



Annual Report of the Independent Monitoring Board at HMP Hewell

**For reporting year
1 October 2019 – 30 September 2020**

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Introductory sections 1 – 3

1. Statutory role of the IMB

The Prison Act 1952 requires every prison to be monitored by an independent Board, appointed by the Secretary of State from members of the community in which the prison is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- satisfy itself as to the humane and just treatment of those held in custody within its prison, and the range and adequacy of the programmes preparing them for release
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison, and also to the prison's records.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that States designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The Independent Monitoring Board (IMB) is part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

HMP Hewell is a local adult male category B prison.

Certified normal accommodation and operational capacity:¹

Baseline certified normal accommodation (CNA) 998 ('uncrowded')

Maximum CNA 1,074 ('crowded')

Operational capacity 900

Hewell was jointly managed with HMP The Grange, a category D open resettlement prison located on an adjoining property, and a single Board monitored both prisons.

The Grange was decommissioned at the end of March 2020 and is subject to a separate report, published in July 2020

Physical health provider: Care UK

Mental health provider: Care UK

Substance use treatment provider: Care UK

Learning and skills provider: Novus

Library service: Worcestershire County Council

Community rehabilitation companies (CRCs): Staffordshire and West Midlands; Warwickshire and West Mercia

Careers information and advice: Coventry/Solihull/Warwickshire Partnership (CSWP)

Escort contractor: GEOAmey

Maintenance: Amey

Hewell is a purpose-built prison, opened in 1993, with single and double cells and shared showers. More than 40% of cells designed for one prisoner hold two.

A quarter of the population is normally categorised as presenting a high risk of harm to others, with 20% organised crime gang nominals.

In June 2018, it was announced that the establishment would be subject to Special Measures. In February 2020, Special Measures was replaced by the Prison Performance Support Programme. In recognition of 'the deep-rooted issues that cannot be fixed overnight',² Hewell was named as one of the prisons to be given bespoke support, with measures including additional staff, enhanced standards training and airport-style security.

In March 2020, the Governor left. The Deputy Governor managed the prison until the new Governor was appointed, and arrived at the end of June 2020.

Her Majesty's Inspectorate of Prisons (HMIP) made a scrutiny visit to Hewell on 11 and 12 August 2020.

Following attempts to clean and remove infection from the inpatient unit, a decision was taken to close it, and the last patients left in August 2020.

¹ Baseline CNA is the sum total of all certified accommodation in an establishment, except cells in segregation units, healthcare cells or rooms that are not routinely used to accommodate long-stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works and cells taken out of use because of staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

² Prisons and Probation Minister Lucy Frazer QC MP, 28 February 2020.

3. Executive summary

3.1 Background to the report

The COVID-19 pandemic had a significant impact on the Board's ability to monitor the prison, gather information and create this annual report. The Board has covered as much ground as it could in these difficult circumstances.

In March 2020, the Prison Service instituted a full lockdown to protect prisoners and staff from the effects of the coronavirus. HMP Hewell mirrored the national situation, with prisoners identified as at risk of infection being moved to an isolation unit and all new arrivals being accommodated on a 'reverse cohort unit' for 14 days.

The Acting Governor and staff responded speedily and energetically to the lockdown. New systems and ways of working were rapidly devised and introduced. At this point, all education, gym and work (except for cleaning and catering) stopped. Communication was enhanced, with daily briefings; prisoners were kept fully informed of developments and accepted what, in normal circumstances, would have been considered inhumane treatment – that is, being locked up, in most cases, for 23.5 hours a day.

While the staff are to be commended for their agile and effective response to the pandemic, which resulted in the feared catastrophic direct impact on the population being averted, it is of concern that managing the pandemic has had detrimental effects on the conditions in which prisoners are held. The imperative to keep prisoners as safe as possible from infection has undoubtedly, so far, been partly achieved. However, the collateral damage to their broader welfare, in terms of rehabilitation, sentence management and, to an increasingly evident extent, mental health, cannot be underestimated. The Board hopes that the significant organisational and physical improvements that have been made at the prison during the restrictions caused by the pandemic will soon begin to have a material and positive impact for the prisoners accommodated there.

From late March, the majority of the Board has not been able to enter the prison because of COVID-19. Together with prison staff, a system has been devised, whereby applications boxes are emptied, scanned and emailed securely to the Board Chair. The Board is included in all notifications to staff and prisoners, and the daily handover report. The Board instituted a system of contacting staff by telephone, and, informed by all these means, was able to prepare a weekly rota report for the Governor.

The Board was very impressed with the sensitive and imaginative manner in which these new ways of working were introduced and operated. The Board commends all personnel for their commitment, although it should be noted that the initiative to maintain links between the prison and the Board consistently came from the Board.

HMIP visited on 11 and 12 August, and the scrutiny visit found that:

- The prison had taken prompt action to manage the risks associated with the virus and had been effective in safeguarding prisoners and staff alike. The

last positive confirmed prisoner case dated back to April, which reflected the overall success of their approach to date.

- National directives had been followed and cohorting arrangements, although complex, had been agreed following consultation with health partners.
- A senior manager was appointed as the COVID-19 lead and delivered an effective communication strategy to prisoners and staff, mostly through notices, including delivery directly to cells, and there was also some use of the information channel on the television network.
- The prison had delivered a basic but consistent regime but had only recently begun to expand that and ease some of the restrictions.

The lack of physical presence by Board members for the latter part of the reporting year inevitably meant that we had little direct evidence of the clear improvements in some areas that have been seen in the establishment. This has limited the extent to which these positive, less tangible, examples of progress can be included in this report.

Although occurring after the reporting period, conversations with prisoners taking place in December 2020 have confirmed the content of the quotes from staff in this report as being an accurate reflection of the prison when we were unable to visit.

At the end of the reporting period, there were no new confirmed cases of infection and there had been no COVID-19-related deaths.

3.2 Main judgements

This report presents the findings of the Board for the period October 2019 to September 2020. Our evidence comes from observations made through visits, scrutiny of records and data, informal contact with prisoners and staff, and prisoner applications.

The judgements below should be considered within the context of an establishment which had three Governors in the reporting period, while continuing a long journey of improvement after many years of poor performance.

The prison receives new prisoners from court, prisoners recalled and those recategorised (often for behaviour considered by the recategorising prison as inappropriate for that prison), and so has a population inherently unsettled, both as a whole and individually. This can work against the development of positive relationships. Many staff are new and relatively inexperienced, and this, together with the 'churn' inherent in a busy local prison, creates difficulties not present in prisons with a more stable population.

During the Board's absence from onsite monitoring, the work that had begun before the pandemic to prioritise cleanliness and decency in the prison was accelerated. On its return to the prison, the Board focused on visits to the segregation unit and was struck by the cleanliness there. The Board (after this reporting period) saw similar improvements throughout the establishment. The Board is impressed with the progress made to provide a clean environment. The prison is a changed place regarding cleanliness, compared with previous reports.

Similarly, contacts with staff illustrate a marked improvement in morale and a 'can do' approach. Staff report having more time to build a knowledgeable understanding of the prisoners in their care, and having more time to support new, less-experienced members of staff.

Although the Board still believes that Hewell is not providing a service appropriate for the 21st century, we remain optimistic that there is continual determination to move the prison forward. Hewell was a very different establishment at the end of the reporting year than it was at the beginning, and the Board hopes to see that the changes implemented as a result of increased investment and a change in leadership and culture have a consolidated and positive impact on the lives of the prisoners accommodated there.

It is noteworthy that when issues are identified and raised, the governors and senior managers remain receptive and try to deal with the underlying concerns. The Board acknowledges the efforts made by the willing and largely dedicated staff to respond to, and support, some of society's most difficult and disturbed individuals.

How safe is the prison?

Safety is a key concern. This is supported in the report which followed a scrutiny visit by HMIP in August 2020, mirroring the concerns of the Board, and is reflected in the applications to the Board received during the reporting year. Specifically, prisoners reported feeling unsafe (a third of those who responded to the HMIP survey), and the strategic management of violence was weak. Violence may have reduced as a result of the lockdown restricting prisoner contact with each other.

