



Report on an unannounced inspection of

HMP Hewell

by HM Chief Inspector of Prisons

2–12 June 2025



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Introduction

Situated near Redditch in Worcestershire, HMP Hewell is a busy reception prison that continues to face significant challenges. With capacity for 1,094, at the time of our inspection it was holding just over 1,000 men. Most, some 63%, were on remand or awaiting sentence. A further 10% were licence recalls, having previously been released. This meant that the majority were experiencing comparatively short stays, contributing to a significant churn of prisoners.

This was our first full inspection since our visit in 2022, and we evidenced some improvements, although they were limited. Disappointingly, of the 13 concerns we raised in 2022, only six had been fully addressed. We found that outcomes for prisoners remained 'not sufficiently good' in two of our healthy prison tests: safety and preparation for release. Purposeful activity was also 'not sufficiently good', although this reflected an improvement from our lowest grade of 'poor'. Respect was assessed to be 'reasonably good', as it was in 2022.

Safety remained a concern. Although the prison was generally calm and most prisoners reported feeling safe, the rate of violence was higher than in similar establishments. Too little was done to promote positive behaviour, with few incentives to encourage engagement. Support for those at risk of self-harm was inconsistent, and some acutely mentally unwell men waited unacceptably long periods for transfer to secure hospital care. Some prisoners self-harmed repeatedly and had acute mental health problems. Prison was not the right place for them. Physical security measures had improved with some effective barriers, such as netting over the yards and sealed window units, to combat potential drone incursion. According to mandatory testing data, drug use seemed lower than at comparable prisons and, arguably, the prison could have done even better if it were able to expedite its response to the intelligence it was receiving.

Too many men were spending long periods locked in their cells with nothing to do. Some were getting as little as two hours out of cell a day. New arrivals, who should have been a priority, were particularly poorly served, with limited access to work, education or even the gym. Delays in getting phone numbers approved meant that some men couldn't speak to their families for days after arriving, which left them isolated and potentially vulnerable to self-harm.

More positively, relationships between staff and prisoners were a strength, although this did not yet translate into effective keywork, which was a missed opportunity. The prison's peer mentors – known locally as Here2Help mentors – were, however, doing excellent work. In vocational workshops, prisoners were gaining useful skills in realistic working environments. The mental health and substance misuse teams were delivering good care, despite high levels of need. Too many men were released without stable accommodation, support for those on remand was minimal, and while there were enough activity spaces on paper, they were not being used effectively.

A critical challenge for the prison has been the need to address a lack of continuity in leadership, with four governors in three years undoubtedly unhelpful to stability. A new, experienced governor had only been in post for three weeks at the time of our visit, but she had already shown a clear understanding of the issues and had a real long-term commitment to the prison and a willingness to learn from inspection findings. Hewell needs to do better. The new leadership team were competent and capable and had an opportunity to bring the stability needed and drive improvement. That will require a clear plan, better use of data, greater visibility amongst leaders at all levels and a renewed focus on delivering a regime that gives all prisoners the chance to use their time in custody constructively.

Charlie Taylor

HM Chief Inspector of Prisons

July 2025

What needs to improve at HMP Hewell

During this inspection we identified 13 key concerns, of which five 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. **The regime and support offered to new arrivals was too limited.**
These prisoners could not go to work, training or education or get to the library or gym. They also waited far too long for telephone numbers to be added to their account, which delayed contact with family and friends.
2. **Mentally unwell men continued to wait far too long to transfer to a mental health unit in the community.**
3. **Not all health care clinical areas met infection prevention standards.**
4. **Not all prisoners received effective and timely induction to ensure they were allocated to activities swiftly.**
5. **Resettlement support for those on remand was far too limited.**
Their needs were not always assessed on arrival or reviewed in the lead up to release, so they did not have a resettlement plan and received little help.

Key concerns

6. **Too little was done to promote positive behaviour.**
7. **Support for prisoners at risk of suicide or self-harm was limited.**
Assessment, care in custody and teamwork (ACCT) plans did not always include all actions needed and support often ended without the prisoners' vulnerabilities being addressed.
8. **Just over half of prisoners were living in overcrowded conditions, with two sharing a cell originally designed for one.**
9. **Support for foreign national prisoners was lacking.** There was very little use of professional interpretation services, which left some prisoners feeling isolated.
10. **Many men got very little time out of their cells.** About 40% were locked in their cells for more than 21 hours a day.

