongside work to develop a national strategy, HMPPS took simultaneous steps to create an operational state to enable the strategy to succeed. We took the previously unprecedented step of placing the entire prison estate into 'Command Mode' in March 2020. Command mode is part of our incident management strategy but is usually confined to a single site. When a major incident occurs that site will activate command mode as a priority action under their contingency plans. Command mode is a different operating state designed to enable clear and effective command of the emerging incident without impacting on the wider operation of the prison. The entire estate was placed into command mode for COVID-19 in recognition of the scale of the threat and the need for central coordination and oversight.

This placed all establishments under a single national command structure overseen by the COVID-19 Gold Commander supported by eight regional Silver Commanders, each responsible for a sector of the estate. The COVID-19 Gold Commander became the strategic lead for all aspects of HMPPS COVID-19 management creating an effective operational structure with clear communications and efficient tasking in place to counter each facet of the national threat. Though establishments retain some autonomy for daily operational decisions, any element of COVID strategy and/or emerging issues must be escalated to Gold via the Silver Commander. This command structure has made a significant contribution towards enabling the three-fold strategy to be activated at pace and ensured consistency of approach and clarity of direction.

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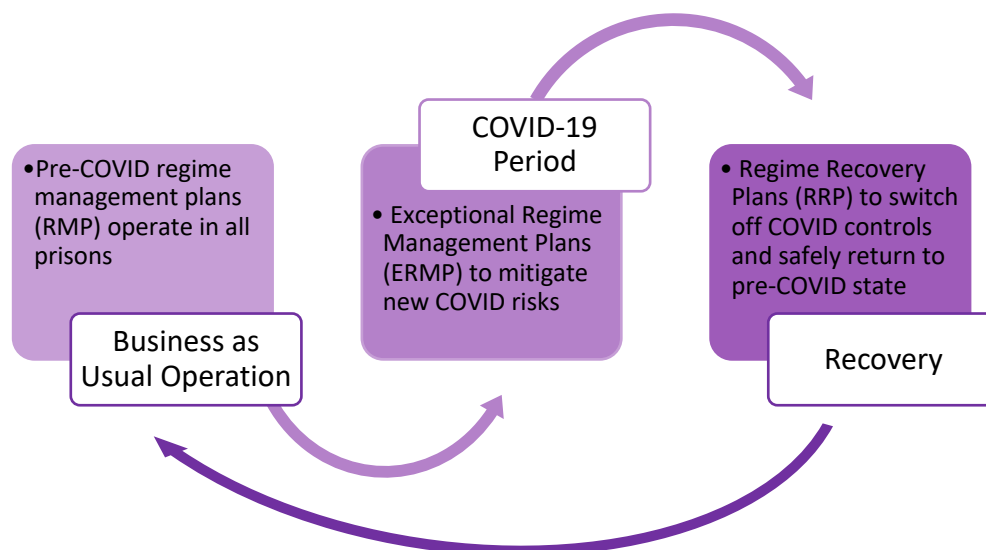
This document provides a high-level summary of the three elements of the HMPPS Prison Regime Management Strategy listed above. It summarises the regime management model in operation prior to COVID-19 and how this has been adapted to create a decent, safe yet restricted regime in every prison in response to HM Government guidance. The document describes the Population Management strategy that has been implemented to minimise movement between prisons and limit transmission between sites. It also describes the cohorting strategy in place at every prison to separate those who pose an increased risk, from those who are symptomatic and those who are most vulnerable. The document is intended to provide a brief introduction and as such does not provide significant detail on each facet of the strategy.

1. Regime Management Planning

The aim of the HMPPS Prison Regime Management Strategy for COVID-19 has been to create temporary re-worked versions of pre-existing regime management plans (RMP) for every stage, rather than create an entirely new model. We have therefore created a set of temporary models which will enable prisons to return to pre-existing operating state when the pandemic has ended. We have also needed to operate at pace and develop measures that could be easily implemented. Re-working existing models to meet the threat was more desirable and deliverable than creating something new that would take time to imbed.