The Board has given attention, subject to the limitations of COVID-19 restrictions, to the monitoring of prisoners at risk of suicide or self-harm, including those self-isolating. Assessment, care in custody and teamwork (ACCT) documents were regularly reviewed on the segregation unit and on the house blocks. While due process was followed, the quality and depth of interventions varied considerably. The Board concurs with recommendations made by HMIP following the scrutiny visit, which would ensure more robust management of ACCTs, to deliver individual packages of care for prisoners at risk, multidisciplinary reviews and an effective quality assurance process. The Board also concurs with the HMIP recommendation that meaningful key working sessions should be developed across the prison.

The level of self-harm in the prison, on which we comment in detail in our report, is still high. We are not satisfied that some prolific self-harmers are receiving the appropriate level of support that they clearly need, both from prison and mental health staff. We note that since the end of our reporting year, the prison has identified the issues and is developing plans to manage and improve multi-agency support for these prisoners, identifying the underlying reasons for self-harm in each case. We welcome this as a potentially substantial improvement to what is currently seen to be a largely generic process-driven reaction to self-harm.

Although it is not the only way in which safety can be assessed, one measure is the number of fights between prisoners, and of assaults by prisoners on prisoners. The analysis of information from the prison's daily handover report suggests that there are fewer of these events compared with the pre-pandemic period, with a consistent

downward trend. It can be argued that the prison is a safer place than it was in March 2020, although it is likely that this is a result of prisoners spending more time in their cells during the restricted regime. The prison is also safer regarding cell fires.

How fairly and humanely are prisoners treated?

Prison staff and the senior leadership team are making progress towards meeting the standards of procedural justice. However, the Board cannot currently confirm that this is delivered every day, to every prisoner.

During the reporting year, the Board saw little evidence of concerted efforts within the establishment as a whole to focus on fairness and equality issues. Specifically, there seemed to be no appetite to analyse the limited data that was available.

A large number of applications to the Board were related to property (as is the case nationally). The Board is not in a position to judge the validity of these applications, but it was noted that complaints from prisoners about property were not always addressed in a timely manner. The negative impact on individual prisoners, particularly where personal /family mementos are lost, is detrimental to their wellbeing. Cumulatively, a large number of concerns about missing property, and a perceived lack of effort to resolve complaints, can be detrimental to good order on the house blocks.

The Board regularly visited the segregation unit and attended reviews. We noted that due process was followed, and observed care and concern for prisoners, including those presenting with extremely challenging behaviour.

The Board paid particular attention to the reception of prisoners, and noted that while there was adequate attention to screening and risk assessment, wellbeing was hampered by a lack of appropriate information available to non-English-speakers and, at times, a lack of basic items such as bedding and wheelchairs.

How well are prisoners' health and wellbeing needs met?

The Board has consistently been struck by prisoners' dissatisfaction with healthcare services and unmet health needs. Many of the prisoners have complex physical health needs, which present a challenge for the healthcare provider to manage. There is some evidence that questions and complaints about access to healthcare, or its provision, are often not addressed sufficiently speedily or thoroughly. A common theme in applications to the Board is dissatisfaction with healthcare provision, particularly mental health support. Some of this dissatisfaction might be down to poor communication, and we cannot comment on clinical matters.

The Board has concerns at a lack of focus on the wider wellbeing issues affecting prisoners, the priority until now having been on dealing with acute and crisis issues, rather than preventative or general wellbeing programmes.

The Board is concerned at the apparent delays in moving prisoners with the most complex health needs to more appropriate accommodation. This is evidenced by the frequent use of long stays in the segregation unit for seriously disturbed individuals, pending moves out of the establishment.

The Board is aware that the prison is not fulfilling the needs of prisoners with disabilities, particularly those using a wheelchair and those with impaired mobility. As

well as preventing them from having full access to the regime, many were so constrained by the physical environment that they were unable to meet basic needs, such as accessing showers and fresh air. Concerns raised by the Board were listened to but did not result in action. The Board therefore concurs with the HMIP findings that this is a major concern and should be addressed, or prisoners accommodated elsewhere.

The care response for prisoners' routine physical illnesses and emergencies is good, and comparable with that which they could expect in the community, except for some long waiting times for consultations. However, the Board has far less confidence in the effectiveness of the provision of mental health support. We also have concerns about how those needing higher dependency care will be treated following the closure of the prison's inpatient unit.

During the restricted regime, the Board received some applications suggesting that access to some healthcare services was problematic. Some implied that dental and optician services had long waiting times. The Board discussed this with the healthcare provider and was satisfied that reasonable steps were being taken to ensure that prisoners received the healthcare services they needed. However, anecdotally, one prisoner located in the segregation unit had been unable to see the optician to replace his spectacles for at least a month.

How well are prisoners progressed towards successful resettlement?

The Board has little direct evidence to comment on this area prior to the COVID-19 restrictions. However, we note with concern the almost complete cessation of education provision during the pandemic restrictions, and the seriously deleterious effects of the restrictions on sentence planning and preparation for release.

3.3 Main areas for development

TO THE MINISTER

The Board restates its previously recorded concern at the prevalence and treatment of prisoners held in custody indefinitely under indeterminate sentences for public protection. We have seen no evidence of attempts to manage the sentences of these individuals with any focus on forward progression. Nor have we seen recognition that the despair of endless detention results in self-destructive behaviour, leading to the use of segregation and challenges to discipline within the prison. This, in turn, causes these prisoners to fail at the parole board. We urge the minister to take up the issue of prisoners still being held in custody indefinitely despite the power to pass such sentences being removed eight years ago.

Similarly, the Board remains concerned about the difficulties encountered in transferring prisoners with severe mental health/behavioural issues to an environment where they can be treated effectively. Again, will the minister work with colleagues in other departments to ensure greater availability of more suitable locations for these prisoners?

TO THE PRISON SERVICE

The Board would like to see a clearer articulation of the expectations, priorities and remits of a local prison, to enable Hewell to focus on fulfilling that declared role. Further, the Board is keen to see evidence that only prisoners fitting the recognised profile for a local prison are routinely accommodated at the establishment.

Sufficient funds should be identified to improve access and accommodation for those with physical disabilities.

Even before the restrictions caused by the pandemic, the Board was concerned (admittedly on the basis of limited evidence) about the paucity of effective educational provision for those in Hewell. The situation has worsened with the restricted regime. The Board urges more effective scrutiny of the education contracts, to ensure more effective outcomes.

TO THE PRISONS AND PROBATION OMBUDSMAN

Please conclude the report into the death on 14 June 2018, so that an inquest may be carried out.

TO THE GOVERNOR

The Board is keen to see evidence of a concerted focus on addressing prisoners' mental health needs. We wish to see improved outcomes for those accessing these services and interventions. The Board would wish to see evidence of a reduced incidence of self-harm.

The Board is concerned at the lack of robustness in the approach to equality issues, and would welcome renewed vigour and accountability in this regard. We recognise that progress has recently been made in terms of collecting data but are concerned still at the lack of rigour in its analysis and lack of influence on practice. We are keen to see equality embedded in the regime and evidenced in day-to-day activity.

The Board is often aware of a reliance on systems and processes in managing issues within Hewell, rather than a focus on robust problem solving and effective decision making. This tendency is demonstrated in the frequency with which ostensibly minor issues or concerns are allowed to escalate, with recourse to documentary systems – for example, the complaints or adjudication systems not resolving the issues as speedily or effectively as possible. We would like to see frontline officers being more proactive in resolving concerns.

The Board is aware of the challenges presented in the preparation and serving of food. During the reporting year, there have been too many instances of broken kitchen machinery, limiting the range of food prepared. The Board has significant evidence, in the form of formal applications, anecdotal comments and our own observations, of unappealing food being served. A regular lack of hygiene measures – for example, missing protective clothing and broken warming trays, as well as unsatisfactory serving conditions and practices, such as blocked servery drains, and sandwich fillings served in cling film – have been a frequent cause for concern. There is an almost total lack of facilities for prisoners to eat other than in their cells. We would urge a focus on the importance of food, and on its quality and presentation, in the coming year.

