



## **COVID-19: National Framework for Prison Regimes and Services**

### **Introduction**

This document provides a **conditional roadmap** for what the easing of restrictions will mean in practice. It is a summary of how prisons<sup>1</sup> will operate while COVID-19 remains a threat but where the most severe restrictions on prison regimes are no longer proportionate or sustainable, or where the threat can be mitigated via alternative approaches. It sets out what we are trying to achieve, the core principles and the governance and assurance processes involved. This forms part of our medium-term plan, and is supported by Exceptional Delivery Models (EDMs) and other more detailed guidance on the specific areas of policy involved.

Our priority is a safe environment for staff and those in our care. We will continue with our data and evidence-based approach to delivering this, informed by public health advice. We have already used technology innovatively to deliver parts of the prison regime, and will look for new opportunities to go further.

We will establish an estate-wide consistent basis for governors to make decisions according to their local circumstances, and with the appropriate level of oversight. Over time we will bring back more aspects of prison regimes, in an order that reflects our priorities, learning from the best available evidence and delivery of our statutory responsibilities. But we will only do this once it is safe and we have the necessary public health measures in place to mitigate the risk, including suitable clinical oversight and testing plans and, where necessary, PPE.

### **Background**

In response to the threat of COVID-19, the Ministry of Justice (MoJ) and Her Majesty's Prison and Probation Service (HMPPS) took decisive action to protect staff and prisoners. This involved 1) restricting regimes to implement social distancing, as set out in the Exceptional Regime Management Plan, 2) limiting movement of prisoners between prisons, and 3) starting a programme of work to compartmentalise the estate to isolate symptomatic prisoners, shield the vulnerable, and quarantine new entrants.

There have been a number of tragic deaths, both of staff and of prisoners, and we continue to identify new cases of COVID-19 in custody. But despite the inherently closed nature of the prison estate we have successfully avoided the reasonable worst-case scenario of explosive outbreaks and far higher fatality rates. In line with the updated guidelines and new Alert Levels for the community, the time is now right to consider how we should move forward, creating a roadmap for restarting regimes.

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<sup>1</sup> This document applies to Young Offender Institutions (YOIs) as well as adult prisons. For simplicity the terms 'prison' and 'prisoner' are generally used except where there are specific differences for children/young people.

The 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 the associated harms in terms of wellbeing and mental health. 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. As the Prime Minister set out, the whole country now needs to prepare for an extended period of living with and managing the threat from the virus.

## Overarching objectives

Our aspiration is still to deliver the MoJ [Single Departmental Plan](#) via the [HMPPS Business Strategy](#), but we know that delivery of services will be very challenging while we still face the threat of COVID-19. Our decisions will be guided at every stage by the following objectives, which we will need to balance and reconcile any tensions between:

**Preservation of life:** To continue to protect our staff, the public, and offenders in our care by preventing infection, minimising deaths and hospitalisations, ensuring continued access to healthcare, and protecting the NHS from explosive outbreaks.

**Maintain security, stability and safety,** in the broadest sense: to ensure the ongoing stability and safety of the estate, including the risk of disorder, violence, suicide and self-harm, escapes, protecting the public, and sufficient staff confidence to deliver regimes and rehabilitative activities as intended. This is crucial to safeguarding the mental and physical health of staff and those in our care.

**Provide sufficient capacity:** Ensuring that we have enough space to receive from the courts and sufficient capacity to meet overall demand, as well as sufficient staffing and resources to run establishments.

The following principles are relevant to achieving these objectives in the current context:

- We will plan carefully for what the easing of restrictions will mean in practice, tailored to local circumstances. Lives are at stake with COVID-19, so we will proceed with an abundance of caution and our approach will be informed by public health advice, which we will share with our recognised trade unions. We will consider the transmission risks associated with particular activities, as well as the aggregated risk from the overall changes to the regime.
- Prisons are closed settings holding many vulnerable people and so inherently high-risk. The timing of changes may not mirror developments outside prisons because of the heightened risks. The easing of restrictions in the community will increase the risk of new incursions of the disease through new prisoners, staff and others, and we will need to respond accordingly.
- Where certain activities can resume – such as social visits or education – we should expect them to do so with considerable restrictions and adaptations (including reduced capacity) in the interests of safety, although we will look for innovative ways to deliver them. Progress will be slow and incremental, and restrictions may need to be re-imposed in the event of local outbreaks.
- We will communicate regularly, clearly and accessibly with our staff, partners, and stakeholders, as well as those in our care and their families, to keep them informed and engaged throughout. We need to manage expectations carefully, as we must be prepared for progress that is non-linear and uneven across the estate.

