Report on an unannounced inspection of

HMP Hewell

by HM Chief Inspector of Prisons

22 November – 9 December 2022

Contents

Introduction

Hewell is a men's category B reception prison serving the West Midlands that held 923 men at the time of our inspection, half of whom were unsentenced.

When we last inspected in 2019, the prison was in a mess, with high levels of violence and drug use, very low staff morale and prisoners kept in unclean and unsanitary conditions.

I am pleased to report that since the arrival of a charismatic and determined governor, the prison had made excellent progress and was now cleaner, more decent and safer. The governor had rightly focused on transforming the staff culture, working to improve the capability and confidence of staff and raise morale. He used the pandemic lockdown to reinvigorate the prison, creating a vison for the jail and developing his senior team.

As a result, assaults on staff and between prisoners had reduced significantly and the prison felt safe and calm. This had been supported by the introduction of the targeted care pathway (TCP) unit that helped prisoners who were struggling on the main units, and the Oak unit for those who were suffering from more serious mental heath difficulties, many of whom were awaiting transfer to hospital. Both were led by impressive custody managers who had created a strong identity and purpose for each unit and were working successfully with prisoners who, in the past, would have been likely to have spent long periods of time in segregation or unsupported on the main wings.

Senior leaders had invested time and resource in training and supporting custodial managers and supervisory officers and this meant that individual wings were competently led with improved responses to applications and complaints. Living conditions in the jail were also much better; the general environment was well-maintained and clean, and improvements had been made to cells, showers and serveries.

At our last inspection and at our scrutiny visit in August 2020, inspectors highlighted failings in care of prisoners in their early days at Hewell, and disappointingly, this remained a concern. Not all men received a full induction and the regime on the wing holding new arrivals was very limited. We also remained concerned that leaders had not done enough to respond to our previous concerns about the support for those prisoners who are most at risk of self-harm or suicide, and some of the processes to protect the most vulnerable were weak.

Prisoners at Hewell spent far too long in their cells, particularly those who were unemployed who were locked up for 23 hours a day. The provision of education, training and work was rated as inadequate by our Ofsted colleagues, who found that the activities on offer were often not suitable for this population nor did most work placements come with the accreditation that would help prisoners get work when released. Nearly two thirds of prisoners had low-level English and maths and yet there were only 40 places available in these subjects. The prison-wide reading strategy was flimsy and there will need to be greater commitment from the education provider and leaders in the jail to

improve prisoners' reading – this work cannot just be left to Shannon Trust mentors, however committed they might be.

The prison did not improve its score in our rehabilitation and release planning healthy prison test which remained not sufficiently good. Public protection measures were lacking in some important areas, meaning there was not the coordinated planning for many high-risk prisoners held at the prison. Difficulties with booking visits was a source of frustration for prisoners and their families and inspectors never got through when they called the visit booking line.

Overall, this was a positive inspection and the governor and his team have much to be proud of. In the next year there will need to be a focus in improving the education, work and training offer particularly for those prisoners with low levels of literacy. Leaders will need to make sure that prisoners are out of their cells for much longer involved in purposeful activity and are also having opportunities to socialise and eat together. They must also focus on improving the way prisoners are treated in their early days at the jail and commit to following up recommendations from the PPO. With the prison now safer and a more competent and motivated staff team in place, there is an excellent opportunity to continue to build on this success and make further improvements.

Charlie Taylor
HM Chief Inspector of Prisons
January 2023

What needs to improve at HMP Hewell

During this inspection we identified 14 key concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concerns

1. **Early days in custody arrangements were not good enough.** First night risk assessments were not always thorough or complete, and some cells on the early days centre not clean or fully equipped.

2. **Too little was being done to reduce self-harm levels across the prison.** There was no strategy or action plan, limited data analysis and investigation of serious self-harm incidents, and poor oversight of implementation of Prisons and Probation Ombudsman recommendations.

3. **Waiting times to see a GP or for a mental health assessment were too long.**

4. **Prisoners spent too much time locked in their cells with half the population let out for around two hours a day.** There were not enough activity spaces available to meet the needs of the population and prisoners were not always allocated to the relevant purposeful activity.

5. **There were shortfalls in public protection arrangements.** The interdepartmental risk management meeting did not routinely consider all prisoners who presented the greatest risk before their release. There were gaps in arrangements for those subject to public protection monitoring.

Key concerns

6. **Prisoners on the segregation unit were subject to punitive restrictions and received a limited regime with too little to stimulate or incentivise them.**

7. **Very few prisoners received key work sessions.**

8. **Some prisoners with a disability had very limited access to health care services and the regime because broken lifts had still not been fixed.**

9. **Prisoners did not receive sufficient careers education, information, advice and guidance to enable them to make informed decisions about the careers available to them.**

10. **Prisoners with learning difficulties and disabilities did not consistently receive the support they needed to learn and work effectively.**

11. **There were insufficient accredited qualifications in work areas, and the employability skills that prisoners gained were not recognised.**

12. **Oversight and management of visits was weak.** Booking visits was problematic, and enhanced and remand prisoners did not receive their entitlement.

13. **Support to meet the practical resettlement needs of the large number of prisoners who were on remand was insufficient.**

About HMP Hewell

Task of the prison/establishment
HMP Hewell is a category B local male prison.
Certified normal accommodation and operational capacity (see Glossary)
Prisoners held at the time of inspection: 923
Baseline certified normal capacity: 795
In-use certified normal capacity: 707
Operational capacity: 933

Population of the prison

- 3,700 new prisoners received each year (around 304 per month).
- 122 foreign national prisoners.
- 21% of prisoners from black and minority ethnic backgrounds.
- 119 prisoners released into the community each month.
- 234 prisoners receiving support for substance use.
- 210 prisoners referred for mental health assessment each month.

Prison status (public or private) and key providers
Public

Physical health provider: Practice Plus Group
Mental health provider: Midlands Partnership Foundation Trust
Substance use treatment provider: Inclusion
Prison education framework provider: Novus
Escort contractor: Geo Amey

Prison group/Department
West Midlands Prison Group

Brief history
Built in 1993, HMP Hewell was originally named HMP Blakenhurst, a private prison operated by UK Detention Services, with an operational capacity of 680. It was taken over by HM Prison and Probation Service in 2002, with house block 6 being added in 2004, increasing capacity by a further 280. It operates as a category B local prison with a 50/50 reception/resettlement function.

Short description of residential units
House block 1: general population
House block 2: early days centre, housing prisoners in their first two week in custody
House block 3: general population
House block 4: well-being unit, and houses those in drug treatment and on the targeted care pathway
House block 5: prisoners convicted of sexual offences
House block 6: temporary segregation unit
Oak unit: targeted care pathway referral unit, for prisoners needing additional support to manage their behaviour

Name of governor and date in post
Ralph Lubkowski, June 2020

Changes of governor since the last inspection
Clare Pearson: February 2019 – March 2020
Amanda Hughes (acting governor) March 2020 – June 2020

Prison Group Director
Teresa Clarke

Independent Monitoring Board chair
Roger Lawrence

Date of last inspection
3–14 June 2019

Section 1 Summary of key findings

1.1 We last inspected HMP Hewell in 2019 and made 35 recommendations, 16 of which were about areas of key concern. The prison fully accepted 31 of the recommendations and partially (or subject to resources) accepted four.

1.2 In August 2020, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. We made eight recommendations about areas of key concern.

1.3 Section 8 contains a full list of recommendations made at the last full inspection and scrutiny visit, and the progress against them.

Progress on key concerns and recommendations from the full inspection

1.4 Our last inspection of HMP Hewell took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.

1.5 At our last full inspection, we made 16 recommendations about key concerns. At this inspection we found that two of those recommendations had been achieved, six had been partially achieved, five had not been achieved and three were no longer relevant. In the area of safety, two recommendations had been achieved and one not achieved. In the area of respect, two recommendations had been partially achieved and one was no longer relevant. In the area of purposeful activity, three recommendations had been partially achieved and two not achieved. In the area of rehabilitation and release planning, one recommendation had been partially achieved, two not achieved and two were no longer relevant. For a full summary of the recommendations achieved, partially achieved and not achieved, please see Section 8.

Progress on recommendations from the scrutiny visit

1.6 During the pandemic we made a scrutiny visit to HMP Hewell. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/.

1.7 At the SV we made some recommendations about areas of key concern. As part of this inspection, we have followed up those

recommendations to help assess the continued necessity and proportionality of measures taken in response to COVID-19, how well the prison is returning to a constructive rehabilitative regime and to provide transparency about the prison's recovery from COVID-19.

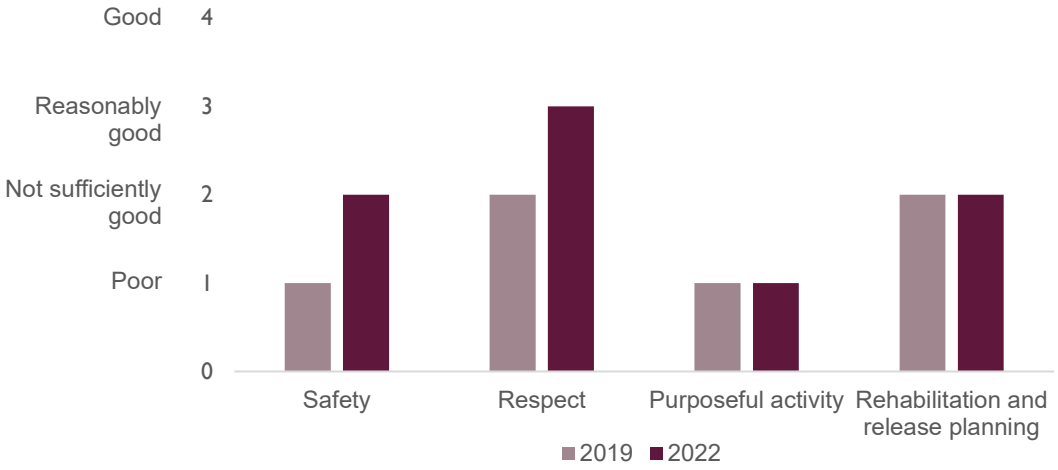
1.8 We made eight recommendations about areas of key concern. At this inspection, we found that two had been partially achieved, five had not been achieved and one was no longer relevant.

Outcomes for prisoners

1.9 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.10 At this inspection of HMP Hewell, we found that outcomes for prisoners had stayed the same in two healthy prison areas and improved in two.

Figure 1: HMP Hewell healthy prison outcomes 2019 and 2022



Safety

At the last inspection of HMP Hewell, in 2019, we found that outcomes for prisoners were poor at the closed site and good at the open site against this healthy prison test.

At this inspection, we found that outcomes for prisoners were now not sufficiently good.

1.11 Reception staff were welcoming and efficient, but late arrivals and a shortage of bed spaces compounded an already busy environment in the early days centre and some initial processes were missed. First night cells were not always clean or fully equipped, and prisoners described long delays in accessing telephone PIN numbers and credit.

1.12 In our survey, fewer respondents than at the time of the previous inspection reported feeling unsafe and levels of violence had reduced. The number of assaults by prisoners on prisoners was low, but on staff was higher than in similar prisons, although few were serious. The Oak

unit and ‘targeted care pathway’ provided a supportive environment for some prisoners with complex needs.

1.13 All incidents of violence were investigated well by the challenge, support and intervention plan process (see Glossary) and plans were individualised to meet prisoners’ needs.

1.14 There were limited incentives to encourage positive behaviour, and few opportunities for prisoners to have good behaviour recognised and rewarded.

1.15 The management of adjudications had improved. The number of adjudication hearings had halved and few were currently outstanding.

1.16 Levels of use of force had decreased considerably and most incidents were low level. There had been no use of special accommodation recorded in the last year and the most recent baton incident had taken place 12 months ago. Documentation was mostly up to date and closed-circuit television footage that we reviewed recorded a good focus on de-escalation. However, there was not enough regular scrutiny to provide adequate assurance, and we saw footage of some incidents of force that we judged to be unnecessary.

1.17 At the time of the inspection, the segregation unit had been temporarily relocated to house block 6 as alarms were being upgraded. The number of prisoners segregated was high and lengths of stay were too long for some. Living conditions on the unit were bleak and the regime was too limited.

1.18 Security procedures were proportionate and reflected the risks to the establishment, and there was good collaborative working with the police.

