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**Special edition: Responding to
the coronavirus pandemic**

Leading prisons through the coronavirus pandemic

Sarah Coccia is Executive Director for Public Sector Prisons (South) in HM Prison and Probation Service. She is interviewed by Dr. Jamie Bennett who is a Deputy Director in HM Prison and Probation Service

Sarah Coccia has worked in prisons for two decades. She governed three prisons including an open prison at HMP Standford Hill; HMP Elmley a category B local prison holding over 1000 men, and: HMP Swaleside a category B prison holding over 1000 long-sentenced men. She has held senior posts including in the Security, Order and Counter Terrorism Directorate, and as Prison Group Director in Kent, Surrey and Sussex, and in London. She was promoted to Executive Director for Public Sector Prisons (South) in November 2020.

This interview focusses on Sarah Coccia's role as Prison Group Director for prisons in London during the coronavirus pandemic. The prisons in London include Pentonville, Wormwood Scrubs, Wandsworth, Isis, Brixton and High Down. These are some of the most complex and challenging prisons in England. Their role encompasses all aspects of the prison system including holding people on remand and facilitating attendance at courts in London, providing longer term detention and preparing people for release.

This interview was conducted in November 2020.

JB: Have you previously had to manage outbreaks of infectious diseases? What has been the nature and scale of this?

SC: Only in a small way. For example I had to manage an outbreak of measles in a prison I was governing. I have also had to manage small outbreaks of influenza, working in partnership with Public Health England (PHE). Nothing I have done before compares to the coronavirus pandemic.

JB: How prepared were you for the coronavirus outbreak? Did you have contingency plans in place?

SC: Our contingency plans were useful for the first few days. Then we frankly had to start again. London went into this pandemic earlier than the rest of the country. Before the national lockdown, we were dealing with an outbreak of illness at High Down prison in February, which PHE were describing as flu. We weren't testing for coronavirus at that point, so I believe that was the first prison outbreak.

We had to learn quickly and had to flexibly apply the principles that had been set out in contingency plans and in advice from PHE. We had to apply this as best as we could to the situation we faced. We had the same people around the table, the same partners, as was set out in contingency plans, but the scale was much bigger. We were confident about our principles and approach, but the specific situation was different.

JB: When did you start to consider that this may be a significant issue for you? How did you feel at that time? How did you think this might play out for prisoners, staff and the prison system?

SC: In February, when we had the outbreak at High Down, we didn't have testing, we just knew that people were falling ill. We also, at that stage didn't have the 'compartmentalisation' strategy in place creating separation between infected and uninfected people, and we didn't have a 'reverse cohorting' unit holding people separately who had recently arrived into the prison. We were trying to separate people as best as we could at that point. We also did not realise how easily the virus could transmit, so we didn't know how significant an issue it might become.

At that stage, we also did not yet have a separate national command structure in place. We were working through normal line management arrangements to respond to the evolving situation. We had to think about issues such as mutual aid between prisons within my group to ensure we had sufficient staff where they were needed. Although I felt supported by the organisation, we didn't in the early stages have the bespoke structure that was later put in place.

When the national lockdown was declared in March 2020, I had three of the six prisons in the group with outbreaks. We knew the situation was getting worse and we were concerned about the availability of personal protective equipment (PPE) as nationally demand was outstripping supply at this time. The Governor and Deputy Governor of one of the most complex prisons in the group contracted coronavirus and I had to put a temporary Governor in place. Then during that same week, two members of staff at HMP Pentonville sadly died after contracting the illness. I

remember taking the call about those colleagues that died and thinking that this was potentially the start of a very dark period. I thought that it was going to get much worse and that the rest of the country would also be affected. That was in the first week of the national lockdown.

It was a very dark time. I remember speaking to the Governors in the group at the time and saying that this was the start; that we would be facing a very difficult time and; it was important that we supported one another.

In fact, although it was a very difficult time, during the first wave, we did not lose any more colleagues and no prisoners died from Covid related illness within the London prisons. That week in March was a terrible time, but actually the situation improved and it felt more in our control. Of course there have been challenges, for example, half of the senior management team at Brixton had to isolate at the same time, so we had to quickly cover those roles. The prisons have been difficult to run and it has been hard for everyone, structuring expectations for our prisoners has been key throughout. The Governors have really supported each other through the challenges and the prisons have responded effectively to the challenges.