- Our plans will need to be flexible enough to accommodate the very different circumstances and situations of different prisons (the appropriate regime will be very different between a YCS establishment, a High-Security prison, a female Open prison and so on). As health is a devolved area, in some places government guidelines may vary between England and Wales and prisons may at times follow different health instructions.
- We will need to continue to shield the vulnerable. We will need to respect the choice of some other prisoners to minimise their social contact.
- We will have to live with COVID-19 for a long time and must focus on making progress towards a 'new normal', learning from the lockdown period rather than simply seeking to return to the previous status quo. As times goes on and research tells us more about the virus we will adapt our plans.
- We will need to continue to work collaboratively with partners in delivering these objectives. We will coordinate our medium-term plan for prisons with that for probation recovery, and work closely with CJS and other partners to align plans.
- We will engage staff of all grades as we develop the details of our medium-term plan and EDMs, and will carry out intensive consultation with our trade unions in this work.

## National Foundations

In addition to the compartmentalisation approach, including the isolation of symptomatic prisoners, other key underpinnings of our plan are:

1. Social distancing and hand-washing: wherever possible, the same social distancing and hand-washing principles must be maintained in prisons as in the community. However, the unique nature of the prison environment will not always allow for this to be practical, and prison level plans must identify where exceptions will be made, justify why the exception is proportionate and the additional mitigations that will be put in place to manage this.
2. Testing and clinical observation: testing is already available for symptomatic staff, but to support capacity and maintain effective public health measures a greater testing capability will be needed – for example, consideration is being given to testing and clinical oversight of new receptions and symptomatic prisoners, plus contact tracing where outbreaks occur.
3. Personal Protective Equipment (PPE): sufficient PPE must be available for all staff and prisoners. Easing regime restrictions will generally increase the amount of PPE required, for example for visits to the prison, so PPE stocks must be assessed as suitable before any changes takes place. Required PPE is set out in the [national guidance](#).

## Prison Regime Stages

Similar to the lifting of restrictions in the community, the re-opening of prison regime will need to be guided by a number of factors to ensure that it remains safe to do so at each stage. This is intended to help support governors make decisions locally, within the National Framework, and identifies the areas of the regime that should be prioritised. It will ensure we have a rigorous, evidenced and data-driven basis for decisions.

All areas of the regime will be subject to updated EDMs that provide detailed guidance about measures that should be taken to ensure they can be implemented safely and securely. The

instructions in the EDMs will vary depending on the Stage the prison is operating at, and some activities will only re-commence once the regime has progressed to a particular Stage.

Different prisons will be assessed as being ready for different Regime Stages, and may move in different directions over time. Progress will be incremental, particularly when transitioning to a lower stage; rather than an overnight adoption of all aspects of the relevant regime for that Stage, they will be fully realised over time. Prisons will move up or down the stages in response to local conditions such as an outbreak of infection in the prison or the community, or rates of staff absence. Regimes may also be required to go straight back into (stage 4) lockdown from lower stages where advised by Outbreak Control Teams or directed by HMPPS centrally.