1.19 The drug strategy was well-considered and, in our survey, fewer prisoners than at the time of the previous inspection said that they had developed a drug problem at the prison, and that drugs and alcohol were easy to obtain.

1.20 There had been six self-inflicted deaths since the previous inspection, most recently in June 2022. Following the inspection we were made aware of another self-inflicted death which had occurred three weeks after our visit. Oversight of progress in response to Prisons and Probation Ombudsman recommendations was not robust. Levels of self-harm had reduced but were on an upward trend. There was no strategy or action plan to reduce self-harm.

1.21 The minutes of the weekly safety intervention meeting showed good examples of support and individualised care. There were fewer prisoners receiving assessment, care in custody and teamwork (ACCT) case management support for prisoners at risk of suicide or self-harm than at the time of the previous inspection, and staff awareness of prisoners in crisis was generally good. However, the quality of ACCT documentation was variable and prisoners on this support on the main

units felt that staff did not have enough time to support them. By contrast, those on the Oak unit described feeling safe and well cared for.

1.22 Prison managers had links with the local adult safeguarding board and the safeguarding adults policy was comprehensive.

Respect

At the last inspection of HMP Hewell, in 2019, we found that outcomes for prisoners were not sufficiently good on both sites against this healthy prison test.

At this inspection, we found that outcomes for prisoners were now reasonably good.

1.23 Interactions we observed between staff and prisoners were generally positive and supportive, but key work (see Glossary) had stalled.

1.24 The very poor living conditions we found at the previous inspection had been addressed and the general standard of accommodation and communal areas was far better. Oversight through the 'clean and decent' project had led to a big improvement, but too many prisoners still lived in cramped, overcrowded cells designed for one.

1.25 Some showers had been refurbished to a high standard, but too many shower rooms were either out of use or remained in poor condition.

1.26 Consultation processes had improved. The applications system ran more efficiently through peer workers, but too many complaints showed only a cursory approach to resolving the issue raised, although some common topics had been identified and addressed by managers.

1.27 A traditional data-based approach to equality work had been replaced by a focus on culture and action, including training for prisoner 'equality advocates'. Some areas were developing well, such as support for transgender prisoners and veterans, and a new neurodiversity support manager was already having an impact in helping staff to respond to the individual needs of prisoners with these issues. However, some of those with a disability had very limited access to health care services and the regime as lifts were out of order. There was no specific support for foreign nationals from prison staff.

1.28 The good access to religious worship and faith learning was commendable as some key staff had been absent for some time.

1.29 Although health care leaders had continued to improve the service since the previous inspection, weaknesses remained in the oversight of medicines, and risks associated with the length of some waiting lists. Health professionals were well trained and provided a caring service.

1.30 The closure of the inpatient unit had resulted in a community enhanced care model for acute mental health patients which was working well, but vacancies and high demand placed the mental health staff under pressure. There was little therapeutic intervention available for patients with low-level mental health needs and waiting times for an initial assessment were too long.

1.31 Clinical and psychosocial substance misuse services were good and release planning was effective. Dental services were good, with reasonable waiting times. Social care assessment pathways were now embedded, and prisoners received appropriate care.

Purposeful activity

At the last inspection of HMP Hewell, in 2019, we found that outcomes for prisoners were poor across both sites against this healthy prison test.

At this inspection, we found that outcomes for prisoners remained poor.

1.32 In our survey, far fewer prisoners than at the time of the previous inspection said that they had more than two hours unlocked on a typical weekday. We calculated that over half of the prison was locked up for around 22 hours a day, and less than 15% of prisoners were involved in work or educational activities off the wing. Time in the open air was inadequate, with sessions limited to a maximum of just 30 minutes per day. Association periods were also too short and almost no activities were available.

1.33 Library attendance was better than at comparable prisons and staff were strongly motivated to support prisoners.

1.34 The well-equipped gym was well used, and in our survey more respondents than at similar prisons said that they used the gym twice a week or more.

1.35 There were insufficient activity spaces, and only just over half of the population was allocated to those available. There was not enough provision in English and mathematics to meet the need, and there was insufficient activity for vulnerable prisoners, whose offer was entirely limited to working in the textiles workshop and limited outreach teaching.

1.36 There were insufficient accredited qualifications, with the only accredited work roles in the laundry.

1.37 Prisoners did not receive suitable careers advice and guidance, following struggles by leaders to manage changes in careers education provision.

1.38 Prisoners with learning difficulties and disabilities needs did not consistently receive the support they needed, and a reading strategy had not been implemented effectively.

Rehabilitation and release planning

At the last inspection of HMP Hewell, in 2019, we found that outcomes for prisoners were not sufficiently good on the closed site and poor at the open site against this healthy prison test.

At this inspection, we found that outcomes for prisoners remained not sufficiently good.

1.39 Remand and enhanced prisoners did not receive their entitlement to social visits, and provision had not yet returned to pre-pandemic levels. Booking visits was problematic, and issues with both online and telephone booking were a source of frustration for families and friends.

1.40 Staff at the visitors centre were welcoming and family support workers engaged with children in the play areas in both the visitors centre and visits hall. The Rainbow Project (run by the YMCA) supported family contact and provision was very good.

1.41 The prison held a diverse and complex population of remand, unsentenced and sentenced prisoners, and turnover was high. Many would only stay at the establishment for a short time, posing challenges for effective offender management, public protection and release planning work.

1.42 The management of reducing reoffending had improved and some good work had taken place to understand the varied needs of the population, to inform planning.

1.43 About 50% of the population had been sentenced. Almost all eligible prisoners had an offender assessment system (OASys) assessment and about 85% of these had been reviewed in the last 12 months. Most sentence plans we examined detailed relevant objectives, but some did not specify what was needed to achieve them.

1.44 Ongoing staffing vacancies and cross-deployment of those in critical roles were having an impact on some areas of offender management. Levels of contact between offender managers and prisoners varied, but in most cases was infrequent and largely focused on time-bound tasks.

1.45 The offender management unit had good oversight of home detention curfew processes, but because of difficulties beyond the prison's control, some prisoners were not released on time.

1.46 About 43% of the sentenced population were assessed as presenting a high or very risk of serious harm to others and most were subject to multi-agency public protection arrangements (MAPPA). However, the interdepartmental risk management meeting did not routinely consider all these prisoners due for release, and risk management plans and the prison's written contributions to MAPPA meetings were of variable quality. Arrangements for prisoners subject to public protection monitoring were improving, but gaps remained.

1.47 Recategorisation reviews were mostly well considered, but they were not always timely and prisoners were not routinely involved. There had been no prison-wide oversight of the many prisoners subject to some sort of 'transfer hold', which potentially hindered their opportunity for meaningful progression.

1.48 The delivery of both accredited and non-accredited offending behaviour programmes no longer took place and there was little ongoing one-to-one offence-related work with prisoners, which was a gap for those who could potentially spend their whole sentence at the establishment.

1.49 Good work took place to help some prisoners with their finance, benefit and debt needs, and to source proof of identification and open bank accounts, but there were gaps in provision for many, such as those being released out of area or those on remand.

1.50 The prison's data suggested that, over the last 12 months, an average of only 75% of prisoners had had some form of recorded accommodation to go to on their first night of release, but there were plans to introduce provision for the remand population.

1.51 About 120 prisoners were released from the establishment each month, which meant that demand for resettlement support was high. There were gaps in release planning arrangements for the remand population and for some prisoners being released out of area.

Notable positive practice

1.52 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

1.53 Inspectors found seven examples of notable positive practice during this inspection.

1.54 The 'clean and decent' project had greatly improved living conditions, and a permanent post had been commissioned to continue and oversee the project. (See paragraph 4.6)

1.55 Equality work had been moved forward by well-organised selection, training and support of prisoner equality advocates, and by a focus on the real dynamics of cultural competence and mutual understanding. (See paragraphs 4.25 and 4.26)

1.56 The health care department's daily 'buzz' meeting was highly effective in delivering communication to all teams about individual patient concerns, operational challenges and any lessons learnt. (See paragraph 4.39)

1.57 The management of blood-borne viruses and external partnership working resulted in rapid referral and treatments for prisoners taking place within seven working days. (See paragraph 4.45)

1.58 The targeted care pathway pilot provided intensive oversight of patients with the greatest mental health needs, and was demonstrating improved outcomes for patients. (See paragraph 4.65)

1.59 Pre-release planning for those with substance use issues was comprehensive and underpinned by partnership working with staff in community services. (See paragraph 4.74)

1.60 PE was timetabled for working prisoners outside of the core working day, both at an 'early bird' session and in the early evening. (See paragraph 5.7)

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for prisoners. (For definition of leaders, see Glossary.)

2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 The governor's strong and visible leadership had led a shift towards a safer, cleaner prison and a more positive staff culture following our highly critical inspection in 2019.

2.3 The committed and cohesive senior management team had taken the opportunity during the COVID-19 pandemic to reset and develop staff skills to engage with prisoners with greater confidence and care.

2.4 The governor had effectively communicated his clear vision and values ('be kind, be fair, be honest') and had worked to create a more respectful prison community through both the 'growth project' and the equality advocates (see paragraphs 4.19 and 4.25).

2.5 Leaders had driven marked improvements in standards of cleanliness and living conditions, with initial investment by HM Prison and Probation Service through the prison performance support programme and the 'clean and decent' project (see paragraph 4.6).

2.6 Leaders had taken an innovative approach to improve safety, through a focus on well-being and individualised care for those with complex needs on the Oak unit and the 'targeted care pathway'. However, they had not taken sufficient action on our previous recommendations relating to suicide and self-harm reduction.

2.7 The prison's self-assessment outlined commendable vision, but failed to consider fully challenges to delivery, or set time-bound targets and measurable outcomes. Some weaknesses that we identified during the inspection, such as in public protection and the delivery of purposeful activity (see sections on public protection and education, skills and work activities), had not been recognised.

2.8 The early days in custody unit had recently been restructured but was not yet functioning effectively. The ambition for a 'pathway model', whereby every prisoner would have a bespoke plan for their progression by the end of their first 14 days in custody, was still largely aspirational.

2.9 The needs analysis for reducing reoffending that informed the prison's well-being strategy was very good, but more in-depth analysis of safety data was also needed to contribute to plans to make the prison safer.

2.10 Leaders had empowered middle managers (some of whom were part of a regional ‘rising stars’ development programme) and had weekly meetings with supervisory officers, who took a strong role in the effective management of their wings. We were impressed by the passionate and caring custodial managers on the well-being and Oak units, and the band 6 ‘clean and decent’ and equality leads.

2.11 Around a quarter of prison officers had less than two years of service, but they appeared to be well integrated and supported. The rate of attrition of prison officers had reduced considerably, but there was an ongoing shortfall, with only 70% of the quota of prison officers available. Although staff shortages were managed effectively to minimise regime curtailments, the lack of prison officers was severely limiting key work (see Glossary).

2.12 Leaders had not relaxed pandemic regime restrictions and too many prisoners still spent far too long locked up. There was insufficient purposeful activity and Ofsted judged the overall effectiveness of education, skills and work to be inadequate. Although progress at the previously failing prison was impressive, leaders had not yet translated the newly found confidence and control into a more rehabilitative offer for prisoners.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes: Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

3.1 The reception area was busy, with 250–350 prisoners arriving each month, in addition to court transfers and releases. Staff were welcoming and efficient, the interactions we observed were polite and prisoners spent less time in reception than at the time of the previous inspection. They were offered a hot drink, food and the opportunity to make a telephone call. Holding rooms were clean, but there was too little information provided for new arrivals. Prisoners told us that they had been treated well in reception.

3.2 Prisoners arrived in vans well into the evening, which created pressure on both the completion of early days processes and the allocation of prisoners to the early days centre. During the inspection, this was compounded by national population pressures, which made the management of bed spaces extremely challenging. On one evening, a van arriving at the prison had to be redirected to HMP Cardiff, over 100 miles away, as there were no spaces available.

3.3 Prisoners were welcomed on the dedicated early days centre by peer workers, including Listeners (prisoners trained by the Samaritans to provide confidential emotional support to other prisoners). This was appreciated by new arrivals, giving them the chance to ask questions. The waiting room was comfortable and well equipped, and prisoners were given food while they waited to complete first night processes.