3.4 Progress since the last report

The Board's report for 2018/19 included requests for improvements to the following areas, with the following actions resulting:

<p>TO THE MINISTER</p>	
<p>Will the minister instruct Her Majesty's Prison and Probation Service (HMPPS) to move all prisoners serving indeterminate sentences for public protection (IPP) out of category B local prisons, so that the response to the 2016/17 report ('HMPPS focuses on giving IPP prisoners the support, opportunities and motivation they need to progress more quickly so that offenders have the best possible prospect for securing release...') can be achieved?</p>	<p>Board members continue to meet IPP prisoners, often demonstrating poor behaviour and in segregation, who despair of ever being released.</p>
<p>The Board is concerned about the difficulties encountered in transferring prisoners with severe mental health/behavioural issues to an environment where they can be effectively treated. Will the minister work with colleagues in other departments, to ensure greater availability of more suitable locations for these prisoners?</p>	<p>This remains an issue.</p>
<p>TO THE PRISON SERVICE</p>	
<p>Will the Prison Service ensure that sufficient funds are available to make all parts of the prison (for example, cleanliness, flooring, showers, in-cell telephones) fit for the 21st century?</p>	<p>A planned programme of investment and work on improving the environment continued during lockdown. This resulted in notable improvements in the general physical condition and cleanliness of the prison, albeit within the constraints of outdated and poorly maintained buildings. Significant improvements are:</p> <ul style="list-style-type: none"> • the replacement of windows, designed to stop delivery of illicit items via drones, but having the important side effect of stopping prisoners throwing rubbish from the window to the exercise yard below

	<ul style="list-style-type: none"> • an improvement to the condition of the segregation unit, which has had a palpable effect on the atmosphere in the unit despite the disappointingly frequent damage to the fabric of the cells caused by a minority of protesting prisoners • the provision of in-cell telephones. <p>The Board remains concerned, however, at the constraints posed by the fabric of the prison to those with disabilities</p>
The Board remains of the opinion that the system for moving prisoners' property from prison to prison is not fit for purpose. Will the Prison Service ensure that a 21st century solution to moving prisoners' property is brought in?	This remains an issue.
TO THE GOVERNOR	
Will the Governor: continue to reinforce to staff the need to resolve issues at source and not allow them to escalate to a formal complaint or adjudication?	Evidence from applications received by the Board indicates that this remains an issue.
instruct staff to inform the Board of self-isolating prisoners and those 'kept behind their door' on normal location?	This has never been implemented.
devise a system whereby prisoner workers are able to receive their entitlement to showers, association and telephone calls?	This ceased to be an issue with lockdown.
identify funds to make the healthcare department (particularly the inpatient unit) a welcoming space?	This ceased to be an issue with the closure of the inpatient unit.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

Board members have observed that arrivals at the prison proceed through reception smoothly, with adequate attention to screening and risk assessment. The Board is satisfied that the measures to ensure that infection is not brought into the prison are proportionate and professionally managed.

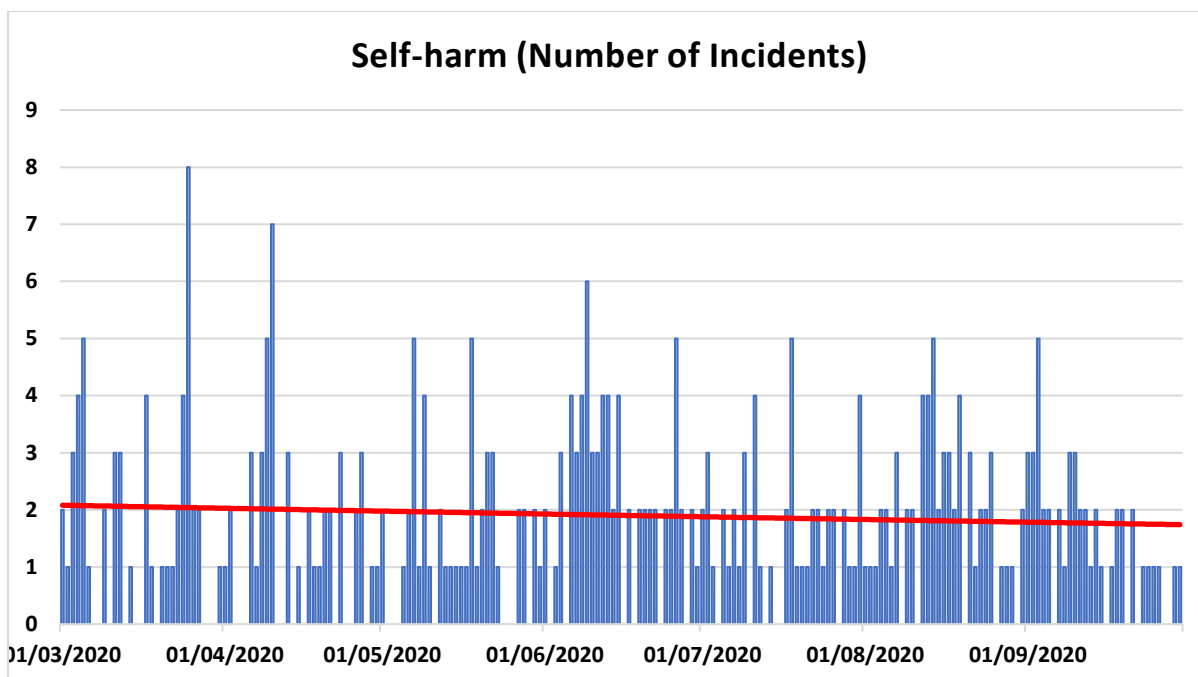
Both reception and induction processes have been hampered by the lack of information available to non-English-speakers.

On occasion, the Board has been informed that new arrivals have been accommodated without sufficient bedding and in inappropriate settings. During the year, the provision of Listeners in reception during the evening was curtailed. The Board remains seriously concerned at the lack of wheelchairs for use by new arrivals. In one case, staff carried a prisoner to his first night accommodation on a commode.

The recently commissioned body scanner in reception has proved valuable in preventing prohibited items getting into the prison, and illustrates the widespread, almost daily, attempts by prisoners to endanger the establishment and its inhabitants in this way.

4.2 Suicide and self-harm, deaths in custody

Board members have always been aware that prisoners self-harmed, and indeed have met such prisoners and reviewed their ACCT documents. However, the receipt and analysis of the daily handover report starkly raised the profile of the extent and level of self-harm in the prison. To this end, we have been collating detailed statistics throughout the period 1 March to 30 September 2020.



Source: HMP Hewell daily handover report.

This chart shows the incidence of self-harm (359 incidents) from 1 March 2020 to 30 September 2020, with a trend line in red. Although the trend indicates a decline in the number of incidents, it is very slight.

By way of background, in the full inspection of June 2019, HMIP commented that there had been 350 self-harm incidents in the previous six months, and that this was higher than in similar prisons. HMIP’s short scrutiny visit in August 2020 reported that self-harm reduced by 10% going into lockdown, implying that there had been about 315 incidents in a six-month period.

From the prison’s own daily handover report, we have identified 359 incidents of self-harm in the six months to 30 September 2020. This represents 1 in 6.7 of the population at 30 September 2020. That ratio is very close to the national figure of 6.5 for the 12 months to June 30 2020. However, nationally, the quarter to June 2020 saw a 19% reduction in self-harm in male establishments as they went into COVID-19 lockdown, but Hewell’s self-harm figures have not reduced and are now excessive in comparison.

Forty-nine per cent of all healthcare callouts during the six-month period were to respond to self-harming injuries. Hardly any of the briefings point to the lockdown as a cause of self-harm, and, indeed, the Board was informed by staff at all levels that many prisoners have commented that they feel much safer in the restricted regime, with, for example, less opportunity for bullying. Officers have had far more time for supportive interaction with vulnerable prisoners, so it is both puzzling and worrying that self-harm remains at a high level.