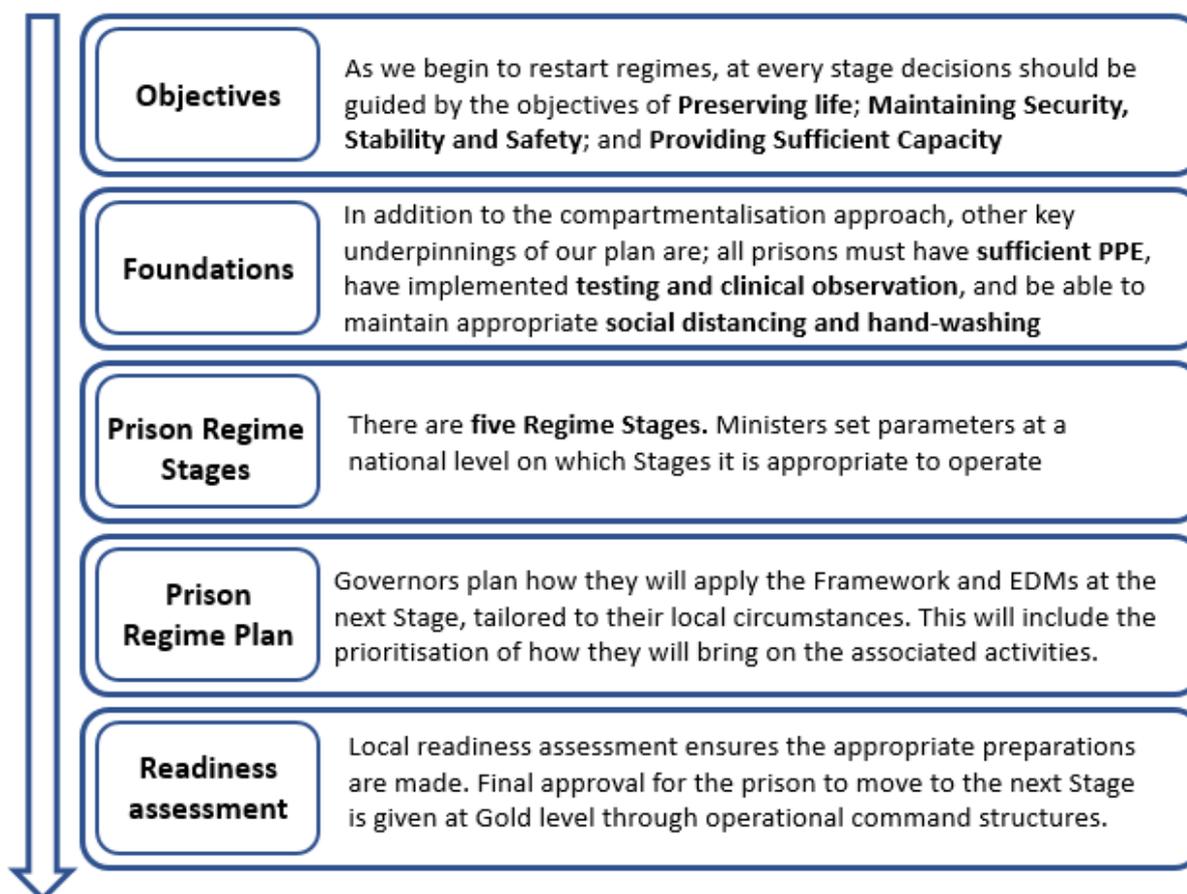
There will not be target dates for the prison estate to start moving to less restricted regime stages, or for individual establishments to do so. These decisions must be, and seen to be, based on an objective and rigorous assessment of the data and evidence about what is appropriate, as set out in this Framework. Equally, returning to higher levels of restriction will take place if necessary, but not otherwise. These decisions will be credible and defensible, and we intend that they command confidence.

	<b>Stage</b>	<b>Conditions to operate at this Stage</b>	<b>What could a prison regime operating at this Stage look like?</b>
<b>5</b>	<b>Complete Lockdown</b>	<p><b>Prison</b> - as 'Lockdown', but with an active outbreak ongoing that is not being contained by level 4 lockdown.</p> <p>Staffing levels below minimum for the ERMP.</p>	<p>Regime focused purely on preservation of life.</p> <p>Minimise time out of cell and social contact – no time in the open air, all meals served at cell door, support from other establishments or external suppliers for essential services like laundry.</p> <p>No transfers in or out of the establishment.</p>
<b>4</b>	<b>Lockdown</b>	<p><b>Prison</b> – Significant number of infections within establishment or prison unable to implement compartmentalisation strategy.</p> <p><b>National</b> – Significant number of establishments with new infections, which indicates that systemic risks are not sufficiently controlled.</p> <p><b>Community</b> - High levels of community infection and transmission (Alert Level 4/5).</p> <p>Staffing levels able to deliver ERMP.</p>	<p>Minimum required regime in place to ensure safety and decency, as set out in the ERMP of 24<sup>th</sup> March.</p> <p>Receptions from courts for some prisons, but routine inter-prison transfers (IPTs) stopped and controlled IPTs agreed via Gold Command structures.</p>
<b>3</b>	<b>Restrict</b>	<p><b>Prison</b> - All foundations set out above can be met. Assessment is that infection levels in the establishment are under control.</p>	<p>Compartmentalisation remains in place. Testing and monitoring ongoing. Social distancing applied and PPE in use.</p>