3.4 The prison's early days in custody policy was thorough and prioritised the identification of risk at different stages. However, in practice, risk screening was not robust and there were weaknesses in the process. Initial risk screening in reception was cursory and not routinely conducted in private. A further, and more comprehensive, screening was scheduled when prisoners arrived at the early days centre, but for late arrivals these important risk assessments were curtailed or missed altogether. Early days paperwork to record identified risks and potential vulnerabilities was often incomplete. We were not confident that the prison was sufficiently identifying all potential risks and vulnerabilities in this process.

3.5 In the early days centre, prisoners spent their first night on a dedicated 'first night landing'. Some cells were grubby and not always fully equipped. As a result of pressure on bed spaces, prisoners could be in these for several days before moving to another part of the centre for their induction. New arrivals expressed frustration at the lack of information and communication about their first days at the prison and some described difficulties in accessing telephone credit and PIN numbers to keep in contact with their families.

First night cell

3.6 Prisoners spent around 14 days on the early days centre, during which time structured information sessions were timetabled daily on weekday afternoons, with input from different departments around the prison. In our survey, 83% of respondents said that they had had an induction, which was an improvement from the time of the previous inspection (69%). However, only 41% of those who had had an induction felt that it covered what they needed to know.

Managing behaviour

Expected outcomes: Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

3.7 In our survey, fewer respondents than at the time of the previous inspection said that they felt unsafe. The total number of assaults had reduced since the last full inspection. The number of prisoner-on-prisoner assaults was lower than in similar prisons and was continuing to reduce, although the number that were serious was slightly higher.

3.8 The number of assaults on staff was higher than the average for comparable prisons, although few were serious. The prison managed some challenging and complex prisoners, and 50% of assaults on staff during November 2022 were by prisoners who were waiting for a transfer to a secure health facility or were on the 'targeted care pathway' (TCP; see below).

3.9 The Oak unit and TCP (located on house block 4) provided a supportive environment for managing the challenging behaviour of some prisoners. Staff there showed care and patience, and had very good relationships with these prisoners, who would potentially have been in the segregation unit if this support had not been available.

3.10 The challenge, support and intervention plans (CSIP; see Glossary) were individualised to meet prisoners' needs and used for both perpetrators and victims, and incidents of violence were investigated well. Wing staff we spoke to were aware of those on a plan and how they could support them. Prisoners we spoke to who were currently on a CSIP were aware of their behaviour targets, which was better than we normally find.

3.11 Although the prison did not have a specific violence reduction strategy, some good work had been completed, including the introduction of a debt protocol to identify and support prisoners who were in debt, and a safety forum for young adults. Leaders had a reasonable understanding of the causes of violence, but more in-depth analysis was needed to explore the drivers further.

3.12 In our survey, 37% of respondents said that the prison's incentives scheme encouraged them to behave well, which was better than at the time of the previous inspection (22%) and similar to the proportion at other prisons. There were currently 18 prisoners on the lowest level of the scheme and electronic case notes showed that low-level rule breaking was being challenged appropriately, which was an improvement since the previous inspection. However, there were few incentives to encourage positive behaviour, and because of the limited amount of time that prisoners had out of their cells (see paragraph 5.1),

there were few opportunities for them to have good behaviour recognised and rewarded.

Adjudications

3.13 The management of adjudications had improved since the previous inspection. The number of adjudication hearings had halved and few were currently outstanding. A fortnightly 'crime clinic' with the police was a useful means of following up police referrals, with 182 cases submitted during the year and only 27 outstanding.

3.14 Adjudication hearing records were usually completed in a timely fashion and the sanctions given were proportionate. Adjudicating governors had considered mitigating circumstances when deciding on an award. Prisoners who lacked capacity to obey a prison rule as a consequence of mental illness were not adjudicated, which was appropriate.

3.15 However, meetings to monitor adjudication data and identify emerging trends had not been held regularly. Quality assurance of adjudication hearings had only restarted in October 2022 and, despite the prison identifying that an adjudication tariff review was needed, this had not been completed.

Use of force

3.16 Levels of use of force had decreased considerably, with 590 recorded incidents in the previous 12 months, compared with 497 in just six months before the previous full inspection.

3.17 Most incidents were low level and did not result in prisoners being physically restrained, with staff using guiding holds to return them to their cells. There had been no recorded use of special accommodation in the last year and the most recent baton incident had been 12 months ago.

3.18 There had been some improvements in the governance of use of force. A wide range of data was analysed at the monthly meeting, which had been effective at identifying any disproportionality, as well as hotspots where the most incidents occurred.

3.19 Documentation was mostly up to date, which was an improvement since the previous inspection, and records we looked at demonstrated a good understanding of what had led up to an incident of use of force. We reviewed closed-circuit television footage of incidents and saw some good levels of de-escalation by staff. However, we also viewed some incidents of force that we judged to be unnecessary, which we reported to leaders.

3.20 Leaders' scrutiny of paperwork and video footage was not sufficiently regular to provide adequate assurance, with only around five cases a month receiving management oversight. Body-worn cameras were often not switched on early enough to capture the lead-up to an incident, but during the inspection leaders introduced a new process to

review all spontaneous incidents and implemented a learning actions log to drive improvements.

Segregation

3.21 A total of 507 prisoners had been segregated in the previous 12 months, which was high. Although records indicated a decline in the monthly average roll in recent months, during the inspection there were 22 prisoners segregated. For 11 of these, this was because they were refusing to share a cell with another prisoner on normal location.

3.22 The length of stay on the segregation unit was too long for some; since February 2022, there had been 19 occasions where this had exceeded 42 days. Three of these prisoners had remained segregated beyond 84 days and one had stayed longer than 126 days while waiting for a transfer to a secure health facility.

3.23 At the time of the inspection, the segregation unit had been temporarily relocated to house block 6 for around three weeks, for an alarm upgrade. Living conditions on this house block were bleak. Although the cells had electricity, prisoners were not allowed to have televisions or kettles and there were insufficient hot water flasks for the number of prisoners. We considered other restrictions to be too punitive; for example, prisoners were not allowed in-cell telephones, even though there were telephone points in-cell, and those refusing to locate back to normal location were not allowed a radio. Furthermore, the showers were in a poor condition, with damaged flooring and mould. There were plans to relocate segregated prisoners to the original unit imminently.

3.24 During the temporary closure of the segregation unit, leaders had not taken the opportunity to install in-cell electricity and improve the poor living conditions that we had described in previous reports. We visited the unit and found that the cells had large amounts of graffiti and some were very grubby. The furniture was shabby, with some needing to be replaced, and one cell had holes in the windows. Leaders told us that the cells would be painted before prisoners were located there, and that cells that were unsuitable because of damages would not be occupied until they had been repaired.

3.25 The regime for segregated prisoners was too limited; at the time of the inspection, they could access only two out of three entitlements to a shower, 30-minute exercise period and telephone call each day. Most prisoners were locked up for 23 hours a day and there was little to stimulate or incentivise them. The radios that some prisoners were allowed were not always reliable and the books available to borrow were in a poor condition.

3.26 However, staff–prisoner relationships were a strength, and 69% of our survey respondents said that they had been treated well by segregation staff. We observed staff interacting compassionately with prisoners, some of whom were challenging, with unpredictable and violent behaviour. During the inspection, one prisoner was transferred to a secure health facility because of his poor mental health, and one was

waiting for a bed. Staff told us that they were often overwhelmed by managing these highly complex prisoners and lacked resources for more interaction.

3.27 Reintegration planning documentation was limited, although we observed good discussions in a multidisciplinary segregation review that encouraged and supported the prisoner to return to the Oak unit.

3.28 Meetings to monitor and review the use of segregation had not been held regularly, with no meetings held between May and September 2022. Furthermore, data provided at the meetings were limited, and not sufficiently up to date to monitor trends effectively.

Security

Expected outcomes: Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance use and effective drug supply reduction measures are in place.

3.29 Procedural security measures were proportionate and reflected the risks posed to the prison, such as the ingress of contraband, violence and disorder, and the potential for escape.

3.30 Dynamic security was good, with most staff able to demonstrate a good knowledge of those in their care and routinely submitting information about security concerns. Responses to targeted information requests to support current security objectives were good. A good flow of intelligence was received each month and this was quickly collated and analysed to identify emerging issues and monitor known concerns. Most intelligence related to drugs, mobile phones and violence.

3.31 To promote a 'whole prison' approach to security, the well-structured monthly tactical briefing and the dynamic weekly briefings included a wide range of staff from across the prison. Most were well attended but attendance from some key areas of the prison was intermittent.

3.32 Collaborative working with the prison's police liaison team and regional crime prevention agencies was excellent. A high level of information sharing underpinned cross-agency information gathering and counter-crime operations were undertaken as a result. There had been some impressive outcomes, including the seizure of large amounts of contraband, and the arrest and subsequent conviction of several members of organised criminal gangs.

3.33 Random drug testing had restarted in July 2022 and to date showed a failure rate of just over 19%, which was slightly lower than at the time of the previous inspection and just below the national average for similar prisons. Although drugs featured regularly in information reports, few suspicion tests were undertaken. There had also been insufficient joint working between agencies, with too few prisoners being referred to

drug services following a positive test over the months preceding the inspection. Minutes of security meetings indicated that the redeployment of security staff often restricted their ability to undertake suspicion tests and also some target-led cell searches in recent months.

3.34 The drug strategy focused appropriately on prevention, detection and treatment. In our survey, fewer prisoners than at the time of the previous inspection said that drugs and alcohol were easy to get, and that they had developed a drug problem at the prison.

Safeguarding

Expected outcomes: The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

3.35 There had been six self-inflicted deaths since the previous inspection, the most recent in June 2022. Following the inspection we were made aware of another self-inflicted death which had occurred three weeks after our visit. Progress towards implementing recommendations made by the Prisons and Probation Ombudsman was not reviewed regularly and oversight of necessary improvements was not sufficiently robust.

3.36 In the previous 12 months, 50 incidents of self-harm had been classed as serious, but only 13 had been investigated. The quality of reports into these incidents was poor; there was little evidence that the prisoners involved had been spoken to and potential learning was not always identified.

3.37 The prison's data suggested that 20% of new arrivals had a history of self-harm, and in our survey 43% of respondents said that they had a mental health need on arrival, which was much higher than at the time of the previous inspection. Staff awareness of the high number of vulnerable individuals in their care was generally good, and minutes of the weekly safety intervention meeting (SIM) showed good examples of one-to-one support and care for complex cases.

3.38 The number of incidents of self-harm had reduced and was slightly below the average for comparator prisons. However, self-harm levels were on an upward trend and there was no strategy or action plan for reduction. Although monthly safety meetings were generally well attended and local data were considered, the analysis was not sufficient to understand fully, and therefore begin to address, the causes and drivers of self-harm.

3.39 Staff knowledge of prisoners at risk of suicide or self-harm and receiving support through the assessment, care in custody and

teamwork (ACCT) case management system was good. The number of prisoners receiving this support had declined considerably since the previous inspection. Despite this reduction, prisoners we spoke to felt that staff did not have time to support them fully, and several said that they did not have enough to do to occupy their time. The exception to this was prisoners in crisis on the Oak unit, who described feeling safe and cared for, and with good access to activities.

3.40 The sample of ACCT documentation we reviewed was variable in quality. While reviews were generally well attended by mental health staff and there was evidence of prisoner input, records were not always complete and care plans were not updated. In one case, a prisoner at high risk of suicide had been on constant supervision for some time without a care plan in place. ACCT quality assurance had identified most of these issues but it was not clear that the necessary learning was being disseminated. There was a large backlog in training on suicide and self-harm prevention, and on ACCT case management, which the prison was trying to address.

3.41 There was an active group of Listeners (prisoners trained by the Samaritans to provide confidential emotional support to other prisoners), who received good support and supervision from the Samaritans. However, not all wing officers facilitated call-outs appropriately; some Listeners told us that they had to wait until their association time to answer calls, which was inappropriate. Listeners were no longer invited to safer custody meetings, which was poor as there was no other forum in which they could feed back on their vital work to support prisoners in crisis.

Protection of adults at risk (see Glossary)

3.42 The prison's safeguarding adults policy was comprehensive and managers had good links with the local adult safeguarding board. Staff awareness of the process to raise a safeguarding concern was generally good and prisoners with safeguarding needs were discussed at the SIM and a two-monthly health and well-being meeting.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes: Prisoners are treated with respect by staff throughout their time in custody and are encouraged to take responsibility for their own actions and decisions.