Before COVID every prison operated a local Regime Management Plan (RMP). Under our national COVID strategy each establishment was required to re-work their RMP and call this an Exceptional Regime Management Plan (ERMP) – deliberately given a new name to show its temporary status and reinforce the fact it was not a replacement for the permanent model. Each ERMP was produced using national guidance which outlined the principles and parameters that must be adhered to but giving establishments autonomy to design the model that best fit their local need. To deliver recovery action, each establishment will revisit their ERMP and create a further version; a Regime Recovery Plan (RRP) outlining their strategy for switching off temporary regime restrictions to return to their original pre-COVID operating model.

Our aim throughout has been to draw on the strengths of the pre-existing model and utilise a methodology that is already well imbedded and understood. We did not want to take action to mitigate the COVID risk by creating an entirely new infrastructure that inhibited our ability to return to pre-COVID work in the way it had been operating. The HMPPS Prison Regime Management Strategy for COVID-19 is therefore a sequenced progression through three 'regime states' – from RMP before COVID, to ERMP which is an adapted model to counter COVID and back to pre-COVID operation through a temporary state (RRP) to bridge the gap. The relationship between the three states is illustrated below:



Prison Regime before COVID-19

Prior to COVID-19 prisons were operating an established model of regime management. Under the national **Regime Management Planning (RMP)** strategy every establishment had agreed their own regime plan comprising four levels each represented by a colour (Green, green/Amber, Amber/Red, Red). The regime labels are universal, each prison has four levels but the regime that is delivered at each level is bespoke to each site, though it must sit within national parameters and align to policy requirements.

Prisons aim to deliver green regime wherever possible and will do so as long as they enjoy sufficient staff to deliver that workload. When staffing falls below the level required to deliver Green regime, the local plan will guide managers on which tasks they can temporarily suspend to ensure that the priority work can still be delivered. When or if an establishment falls further below the staffing required for green regime, and have thus had to suspend several tasks, they will revert to the next regime level down. They will then operate at the green/amber level and try to consistently deliver the regime built for this level.

At the lowest level, red regime articulates the basic regime level that an establishment can ever achieve. This is reserved for periods when staff resources have fallen below the locally agreed Minimum Staffing Level (MSL) and only basic regime can be achieved. This is not a sustainable position and establishments have generally only operated at this level for short periods. At this level, national support is triggered to alleviate the immediate pressure allowing the establishment to return to a more sustainable and decent level of regime. This model was in place at all prisons at the time of the COVID-19 outbreak.

Prison Regime changes for COVID-19

In anticipation of COVID-19 and the associated staff shortages that were forecasted, HMPPS introduced **Exceptional Regime Management Plan (ERMP)** as a new fifth layer at the base of RMP. ERMP outlines four key regime priorities that must be delivered irrespective of how critical staffing levels become. It is borne out of the principle that during COVID, many sites may fall to critical staffing levels simultaneously and even red level regime may not be deliverable. ERMP is a temporary layer that sits below red regime and is only justified during the COVID-19 pandemic. ERMP authorises a prison to not deliver red regime but deploy all available staff flexible to retain the regime essentials. It is predicated by the fact that even in critical staff shortages we must still provide basic essentials such as meals and medication. These simply cannot cease even if we have staffing levels below those traditionally required for delivering even basic regime.

Under these circumstances, our model assumes that prisoners will be confined to cells for protracted periods as there will be insufficient staff for any activities. We must then have local plans for the delivery of the four regime packages that can never be dropped; the “priority regime elements”. Establishments are required (via the creation of an ERMP) to make local delivery plans for the four priority regime services, explaining how they will continue to deliver these services irrespective of staffing. The assumption is that wherever possible establishments continue to operate at red regime or above but at the point at which staffing is insufficient to do so, they will ‘trigger’ ERMP and suspend all regime, deploying any available staff to maintain the four regime essentials. The four priority regime elements are:

- 1) Provision of **meals**;
- 2) Provision of **medication** and essential healthcare services;
- 3) Provision of **safety** and welfare services such as suicide prevention support for vulnerable prisoners
- 4) Provision of access to **family contact** (via in-cell phones or other temporary measures)

ERMP was designed to ensure maintenance of essential services at the height of staff shortages, however shortly after it was published in March 2020, HMPPS launched **staff incentivisation schemes and bonus payments** to reward individuals for working additional shifts during the pandemic. Staff signed up in high numbers and staff shortages that we initially expected and experienced quickly stabilised then reduced to the extent that we never reached the level of critical national shortages. This meant red regime could be maintained at all sites. ERMP was therefore never triggered to mitigate staffing shortages, which had been its original purpose.