		<p><b>National</b> – Small number of establishments with outbreak control teams in place.</p> <p><b>Community</b> – At or transitioning to Alert Level 3 (epidemic in circulation) or below.</p> <p>Staffing levels sufficient to deliver activities set out in EDMs for this Stage, including partner services e.g. healthcare.</p>	<p>Inter-prison transfers where RCUs in place and procedures are agreed by Prison Gold command.</p> <p>Highest priority areas of regime (e.g. visits) can start to be reinstated with appropriate restrictions, including restrictions in the community on travel to prisons.</p> <p>Implementation of stage 3 elements of the relevant Exceptional Delivery Models, tailored to local circumstances such as physical layout and design of the establishment. Full detail set out in EDMs, but noteworthy points:</p> <ul style="list-style-type: none"> <li>• Reintroduce social visits, but with limited capacity and other restrictions and adaptations.</li> <li>• Reintroduce classroom based education in YCS, but with restrictions and adaptations.</li> <li>• Reintroduce Offender Management work and Offending Behaviour Programmes, but with restrictions and adaptations.</li> </ul>
2	<p><b>Reduce</b></p>	<p><b>Prison</b> - All foundations set out above can be met. No infection present in the prison, or very low levels where spread is contained.</p> <p><b>National</b> – Infection present only in small number of prisons.</p> <p><b>Community</b> – At or transitioning to Alert Level 2 (COVID-19 present, but transmission is low) or below.</p> <p>Staffing levels sufficient to deliver activities set out in EDMs for this Stage, including partner services e.g. healthcare.</p>	<p>Compartmentalisation remains in place. Testing and monitoring ongoing. Minimal social distancing required, in line with community guidelines.</p> <p>Inter Prison Transfers where RCUs in place at receiving prisons.</p> <p>Implementation of Stage 2 elements of relevant and further Exceptional Delivery Models. Full detail set out in EDMs, but noteworthy points:</p> <ul style="list-style-type: none"> <li>• Reintroduction of classroom based education in the adult estate; greater workshops activity in operation; indoor PE; all with restrictions and adaptations to reduce capacity as necessary</li> </ul>

			<ul style="list-style-type: none"> <li>• Less restrictive adaptations and greater capacity across all services, such as visits.</li> <li>• Reintroduce communal worship with restrictions and adaptations</li> </ul>
1	<b>Prepare</b>	<p><b>Prison</b> – No infection within establishment.</p> <p><b>National</b> – No known infections in prisons.</p> <p><b>Community</b> – At or transitioning to Alert Level 1 (COVID-19 not known to be present)</p> <p>Staffing levels near target and sufficient for normal regime delivery, including partner services e.g. healthcare.</p>	<p>Compartmentalisation no longer required, but ongoing screening, testing and monitoring continues to rapidly detect any new infections in the future.</p> <p>Routine Inter Prison Transfers allowed.</p> <p>Regimes operating without requirements for social distancing or PPE use.</p>

## Governance approach



An example of how these governance proposals might look over time for the prison estate is given in Annex A.

This **National Framework** sets out the objectives, minimum standards and safeguards involved in how prisons will operate. This will be updated as necessary as we develop best

practice and respond to changes in our understanding of the threat from COVID-19 in custody and in the community.

Updated guidance including **Exceptional Delivery Models (EDMs)** will be published for individual areas of the prison regime, covering how to deliver aspects of the regime at every Stage. These will be developed in consultation with public health advice to ensure that prison regimes are established in a way that ensures the ongoing safety of staff and prisoners. Key principles for certain areas are summarised at annex B.