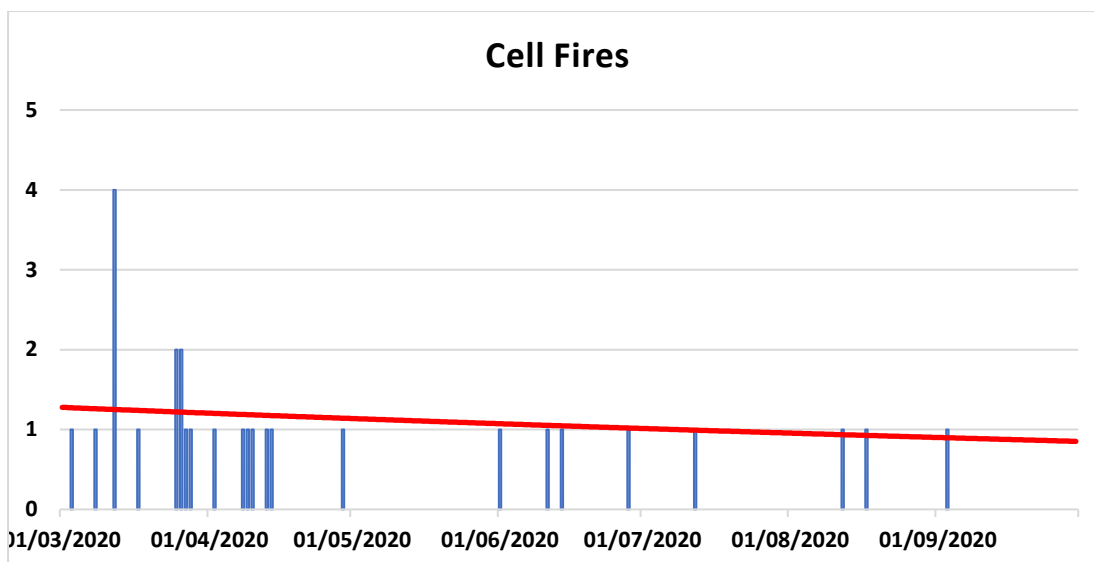
In view of this, it is surprising that wing officers report a significantly lower number of active ACCTs. One wing officer, typical of many, told us in August that there were only three live ACCTs in his house block, compared with around 15 pre-COVID-19.

Seventeen of the most prolific self-harmers harmed themselves collectively 144 times in the six-month period, an average of 8.5 times each, and the 11 most serious cases a total of 114 times, an average of 10 times each. We must question whether the mental health support available to these prisoners is adequate. We are told that there is a delay of six to eight weeks to see a psychiatrist, and negative comments about the lack of mental health support have featured regularly in applications to, and conversations with, the Board throughout the year. During the pre-COVID-19 restrictions, a prisoner told us that he had received more help from wing officers than from the mental health team. He expressed to us his appreciation for the officers' support, and said that he felt in a better state of mind as a result of it.

There was some evidence of an explicit focus on managing such cases more actively and effectively, and to close them when appropriate. There was, however, still a sense that in too many cases the use of the ACCT process did little more than document the level of observation that a prisoner was subject to, rather than encourage a multidisciplinary effort to manage the case to an optimum outcome. The tendency to use the ACCT process to manage the crisis, rather than as a tool to work with the prisoner to deal with the underlying issues and find a longer-term improvement, was disappointing.

Following a review and audit of all open ACCT cases mid-way through the reporting year, the number of cases fell from a peak before the audit of 78 open ACCTs to a range of between the low-20s and mid-40s in the period from the end of March to the end of August 2020. The Board was told that the audit showed that some case managers had previously lacked the necessary confidence to close a case, even where appropriate, and identified instances in which insufficient multidisciplinary contribution was made to the case reviews. It also highlighted cases in which the ACCT system had been used to manage behavioural or medical issues rather than dealing specifically with threats of suicide or self-harm. These conclusions mirror those of the Board in its assessment of the ACCT process. In the latter half of the reporting year, during the period of restricted access for the Board and therefore less direct monitoring of the ACCT process, more active management of cases seemed to be becoming the norm. Review of the prison's daily handover report indicates that ACCTs are swiftly opened or reviewed after reported incidents. The question remains as to whether, with the restricted regime, prisoners at risk of suicide or self-harm are pre-emptively identified before an incident takes place.

In March and April, cell fires were a such a frequent entry on the daily handover report that the Board specifically monitored such incidents. The following chart illustrates that they are now an infrequent occurrence.



Source: HMP Hewell daily handover report.

In the current reporting year, there were five deaths. Initial indications suggest that they were all from natural causes, but at the time of writing no inquests have taken place. Prisons and Probation Ombudsman (PPO) reports have been received for three of the deaths. Two of the PPO reports (April 2020 and July 2020) highlighted concerns about inappropriate reliance on decision-making processes and use of restraints when prisoners attend hospital, particularly when they are clearly very unwell or immobile (one prisoner was wheelchair bound due to amputation of both legs). Within the PPO action plans for these two reports, the prison agreed to undertake quality assurance of 25% of prisoner escort records monthly, to ensure compliance with the expected standard, with a target date for compliance being April 2020. To date, the quality assurance does not seem to be being completed; unfortunately, this means that we have not been able to monitor for appropriate and humane use of restraints when prisoners attend hospital. The use of restraints when unwell or dying prisoners attend hospital has been a point of concern by the PPO in previous investigations into HMP Hewell prisoner deaths, outside of the current reporting timescale. Additionally, the issues raised by the PPO about appropriate use of restraints has formed the basis for questions to the Ministry of Justice (Hansard, July 2020).

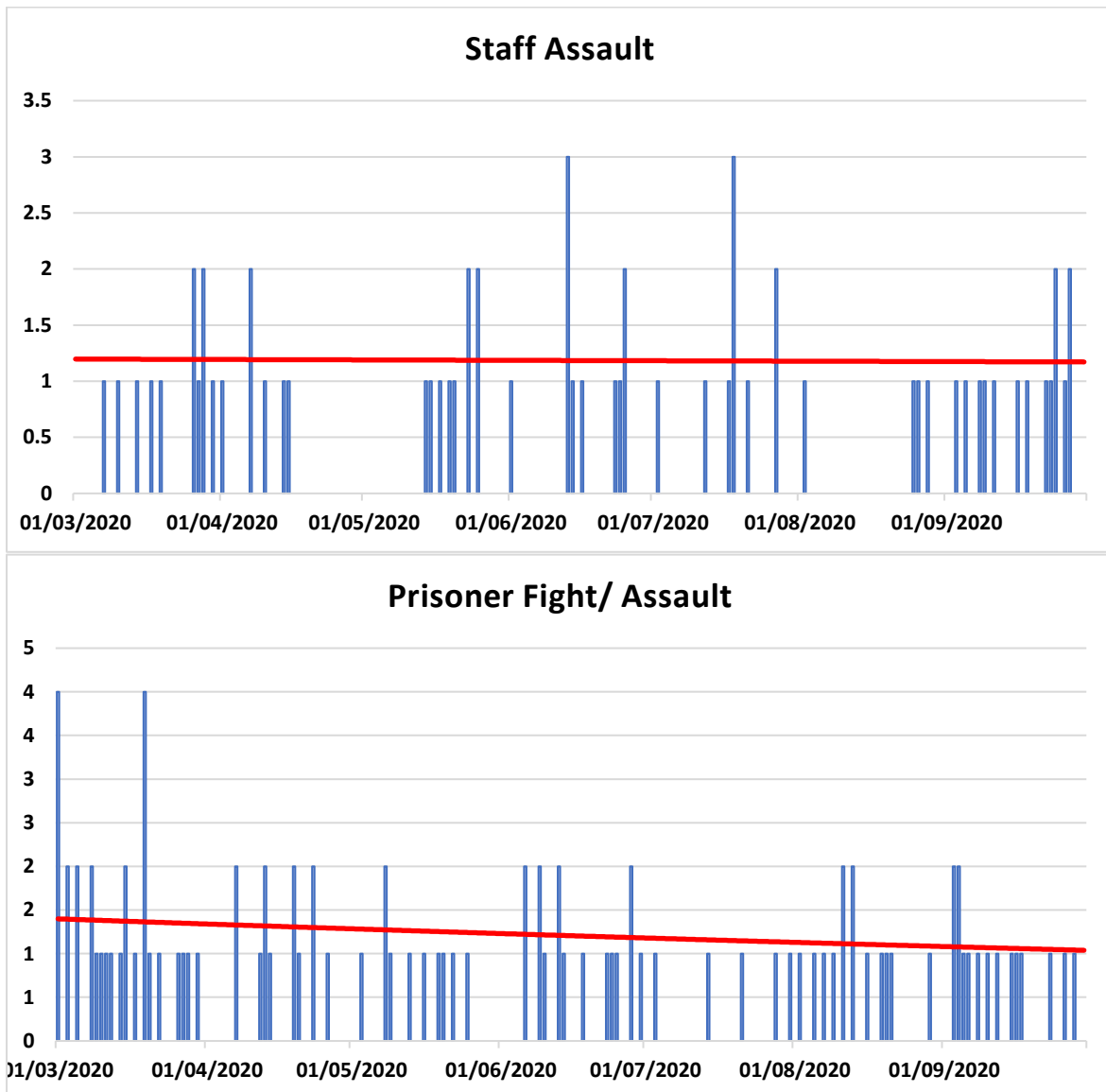
There was a death in custody on 14 June 2018, and no report has yet been received from the PPO.