4.1 In our survey, most prisoners said that staff treated them with respect and that they had a member of staff they could turn to. We observed good relationships between staff and prisoners across the prison and were particularly impressed with the level of support evident on house block 6 (the temporary segregation unit), the Oak unit and house block 4 (the well-being unit).

4.2 Across the prison, wing staff were able to demonstrate a good knowledge of those in their care and most prisoners were complimentary about their treatment, which reflected our survey findings.

4.3 It was disappointing to see that key work (see Glossary), which was fundamental to the prison's ethos of individual care pathways, had stalled. Few case notes we reviewed recorded anything more than a brief welfare check or, too often, nothing at all.

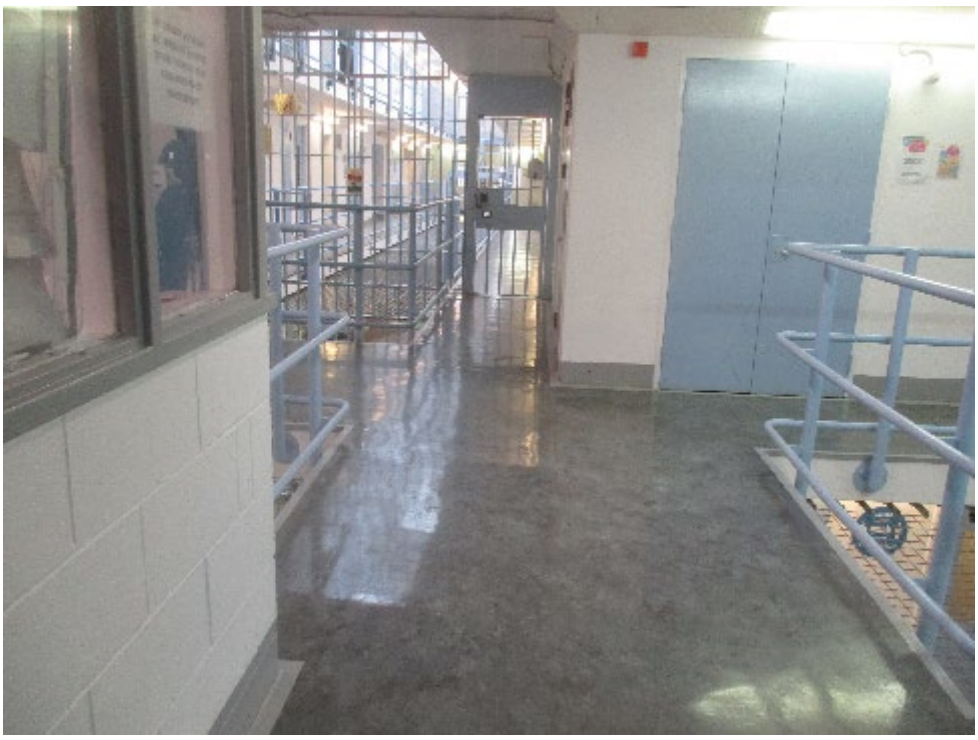
Daily life

Expected outcomes: Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

4.4 In our survey, most prisoners were positive about living conditions at the establishment. Responses to questions about the cleanliness of communal areas and access to cleaning materials and sheets were better than at the time of the previous inspection.

4.5 The improvements in living conditions that we found at our scrutiny visit in 2020 had been continued, leading to a substantially better environment for all who lived and worked there. External areas were well maintained and internal communal areas were clean and tidy.



Communal area

4.6 Managerial oversight of the living conditions was good. The residential management team was working hard to maintain the progress through an initiative known as the 'clean and decent' project and had taken the decision to make permanent the managerial post to continue and oversee it. Regular monthly checks of all cells were undertaken, with deficiencies reported back to the 'clean and decent' manager, who coordinated the ordering and supply of in-cell equipment as the prison moved towards its goal of ensuring that all cells were fully equipped with a standardised range of furniture and equipment. However, difficulties with the supply chain routinely held up the process, although we were confident that the prison was doing all it reasonably could to improve conditions.

4.7 Access to prison clothing and laundry facilities was good, with each house block having its own laundry for washing personal clothing. However, there was at least one machine out of order on almost all units, in some cases for several weeks, because of delays in repairs under the maintenance contract.

4.8 Most cells held two prisoners, even though many were designed for single occupancy. This meant that the prisoners sharing them lived in cramped conditions, with a shared toilet at the end of the bunk beds screened by just a shower curtain. A minority of cells that had been designed to accommodate two prisoners had a toilet area which was separate from the sleeping quarters.

Overcrowded cell

4.9 All of the communal toilet areas and some of the shower areas on landings had been renovated to a high standard, but the refurbishment programme was taking far too long, leaving too many shower areas in poor condition or out of use.

4.10 Response times to cell call bells had improved considerably, and this was reflected in our survey, where more prisoners than at the time of the previous inspection said that their emergency call bell was normally answered within five minutes. A newly installed monitoring system was well used by managers to monitor responses and drive further improvement. We observed a responsive staff group, well sighted on the requirement to respond quickly to cell call bells.

Residential services

4.11 Our survey results about the quality and quantity of the food provided were far better than at the time of the previous inspection and we received very few complaints during any of the meal services we observed.

4.12 The kitchen and food service areas were clean and mostly in good order, although some key appliances in the kitchen had failed and had been out of use for some months while the prison waited for them to be repaired under the maintenance contract.

4.13 Cultural and religious festivals were catered for throughout the year and special medical diets were provided to some prisoners, in collaboration with the health care department.

4.14 Consultation about the food was limited, consisting of a twice-yearly survey, with no routine forums, although catering staff attended food service on the wings to monitor this and take feedback.

4.15 Around 36 prisoners worked in the kitchen on a shift basis. Along with the servery workers, they had all undertaken basic food hygiene training, but no formal catering qualifications were offered (see also section on education, skills and work activities).

4.16 Most prisoners we spoke to said that the prison shop provided most of what they needed, but that refunds for missing items sometimes took a long time to be processed. Discussions with administration staff confirmed this to be the case, often as a result of delays from the supplier.

4.17 Shop orders were placed on a Friday, for delivery the following Friday, which meant that some newly arrived prisoners could wait up to 14 days for their first full shop order. This was mitigated partly by the issue of vape and grocery packs on arrival and again a week later, but some prisoners were frustrated by long waits for their first full shop. In our survey, only 24% of respondents said that they had had access to the shop in their first few days at the establishment, compared with 41% at similar prisons. Advances of funds were available for those arriving with no money, which was recovered from wages later. Goods could also be bought from a range of catalogues, but the increasing move to online catalogues was beginning to have an adverse effect on purchasing.

Prisoner consultation, applications and redress

4.18 Consultation processes had improved. In our survey, 49% of respondents said that prisoners were consulted about food, the prison shop, health care services and wing issues, which was better than at the time of the previous inspection (34%). Wing forums had begun to take place regularly in 2022, especially on house blocks 3 and 4. House block 4, the 'well-being unit', had a particularly varied series of forums, addressing specific topics, and these were well recorded and followed up by staff. There was considerable variation between the wings, and the sharing of experience and ideas by middle managers across the wings would have helped to establish consistent good practice. The 'growth project' (see below) included joint meetings of small numbers of staff and prisoners; although these had decreased in frequency during recent months, when staffing pressures had been acute, the meetings were scheduled to restart in January 2023.

4.19 Under the growth project, a three-year programme run by Penal Reform Solutions, a group of prisoners was being given in-depth training in peer research and allied skills. They were gaining confidence in representing and advocating for their peers, and this had resulted in practical changes.

4.20 Applications were submitted on paper, with carbon copies, and the prisoner information desk workers on each wing logged them. When staff needed to email another department to obtain a response to the

application, the names of the staff members involved were logged, so that the process could be tracked. Although the paper system was inefficient, and several prisoners told us that they had not received replies on some occasions, it was working reasonably well.

4.21 Complaints were handled efficiently and confidentially, with an administrative manager collecting all forms from the locked boxes. There had been a drive to improve the timeliness of responses, with daily reminders of those overdue, and during the inspection only one was exceeding the target of seven days.

4.22 The number of complaints submitted had reduced, with 1,732 in the previous 12 months, which was below the average for similar prisons. Replies were courteous, but too many showed only a cursory approach to resolving the issue. Some common complaint topics, such as property, had been identified and addressed by senior managers, who discussed these at their monthly performance meeting.

4.23 Access to legal visits had improved, and in our survey 45% of respondents said that it was easy to communicate with their legal representative, against 27% at the time of the previous inspection. The video courts, an impressive facility which had been installed since the last inspection, were in constant use and the staff gave good support to prisoners under the stress of court hearings. The library held some legal texts, but some key publications were not available in current editions.

Equality, diversity and faith

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary) and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

Strategic management

4.24 There was energetic leadership from two newly appointed leaders, an equality manager and an equality adviser. The latter was developing work across many minority groups, which included staff induction and awareness training. They were making good progress by supporting the senior managers, who each held responsibility for a specific protected characteristic. The previously held monthly equality and diversity meetings had considered data in detail, but had achieved limited results, so the focus had switched towards engagement, action and participation.

4.25 The number of discrimination incident report forms (DIRFs) submitted had been low, at around two a month, but in the last few months this had risen into double figures; this showed increasing confidence in the

system, which prisoners told us they had not trusted previously. The Zahid Mubarek Trust (ZMT) provided quality assurance of responses to DIRFs. It had selected, and was training, a group of prisoner 'equality advocates', with a carefully structured and demanding training programme in seven modules. The prisoners spoke highly of their training and had already gained in confidence. The programme was not yet in place on the house block accommodating prisoners convicted of sexual offences.

Protected characteristics

4.26 In our survey, those with a disability reported negative experiences across many aspects of prison life. Only 57% of them said that staff treated them with respect, in contrast to 79% of others, and their experiences in relation to safety were worse in several areas. Only 56% of them said that their religious beliefs were respected. Many of these negative experiences resulted from the restrictions on their movement caused by the lack of functioning lifts. This meant that some of these prisoners could not have time in the open air and could not go to their wing servery, for example. Work had been commissioned, but not started, on the repair and installation of lifts.

4.27 There was good progress made on issues of race and ethnicity, including engagement with black and minority ethnic prisoners and members of the Traveller community.

4.28 Transgender prisoners felt well supported even though they were frustrated by some delays in the delivery of some gender-specific purchases.

4.29 A new and experienced neurodiversity specialist was already having an impact in helping staff to plan for and respond to the needs of neurodiverse prisoners.

4.30 There were approximately 12 veterans at the time of the inspection. They were identified in reception and followed up personally by two committed members of staff, who brought SSAFA (the Armed Forces charity) and Care After Combat staff into the prison each month, and offered practical and personal support.

4.31 Although there were 126 foreign nationals at the time of the inspection, there was no specific support for them from prison staff. The experienced Home Office immigration team, based at the establishment, was highly effective; it supported sentenced individuals, speaking to them face-to-face, and knew the cases of all those approaching release or further detention. In addition, the team generally gave the required 30 days' notice to those whom the Home Office intended to detain after their 'release' date. However, there was no organised support for those who were not sentenced who made up half of the foreign national population. Leaders had recently made plans to provide help through the offender management unit, but it was not yet in place, and there was very limited use of professional

telephone interpreting services for those who did not speak English, other than by the health care team.

Faith and religion

4.32 There was good access to religious worship and faith learning, and in our survey 77%, compared with 52% in comparable prisons, said that it was easy to attend worship. This was commendable in a situation where some key full-time chaplains were absent through illness and resources were stretched. Volunteers provided good back-up – for example, in the support of prisoners at risk of self-harm. Visiting groups came into the prison on several Sundays to enrich the worship for Christians.

4.33 The chaplaincy was united and effective, and provided good support for many individuals with particular needs. Midweek groups took place for all the faith groups, including Hindu, Sikh, Buddhist, Pagan and Jehovah's Witnesses, as well as Muslims and Christians. Chaplains saw all prisoners on arrival, and those in the segregation unit daily. However, there was no capacity at present to go beyond the statutory obligations by taking on additional work, such as helping prisoners preparing for release by linking them to local faith communities where appropriate.

Health, well-being and social care

Expected outcomes: Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

4.34 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued 'requirement to improve' notices following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

4.35 Practice Plus Group (PPG) was the prime health provider, subcontracting mental health and substance misuse services to the Midlands Partnership Foundation Trust (MPFT). Time for Teeth provided dental services.