As set out in the EDMs, some activity will look very different depending on the Stage the prison is operating at – for example in terms of the maximum number of people attending a visit, or the social distancing requirements. Some activity will only take place once the prison has progressed to a certain Stage. This will also vary depending on the type of establishment, and reflect e.g. the importance and normal statutory obligation to provide education for children in the YCS estate.

For the **Regime Stages** Ministers will make a ‘gateway’ decision, at a national level, on the principle of whether prisons assessed as suitable may be permitted to progress to the next Stage of opening the regime.

This will be guided by advice and data from a range of sources including HMPPS, Public Health England and Wales, the NHS, and informed by data from the national Joint Biosecurity Centre.

The operational prison command structure at Gold level will take the final decision on which Stage is most appropriate for each individual establishment, confirming that:

- the local data and other evidence meet the relevant criteria within this Framework
- a local readiness assessment provides assurance that the appropriate preparations have been made by the Governor.

The preparatory work includes engagement and support from local health and justice partnership arrangements (and the All-Wales Outbreak Control Team in Wales), consultation with local unions, completion of relevant local risk assessments and Safe Systems of Work, and full support from the Prison Group Director and Executive Director.

There is local discretion for Governors, in consultation with the relevant unions and in accordance with the relevant element of the EDM, to determine the detail of how the delivery models should best be implemented locally. This will include the expected timeframe and order in which these aspects are turned on as the prison transitions to the new Stage. It may take some time to fully achieve all regime aspects of a given Stage given the need to test new ways of working, but broadly we expect establishments to be operating the full regime applicable to that stage within 4-6 weeks of adopting it. The readiness assessment will require prisons to set out their implementation plan including the expected timetable, subject to sufficient staffing levels and no signs that the transition is inappropriate (e.g. sudden increases in infection rates). Prisons may also need to return to higher Stages in response to local conditions (e.g. a major new outbreak) or where directed to centrally.

Where appropriate, and safe to do so, Governors may request to activate different aspects of the regime ahead of time, where there is a compelling health, stability or capacity reason to do so. Such requests should follow local union consultation, and authorisation for the requested regime must follow the governance route through the operational line of command, including approval from Gold.

**Oversight and reporting** will be conducted via the operational command line, as well as information from internal audit functions and the Inspectorates. Prison Governors will draw up plans for how they will operate in line with the National Framework and the EDMs, including how they will work with local partners such as healthcare, education, and the voluntary sector. These local plans must be supported by Prison Group Directors before implementation, and subject to further oversight from Executive Directors. Final approval rests with Gold command, to ensure that the assessments and judgements in how to apply the Framework and EDMs are being made on a consistent basis across the estate. No agreement to move to the next Regime Stage will be provided without the criteria and requirements outlined in this document being met.

As part of a national system in command mode at a time of emergency, **Privately Managed Prisons** will also be required to operate within the agreed parameters and safeguards set out in the National Framework. HMPPS Controller teams will monitor local decision making from a commercial and operational assurance perspective, where local planning will need to be agreed by the Head of Custodial Contracts. Gold will take the final decision.

### **Key areas of reporting & monitoring**

Central assurance processes will provide regular updates to Ministers on progress against key indicators. This will include the level of regime in operation in each prison and, in aggregate, across the whole estate. We will track:

- The Regime Stage each prison is operating, including whether this has recently increased or decreased and the overall pattern across the estate
- Sustained and consistently low rates of deaths, hospitalisations and infections in custody: assessed through a combination of the most recent management information on deaths and infections.
- Prison capacity and receipts: ongoing monitoring of CJS demand levels, and receipts from police and courts against capacity of RCU units, and the extent to which establishments are implementing the relevant compartmentalisation guidance.
- Staffing levels: assessed by monitoring the staffing levels in the estate and ensuring the ratios remain above critical thresholds, but also that we are not prolonging re-deployments longer than necessary.
- Ability to test symptomatic staff, symptomatic prisoners, all prisoners on reception and ideally on transfer: based on the ability to test new entrants into the system and enable interventions such as contact tracing.
- Sufficient PPE to meet future demand: based on the most recent information on supply levels of PPE in relation to infection curve and proposed regime changes
- Confidence in the order, control and stability of individual establishments: assessed through local stability returns, supported by intelligence and management information on incidents.