4.3 Violence and violence reduction, self-isolation

Prior to the COVID-19 restrictions, an unsatisfactory level of violence was endemic, with prisoners frequently reporting feeling unsafe. The HMIP scrutiny visit survey found that nearly a third of prisoners felt unsafe, and 41% reported being bullied or victimised by staff. Inspectors also found that overall violence had reduced by 52% post-COVID-19 restrictions but remained comparatively high. Much of the reduction was driven by a decline in prisoner-on-prisoner assaults.

The nature and location of the prison required a consistent effort to keep individuals separate from each other across the establishment, and movement was constrained by fears of violent incidents. More recently, and despite the restricted regime and the limits placed on prisoners' ability to mix during the lockdown, there have continued to be disturbing incidents of violence, both prisoner against prisoner and prisoner against staff.

The following charts show the incidence of assaults on staff, and assaults and fights between prisoners.



Source: HMP Hewell daily handover report.

Both charts show a decreasing trend, probably because of the reduced time that prisoners have spent outside their cells.

4.4 Vulnerable prisoners, safeguarding

Vulnerable prisoners have special, separate accommodation, and their safety appears to be managed effectively, with arrangements made to ensure their

separation from the general population. There is evidence that prior to the restrictions placed on arrangements for them, vulnerable prisoners had only limited access to education provision, with such provision largely limited to basic English and mathematics classes. There is very limited evidence of appropriate arrangements made for older or disabled prisoners, with a particular dearth of provision evident for those with learning or other, perhaps hidden, disabilities. Vulnerable prisoners have, in normal circumstances, had limited access to work opportunities.

Of concern has been the poor state of the waiting room used by vulnerable prisoners while waiting for medical outpatient treatment. The room was observed over a long period to be entirely unfurnished, with only a ledge built into the wall to sit on and the walls covered with offensive graffiti. Some of this graffiti was homophobic and sexist, and included names and telephone numbers. This facility remained in this state for a number of months, despite frequent reports.

It was initially reported to us by staff that some vulnerable prisoners requiring COVID-19 shielding had refused to move to the shielding unit, citing concerns for their personal safety. However, there is evidence that effective measures were put in place to keep these prisoners separate from the general shielding prisoners. This included the reported decision to move the vulnerable prisoner accommodation on the shielding unit further away from the exercise yard early in the lockdown period, as a result of the verbal abuse being directed at the windows of vulnerable prisoner accommodation that was originally situated nearby.

4.5 Use of force

Looking at the prison's own Use of Force records, the regime restrictions over the second half of our reporting year resulted, not unexpectedly, in a 27% reduction in recorded use of force incidents from the same period of 2019. However, looking at normal life at Hewell before the impact of COVID-19, the first quarter of 2020 saw a 6% increase in use of force on the same quarter in 2019, and a huge, 128% increase over 2018. This emphasises the task faced by the staff in dealing with a particularly challenging population.

During the year, PAVA incapacitant spray was issued on a very restricted basis, to control and restraint instructors only. There was no recorded use of the spray in the reporting year.

4.6 Substance misuse

The Board's analysis of the daily reports indicates a consistent level of finds of drugs arriving through prisoners' mail, alongside finds in targeted cell searches. This, together with the inability of family and friends to visit the prison during the COVID-19 restrictions, appears to have had an impact on reducing the quantity of illicit drugs in circulation.

During the final four months of the reporting year, the number of proven adjudications involving drugs was on a distinct downward trend, falling from 26 in June to only six in September.

There was some evidence of prisoners being bullied for prescription drugs, and of debts being accrued from drug use, arising from discussions during segregation reviews. The restricted regime in the past six months appears to have limited the instances of such bullying to some extent.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

Ongoing repair and maintenance issues remained a concern in some instances, with frequent delays to what would appear to be simple repairs. Frequent false fire alarm activations are a cause of disruption, and instances of failure of cell call bells are a cause for concern for staff and prisoners alike. A programme of cell refurbishment and a genuine and well-resourced focus on improving the cleanliness and decency within the establishment have improved conditions.

It remains a cause for serious concern that most prisoners are housed two to a cell designed for a single occupant. Board members have seen examples of unscreened toilets. Overcrowding undermines prisoners' dignity, can cause friction and sometimes violence between them and has a deleterious effect on their wellbeing.

During the year, the Board observed, and received applications about, the poor state of the food preparation and serving facilities. At times, a large proportion of the food preparation equipment in the kitchen was out of service, causing menu restrictions and an over-reliance on pre-prepared food. A long-standing problem with a blocked toilet in the kitchen needs no amplification. Serving facilities on the house blocks also often caused concern, with warming trays being broken, hygiene tools such as screens being missing or torn, leaking waste disposal units, and limited access to and deployment of protective clothing, such as hats and aprons, all combining to frustrate the efforts of staff and servery workers to deliver meals in an appropriate way. A recent focus on improving food preparation and serving facilities, although overdue, is to be welcomed.

Pre-lockdown, it was noted that there was a lack of food diaries for the prisoners to feed back their concerns about food quality directly to the kitchen. However, it has been reported that food diaries have now become available on the house blocks within the last three months of reporting, but no evidence of their success has been seen, as a result of the COVID-19 restrictions of on-site monitoring.

Halal compliance certificates displayed on house block serveries were found to be out of date up until March; however, due to COVID-19 on-site monitoring restrictions, no newer information is available.

There is evidence of some efforts being made to cater for special dietary requirements, and arrangements for catering during Ramadan were careful and well received.

We found the quality of the food to be adequate, although there are regular complaints about both its quality and quantity. The food was rarely described as appetising or appealing, with a reliance on filling items such as bread. The presentation of the meals is often unattractive, with, for example, sandwich fillings being served in varying sized portions, wrapped in clingfilm. There is no evidence of any attempt to husband resources effectively, with, for example, extensive use of disposable cartons. Prior to lockdown, there was an extremely limited facility for communal eating; some house blocks have a very limited table area in the common

areas, but such settings allowed only a handful of prisoners to eat and commune together at mealtimes, which had the potential to lead to tension and failed to foster a sense of community.