4.36 Partnership working was good, with regular local delivery and quality board meetings to discuss operational needs and review joint risks. There had been a recent quality assurance visit by NHS England and a recent health needs analysis. Despite some areas of weakness, overall services had improved since the previous inspection.

4.37 The local risk register identified active risks and although these were monitored at the local delivery and quality board, progress on some of

the agreed mitigations was unacceptably slow. For example, the repair of the wing lift and the stairlift had gone beyond any reasonable waiting time. This was having an impact on patient access to suitable clinical rooms for treatment, forcing health care staff to undertake some physical assessments and interventions in clinically unhygienic conditions, in prisoners' cells (see also paragraph 4.26).

4.38 A member of staff had been identified as the patient liaison and consultation lead, which allowed the prisoner voice to inform service improvements.

4.39 There was a confidential heath care complaints system, which was managed well. All complaints were logged and responses were tracked, to prevent breaching the seven-day response target. Although responses were formulaic, they addressed the problem and were apologetic when appropriate. Datix (an incident reporting mechanism) was used to record incidents and monitor those that needed further action. The impressive local daily 'buzz' meeting was highly effective in delivering communication to all teams about individual patient concerns, operational challenges and any lessons learnt.

4.40 Staff training and supervision within all teams had improved. Low staffing levels were affecting some areas of provision, such as GP and mental health services, but the team covered shortfalls proactively with agency staff wherever possible. Prisoners told us that staff were kind and helpful, despite some long waits for appointments (see below). Interactions we observed between health care staff and prisoners showed that relationships were meaningful, and staff knew their patients well.

4.41 Emergency bags were available, in order and checked by the paramedics. Discrepancies were actioned. However, a minority of prison staff were unaware of where to access defibrillators at night.

4.42 Infection prevention and control practices were not in line with expected standards, mainly as a result of the poor facilities provided by the prison. Rooms in the health care department were clean and there was good oversight of cleaning schedules. Action plans were in place to manage shortfalls identified in audits.

Promoting health and well-being

4.43 There was a prison-wide well-being strategy, with regular partnership meetings. Health promotion information was not displayed on the wings, but monthly newsletters and distraction packs contained information about national health campaigns, healthy lifestyles and exercise. Material was only available in English, which limited access for some.

4.44 A health and well-being day, with visiting partner agencies, had taken place recently at the prison and been well received by prisoners.

4.45 There were effective systems and pathways to prevent and manage communicable diseases. All prisoners were screened for blood-borne viruses, and joint working relationships with the local NHS pharmacy and visiting clinical nurse specialist had resulted in treatments taking place within seven working days, which was impressive.

4.46 There was only one prisoner health care 'champion' supporting health care staff in the delivery of well-being advice. They were supported by health care managers and had received appropriate training. There were plans to recruit and train more.

4.47 Prisoners could access NHS health checks, screening and immunisation programmes, and a smoking cessation clinic was held weekly. Staff provided initial sexual health advice, and a consultant from the local hospital had recently restarted visits to the prison. Condoms were available and advertised.

Primary care and inpatient services

4.48 PPG had introduced a new model of primary care support since the previous inspection. Most patients we spoke to were positive about the care they received, and we observed an engaging and responsive health care team.

4.49 Waiting times to see the GP were too long, up to 11 weeks, and there was a lack of coordination and oversight in managing the waiting list. This was addressed during the inspection, with an updated policy to improve the management of health care applications and appointment scheduling.

4.50 The early days in custody team supported prisoners during their first two weeks at the prison. A registered nurse carried out a comprehensive initial health screening, where risks were identified and onward referrals made when needed. A GP or non-medical prescriber was available for complex cases. New prisoners often arrived at the prison late, which created pressures on staff to make sure that they were all seen and assessed. This sometimes resulted in the night nurse having to complete initial screenings, in addition to responding to emergencies, which posed a risk.

4.51 Secondary health screenings were carried out on the day after arrival. There was robust monitoring of early days assessments, to make sure that all prisoners had been seen. After two weeks, a handover was given to the planned care team, who continued supporting prisoners with complex care needs. An unplanned care team responded to emergencies and urgent care requests.

4.52 There was good oversight of external hospital appointments and any operational pressures to facilitate these, and this was discussed between health care staff and prison managers at daily meetings. There were some breaches of NHS waiting times outside of PPG's control, but these were monitored and followed up robustly. The waiting time to see the physiotherapist and optician was approximately six

weeks, but for the podiatrist was 18 weeks; extra sessions were planned, to help reduce this.

4.53 Prisoners needing more intensive support were discussed at regular multidisciplinary meetings and long-term conditions were managed well.

Social care

4.54 There was a local memorandum of understanding between the prison and the local authority. This was slightly out of date but was in the process of being reviewed.

4.55 Since the previous inspection, the social care pathway had improved, and prisoners were assessed and received support for social care needs. Domiciliary care was provided by the local authority and oversight was within the remit of the local delivery and quality board.

4.56 Oversight needed improvement, to make sure that delays affecting individuals were managed robustly and to prevent confidential information from being discussed in delivery and quality board meetings. Recent shortfalls in the provision of domiciliary care were being covered by the local health provider, ensuring patient safety, but this informal agreement was not in line with community practice.

4.57 Access to equipment had improved, and it was generally ordered and received quickly. However, some smaller items, such as handrails, were not as easily accessible and we saw less than ideal workarounds while patients waited for them. We saw one prisoner who was unable to use his raised seat because there was no wall rail, which posed a risk.

4.58 The peer support workers on house block 4 had been selected, and were supervised, by prison staff, but we observed informal care being delivered on the Oak unit, which carried risks.

4.59 Plans of the care needed were not available to review on-site and social care patients had never seen, or held copies of, their care plan.

Mental health care

4.60 Mental health services were stretched as a result of staffing pressures and high health needs, with 67% of respondents to our survey saying that they had a mental health problem. An early days in custody pathway, which assessed prisoners arriving at the prison, had ceased and staff were prioritised to manage those with high-level mental health needs and those in crisis. The number of referrals was high, at around five a day, and waiting times for an initial assessment often took four weeks, which was too long. The waiting times were increased by the lack of safe clinical space provided to undertake these assessments.

4.61 Staff had reduced capacity to undertake meaningful one-to-one interventions as most time was spent assessing new patients or

supporting those on assessment, care in custody and teamwork (ACCT) case management procedures. Psychiatry provision was good.

4.62 The lack of early intervention pathways, psychology services and groups added pressure to the nursing teams and created a 'revolving door', whereby patients kept trying to access services for early interventions that were not available.

4.63 Two health care assistants undertook the required physical health checks, and these were up to date. The duty worker role remained in place and this person continued to see patients needing ACCT reviews and new patient assessments.

4.64 Patient records we reviewed were comprehensive and had been completed using a template. Mental health assessments were good and identified plans of care, although not all notes had a separate comprehensive risk assessment.

4.65 The new targeted care pathway (TCP) for patients with greatest mental health need was a good initiative following the closure of the inpatient unit. Health records showed that several patients had been managed from crisis and mental health deterioration through to recovery via the intensive support offered. This pathway could accommodate up to 20 patients at a time and was mostly at capacity. These patients were held on house block 4, in the segregation unit or on the Oak unit, depending on their presentation and risks.

4.66 There was good joint working between mental health and substance misuse services, helped by their co-location. Multidisciplinary team working was evident within the multi-professional complex case conference, safety intervention meeting and release planning meetings.

4.67 The number of Mental Health Act referrals was high and, despite being closely monitored, patients continued to experience long delays.

Substance misuse treatment

4.68 The prison's drug strategy informed joint working between the substance misuse team and the prison, which had improved markedly. Substance misuse services were good, and the prisoners we spoke to were positive about the support they received.

4.69 The MPFT Inclusion team provided drug and alcohol psychosocial interventions and PPG provided clinical services. The teams worked in an integrated way which benefited prisoners, and were well led by competent managers. The Inclusion team was fully staffed and provided a wide range of interventions. Clinical staffing was more fragile, but still met patients' needs.

4.70 Newly arrived prisoners with drug and alcohol problems were identified during the reception screening, although when prisoners arrived late in the day, the full screen could not always be completed. A substance misuse prescriber was available until around 9pm, to make sure that

any symptomatic relief could be prescribed. The PPG out-of-hours prescriber sometimes had to be contacted. Clinical observations needed for patients detoxifying from alcohol or drugs were completed during the night by primary care staff, although the design of the cell door observation panels made this challenging. Clinical staff also carried out daily stabilisation checks during these prisoners' first five days at the establishment.

4.71 At the time of the inspection, there were 181 patients on opiate substitution therapy. Prescribing was flexible and in line with national guidelines, with patients able to maintain the same dosage or work towards full detoxification. Clinical management was effective, and five-day, 28-day and 13-week reviews were booked in advance and completed with Inclusion.

4.72 Inclusion supported around 230 prisoners through a range of one-to-one support, workbooks and numerous group sessions. Where appropriate, staff worked through the 'Outcome Star' with prisoners and regularly reviewed their care plans to make sure that they remained appropriate. Inclusion staff went to see prisoners who were suspected of using illicit substances in prison and provided harm minimisation support.

4.73 A four-step programme (the 'Inclusion Step Forward Programme') had recently started, which supported prisoners with building the foundations for sustained recovery. Other groups included peer-led discussions about substance misuse and recovery, auricular acupuncture and visits from a therapy dog. The groups were currently only available to prisoners located on the well-being unit, although there were plans to extend the offer to others. Alcoholics Anonymous and Narcotics Anonymous held regular meetings to support prisoners to remain substance free.

4.74 Pre-release planning was impressive, and wide-ranging engagement had taken place with staff in community services, many of whom now visited their patients in prison before release. Inclusion followed up to check that patients were attending their community appointments. Support and treatment plans were transferred to community services and patients were provided with information on harm minimisation. Naloxone (to reverse the effects of opiate overdose) was offered on release, where appropriate, along with training in its use.

Medicines optimisation and pharmacy services

4.75 Medicines were supplied by the prison's on-site pharmacy in a timely manner. Medicines administration on the wings was safely led by pharmacy technicians. Administration of controlled drugs was supported by second checkers. Schedule 3 controlled drugs were administered without a second check, as required by procedures, because of a lack of staff availability. An audit had been created to help monitor and manage this. Not all staff had been systematically trained in SystmOne (the electronic clinical record) as part of their induction.

4.76 Medicines that were not in-possession were administered twice daily, which meant that some were given at times which were not in line with their therapeutic dosing schedule. Prisoners were routinely asked for their identification cards when they presented for their medicines at the hatch, and queues were well supervised by prison officers. Pharmacy technicians also provided advice to prisoners. A pharmacist clinically reviewed all medicines and provided support to the health care team.

4.77 Prescribing and administration were recorded on SystmOne. There was an in-possession policy in place and risk assessments were routinely completed at reception. Data showed that 67% of prisoners were prescribed medicines in-possession. Most received a supply for seven days, rather than a community-equivalent 28 days. This increased the workload for staff and reduced the amount of time they could spend providing other services. All in-possession medicines were supplied in labelled, clear plastic bags, the use of which does not ensure confidentiality and is not recommended. Cells did not have lockable storage facilities, which increased the risk of diversion. All prisoners had their medicines reconciled within 24 hours of arriving at the prison.

4.78 Medicines management in the treatment rooms on the wings was adequate. Most medicines were supplied labelled, but the team routinely relied on stock medicines for prisoners who were transferred without notice. This was not best practice, but helped to make sure that they received their medicines on time. Controlled drugs were managed adequately. Refrigerator temperature records did not always show the action taken when the maximum temperature was above the required range, and records could not be found for one of the refrigerators.

4.79 Some simple medicines could be provided without the need to see a doctor, using a minor ailments patient group direction (enabling nurses to supply and administer prescription-only medicine), and a few medicines were available for prisoners to buy from the prison shop. There was provision for the supply of medicines out of hours, but there was no auditing, and procedures for the use of medicines from the emergency cupboard were insufficient. There was an effective mechanism for prisoners to be provided with medicines to take home on release.

4.80 Medication errors were recorded and reviewed, and staff understood what to do if a medicine was missed, although we found an example where no action had been taken in these circumstances.

4.81 Written procedures and protocols were in place for the storage and management of medicines. There had been only one local medicines management meeting in the previous 11 months. In addition, despite the presence of an improvement plan, the minutes of the regional medicines management meetings and medicines monitoring data, the local pharmacy team was not sighted on these at the time of the inspection, making local oversight and governance weak.