Further independent assurance will be provided by the five independent scrutiny bodies: HM Inspectorate of Prisons, HM Inspectorate of Probation, the Independent Monitoring Boards (IMBs), the Lay Observers (LOs) and the Prisons and Probation Ombudsman (PPO). They have had to take similar steps to limit face-to-face activity in response to COVID-19, and we are working with them as they develop more detailed plans for how they intend to monitor, investigate and develop their inspection regimes in the next phase.

### **Probation Business Recovery Programme**

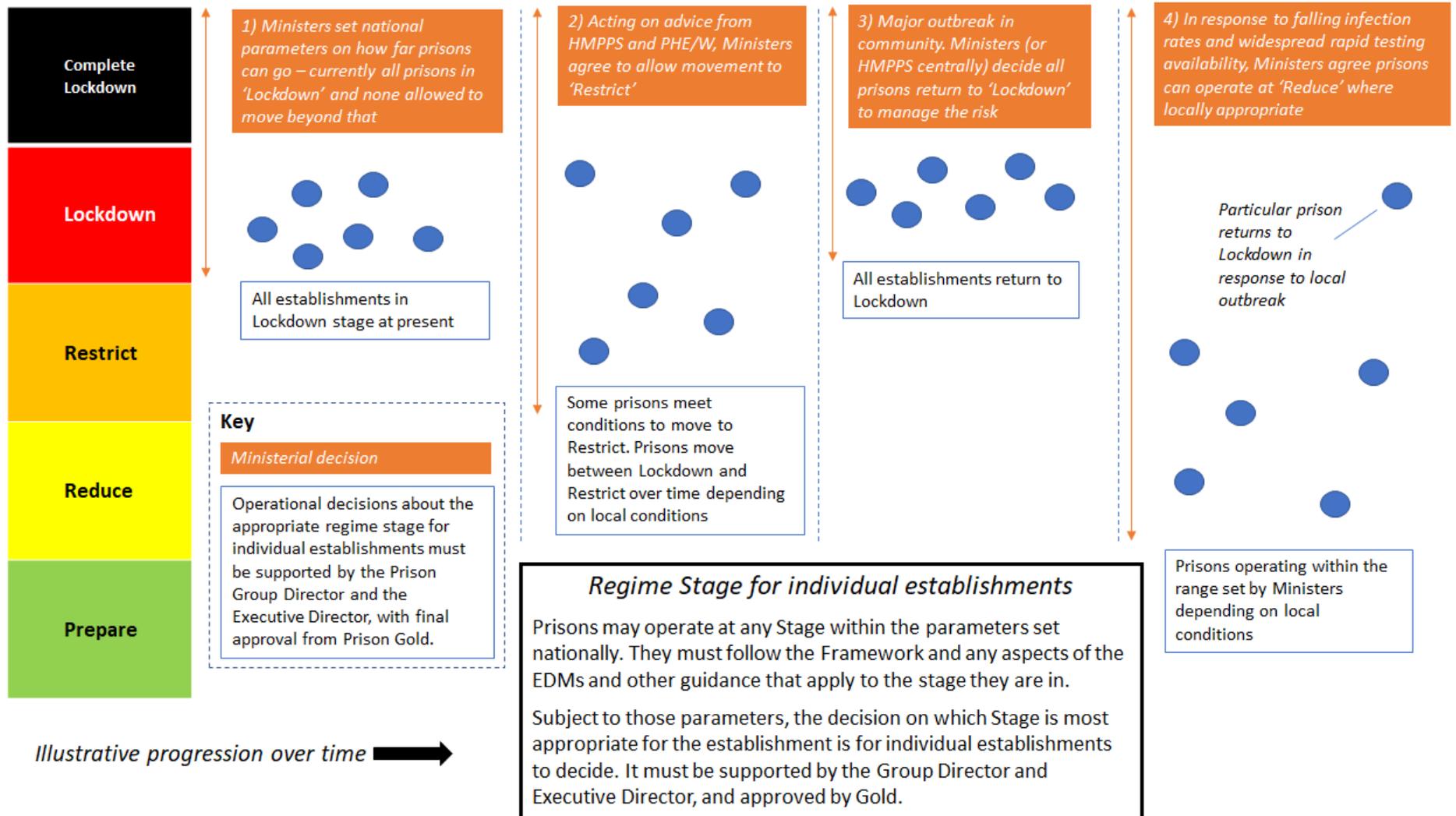
In response to COVID-19, HMPPS has had to impose similar restrictions on the way probation work is carried out, with many services carried out remotely. The [Probation Roadmap to Recovery](#) sets out the equivalent framework for how these restrictions will be eased for Probation.