5.2 Segregation, special accommodation

The segregation unit has seen a remarkable transformation over the year, with refurbishment of the fabric of the unit and notably lower levels of occupancy. This view was confirmed by the HMIP scrutiny visit, which found the segregation unit clean and bright, with staff friendly and approachable, and prisoners generally positive about their treatment. Except at times of peak occupancy, segregated prisoners have access to a daily shower, telephone call and exercise.

The impact of an experienced and stable staff team, focused on the care and wellbeing of the prisoners in their care, has proved valuable in effecting this positive change. It is of concern that a small number of vulnerable and ill (usually mentally but sometimes physically) and very challenging individuals are accommodated on the unit, often for extended periods, for want of more appropriate arrangements. During the reporting year, it remained a concern that prisoners on open ACCTs are housed on the unit, although it is accepted that this situation is exceptionally and occasionally the best, or least worst, available option.

Before lockdown, the interface between the unit and the healthcare team was often seen as unsatisfactory, with instances where healthcare staff attendance at reviews has been representative rather than effective.

At times, the lack of consensus between healthcare and unit staff on whether prisoners' behaviour/actions are behavioural or mental health related, and if segregation is the right place for certain individuals, remains a concern. The Board has observed some resistance on the part of the healthcare professionals, on occasion, to work collaboratively with prison staff to achieve the best outcomes for prisoners. The lack of agreement, or apparent unwillingness to diagnose or accept an individual's need, has sometimes resulted in an unclear exit plan from segregation, and stays beyond 42 days.

Experience of segregation reviews remains positive, and appropriate attendance and contributions are now reliably achieved. Such reviews and interventions are accurately administered and carefully managed, with care taken to involve the prisoners in the discussions as much as possible.

The Board's observation of adjudications was positive, with appropriate attendance and contributions. The observed adjudications were accurately administered and carefully managed, with care taken to involve the prisoners in the discussions as much as possible.

The Board was told by a governor: 'I have tried to show more empathy and understanding when dealing with adjudications, which has not only helped to resolve issues, but also makes prisoners feel they are being listened to and that their feelings and concerns for themselves and families in the community during COVID-19 are being taken into account'.

Over the final four months of the lockdown, there were 50 proven adjudications where the charge related to a refusal to share a cell. Twenty-one of these occurred in September, the final month. In addition to these, there were seven proven charges of assault, or threats to assault, where the victim was a cellmate.

In addition to sampling the process of conducting adjudications, the Board analysed proven charges as an element in its remote monitoring. The results of this helps to inform the judgements in sections 4 and 5.

5.3 Staff/prisoner relationships, key workers

Staff culture has changed significantly during the year, with two substantive Governors and an Acting Governor in post during the year. Recent clarity and direction, both during the severest COVID-19 restrictions and since their easing, along with a new focus on compassionate leadership and on building a sense of community within the prison, appear to be paying dividends.

A member of staff said: 'I feel, as do most staff I have spoken to, that with the new Governor in place, the prison is in good hands and being really well managed under the circumstances. We feel supported, valued and this then gives us more confidence to do our job to our best ability'.

There has been a marked improvement in staff morale under the COVID-19 lockdown, which coincided with changes in Governor during the reporting year. Staff report having more time to build a knowledgeable understanding of the prisoners in their care and having more time to support new, less-experienced members of staff. There was some evidence of good working relationships between the house block staff and the prisoners in problem solving, through listening and helping them find solutions for themselves, and therefore, avoiding the unnecessary escalation to the formal complaints systems.

On the whole, relationships between staff and prisoners remain good and constructive, a view supported by the HMIP scrutiny visit. In the HMIP survey, 70% of prisoners said that most staff treated them with respect, and during their visit most prisoners reported positively about their treatment by staff. Many staff display impressive knowledge and understanding of those in their care.

A member of staff said: 'Due to the current situation, it's funny but it's almost brought staff and prisoners closer together and broken down barriers that may have been there before, that 'them and us' thing, as prisoners are now starting to see us in a more human way, and that we are concerned too. I have had more open, honest conversations with prisoners on my wing. I think this has also allowed the newer officers on res to improve and increase their own self-confidence, by chatting more to prisoners and spending more time on the landings. It also helps everyone that we have more resources. I have heard prisoners say they feel much safer and get to chat more with staff as they have more time now'.

However, the failure to embed the key worker system seems to be a missed opportunity, with HMIP finding that there was minimal key worker contact recorded, and many prisoners reporting that they had not received any key worker sessions.

For the majority of prisoners, those without crises or acute issues, appropriately supportive and informed relationships with staff remain elusive.

A period of staff instability, and the loss of many experienced staff at the start of the reporting year, had had a damaging effect on morale within the prison, with a consequent impact on the prisoners. More recently, the COVID-19 restrictions have provided an opportunity for newer staff members to learn the job more gradually, to gain confidence in more restricted settings and to embed their training more securely.

The inability of formal systems and paperwork procedures to manage routine issues and relationships within the prison remains a concern. In too many instances, prisoners have been expected to use formal applications or complaints to raise even simple and routine matters that could have been more easily and effectively dealt with in dialogue with staff. Of particular concern are the cases where multiple issues have developed for a minority of prisoners, resulting in an escalation of their concerns, a proliferation of complaints and applications, and sometimes a build-up of frustration and consequent use of disciplinary systems. Such cases could, perhaps, be more effectively and speedily resolved by less reliance on formal documentation and more focus on listening to the prisoner and seeking to get to the bottom of the concerns. There have been isolated, but welcome, incidents in which a member of staff has chosen to talk to the prisoner about the issues raised, rather than take recourse to the more formal paper systems. The fact that the happening and success of such interventions are a surprise to both parties is concerning.

5.4 Equality and diversity

This is an area of concern within the prison, with, until now, insufficient attention or resources dedicated to managing issues of equality and diversity. There is little recent data on these issues. Despite that, some excellent work has been observed by individuals, including an abortive attempt in the early part of the year to secure engagement from managers with the issue of championing protected characteristics. Recently, a further attempt was made to increase the profile of these issues. At the end of the reporting year, and since its end, there have been welcome signs of a reinvigorated approach to the issues of equality and diversity, with a focus on Black History Month and commitment to the Prison Service charter on equality, diversity and inclusion. It is to be hoped that the momentum in these areas can be sustained.

Although the prison has an awareness of the issues of equality and diversity, there has, to date, been little concerted action to promote the benefits that diversity can bring. There has been little use, and poor awareness among the prisoners, of discrimination incident report forms (DIRFs), which might indicate that discrimination is not a concern, but there is insufficient evidence to make a judgement on this. Formal cases in which the DIRF system is used are few in number, although they are thoroughly investigated. Recently, other prison complaints in which an equality issue has been raised but which do not meet the DIRF threshold have been identified. To date, there have been insufficient resources to investigate such concerns, let alone to deal with themes or recurring issues that arise from either these formal channels or from more informal intelligence.

With the exception of support for Black, Asian and minority ethnic staff and prisoners in the wake of the killing of George Floyd, work to promote Black History Month and consistent work within the chaplaincy team to cater for prisoners following different religions, there is little evidence of targeted provision for individual groups.

Although there has been recent publicity around translation/interpreting services, individuals who do not speak or understand English have been disadvantaged, as such services have almost never been used. Specific instances include the lack of any information in other languages being made available to new arrivals in reception, and a long-serving prisoner being asked to leave his work to interpret part of an induction talk for a disorientated and distressed recent arrival.

There is a surprising lack of visible homosexuality within the prison, with only one prisoner, as far as the Board is aware, making their sexuality known at the end of the reporting year.

There is little evidence of special provision or consideration for older prisoners, with the notable exception of a weekly football session in the gym for them, prior to the COVID-19 restrictions.

There is no evidence of any provision made for those with invisible disabilities or with impaired literacy skills.