However on 23 March 2020 the national policy position changed significantly and ERMP became a national imperative. HM Government announced a suite of strong new measures to prevent or slow the virus from spreading, which included rules on social distancing (staying two metres apart at all times when outside the immediate household), social shielding (vulnerable persons isolating themselves from wider society) and an immediate suspension on any group activities and gatherings. This period became colloquially known as “national lockdown” with citizens confined to their own homes and the company of their immediate “household”. Contact with any person outside of an immediate household was barred as was all unnecessary movement.

HM Government’s new policy placed additional responsibilities on HMPPS and the MoJ. In response HMPPS immediately suspended group activities in prisons including social visits, education, work and physical education programmes. Regime restrictions were required on a national basis, not to counter staff shortages but as a medical imperative to prevent the spread of the virus. Public Health England (PHE) and Government guidance meant that social distancing was required in every prison and establishments needed robust measures to isolate any symptomatic prisoners and to shield the vulnerable cohort in our care. HMPPS took the decision to trigger ERMP at every prison simultaneously with immediate effect. Every prison introduced their ERMP regime delivering the four regime priorities and minimising any contact between prisoners in line with Government guidance.

Mirroring community measures, each establishment introduced prisoner house-holds consisting of groups of prisoners sharing a cell or dormitory. Close contact between prisoners sharing a cell is inevitable and social distancing (the requirement to remain two metres apart at all times) cannot be achieved within a cell environment. Therefore prisoners sharing a cell must do as members of a house-hold are required to do in the community – if one family member becomes symptomatic, all must isolate themselves for a period of fourteen days to prevent them transmitting the virus to others. Beyond this establishments also introduced regime groups - grouping prisoners together into small cohorts that would be unlocked together for meals, medications, welfare services (including time in the open air and access to showers) and family contact (access to wing phones or temporary in-cell telephony). Each cohort was designed to be sufficient size to enable all prisoners to have fair access to regime across the core day and week but to ensure social distancing could be maintained during all aspects of the restricted regime.

By the end of March 2020, all establishments in the UK prison system had suspended group activity and effectively introduced their ERMP regime restrictions. HMPPS was operating to a COVID Gold Command Structure with Gold Command and regional Silver Commander rotas operating effectively. Prisons were operating ERMP regime requirements through the establishment of prisoner house-holds and regime groups and had successfully implemented these changes without significant incidents. The staffing shortages initially experienced during early March had been successfully stabilised and lockdown mirroring equivalent measures in the wider community had been successfully achieved in all prisons. Having achieved this first significant milestone, attention turned towards countering the risk of transmission between sites by implementing a new Population Management Strategy.

2. Population Management Strategy

Population Management before COVID-19

For several years HMPPS has operated a national population management strategy with all prisoner movements being coordinated centrally through Population Management Unit (PMU). Prisoners enter the prison system from court, police custody or probation supervision and generally go to their nearest Reception Prison – one of a designated group that provide accommodation for those entering the system or appearing at court. Movements back and forth to court are coordinated between the court and the respective Reception Prison. Once court matters are concluded, prisoners transfer to a training prison and remain there for the majority of their sentence before progressing/returning to the nearest prison to their home shortly before release.

Population management during COVID-19

Alongside the suite of measures to limit the risk of transmission between individuals in each prison, HMPPS introduced a new **Population Management Strategy** on 31 March 2020 to reduce the overall population and minimise the risk of transmission between sites. A suite of measures were introduced to stabilise and reduce the prison population which included an **Early Release Scheme** for a small number of suitable prisoners close to their planned discharge date. This scheme was designed to release up to 4000 carefully selected prisoners (from an overall population of approximately 86000) to create headroom in sites with greatest population pressures. The number released was subsequently reduced for operational reasons however the scheme alleviated immediate pressure in combination with other measures.