We will work closely to ensure a joined-up approach across custodial and probation services. As set out in the Probation Roadmap to Recovery, one of the first steps in easing restrictions will be for embedded probation staff to return to work in prisons, once it is safe to do so.

### **Exceptional circumstances**

Where operational emergencies occur, prisons may need to deviate from this Framework. This will be co-ordinated through operational command structures and the appropriate restrictions applied to manage any serious incidents.

## Annex A – the Regime Stages and governance structure



## Annex B – Summary of key areas

As discussed above, further detail on operational implementation will be contained in supporting guidance, but this table gives a summary of the high-level principles for certain key areas. Information here may need to change as we produce the EDMs on each area.

Area	Summary	Minimum standards	Prioritisation
Implementation of the compartmentalisation strategy and core regime, including meals, healthcare, and time out of cell	<ul style="list-style-type: none"> <li>• The overall compartmentalisation strategy – isolation of symptomatic prisoners, shielding of the vulnerable, and quarantines for new entrants – is set nationally</li> <li>• Prisons work locally to identify suitable sections of the prison for each area, and how staffing rosters will be adjusted to fit</li> </ul>	<ul style="list-style-type: none"> <li>• Appropriate clinical oversight in place for new entrants to prison, including testing where appropriate, before any substantive changes are made to the current approach on isolation or quarantine</li> <li>• Prisons must be able to maintain the core regime before they can pass the readiness assessment to expand to other areas. They must follow the foundational principles set out above in doing so</li> </ul>	<ul style="list-style-type: none"> <li>• The core regime is fundamental to the preservation of life and is delivered in all cases at all Stages</li> <li>• Delivery will change at less restrictive Stages – for example with meals eaten differently, time out of cell, and access to team sports.</li> </ul>
Visits and family contact	<ul style="list-style-type: none"> <li>• Directly linked to Regime Stage – physical visits can resume once prison is in ‘Restrict’ and be subject to less restriction at lower stages.</li> <li>• EDM sets some further restrictions on how visits can be carried out (dependent on Stage)</li> <li>• Prison-level plan on how to search and process visitors, arrange and staff visit rooms and escort and search prisoners</li> </ul>	<ul style="list-style-type: none"> <li>• Where it is not safe to offer physical visits, establishments facilitate family contact via phone and secure video links that are being rolled out; these other methods of contact are also maintained when physical visits become possible, but with reduced availability Hand hygiene measures must be in place</li> <li>• National guidance on travel, social distancing and PPE use must be followed</li> </ul>	<ul style="list-style-type: none"> <li>• High priority, should be facilitated once in ‘Restrict’ Stage</li> <li>• There will be limitations on the frequency and nature of visits; the details of restrictions will reflect the regime stage</li> </ul>