JB: What action did you take in order to manage the risk of infection spreading? How did you introduce social distancing? What restrictions did you have to introduce and how did you go about doing this?

SC: We are all used to maintaining two metres social distancing now, but initially it was really odd. In a prison like Pentonville, we have tiny Victorian landings that you can only fit one person on width-wise. We had to think and act quickly about how people would move around, how we would hold meetings or briefings, but also how were we going to get staff safely through the gate area. Normally the majority of staff arrive in the fifteen minutes before the start of a shift time and move through a small gate lodge. Our health and safety colleagues worked with us to develop processes and make best use of our space.

In a prison you need the majority of staff to be present in order to do the work. There were some people who could work from home, but initially we didn't always have the equipment to make this happen.

We had to make the best of what we had and prioritise those roles that we needed.

We had to work through the challenges pragmatically, but there was also another side to it, which was dealing with the fear that people had that by coming to work they might fall ill. There was a lot of work on effective and regular communication, reassuring people, ensuring that they knew when and how to use PPE. Our Governors had to ensure that staff had trust in them.

Communication throughout was vital. We had to communicate with prisoners about what the regime would look and feel like. As well as speaking to prisoners and issuing written notices, we also made videos, and programmes were produced for prisons radio. We had to use all of the channels we had. This was a difficult circumstance for everyone but by communicating prisoners knew why we were doing this and they knew we were trying to keep everyone safe. We carried out a safety survey of 2000 London prisoners during the pandemic and they said they understood why we were doing what we were and they felt safe.

JB: One of the strategies used to manage the risk was 'compartmentalisation'. This is the idea that the prison population should be separated into distinct groups including those that have

recently arrived; those that are symptomatic and; those that are clinically vulnerable. How did you achieve that in prisons such as Wandsworth where there are very large wings, sometimes with hundreds of people? How did you organise the prisons to achieve that aim?

SC: By the time we started implementing compartmentalisation, we were already managing outbreaks. So, at Wandsworth, when we were implementing the reverse cohorting unit for newly arrived prisoners, we already had 70 ill people in the prison. We were trying to introduce this strategy at the same time as managing an active outbreak. This is all taking place in a context where London prisons are historically overcrowded and work to full capacity all year round. We didn't have the flexibility to simply empty an area or move people en masse. We didn't have the capacity.

The most significant process we introduced was a London-wide population management approach. We

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put this in place in one week. This meant that half of the prisons would receive prisoners from the courts on one week, then the other half would receive them the next week. This enabled the prisons to operate a reverse cohorting process, which involved, at that stage, 14 days in a separate unit. Without this change, the prisons could not have operated safely or served the courts. It felt like a bold decision at the time, but it worked out and it was refreshing that we were able to work so flexibly with our justice partners and each other during a period of extreme pressure.

This ran successfully and was then rolled out into other areas, including the West Midlands where there were similar challenges of balancing the demands of the courts with the requirements of reverse cohorting.

JB: Where there any opportunities to reduce the prison population and the need for crowding?

SC: Not really. The dividend we hoped from the early release schemes didn't really pay off in London. There was sound thinking behind the scheme, particularly where possible releasing pregnant women, but the impact was limited. The population eased slightly because we had less people being sentenced by the courts, so there was less need for early release schemes to achieve that end. We closely monitored the population daily and kept good communication with the centre in order to best manage the spaces that we had available across London.

JB: Were health measures introduced including testing?

SC: That took some time to roll out. Some London prisons were part of the pilot for wider testing for staff and prisoners. Prisoner testing upon reception will be developed further in time and may enable a reduction in the time required for reverse cohorting or other changes that help with the operation of prisons. This will be of significant benefit once rolled out and it has been encouraging for the London prisons to be part of the pilot and work closely with our Health colleagues over the summer developing the prisoner testing arrangements.

Although wider staff testing is the right thing to do, it does bring its own challenges. For example,

recently we lost over 100 staff from Wormwood Scrubs due to positive tests and isolation of people who had been in close contact. Losing so many staff temporarily does make the operation of the prison very difficult.

JB: What was the reaction of prisoners to these measures? Did you face resistance, or increased distress?

SC: Initially violence reduced, simply because there was less opportunity because regimes were so restricted. Many reported that they did feel safe because of the steps we were taking to protect them from coronavirus.