Alongside the release scheme, a new model was introduced governing Inter-Prisons Transfers (IPT) reducing movements between prisons. Responsibility for all prisoner movements reverted to Gold Command from the end of March. All IPTs were suspended except for cases that met exceptional circumstances. Any establishment wanting to transfer a prisoner must now submit representations to Gold Command and satisfy the exceptional circumstances criteria listed below. Small numbers of transfers are being approved but movements have been greatly reduced. Exceptional circumstances criteria are listed below:

- 1) Exceptional compassionate circumstances (eg. to be with a family member).
- 2) Exceptional legal circumstances (eg. to access virtual court / PVCL).
- 3) Exceptional operational circumstances (eg. due to a security concern such as a category reversion or escape risk).
- 4) Operational Emergency (eg. movement post incident when accommodation is compromised).
- 5) Transfer to a secure mental health facility or return to prison custody from such.
- 6) Transfers between Prisons and the Immigration Removal Estate (Home Office approved).

Under a further revision on 14th April 2020, additional transfers of small groups of prisoners (“drafts”) were reintroduced on a limited basis where such moves were required to alleviate population pressures in individual sites or regions. This has particularly supported Reception Prisons which continue to serve courts that remained open, therefore have continued to receive new prisoners on a regular basis. As part of the strategy, prisoners who are symptomatic or those in isolation having been in close proximity to a symptomatic person cannot be transferred under any circumstances. Prisoners in the most vulnerable cohort who are shielding for their own protection – as explained in the next section – can also not be transferred. Any prisoners approved for transfer must be seen by a healthcare practitioner prior to discharge and declared ‘fit for transfer’ before moving. Healthcare staff at the receiving establishment must also re-assess each prisoner after transfer.

3. Prison Cohorting

To support the revised population management strategy, mitigate the risk of the virus spreading within establishments and protect those most vulnerable as much as possible, a new Cohorting Strategy was also introduced in to prisons on 31 March 2020.

Cohorting is the Public Health England (PHE) strategy for the care of large numbers of people who are ill or who present heightened infection risk by gathering all those who are symptomatic into one area (or multiple designated areas) and establishing effective barrier control between this group and the wider population. HMPPS’s approach extends the concept of ‘cohorting’ to include shielding in a way which leads to effective compartmentalisation of prisons.

There are three component parts of the HMPPS Cohorting Strategy; arrangements to protect those most susceptible to the virus, measures to isolate those who are symptomatic (and any cell-sharers) and provision to hold newly received prisoners separated from the main population until enough time has passed for COVID-19 infection to be expressed in symptoms if they are infected. The HMPPS cohorting strategy is to create at least three areas within the establishment to achieve distance between the symptomatic, those newly arriving, and those who are most vulnerable in every prison. These areas are introduced below:

Name	Description
Reverse Cohort Unit (RCU)	Unit for the temporary separation of newly received prisoners for 14 days each; allowing the prison to verify that each individual does not present an infection risk.
Protective Isolation Unit (PIU)	Unit for the temporary isolation of symptomatic prisoners for up to 7 days each; to be used if isolation within their current cellular location is deemed inappropriate (see the specific section for further guidance).
Shielding Unit (SU)	Unit for the temporary isolation of those prisoners within the NHS England vulnerable persons cohort until the Government advises shielding is no longer required; reducing the likelihood of this susceptible group contracting the virus.

We have issued specific guidance documents to guide establishments in introducing cohorting into their establishments which informs them on the principles of cohorting, the requirements they must fulfil and the best ways of doing so. Each prison has a different physical fabric and prisoner population and therefore it is impossible to implement a universal model of cohorting that will be applicable to all establishments.

We have therefore highlighted that each element of cohorting should be treated as a **process** requiring a sufficient number of designated cells and a decent but separated regime for the respective prisoner group. Each process may need to be spread across multiple living areas in order to meet the demands on space. The optimal model for prison cohorting would be to designate a distinct unit for each of the three purposes. However, local fabric may inhibit attempts to achieve this in every site. A single residential area may perform multiple cohorting functions and individual functions (such as RCU) may be spread across several physical locations. We also accept that though the PHE guidance recommends that ideally all prisoners in

cohorting units should be in a single cell, this is not deliverable at all sites due to available space and constraints on physical fabric.