<p>Offender Management, reducing reoffending and resettlement activities</p>	<ul style="list-style-type: none"> <li>• Education will take very different forms as regimes progress (in-cell workbooks vs classroom based learning)</li> <li>• Resettlement will follow the principle of continuity of TTG work</li> <li>• Pre-release arrangements for public protection (e.g. MAPPA) must be maintained</li> </ul>	<ul style="list-style-type: none"> <li>• ROTL needs to follow community guidelines on essential travel</li> </ul>	<ul style="list-style-type: none"> <li>• Offending Behaviour Programmes prioritised, as can be offered in small group and 1:1 settings and is important to reducing reoffending outcomes and demonstrating progression for Parole purposes</li> <li>• Key work is important to progression, reducing reoffending and safety, and will be prioritised</li> <li>• Education is particularly important for the YCS due to the normal statutory obligation to provide education</li> <li>• Some work activities important to functioning of prison (e.g. cleaning, laundry) or wider Covid response (e.g. manufacturing of PPE) and should be prioritised over other forms</li> </ul>
<p>Prisoner safety and welfare including the safeguarding of children and young people</p>	<ul style="list-style-type: none"> <li>• ACCT and CSIP reviews should take place, observing social distancing in appropriate settings</li> <li>• Quality assurance in place to ensure processes are followed in case management</li> </ul>	<ul style="list-style-type: none"> <li>• Safety considerations will be woven into the development of wider guidance - not just safety specific documents</li> </ul>	<ul style="list-style-type: none"> <li>• Prisoner Safety and Welfare one of four key areas maintained in Lockdown ERMP</li> </ul>

<p>Inter-prison transfers</p>	<ul style="list-style-type: none"> <li>• As more prisons move to lower Stages with fewer restrictions we expect to be able to safely conduct more transfers.</li> <li>• Our approach to transfers will depend on the overall picture in the estate – for example if prisons are operating at very different levels because some need to maintain lockdown for an extended period, transfers will need to continue to be centrally regulated through Gold command. Once sufficient prisons are operating at lower levels of restriction, less central co-ordination will be required and routine transfers will resume.</li> </ul>	<ul style="list-style-type: none"> <li>• The decision on when to resume routine prison transfers will be taken centrally depending on the overall conditions in the estate. Until then they will continue to be regulated through Prison Gold command</li> </ul>	<ul style="list-style-type: none"> <li>• Certain forms of transfers will need to be prioritised, in line with our overarching objectives.</li> </ul>
<p>Independent scrutiny bodies and other ALBs (HMIP, PPO, IMBs, OFSTED/Estyn, Parole Board, IAP)</p>	<ul style="list-style-type: none"> <li>• At a national level, we will discuss with the inspectorates the appropriate manner to conduct inspections given the overall conditions in the estate.</li> <li>• The Parole Board had to stop face to face parole reviews in prisons, and we are working with them as they plan how to restart some face to face hearings for those prisoners whose cases cannot be held remotely.</li> <li>• The IAP will convene a meeting of the Ministerial Board on Deaths in Custody, with a specific focus on</li> </ul>	<ul style="list-style-type: none"> <li>• ALBs are independent and we will need to work with them on their proposals for how they will operate in the coming period.</li> <li>• Some scrutiny bodies (IMB, Lay Observers and HMI Prisons) have adopted interim arrangements including remote monitoring and short scrutiny visits, and established helplines during the current period to ensure offender needs are being met whilst balancing the need to adhere to public health guidelines</li> <li>• Others (e.g. PPO) are starting to explore ideas and/or put mechanisms in place for how they monitor, investigate, inspect and report for the coming months</li> </ul>	<ul style="list-style-type: none"> <li>• Prisons must facilitate independent scrutiny and inspections, with a pragmatic emphasis on finding mutually agreed, safe ways of operating</li> </ul>

	lessons learn from the emergency period and steps that can be taken to protect lives.		
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## **Annex C – Glossary of terms**

**ACCT** – Assessment, Care in Custody and Teamwork – the care planning process for prisoners identified as being at risk of suicide or self-harm

**ALB** – Arm’s-Length Body

**CJS** – Criminal Justice System

**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: restricting 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.

**CSIP** – Challenge, Support and Intervention Plan for prisoners at a raised risk of harming others

**EDM** – Exceptional Delivery Model

**ERMP** – Exceptional Regime Management Plan

**Estyn** – the office of Her Majesty's Inspectorate for Education and Training in Wales

**Gold Command** – COVID-19 Gold Command leads HMPPS’ national-level response to COVID-19.

**HMIP** – Her Majesty’s Inspectorate of Prisons

**IAP** – the Independent Advisory Panel on Deaths in Custody

**IMB** – Independent Monitoring Board

**IPT** – Inter-prison transfer

**LOs** – Lay Observers

**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/W provide direct advice on how to respond through this team.

**PE** – Physical Education

**PECS** – Prisoner Escort and Custody Services

**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