Dental services and oral health

4.82 Waiting times for routine dental appointments were reasonable, at around six weeks, with a wait of eight weeks for a follow-up treatment appointment. There were dental sessions every day from Monday to Friday, which meant that urgent appointments could be facilitated either in the same or next session. The provider was delivering additional sessions in order to manage the demand.

4.83 The dental team worked with prison colleagues to maximise the number of prisoners attending their appointments, and if a patient did not attend, they would contact the house blocks to find out why. The dentist and dental nurse promoted oral health during appointments and had attended a recent health promotion event. Surveys we reviewed showed that patients were largely satisfied with their experience of attending the dental clinic.

4.84 The care records we reviewed were detailed and described the treatments offered and provided. The dental surgery was generally well maintained and all necessary equipment was serviced regularly, including the recently installed digital X-ray machine. Decontamination procedures and infection control standards were met, with an air purifier in use.

Section 5 Purposeful activity

Prisoners are able and expected to engage in activity that is likely to benefit them.

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in activities which support their rehabilitation.

5.1 In our survey, far fewer prisoners than at the time of the previous inspection said that they had more than two hours unlocked on a typical weekday. This reflected our findings, and we calculated that over half of the population was locked up for around 22 hours a day, with just a short period of around an hour and a half for domestics, association and exercise, plus 30 minutes for meal collections.

5.2 There was little for most prisoners to do during their short time on association, and use of the few pool tables that were available was only permitted at weekends. Exercise periods were too short, at just 30 minutes per day.

5.3 In our roll checks, we calculated that just 15% of the population were involved in work or educational activities off the wing, with another 9% employed on the wings as cleaners or peer workers.

5.4 Attendance at the library had been improving recently. In our survey, 39% of respondents said that they could attend at least weekly, which was better than in comparable prisons (28%). However, several prisoners told us that they had difficulty in getting to the library, and the number permitted at any one time was too low.

5.5 Library staff were strongly motivated and imaginative in finding new ways to enable prisoners who were not used to libraries to feel comfortable in the environment, and to support them in finding information and help. For example, they had recently sourced crosswords and wordsearches in languages other than English, and organised a chess competition. The library had lost access to county library resources when the service had been transferred to the prison education provider, Novus, but the latter was gradually developing its support and oversight of the library's work. A range of creative activities was available, reaching beyond the education context, such as music, art, drama, video making and a choir.

5.6 The well-equipped gym was popular and most sessions throughout the day ran almost to capacity. In our survey, more respondents than at similar prisons said that they used the gym twice a week or more. The enthusiastic PE team provided many activities which enabled the

department to meet the needs of a wide range of fitness abilities and activity preferences. Links to health care and substance misuse services supported the delivery of remedial and health promotion sessions. The team ran a variety of courses, including first aid, active living awards and a level 1 football award in conjunction with Coventry City Football Club through the football twinning programme.

5.7 The weekly PE timetable was well considered and provided 'early bird' and evening sessions specifically for workers, so that the core working day was not interrupted. Access to PE sessions was equitable and shared among the wings, and PE staff made efforts to fill sessions.

Education, skills and work activities

This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at https://www.gov.uk/government/publications/education-inspection-framework.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

5.8 Ofsted made the following assessments about the education, skills and work provision:

Overall effectiveness: Inadequate

Quality of education: Inadequate

Behaviour and attitudes: Requires improvement

Personal development: Inadequate

Leadership and management: Inadequate

5.9 The prison did not offer enough activity places to meet the needs of the population. Moreover, only just over half of the prisoners were allocated to the limited spaces available. Leaders had implemented a new pathway model to allocate prisoners to activities. Pathways were

logically made up of academic and vocational courses to help prisoners gain the skills to access employment in areas such as construction and hospitality. Managers had developed a specific pathway to support prisoners who needed support with their personal and social development. However, leaders and managers relied heavily on key workers (see Glossary) to explain the new pathway model to prisoners and did not have enough staff in these roles. As a result, too many prisoners had not been sufficiently informed about the education, skills and work offer, or been allocated to activities.

5.10 Opportunities for vulnerable prisoners to engage in education, skills and work were restricted to work in the textiles workshop and limited outreach teaching. For the two-thirds of the population with low-level English and mathematics, there were not enough spaces available for them to improve their skills in these areas. While the pay policy did not discourage prisoners from participating in education classes, it did not emphasise strategically the importance of learning to those with low levels of English and mathematics. Staff did not promote distance learning courses enough. The few prisoners studying at higher levels received regular support from the education provider.

5.11 Prison and education managers understood the weaknesses across education and skills, but they had been slow to make improvements. As a result, they had not fully achieved any recommendations from the previous inspection. Leaders had recently taken action to improve the quality of provision, but it was too early to measure the impact of their work at this stage.

5.12 Leaders had only recently developed an effective working partnership with education staff. As a result, more prisoners were taking part in English and mathematics classes and achieving their qualifications. However, achievement remained too low in level 2 English and levels 1 and 2 mathematics.

5.13 As this was a multi-category prison, with reception and resettlement functions, leaders had recognised the necessity to assess prisoners' needs. They were aware that a large proportion of the population had learning difficulties and disabilities, and that many needed additional support. However, assessment of these needs was not thorough enough. For example, staff did not suitably assess prisoners' reading skills. Staff did not provide suitable careers information, advice and guidance (IAG). In some areas, such as mathematics, tutors were aware of prisoners' needs and provided appropriate support. However, staff did not deliver this across all academic and vocational training, and prisoners in work did not receive support to meet their learning needs.

5.14 Leaders and managers did not offer a clearly linked curriculum across education, skills and work. The academic and vocational curriculum content taught prisoners skills to progress both in the prison and on release. However, too many industry workshops, such as double glazing and textiles, did not reflect commercial workplace expectations. Prisoners working in these areas did not develop the skills to prepare

them for work on release. In the better workshops, such as bicycle repair, gardens and laundry, instructors helped prisoners build the knowledge and skills they needed; for example, they taught prisoners technical vocabulary. Leaders and managers did not offer enough accredited qualifications or record prisoners' skills development sufficiently in work activities. Instructors had started to implement workbooks to record prisoners' development of professional skills. However, the completion of workbooks was not mandatory and they were often not used. As a result, many prisoners did not identify or recognise the skills they were learning. The only accredited work roles were in the laundry. Managers did not apply enough oversight of prisoners in work roles on the wings. As a result, prisoners working as cleaners did not have access to appropriate personal protective equipment, as expected in this industry sector.

5.15 The prison education framework contractor, Novus, had designed the content of most education areas well. However, they did not offer enough speaking and listening practice for those in in English for speakers of other languages (ESOL) classes. Staff were knowledgeable in the subjects they taught. However, the quality of teaching was not of a consistently high enough standard. Vocational tutors taught prisoners a deeper understanding of the requirements of the sector. Most tutors used suitable techniques to help prisoners learn. For example, in tiling and industrial cleaning, they used clear demonstrations, corrected any misconceptions and recapped on learning. In ESOL, tutors taught prisoners vocabulary relating to health care. They asked them to write each word and use a dictionary to check spelling. However, in too many instances, tutors of English and mathematics did not check learning effectively. For example, they moved on to setting activities without making sure that prisoners had understood what they needed to do to complete the task; as a result, too many prisoners struggled to do so.

5.16 Most tutors taught content that built in complexity to ensure that prisoners developed knowledge and skills over time. For example, prisoners in plastering started by learning how to apply materials to surfaces. They then moved on to more complex skills, such as float and finish. Many prisoners were proud of the high standard of practical work they had produced. However, they did not produce high-quality written work. Staff did not set high enough standards for prisoners' development of their English skills. For example, workbooks provided to prisoners were not produced to a high enough standard. Teachers did not rigorously correct grammatical and spelling mistakes in prisoners' written work. As a result, prisoners continued to make the same mistakes.

5.17 The few prisoners studying through outreach provision received helpful individual support which developed their English and mathematics skills and built their confidence. Teachers provided well-designed learning materials for prisoners to complete within their cells, and these were then used as a basis for learning at the next one-to-one session. Tutors sequenced learning well to meet individual needs. However, there were few prisoners accessing this training.

5.18 Although leaders and managers had introduced measures which had improved attendance, around a quarter of prisoners were absent from education and industry activities during the inspection. Attendance was better in ESOL, where the teacher helped prisoners to complete applications and explained prison regimes, which generated high levels of motivation for prisoners to attend. Prisoners regularly arrived late to activities. In the textiles workshop, they took too long to start work. However, they worked together cooperatively in industries and education classes, and listened attentively to each other's points of view during group work. They were focused and worked calmly in lessons. The few examples of inappropriate language were quickly dealt with by staff. Prisoners felt safe when involved in learning and skills activities, and reported that no bullying or harassment took place while attending activities.

5.19 Leaders and managers had struggled to manage changes in careers education provision. As a result, less than a third of the population had received advice and guidance. Where prisoners had received IAG, it was not of a high enough standard. For example, staff were not aware until very recently of how to access the virtual campus (see Glossary). As a result, modern methods to find employment were not promoted enough. The IAG provision was not sufficiently well integrated with sentence management. Too many prisoners did not receive suitable IAG before release. Staff had some useful links with employers who aligned with the vocational curriculum. For example, in construction, there was an effective academy with active involvement of employers. However, most prisoners did not access this opportunity.

5.20 Managers did not have enough information about prisoners' progress on release to evaluate the effectiveness of the curriculum. However, there were plans to improve the monitoring of prisoners' destinations on release.

5.21 Leaders and managers had not implemented a whole-establishment reading strategy. While managers, tutors and library staff encouraged prisoners to read – for example, through a reading competition and an external book club – this was having a positive impact on only a very small proportion of prisoners. In recent weeks, managers had restarted offering non-readers support through the Shannon Trust (which provides peer-mentored reading plan resources and training to prisons). The few prisoners taking part had made progress, but too few of those who needed support with reading had received it.

5.22 Prisoners were respectful to each other and to staff members. Behaviour between prisoners themselves and between prisoners and staff embodied the principles of equality and diversity. For example, mentor training staff provided prisoners with useful opportunities to consider equality of opportunity. Tutors promoted values of tolerance and respect well, and prisoners recognised the need to follow the law and rules of the prison, and demonstrate respect for each other's views.

Section 6 Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Children and families and contact with the outside world

Expected outcomes: The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

6.1 The prison's children and families team, a partnership between the prison, YMCA (the 'Rainbow Project') and Prison Advice and Care Trust, delivered a wide range of services to promote contact between prisoners and their families, and was greatly appreciated by the families and prisoners we spoke to. Services delivered included tailored, one-to-one support for prisoners in maintaining family links, and the running of family days, as well as Storybook Dads (in which prisoners record stories for their children), craft clubs and courses such as a 'Me 'n' My Dad' parenting course and 'Bump to Baby' classes for expectant fathers. On completion of these courses, prisoners could be granted additional family visits. Prisoner 'family representatives' attended regular forums with the children and families team, which were valuable. Suggestions made by prisoners were regularly included in the future work of the team.

6.2 Five social visit sessions were scheduled each week, including at weekends, and these were of reasonable duration, which was appreciated by families who had travelled long distances. However, booking visits was problematic and families described long delays with using both the visits telephone line and the online booking system. Provision for social visits had not yet returned to pre-pandemic levels and remained limited to 30 prisoners, which did not seem proportionate. The prison did not monitor visits data sufficiently and staff were therefore unable to identify who was not receiving a visit or whether there was a waiting list. Prisoners who were on remand or on the enhanced level of the incentives scheme did not receive their visits entitlement, which was a concern.

6.3 A short video outlining the visits process and what to expect had been shared on social media and was appreciated by family members visiting for the first time. Family support and engagement workers attended social visits and provided good support, including running the children's play areas in both the visitors centre and visits hall, and

answering questions from visitors. The visitors centre was functional and information was available, but there was no food or drink provision, which was a source of frustration for some families we spoke to who had made long journeys to the prison with young children.

Children's play area in the visits hall

6.4 The searching of visitors, including young children, was proportionate and conducted sensitively, and staff were friendly and polite. The visits hall was welcoming and bright, with a popular small shop selling drinks and confectionary. Visitors told us that visits usually started on time and our observations confirmed this.

Visits hall

6.5 There was provision for prisoners to have secure video calls (see Glossary) daily, and this facility was well used. In-cell telephones were greatly appreciated by the prisoners we spoke to, but many expressed frustration at the restrictions on call length. They were only able to make calls for up to two hours a day, with calls automatically cut off after 20 minutes, which was disproportionate.