11. **The quality of teaching in functional skills for English and mathematics was not closely monitored and leaders needed to take action to make sure it was consistently good.**
12. **The reading strategy was not fully implemented in all areas of the prison to ensure that there was a culture of reading among prisoners and that those who were non-readers developed their reading skills quickly.**
13. **Far too many prisoners were released homeless or without sustainable accommodation.**

About HMP Hewell

Task of the prison/establishment

HMP Hewell is a category B reception prison for adult males.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection

Prisoners held at the time of inspection: 1,013

Baseline certified normal capacity: 827

In-use certified normal capacity: 812

Operational capacity: 1,094

Population of the prison

- 63% of prisoners were remanded or awaiting sentencing and 10% had been recalled to custody following breaches of licence conditions.
- 4,600 new prisoners were received each year (around 383 per month) and around 228 were released into the community each month.
- 178 prisoners were foreign nationals and 29% of all prisoners were from black and minority ethnic backgrounds.
- 23% of the population were receiving support for substance misuse problems.
- 27 prisoners had been transferred or discharged to a mental health hospital in the last 12 months.

Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group (PPG)

Mental health provider: Midlands Partnership Foundation Trust

Substance misuse treatment provider: Midlands Partnership Foundation Trust

Dental health provider: Time for Teeth

Prison education framework provider: Novus

Escort contractor: GEOAmey/Serco

Prison group/Department

West Midlands Prison Group

Prison Group Director

Mark Greenhaf

Brief history

Built in 1993, HMP Hewell was originally named HMP Blakenhurst. It was 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 2000. House block 6 was added in 2004, increasing capacity by a further 280. HMP Hewell now operates as a category B reception prison serving the courts.

Short description of residential units

House block 1: vulnerable prisoners

House block 2: early days centre and induction

House block 3: general population
House block 4: well-being unit, and holds those in drug treatment
House block 6: general population
Oak unit: low mobility and social care unit

Name of governor/director and date in post

Rebecca Hayward from May 2025

Changes of governor/director since the last inspection

Ralph Lubkowski: June 2020 – February 2024
Paul Newton: February 2024 – February 2025
Darren Hudson (acting governor): February 2025 – May 2025

Independent Monitoring Board chair

Addie Horner

Date of last inspection

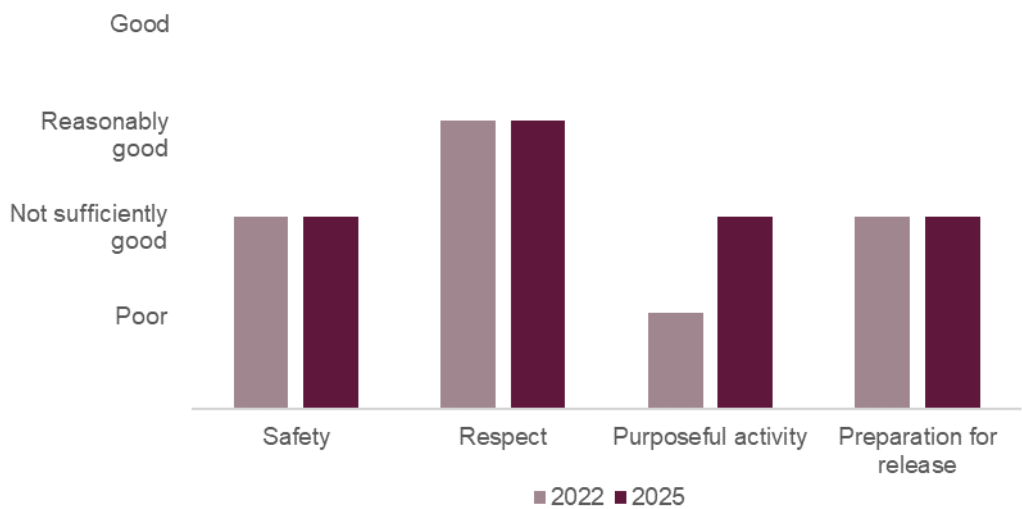
22 November – 9 December 2022

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Hewell, we found that outcomes for prisoners were:
- not sufficiently good for safety
 - reasonably good for respect
 - not sufficiently good for purposeful activity
 - not sufficiently good for preparation for release.
- 1.3 We last inspected HMP Hewell in 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Hewell healthy prison outcomes 2022 and 2025



Progress on priority and key concerns from the last inspection

- 1.4 At our last inspection in 2022 we raised 13 concerns, five of which were priority concerns.
- 1.5 At this inspection we found that six of our concerns been addressed, two had been partially addressed and five had not been addressed. For a full list of progress against the concerns, please see Section 7.

Notable positive practice

- 1.6 We define notable positive practice as:

Evidence of our expectations being met to deliver particularly good outcomes for prisoners, and/or particularly original or creative approaches to problem solving.