The outdated fabric of the establishment, and the widespread use of stairs, does not make for easy travel for those with impaired mobility, such as those who use wheelchairs. This is a cause for serious concern. Instances observed by the Board include a prisoner who uses a wheelchair being unable to get in or out of his cell in his chair because of the narrowness of the cell door, and needing to have the help of his cellmate to manoeuvre or lift him and his chair into and out of the cell. This same prisoner had to be carried up the stairs in the healthcare wing because the stairlift linking the ground and first floors was out of action for an extended period, and also needed to be carried by his fellow prisoners to the shower and to use the telephone. The impact of the lack of provision of wheelchairs in Reception has been reported in Section 4.1.

Reports of concerns over a lack of wheelchairs and accessibility are ongoing, with no wheelchair provision for prisoners needing outside hospital appointments or treatments.

There are instances of individual support and kindness demonstrated by prisoners to their fellows to help them with their specific needs – for example, able-bodied prisoners collecting food from the servery for those with limited mobility, and prisoners helping each other with reading documentation or writing letters. These informal support structures are welcome, and vital to developing a sense of community, but there are clear safeguarding and manipulation risks. Peer support cannot replace systemised formal mechanisms.

The Board is concerned at the often-extended stays of prisoners subject to IPP sentences in segregation. A snapshot taken on the last day of the reporting year showed four such prisoners in the unit, with stays of, respectively, nine, three, 109 and 26 days' duration. While there is no suggestion that the correct processes for

review of those segregations were not followed, the apparent over-representation of such prisoners in the unit gives an insight into the challenges faced by them in dealing with the prison regime, and by the prison in managing their circumstances.

The Board is concerned at the accommodation of foreign nationals in Hewell, and the lack of support for them. A random snapshot at the mid-way point of the reporting year showed that, on 1 April, two such men of a foreign nationality detained under immigration powers were accommodated in the segregation unit and, at that date, had been held there for 120 and 175 days, respectively. Despite the best efforts of the unit staff, both individuals were often in a state of serious mental distress and confusion.

5.5 Faith and pastoral support

The chaplaincy team is well established and plays an important role in the pastoral, as well as the organised religious, life in the establishment. The retirement of the experienced managing chaplain towards the end of the reporting year left a void, in terms of coordination and as an influence in the wider life of the prison, which it is hoped will be filled with the appointment of a successor.

A range of ministers from several religions play an active role in the prison, either full time or on a sessional basis. The focus of the team is very much on the wider pastoral support of the prisoners, regardless of any religious affiliation. Regular religious services are held in normal circumstances, and during the COVID-19 restrictions, with the suspension of corporate worship, some provision has been maintained in the form of streamed services and literature. Efforts have been made during the restrictions to facilitate virtual attendance at family funerals.

Members of the chaplaincy team play an active role in supporting the welfare of the prisoners in all facets of prison life, and are often called upon by the prison staff to support prisoners in crisis.

The prison has an ethnically and religiously mixed population, in terms of staff and prisoners alike, and, although tensions between groups inevitably arise, there is a genuine attempt to foster a culture of respect and tolerance towards those of different backgrounds.

Before the COVID-19 restrictions, the Board observed a session for new prisoners, run by the chaplaincy team. This session provided information, outlined support mechanisms and gave new arrivals a sense of life in prison. This session was a highlight of what, to date, has been a rather disjointed induction programme.

5.6 Complaints

Once they are received by the administration team, complaints are accurately and carefully administered and, on the whole, responses are appropriate and speedily produced. A notable concern, however, is the number of instances in which some prisoners claim that complaints and applications do not get into the formal system or get lost in transit to the administration team.

Board members have noticed an over-reliance on the use of the formal complaints and applications system, rather than attempting to resolve simple issues and

requests using an informal verbal request. This perhaps shows a lack of confidence on the part of prisoners that requests will get actioned unless they are in writing, and an unwillingness or lack of confidence on the part of staff to action simple requests. For example, a prisoner contacted the IMB telephone line on 13 occasions, sometimes several times a week, requesting that specific individuals – for example, a governor or a Board member – collect documents. Staff were not helpful and seemed to be gratuitously ignoring his, apparently reasonable, requests for someone to collect complaint documentation from him while he was unable to put it in the usual internal post system. He, and the Board, were given a number of reasons why this could not happen, promises that it would happen, then more reasons why it could not happen, then more promises that it would happen. The prisoner was then moved to another establishment.

The proliferation of paper applications and complaints often leads to delays in responding to the requests, which, in turn, leads, to increased frustration and a lack of trust between staff and prisoners. The Board has seen many examples of formal complaints which could easily have been resolved without escalating to the stage of a complaint, thus saving time and frustration for all parties.

5.7 Property

The Board continues to receive applications from current prisoners and from other IMBs regarding alleged loss of prisoners' property.

6. Health and wellbeing

6.1 Healthcare: general

Care UK is the provider of physical and mental health services to the prison. At the last full inspection of the establishment by HMIP, in June 2019, a requirement notice was served on the provider by the Care Quality Commission for failures identified under three regulations.

COVID-19 restrictions occurred halfway through the Board's reporting year, when our monitoring methodology changed to remote enquiry and analysis of the prison's own reports. In consequence, we are unable to comment this year on some aspects we would normally cover.

A concern was the permanent closure, in August 2020, of the inpatient unit. The sole remaining patient, requiring significant nursing care, was moved to a house block, to join another prisoner who had come into the prison from hospital on a stretcher. It is unclear to us whether the needs of these prisoners are being satisfactorily met, or where future prisoners requiring an inpatient level of care will be placed. On a more positive note, we are told that the former inpatient ward could become a much-needed unit to support prisoners with complex social care needs.

The Board has tried to join meetings of the local delivery board, but these meetings have been very spasmodic, and often subject to last-minute cancellations and postponements during the year.

A particular trend is the use of the formal complaints system to support any attempt to secure attention from the healthcare team. Clearly, during the strictest COVID-19 restrictions, written requests for appointments were necessary, but the extent to which such requests did not result in the desired outcome, and needed to be escalated into formal complaints, is a cause for concern.

6.2 Physical healthcare

Physical healthcare provision is at a generally acceptable level. The response to everyday incidents of illness or injury on the house blocks is prompt and efficient, with those requiring it receiving care in the outpatient unit, or being escorted to an outside hospital if deemed necessary.

Attendance for appointments at the outpatient clinic was only 50% pre-lockdown. Healthcare staff complained that senior prison managers were unwilling to allocate at least one officer to assist in collecting prisoners from the house blocks. Post-lockdown, attendance has improved, although waiting times have increased unacceptably for some services, such as 21 weeks for dental treatment (although most patients had been triaged and prioritised), and 24 weeks for the optician.

The prison managed COVID-19 precautions well, quickly setting up the necessary quarantine, isolation and shielding units. Communication with prisoners and staff was timely and effective throughout, contributing to the resident population generally

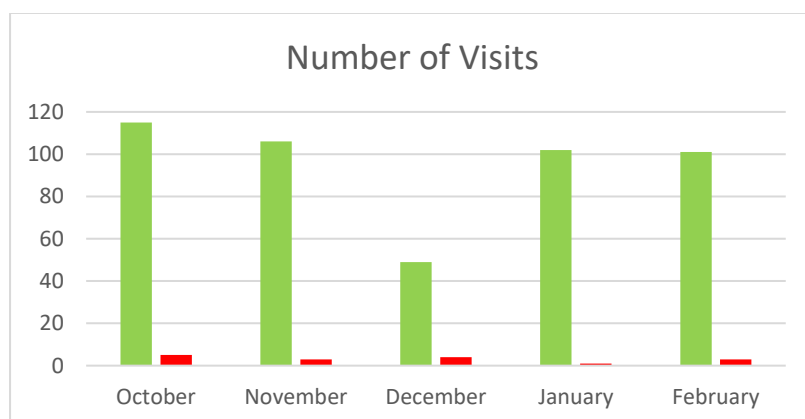
appreciating the efforts being made to protect them, and resulting in a calmer atmosphere than might otherwise have prevailed.