Reducing risk, rehabilitation and progression

Expected outcomes: Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

6.6 The prison held a diverse and complex population of remand, unsentenced and sentenced prisoners, including fixed-term and standard recalls, and those serving life and indeterminate sentences. Prisoner turnover was high and many would stay at the establishment for only a short time, posing challenges for effective offender management, public protection and release planning work.

6.7 There had been improvements in the management of reducing reoffending since the previous inspection. Good work had taken place to understand the varied needs of the population. An impressive needs analysis had been carried out, using a wide range of data and information across all pathways important to rehabilitation and release planning. Leaders had also held prisoner focus groups and conducted

a survey in efforts to capture the voice of remand prisoners, to inform their planning.

6.8 Meetings to drive reducing reoffending work took place on alternate months and attendance had improved, but some pathway leads still did not attend. The strategy was clear, informed and illustrated well the prison's vision and priorities to improve outcomes for prisoners. However, action planning tended to be more reactive to immediate needs than strategically aligned to plans.

6.9 About 50% of the population had been sentenced. Almost all eligible prisoners had an offender assessment system (OASys) assessment and about 85% of these had been reviewed in the last 12 months. Of the cases we examined in detail, assessments were of at least sufficient quality and included prisoners' contributions, captured via a self-assessment questionnaire. Most sentence plans identified relevant objectives, but some were too generic and did not always specify the work that needed to be done to achieve them.

6.10 The heads of offender management services and delivery provided pragmatic leadership and were driving positive change within the offender management unit (OMU) through systems improvement in areas such as case administration, and support for their teams. Prison-employed prison offender manager (POM) caseloads were reasonable, and some worked with complex prisoners on remand. However, ongoing shortages of staff, such as probation-trained POMs, and the frequent cross-deployment of operational POMs (sometimes involving up to 75% of their time), hindered the work they could do to help prisoners during their time at the establishment.

6.11 In our survey, only 52% of respondents with a custody plan said that someone was helping them to achieve their targets. In the cases we checked, levels of contact between POMs and prisoners varied. We saw a few examples of regular and meaningful casework to challenge negative behaviour and generally build a positive rapport. However, in most cases, including for those prisoners who would spend their whole time at the prison, contact was infrequent and largely reactive to time-bound tasks. Key work (see Glossary) to support the work of offender management rarely took place, leaving POMs carrying out tasks that could otherwise have been undertaken by key workers (see also paragraph 4.3).

6.12 The prison held 39 prisoners serving life or indeterminate sentences. Most of these had been recalled to prison following breach of their licence conditions and were waiting for parole board input before they could move from the establishment. There was not enough support or one-to-one work to understand and address the circumstances that had led to their return to custody. Forums with these prisoners no longer took place and some we spoke to were frustrated that their progression had been delayed for reasons beyond their control.

6.13 A bail information officer worked to triage those who were potentially eligible to apply for bail, to improve the risk information available for

courts considering applications. Given that about 25% of the population was on remand, this was an extremely useful resource.

6.14 Dedicated clerks within the OMU had good oversight of home detention curfew (HDC) processes, but because of difficulties beyond the prison's control, some prisoners were not released on time. Reasons for this included long periods spent on remand, resulting in prisoners reaching their conditional release date shortly after sentencing; prisoners arriving either shortly before or after they qualified for HDC; delays with community checks; and lack of availability of Bail Accommodation Support Service accommodation.

Public protection

6.15 About 43% of the sentenced population were assessed as presenting a high or very high risk of serious harm to others and most were subject to multi-agency public protection arrangements (MAPPA) because of the nature of their offence.

6.16 There had been improvements in the attendance and scope of the interdepartmental risk management meeting in recent months, to accommodate more timely and collaborative oversight of prisoners' risk and release planning arrangements. However, meetings did not always take place consistently, or routinely consider all prisoners who presented the greatest risk before their release, which was a gap, especially given the high turnover of the population. Managers in the OMU were aware of these deficits and were actively planning to introduce an additional monthly meeting to oversee arrangements for licence recalls and those serving very short sentences.

6.17 In the cases we looked at in detail, we found sufficient evidence that MAPPA management levels were confirmed before release, although not always in a timely fashion or clearly recorded on electronic case notes. Risk management plans varied in quality and some needed updating following transfer from the sending prison or before the prisoner's release.

6.18 The quality of reports prepared by POMs to support community MAPPA meetings varied. There were some excellent examples where contributions included good use of information from a wide range of sources, but about half of those we looked at were limited in both content and analysis.

6.19 The prison had implemented a sensible approach to improving arrangements for those subject to public protection monitoring, but there were still gaps. For example, there were sometimes delays in calls being listened to, and reviews to consider whether restrictions should remain or cease were not always timely. We were not confident that all prisoners who potentially presented an ongoing risk to children had their contact restricted.

Categorisation and transfers

6.20 Reviews of prisoners' categorisation levels were completed by POMs, but were not always timely. The exercise was largely file based and prisoners were no longer routinely involved in it, which was a missed opportunity to engage, motivate and support them. Cases we reviewed were mostly well considered and informed by a recent OASys assessment, and decisions were defensible. A notable exception to this was for one prisoner who had been awarded category D status, with too little evidence used to support the decision.

6.21 The problems in transferring category D prisoners that we had identified at our scrutiny visit were improving. However, one prisoner had been waiting since February 2022 to move to HMP Leyhill, which was far too long.

6.22 Prisoners assessed as category B were generally transferred without delay, but transfers to category C prisons were less timely, especially for those with health care, social care or mobility needs. There had been no prison-wide oversight of the many prisoners subject to some sort of hold on their transfer. At the beginning of the inspection, there were 191 such prisoners. For many, the reason for their hold was not clear or their end date not stated, which potentially hindered their opportunity for meaningful progression. At the time of the inspection, leaders and managers had begun to address this deficit, and 90 holds deemed unnecessary had been removed, with more actively being reviewed.

Interventions

Expected outcomes: Prisoners are able to access interventions designed to promote successful rehabilitation.

6.23 In spite of the need, there was little structured one-to-one offence-focused work with prisoners and the delivery of both accredited and non-accredited offending behaviour programmes no longer took place. This was a gap in addressing their attitudes, thinking and offending behaviour, particularly for those serving short sentences or recalled to custody, who could potentially spend their whole sentence at the establishment.

6.24 Some good work took place to help prisoners with their finance, benefit and debt needs. The Department for Work and Pensions offered valuable support for sentenced prisoners with their entitlements and claims. Since April 2022, the team had engaged with over 770 prisoners to help arrange for benefits to be suspended, contact employers to keep jobs open while they were in custody, and set up Jobcentre Plus appointments for release.

6.25 Prisoners could apply to open bank accounts and for proof of identification, and the prison had recently been identified as a pilot site to extend this offer to include applications for provisional and

replacement, and to renew, driving licences. Birmingham Settlement (a charity which improves the quality of life for individuals and communities facing social and economic exclusion in Birmingham) offered help in dealing with practical matters such as court fines, and utility bill and rent arrears. However, there were gaps in support for prisoners on remand or being released out of area.

6.26 Following the reorganisation of resettlement services in 2021, community offender managers (COMs) now had to initiate requests for accommodation support for prisoners of all risk levels. In many cases, these referrals were not timely, or were sent with important information missing, such as where the prisoner was being held or their release date, which added to further delays. The prison's data suggested that, over the last 12 months, an average of only 75% of prisoners had had some form of recorded accommodation to go to on their first night of release.

6.27 However, plans were progressing well to introduce provision specifically for the remand population, to identify their immediate accommodation needs and improve their housing outcomes on release.

Release planning

Expected outcomes: The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

6.28 About 120 prisoners were released from the establishment each month, which meant that demand for resettlement support was high.

6.29 The immediate needs of prisoners on arrival, particularly those received straight from court, were not always captured by prison staff. However, despite the on-site pre-release team being stretched, they worked hard to make sure that most prisoners' needs were assessed within a few days of their arrival. We saw examples of these assessments leading to early referrals to other support agencies.

6.30 The pre-release team was responsible for making sure that low- and medium-risk prisoners being released locally had their resettlement needs met, and COMs were responsible for all high-risk prisoners.

6.31 In our case sample of sentenced prisoners, not all had resettlement plans. However, we generally saw evidence of good joint working between POMs and COMs, and sufficient work to address prisoners' release planning needs. This was especially the case for those being released to the West Midlands region, but not always for those being released out of area.

6.32 There was little support for addressing the practical resettlement needs of the large number of prisoners on remand, which was caused them frustration and worry. Some of those we spoke to described the lack of

help and that their inability to contact utility companies, landlords, banks and other officials had resulted in the loss of tenancies and accumulation of substantial rent arrears. One prisoner feared that he would be gate-arrested as a result of unpaid fines, and another described his inability to participate in ongoing divorce proceedings, in both cases because they were unable to contact the relevant courts.

6.33 Practical release arrangements were limited. The ‘departure lounge’ we reported positively about at the previous inspection had closed and there were no facilities for prisoners to charge their mobile telephones. Discreet holdalls, in which prisoners could carry their possessions, were available in reception, along with a small supply of clothing.

Section 7 Summary of priority and key concerns

The following is a list of the priority and key concerns in this report.

Priority concerns

1. **Early days in custody arrangements were not good enough.** First night risk assessments were not always thorough or complete, and some cells on the early days centre not clean or fully equipped.

2. **Too little was being done to reduce self-harm levels across the prison.** There was no strategy or action plan, limited data analysis and investigation of serious self-harm incidents, and poor oversight of implementation of Prisons and Probation Ombudsman recommendations.

3. **Waiting times to see a GP or for a mental health assessment were too long.**

4. **Prisoners spent too much time locked in their cells with half the population let out for around two hours a day.** There were not enough activity spaces available to meet the needs of the population and prisoners were not always allocated to the relevant purposeful activity.

5. **There were shortfalls in public protection arrangements.** The interdepartmental risk management meeting did not routinely consider all prisoners who presented the greatest risk before their release. There were gaps in arrangements for those subject to public protection monitoring.

Key concerns

6. **Prisoners on the segregation unit were subject to punitive restrictions and received a limited regime with too little to stimulate or incentivise them.**

7. **Very few prisoners received key work sessions.**

8. **Some prisoners with a disability had very limited access to health care services and the regime because broken lifts had still not been fixed.**

9. **Prisoners did not receive sufficient careers education, information, advice and guidance to enable them to make informed decisions about the careers available to them.**

10. **Prisoners with learning difficulties and disabilities did not consistently receive the support they needed to learn and work effectively.**

11. **There were insufficient accredited qualifications in work areas, and the employability skills that prisoners gained were not recognised.**

12. **Oversight and management of visits was weak.** Booking visits was problematic, and enhanced and remand prisoners did not receive their entitlement.

13. **Support to meet the practical resettlement needs of the large number of prisoners who were on remand was insufficient.**

Section 8 Progress on recommendations from the last full inspection and scrutiny visit reports

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2019, too many prisoners had felt unsafe at some point and far too many continued to feel unsafe on the closed site. Most prisoners said reception staff treated them with respect but safety checks and other early days support were not reliable on either site. Violence levels on the closed site were high and some incidents were serious. Drug availability and use were also high. Staff did not manage poor behaviour on the closed site well, low-level issues often escalated into serious incidents and there was very little victim support. Prisoners in the segregation unit faced a very limited regime and unacceptably poor conditions. Far more prisoners on the closed site were now self-harming, and since our last inspection four prisoners had died through illicit drug use. Outcomes for prisoners were poor at the closed site and good at the open site against this healthy prison test.