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With social visits, we had some discussions about reintroducing these as the first wave eased. Some people were very nervous about this. They didn't want their families to feel pressure to visit and place themselves at risk. They were also concerned that opening up visits would create a risk of infection being brought into the prison. The reintroduction of visits wasn't met with the positive feelings I was expecting. The expanded access to video visits, using the new iPads was a preferred option for many of the prisoners because it felt safer.

JB: How did you try to mitigate the impact of the measures put in place? Did you develop any new processes or use new technology?

SC: We had access to video calls quickly and the centre supported us to introduce Purple Vsites (Visits by iPad) and increased video link for court processes. This has been used to enable prisoners to keep in contact with their loved ones. We also used video conferencing for courts, legal consultation and Parole hearings. This enabled critical business to continue. Without this our system would have ground to a halt. These have been the two most significant uses of technology during the first wave of the pandemic.

JB: How did you start to plan to move on from the initial response and start the process of recovery?

SC: The process started in June. The health situation had improved. We had to think about the practicalities and how to best use our resources. There was also an emotional element to manage and take

into consideration. We had been in lockdown for a long time, we had to plan a recovery in a way that staff and prisoners would be confident in and would remain safe. It had to be introduced slowly and carefully. We started introducing activities for prisoners but with limited numbers and in a controlled way. We had to recognise that many people had felt scared and also that returning to how things were before the pandemic was no longer feasible.

The practicalities varied from prison to prison. The size and complexity of the establishment had an impact. We were also limited by the number of staff we had available. Significant numbers of staff had been unable to attend work as they were shielding due to clinical vulnerability. This did not necessarily fall evenly on all departments. For example, we found that our offender management units were particularly affected. They have a critical public protection role in managing the progress of individuals through their sentence. That work doesn't stop, so we also had to ensure that was given the resources needed and we prioritised the work that had to be done.

JB: Have you had to maintain any restrictions or adaptations in order to manage the risk on an ongoing basis? How long do you judge that such restrictions will have to be in place?

SC: We are now using our resources in the best way in the current circumstances. Prison life is being lived in small groups. The challenge will be to move into a medium-term plan where we may have to manage these risks over a more protracted time. There has been much learning across the organisation throughout the pandemic so far and it is critical that we take this into consideration when planning our medium and longer term recovery and what prison life will look like in the future.

There is a lot we have found throughout the pandemic that is positive, we are learning that people feeling safer living, working and socialising in smaller groups. It is important that we learn from the good elements and consider applying them in the longer term.

We do at all times need to ensure that people are safe. This means understanding how violence is changing in these circumstances. For example, we are seeing more 'domestic' violence, in shared cells. This may be mirroring the domestic violence levels seen in the community. We also know that the mental health of people has suffered. The right support in the future

is vital to help people with these consequences of the pandemic.

JB: What have you learned from this pandemic? What would you do differently if there were further outbreaks?

SC: The value of good working relationships between organisations has been clearly demonstrated. For example I have had far more day to day involvement with health colleagues than in the past. This has built stronger relationships. We have strengthened the skills of collaboration.

We are also working more flexibly. As in other organisations, remote working has been embraced. We can continue to build our digital capability as individuals and as an organisation.

There has also been a shift in the willingness of people to talk about how they are feeling. Checking in and supporting each other has been needed and has helped us to be resilient. The openness about mental health can only be a good thing. None of us have been through this before and we are all learning as we go.

Communication has been developed. It has been vital to get messages across quickly and clearly and to people in different circumstances, including those who are absent from work. We have had to use different approaches for different groups.

The Governor of Pentonville has a whiteboard in his office and on it he has 'COVID — Things we want to keep' with a list of practices that have been developed. It's a really positive response to a testing time and I think signifies our learning journey through this unprecedented period.

JB: What are you most proud of in the response to the pandemic?

SC: I am proud of all of the staff for just carrying on. They had a sense of duty. No matter what rank or role, they were 'key workers'. They got up and kept going, even when they didn't always know what they were coming into. They had to have trust that we were managing this in the best possible way. They could have acted differently, but they turned up in droves and did their duty. That makes me so proud. Over the last few months, we've all missed a holiday or a birthday party and whatever else, but this has shown the values that people have. It shows why they do their job and what really matters. The commitment of staff is what has got us through the first wave.