Missed hospital appointments: October 2019 – February 2020, inclusive

Month	Hospital escorts booked	Unable to complete	% successful
October 2019	115	6	95.7
November 2019	106	3	97.2
December 2019	49	4	91.8
January 2020	102	1	99.0
February 2020	101	3	97.0
Total	473	16	96.9

Data collection on escorted hospital visits started in October 2019. Standard hospital visits had to stop as the COVID-19 pandemic took hold. However, all critical hospital appointments for ongoing cancer treatment and kidney dialysis continued, with no missed appointments reported by healthcare staff.

Over the five-month period in question, there were 473 escorted visits booked. The average monthly figure was 95 per month, with a high of 115 in October and a low of 49 in December (it is supposed that the low was due to Christmas, resulting in a stable run rate of an average of 106 per month, excluding December).



Throughout this period 16 escorted visits did not take place (see figure above; green represents escorts that took place, and red those that did not). This represents a 'success rate' of 97%.

6.3 Mental healthcare

The impact on prisoners of the arguments about what is behavioural and what is mental ill health continues at Hewell. The argument continues and, meanwhile, the prisoners make no progress, with, often, no one apparently being responsible for managing the individual's case.

The habituation of self-harm and the apparent lack of concerted effort to deal with the issues behind it, treating it as 'just attention seeking', remains of significant concern to the Board.

The lack of provision for complex cases who cannot be accommodated on normal location, and for whom segregation has been seen to be the safest or most settled option, has been a frequent concern for the Board during the reporting year. Certain individuals have been let down by the lack of provision and the lack of active management of their cases.

Many prisoners are frustrated about how to get support for their mental health issues. Many have claimed that asking for help does not get them anywhere, and say that resorting to self-harm or violence is the only way to get the help they need. This suggests that the thresholds for intervention are high.

6.4 Exercise, time out of cell

For most of the period of COVID-19 restrictions, the regime was very limited, with prisoners receiving only 30 minutes out of their cell each day. Towards the end of the reporting year, this increased to one hour. The HMIP scrutiny visit found that progress to ease restrictions was slow and, while inspectors viewed some very recent improvements as positive, they thought that there was still a lot more that needed to be done to make the regime more meaningful.

Prior to the COVID-19 restrictions, prisoners who engaged with the gym service were observed to appreciate the facility, and often actively participated in activities. However, these activities were suspended until late August.

7. Progression and resettlement

7.1 Education, library

There has been no education or library provision since March, but the HMIP scrutiny visit found that about 55 prisoners were engaged with in-cell courses, and education staff had been marking their work and providing feedback. There is a limited range of books on most wings, which can be replenished by staff from an identified stock held in the library.

7.2 Vocational training, work

There has been no vocational training and little work for prisoners since March, with the HMIP scrutiny visit finding that 15% of the population was employed, the majority in domestic roles.

7.3 Offender management, progression

From applications received, the Board is aware of a high level of frustration among prisoners suitable for open conditions who have not moved on.

7.4 Family contact

Before the pandemic, the arrangements for visits were adequate, with no evidence that families and friends had difficulty in booking visits. However, visiting facilities were somewhat unwelcoming, with particular difficulties for visitors with limited mobility in accessing the visits hall. The visits hall was largely featureless and not conducive to meaningful and restorative visits between prisoners and their friends and families, with an emphasis on security and searching. The only recurrent issue brought to our attention was delays in bringing vulnerable prisoners to the hall, reducing the duration of the visit.

Once authority was given to restart visits, the visits hall was completely redecorated, and staff were so proud of what they had achieved that the visits custodial manager specifically took a Board member there, to show them how much better it was.

The visitors centre was deep cleaned, with a one-way sterile site system created. Every member of staff and visitor was checked for symptoms. Anyone of concern was not allowed into the prison.

There was no in-cell telephony prior to the pandemic. In March, physical visits stopped, but the programme of installing in-cell telephones was brought forward and prioritised. Prisoners were provided with an additional £5 per week telephone credit to mitigate the lack of face-to-face visits. Members were told that this was welcomed by the prisoners.

Members have seen no evidence of any initiatives to foster parenting skills in the prisoners.

7.5 Resettlement planning

This work was severely disrupted by lockdown, and not monitored. However, the Board was aware that Hewell provided a mini-bus service to transport prisoners on release to the nearby train station or their accommodation, and that no prisoners were released under the end of custody temporary release scheme.

8. The work of the IMB

This has been the fourth consecutive difficult year for the Board. There has been no board development officer for the whole period. Of the five new members who were in probation and undertaking training, one ceased all contact with the Board in March 2020. Board members were extremely concerned that the member had contracted Covid 19. A number of members attempted contact by telephone and email and received no reply. The chair wrote with a prominent return to sender address, again with no response. The Secretariat followed procedure contacting the member and following no response informed the Board that it is assumed that the member no longer wishes to retain board membership. The completion of probation for the others was delayed by the enforced cancellation of all Board training courses until August.

The reporting year has been dominated by the impact on the Board of the COVID-19 pandemic. The restrictions imposed to react to the pandemic have caused the Board to redesign all its monitoring activity, to allow for a mixture of in-person and remote monitoring and to review the ways in which each of its members can contribute to its work. This fundamental review has been conducted while maintaining regular contact with the prison and ensuring the safety both of Board members and the prison community. The challenge of this endeavour cannot be overstated.

As in previous years, the Board prioritised its work, focusing on the segregation unit, being present for Rule 45 reviews and dealing with applications. We also closely monitored the closure of the Hewell Grange Resettlement Unit. However, since the COVID-19 restrictions, the Board has taken the opportunity to create statistics from the 'daily handover report' and monitor several categories of incident. Necessarily, some events are interpreted so that, for example, an incident recorded under self-harm will not be recorded under 'medical'. This analysis is still undergoing development.

The increase in applications received is directly due to the creation of the IMB national 0800 call system, and seven prisoners making a significant number of repeat calls (over 10). Board members have visited most areas of the prisons during the reporting year, and these visits have provided enough evidence for judgements to be made. However there still remain areas of the prison that the Board is unable to comment upon.

The Board is looking forward to the prison developing a wider sense of activity within the prison, but this will require proactive effort on the part of senior members of the prison staff. Enquiries by the Board are insufficient, on their own and without more active engagement from prison staff to secure an appropriately broad understanding of the establishment.

Board statistics

Recommended complement of Board members	20 to 1 April 2020 16 from 1 April 2020
Number of Board members at the start of the reporting period (active)	10 (8)

Number of Board members at the end of the reporting period	9
Total number of visits to the establishment	275
Virtual monitoring undertaken	165
Total number of segregation reviews attended (+virtual visits)	56 (+46)

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	9	14
B	Discipline, including adjudications, incentives and earned privileges, sanctions	5	11
C	Equality	4	8
D	Purposeful activity, including education, work, training, library, regime, time out of cell	6	11
E1	Letters, visits, telephones, public protection restrictions	10	10
E2	Finance, including pay, private monies, spends	5	10
F	Food and kitchens	14	7
G	Health, including physical, mental, social care	35	114
H1	Property within this establishment	31	71
H2	Property during transfer or in another establishment or location	26	19
H3	Canteen, facility list, catalogue(s)	5	8
I	Sentence management, including home detention curfew, release on temporary licence, parole, release dates, recategorisation	18	28
J	Staff/prisoner concerns, including bullying	30	65
K	Transfers	1	10
L	Miscellaneous, including complaints system	40	28
	COVID-19		6
	Total number of applications	238	420

On 27 April 2020, a national 0800 line was opened, to enable prisoners to make applications to the IMB by telephone. The first call relating to HMP Hewell was made on 30 May 2020. A total of 175 applications were received through this channel. Where a call raised significant concerns regarding the prisoner's safety, the Board member taking the call would notify the control room about the concerns. There were eight such notifications, relating to three individual prisoners. Calls of note:

- A prisoner, subject to a public protection notice, sought to persuade Board members that he should have telephone access to the subject of the order.
- A prisoner made 82 calls, up to five a day, about the same issues between 24 June and 5 September.
- A prisoner contacted the telephone line on 13 occasions, sometimes several times a week, requesting specific individuals, such as a governor or a Board member, to collect documents.



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