The latest PHE guidance suggests that social distancing and shielding and cohorting requirements will be required in prisons until at least March 2021. However we are also starting to see a relaxation of some measures in the community and we must be proactive to plan for prison recovery activity, which may still commence whilst cohorting and social distancing continue.

4. A Blueprint for Recovery

The regime restrictions we have put in place have been necessary to save lives, but we know – as in the community – they have come with serious consequences and we must also minimise those harms. It will not be a case of a straightforward return to normality, and in some areas, it may never be possible to provide the same standards in prisons while public health restrictions remain necessary. Our planning will ensure that we can establish a ‘new normal’ in prisons that puts our interventions to manage COVID-19 on a sustainable footing over the coming months.

We will seek to achieve:

1. Preservation of life through the effective infection control measures
2. Maintain stability (order and control)
3. Provide sufficient capacity to meet demand (whilst achieving Public Health-advised compartmentalisation)
4. Maintain safety (suicide, self-harm, violence)
5. Maintain staff confidence to deliver planned regimes
6. Resume rehabilitative work and purposeful activity (adapted to the context of living with Covid-19)
7. To align recovery with the restoration of NHS services in prisons and in the country as a whole
8. Maintain Public Protection

Plans and frameworks have not yet been finalised, so we cannot yet share specific details. However, it is expected that the final recovery strategy will be a two-tier framework with an overarching recovering model issued by the Ministry of Justice (MoJ) which will be supported by an underlying HMPPS endorsed framework which will contain the specific details describing how individual prisons will undertake recovery. We envisage that this HMPPS framework will replicate RMP and ERMP as much as possible. It is believed that it will be deliverable for establishments and represent the closing section of an overall model reinforcing the message that all steps taken to date have been part of a single overall strategy to best deliver PHE and HM Government expectations. Establishments will likely be required to design a Regime Recovery Plan which will mirror those they have created for RMP and ERMP and will outline how they will safely stand up different elements of their regime.

This will be a slow and controlled process and we expect there to be a mechanism inbuilt into the recovery strategy which will conduct an assessment of national readiness for recovery before individual establishments are permitted to enter the recovery phase. This will ensure that safety and stability are maintained across the estate as much as possible.

5. Glossary of Terms

- **Cohorting/Compartmentalisation** – a strategy developed by HMPPS with PHE advice, to reduce the risk of outbreaks of COVID-19 in prison and protect the most vulnerable. It includes: reducing inter-prison transfers; accommodating known or probable COVID-19 cases in Protective Isolation Units; protecting the most vulnerable in Shielding Units; and accommodating those arriving in prison in Reverse-cohorting Units for a defined period before they enter the general population.
- **EDM** – Exceptional Delivery Model
- **ERMP** – Exceptional Regime Management Plan
- **Gold Command** – COVID-19 Gold Command leads HMPPS’ national-level response to COVID-19.
- **HMIP** – Her Majesty’s Inspectorate of Prisons
- **IMB** – Independent Monitoring Board
- **IPT** – Inter-prison transfer
- **MoJ** – Ministry of Justice
- **OM** – Offender Management
- **Outbreak Control Team** - Whenever it is suspected or confirmed that there is an outbreak of COVID-19 in a prison, an Outbreak Control Team is convened, and PHE provide direct advice on how to respond through this team.
- **PE** – Physical Education
- **PGD** – Prison Group Director
- **PHE** – Public Health England
- **PHW** – Public Health Wales
- **PIU** – Protective Isolation Unit (accommodation for known or probable COVID-19 cases)
- **PMP** – Privately Managed Prisons
- **POELT** – Prison Officer Entry Level Training (programme to equip new officers for their career in the prison service)
- **PPE** – Personal Protective Equipment
- **PPO** – Prison and Probation Ombudsman
- **RCU** – Reverse-cohorting Unit (accommodation for a designated period of time for new receptions, recalls, transfers or prisoners returning from hospital, allowing emergent infectious cases to be detected before individuals enter the general population)
- **ROTL** – Release on Temporary Licence
- **SU** – Shielding Unit (accommodation to protect the most vulnerable, with enhanced levels of biosecurity including dedicated staff)
- **TTG** – Through the Gate (a service which helps to reduce reoffending by preparing prisoners for release and reintegrating into the community)
- **YCS** – Youth Custody Service