Key recommendations

Arrangements for the arrival of new prisoners should ensure they are kept safe and properly supported.
Not achieved

The prison should have a strategy and deliver practical arrangements that promote and ensure good behaviour and full engagement with the prison's regime.
Achieved

The prison should introduce a robust strategy and action plan that reduces the availability and use of illegal drugs.
Achieved

Recommendations

All first night cells should be clean and adequately prepared for new arrivals.
Not achieved

All incidents of violence should be investigated, with support provided for victims when required.
Achieved

The prison should ensure there is a comprehensive review and management oversight of use of force.
Partially achieved

Assessment, care in custody and teamwork (ACCT) documentation should be completed with sufficient detail to provide appropriate and meaningful support to prisoners who are in crisis and most at risk.
Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, many prisoners on both sites said staff treated them respectfully, but some staff on the closed site showed a lack of control over prisoners. Rule breaking often went unchallenged, some staff failed to set clear boundaries and too many lacked confidence in dealing with prisoners' basic requests. Living conditions on the closed site were overcrowded and of a variable quality, and some basic items were lacking. Living conditions on the open site had deteriorated further since our previous inspection and were unacceptably poor. Consultation with prisoners was adequate but the application and complaints systems at the closed site needed further improvement. There had been some recent improvements in equality and diversity work but more was needed on both sites. Faith provision was good across both sites. Health services had improved overall but further improvements were needed. Conditions on the inpatient unit were very poor. Outcomes for prisoners were not sufficiently good on both sites against this healthy prison test.

Key recommendations

Prison cells, showers and communal areas on the closed site should provide clean, hygienic and well-maintained conditions for prisoners, including those in the segregation and inpatient units.
Partially achieved

Sleeping accommodation, showers, toilets and communal areas on the open site should meet modern standards of decency, providing clean, hygienic and well-maintained living conditions for prisoners.
No longer relevant

The prison's co-commissioning agreements with its health partners should jointly assess and monitor prisoner health needs and progress against agreed actions to ensure the best health outcomes for prisoners.
Partially achieved

Recommendations

Staff should respond to cell call bells within five minutes.
Achieved

There should be effective tracking, monitoring and quality assurance of the applications process.
Achieved

The strategic management of equality and diversity work should be prioritised and sufficient resources allocated across the prison to identify any discrimination, which should be tackled effectively if found.
Partially achieved

The prison should identify the needs of prisoners from minority groups on both sites and ensure their basic needs are met.
Not achieved

There should be a joint local operating procedure to optimise emergency response, including automated external defibrillation accessible for each house block and working area.
Achieved

Clinical supervision should be provided and recorded for all clinical staff, and mandatory training requirements should be fulfilled.
Achieved

Social care arrangements should meet the needs of all prisoners and the requirements of the Health and Social Care Act 2014.
Achieved

Transfers under the Mental Health Act should occur expeditiously and within the current Department of Health transfer time guidelines.
Not achieved

Prisoners with substance use needs should receive substitution treatment in line with national guidance, and monitoring should ensure that their care is safe.
Achieved

New arrivals should receive their prescribed medicines promptly.
Achieved

The governance of medicines optimisation should ensure the competency of staff, and the monitoring and auditing of the effectiveness of the use of medicines.
Not achieved

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection, in 2019, many prisoners on the closed site had little time out of cell and were often locked up for almost 22 hours a day. In our roll checks on the closed site, 61% were locked in their cell during the core working day, which was far too many. The regime on the closed site was not always delivered, which frustrated prisoners. Library and PE provision were good on both sites. Ofsted judged that the overall effectiveness of education, skills and work activities was inadequate and identified some major areas for improvement, including a poorly resourced and overstretched management team and very poor attendance at activities. Provision on the open site was not supporting prisoners into employment sufficiently well. Achievement rates and outcomes for prisoners were low overall. Outcomes for prisoners were poor across both sites against this healthy prison test.

Key recommendations

The prison should ensure a regular and predictable regime for all prisoners that maximises purposeful time out of cell, association and exercise each day.
Not achieved

Prison leaders should equip the education, skills and work management team with the appropriate resources and knowledge to support the effective management of the provision. Managers should use this data to inform their decisions, and evaluate the performance of the provision and their improvement priorities accurately.
Partially achieved

Prison leaders and managers should ensure that all teachers, trainers and instructors are able to deliver teaching, training and assessment activities that enable prisoners to learn and develop essential employability and personal skills, including English and mathematics, and record prisoners' acquisition of new skills.
Partially achieved

Leaders and managers should improve prisoner attendance at education, skills and work, and ensure they access an induction that provides them with the necessary careers information, advice and support to develop a good work ethic.
Not achieved

Accredited and non-accredited outcomes for learners should be tracked and monitored to ensure that all achieve as well as they can, with a clear focus on improving the acquisition of English and mathematics skills.
Partially achieved

Recommendation

Leaders and managers should use the pay policy to incentivise prisoner attendance at education.
Partially achieved

Rehabilitation and release planning

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

At the last inspection, in 2019, children and families work was reasonable across both sites. Strategic management of rehabilitation and release planning was weak and the open site was not achieving its full potential. Offender supervisor contact with prisoners at both sites was good in some cases but poor in others. The case administration team was struggling to provide an effective service on the closed site. Home detention curfew (HDC) processes were generally sound. Provision for indeterminate sentence prisoners (ISPs) was not fully developed. Categorisation reviews were up to date but some prisoners on the closed site found it difficult to progress to other prisons and many moved on without an OASys (offender assessment system) assessment. Both sites needed improvements to public protection work, including oversight of the risk of harm. Opportunities to undertake offence-focused work had improved. Community rehabilitation company (CRC) pathway work was mixed, and not all prisoners had a review of their resettlement plan before release. Outcomes for prisoners were not sufficiently good on the closed site and poor at the open site against this healthy prison test.

Key recommendations

The case administration team should complete rehabilitation and resettlement processes for prisoners without delays.
Partially achieved

Offender supervisors' contact with prisoners on their caseload should be regular and meaningful, particularly in high risk of harm cases.
Not achieved

Prisoners should have prompt access to good quality and purposeful ROTLs to aid their rehabilitation and resettlement.
No longer relevant

The inter-departmental risk management team on the closed site should ensure that the release plan for all high-risk prisoners and those subject to MAPPA meets and supports the protection of the public when individuals are released into the community.
Not achieved

An inter-departmental risk management team should be set up on the open site to provide management oversight of relevant public protection cases and ensure risk of harm is managed actively.
No longer relevant

Recommendations

Prisoners should be transferred to appropriate prisons within reasonable timescales.
Not achieved

The prison should monitor accommodation outcomes after release to assess the effectiveness of the services provided and establish the extent of the homeless problem.
Not achieved

All prisoners should have their resettlement plan reviewed at least 12 weeks before their release, and the prison should take all the action necessary to promote their successful rehabilitation.
Not achieved

Recommendations from the scrutiny visit

The following is a list of the recommendations made in the scrutiny visit report from 2020.

HMPPS should grant prison governors appropriate autonomy, or otherwise streamline processes, to allow restrictions to be lifted safely, but with greater speed.
No longer relevant

A cohesive prison-wide strategy to manage and reduce violence should be implemented. It should be underpinned by effective data collation and analysis and a variety of suitable interventions to manage perpetrators and support victims.
Partially achieved

The approach to managing suicide and self-harm should be improved. This should include the consistent implementation and reinforcement of recommendations made by the Prisons and Probation Ombudsman, robust management of ACCTs to deliver an individual package of care for prisoners at risk, multidisciplinary reviews and a robust and effective quality assurance process.
Not achieved

Staff should be given time to conduct regular and meaningful key work sessions with prisoners, with a focus on prisoner well-being and the resumption of purposeful rehabilitation work.
Not achieved

Work on equality should be improved to include robust oversight, effective monitoring and action planning to ensure the individual needs of prisoners with protected characteristics are consistently identified and met.
Partially achieved

The prison should ensure that prisoners with disabilities and impaired mobility, particularly wheelchair users, allocated to Hewell have an appropriately accessible environment with full access to the regime. If these adjustments cannot be offered, such prisoners should be accommodated elsewhere.
Not achieved

Time out of cell for prisoners should be increased to enable more purposeful activities and the opportunity to engage with staff and peers.
Not achieved

Prisoners who require telephone monitoring should have calls listened to in a timely manner to ensure public protection.
Not achieved

Appendix I About our inspections and reports

HM Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review Suicide is everyone's concern, published in 1999. For men's prisons the tests are:

Safety
Prisoners, particularly the most vulnerable, are held safely.

Respect
Prisoners are treated with respect for their human dignity.

Purposeful activity
Prisoners are able, and expected, to engage in activity that is likely to to benefit them.

Rehabilitation and release planning
Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by HM Prison and Probation Service (HMPPS).

Outcomes for prisoners are good.
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

Outcomes for prisoners are reasonably good.
There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.
There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for prisoners are poor.
There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for prisoners. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; prisoner and staff surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and the General Pharmaceutical Council (GPhC). Some are also conducted with HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report provides a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/). Section 7 summarises the areas of concern

from the inspection. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief Inspector
Sara Pennington	Team leader
Natalie Heeks	Inspector
Paul Rowlands	Inspector
Jade Richards	Inspector
Ali McGinley	Inspector
Martin Kettle	Inspector
Rachel Duncan	Researcher
Helen Downham	Researcher
Sophie Riley	Researcher
Grace Edwards	Researcher
Tania Osborne	Lead health and social care inspector
Dee Angwin	Health and social care inspector
Craig Whitelock	Pharmacist
Richard Chapman	Pharmacist
Matthew Tedstone	Care Quality Commission inspector
Si Hussein	Care Quality Commission inspector
Rebecca Jennings	Ofsted inspector
Bev Ramsell	Ofsted inspector
Allan Shaw	Ofsted inspector
Dan Grant	Ofsted inspector
Maria Navarro	Ofsted inspector
Andrew Cook	Ofsted inspector
Steve Lambert	Ofsted inspector
Paul Johnston	Ofsted inspector
Sally Lester	Offender management inspector

Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary, available on our website at: http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Care Quality Commission (CQC)
CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: http://www.cqc.org.uk

Certified normal accommodation (CNA) and operational capacity
Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care 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 due to 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.

Challenge, support and intervention plan (CSIP)
Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

Key worker scheme
The key worker scheme operates across the closed male estate and is one element of the Offender Management in Custody (OMiC) model. All prison officers have a caseload of around six prisoners. The aim is to enable staff to develop constructive, motivational relationships with prisoners, which can support and encourage them to work towards positive rehabilitative goals.

Leader
In this report the term ‘leader’ refers to anyone with leadership or management responsibility in the prison system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

Offender management in custody (OMiC)
The Offender Management in Custody (OMiC) model, being rolled out across the closed male prison estate, entails prison officers undertaking key work sessions with prisoners (implemented during 2018–19) and case management, which established the role of the prison offender manager (POM) from 1 October 2019. On 31 March 2021, a specific OMiC model for male open prisons, which does not include key work, was rolled out.

Protected characteristics
The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protection of adults at risk
Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Secure video calls
A system commissioned by HM Prison and Probation Service (HMPPS) that requires users to download an app to their phone or computer. Before a call can be booked, users must upload valid ID.

Time out of cell
Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Virtual campus
Internet access for prisoners to community education, training and employment opportunities.

Appendix III Care Quality Commission Requirement Notice

Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: http://www.cqc.org.uk

The inspection of health services at HMP Hewell was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/working-with-partners/). The Care Quality Commission issued 'requirement to improve' notice/s following this inspection.

Requirement Notice

Provider

Practice Plus Group Health and Rehabilitation Services Limited

Location

HMP Hewell

Location ID

1-4084040327

Regulated activities

Treatment of disease, disorder, or injury and Diagnostic and screening procedures.

Action we have told the provider to take

This notice shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 17 (1)(2)(a)(b)

Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).
Such systems or processes must enable the registered person, in particular, to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

How the regulation was not being met

Systems and processes to monitor and improve the quality and safety of the service and to monitor and mitigate risks were not always operating effectively.

In particular:

- There was a lack of oversight and management of the GP waiting list which resulted in patients experiencing long waits for a routine GP appointment.
- The provider did not have a clear process for staff to follow to add patients to the GP waiting list or allocate them to a different waiting list. This had resulted in some confusion and patients being inappropriately added to the GP waiting list.
- Local oversight of medicines management was limited. There had only been one local medicines management meeting in the previous 11 months and little discussion of issues at HMP Hewell during regional medicines management meetings.
- Reports relating to prescribing trends and the prescribing of tradeable drugs were available, however, the local pharmacy team were not aware of these and it was unclear how they were being used locally.
- There was a lack of stock control and records relating to medicines stored in the out of hours cupboard. This meant there was no audit trail of which medicines were going in and out.
- Fridge temperature records did not always show what action was taken when temperatures were out of range. Records could not be found for one fridge.

Appendix IV Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

Prison population profile

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Prison staff survey

Prison staff are invited to complete a staff survey. The results are published alongside the report on our website.

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: http://www.justiceinspectorates.gov.uk/hmiprisons/

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