- 1.7 Inspectors found four examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice

a)	The prison had sealed cell windows and netting across many of the open areas, such as exercise yards. This improved safety, as they made it difficult for drones to deliver parcels to prisoners.	See paragraph 3.18
b)	Peer workers and mentors were used well, despite the challenges of recruiting and retaining them in a reception prison. Here2Help mentors were particularly impressive, providing a range of support from giving practical information to helping prisoners deal with their individual issues.	See paragraphs 2.12, 3.23 and 4.2
c)	Prisoners benefited from a purposeful curriculum within industries and work. In industries workshops such as Forest Garden and cycle repair, instructors used realistic working environments and well-designed tasks to help prisoners build technical and employability skills.	See paragraph 5.16
d)	On-site police officers helped to manage the most prolific offenders from West Mercia and Warwickshire through the Integrated Offender Management (IOM) model. This provided a cross-agency response to the identification and management of the most persistent and problematic offenders, which helped to protect the public.	See paragraph 6.20

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 There had been a lack of continuity in leadership, with four governors and three prison group directors in post since our inspection in December 2022. This may explain why there had been insufficient progress in addressing several of the concerns raised at that inspection.
- 2.3 The new governor of the prison, who was appointed just three weeks before this inspection, was an experienced leader and expressed a commitment to staying at Hewell to bring stability and drive improvements. She had already developed a good understanding of the areas for improvement and was very open to learning from this and other inspections and audits.
- 2.4 Leaders did not use data well enough to identify actions needed to improve outcomes or set targets for improvement. This was evident in the self-assessment report, as it lacked specific measures of success. The governor planned to review this and strengthen the use of data.
- 2.5 The senior leadership team was experienced and competent, with good joint working evident, particularly between the residential leaders and the safety team. However, this was less well developed within the resettlement teams, where there was little evidence of communication or joint working.
- 2.6 Recruitment of officers had been successful, but over a third had been in post for less than two years. Leaders were providing new officers with more support through coaching and mentoring, which had helped to reduce the attrition rate of those leaving. However, they had not yet fully addressed the high rate of staff absences caused by sickness.
- 2.7 Additional resources, including nurses, had been allocated to reception and early days work. The safety team had been expanded to enable leaders to focus more on reducing violence and responding to self-harm.
- 2.8 Too few officers and middle managers were receiving regular sessions with their line manager for support, guidance and encouragement. Operational staff were unhappy with the current shift patterns and our survey showed that their morale was low, with few feeling supported.

- 2.9 Leaders had prioritised the delivery of mandatory training and were holding monthly training days for staff. However, despite a high level of mental health needs among the prison population, there was no training programme to raise awareness of these issues and their impact on prisoners' behaviour.
- 2.10 Custodial managers lacked visibility on some wings. However, the supervising officers we spoke to were proactive and had a good understanding of their role, including the priorities of decency and respect. We met excellent supervising officers on the segregation unit and house block 4, who clearly had detailed knowledge about prisoners in their care and spoke about them with compassion.
- 2.11 There were sufficient education, training and work activity spaces to meet the needs of most of the population. However, too many prisoners were unemployed, and the available activity spaces were not always fully used. Leaders had lacked ambition in improving the very short time out of cell for those not involved in purposeful activity. This included those on the induction unit, where prisoners were unlocked for as little as two hours a day.
- 2.12 Communication with prisoners was made more difficult by the lack of electronic systems, such as kiosks or in-cell technology. The prison council was good but only involved Here2Help mentors (who provided a wide range of support, from giving practical information to helping prisoners deal with their individual issues). Agreed actions were not communicated to the wider population well enough. Previous leaders had stopped the full briefing sessions with staff, which limited their communication. However, we were confident that the new governor would reintroduce these.

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 About 5,000 prisoners had been received in the last 12 months, so it was positive to see that leaders had increased resources to try to meet such a high level of need. This included an extra nurse on nights to screen late arrivals, and a mental health assessment for all new admissions.
- 3.2 Despite the pressure, reception staff remained friendly and helpful. However, safety interviews undertaken by prison officers on the first night centre were not held in private, which potentially made it harder for prisoners to disclose vulnerabilities, and during the inspection week men staying overnight on their way to other jails did not get a safety interview at all.
- 3.3 New arrivals were allocated to a well-equipped cell and were given all the essential kit items. Staff carried out welfare checks on them during their first night. Unless there were public protection concerns, new arrivals were issued with a £2 initial phone credit. However, this expired early the following morning, which did not always give them enough time to contact their loved ones.
- 3.4 Mentors were used well. For example, induction was delivered very well by a peer worker on the morning after arrival, although staff did not supervise this session.
- 3.5 New prisoners located on the first night centre received a very limited regime and were locked in their cell for about 22 hours a day. They did not have access to purposeful activities and were not given time to go to the library or gym (see paragraph 5.1). They also waited far too long to get numbers added to their telephone account, which delayed contact with family and friends.

Promoting positive 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

- 3.6 The prison was calm and well ordered. In our survey, most prisoners (81%) said that they felt safe at the time of this inspection. While the rate of violence had increased since the last inspection and was higher than many similar prisons, it had begun to reduce over the last year, and few incidents were classified as serious.
- 3.7 The safety team was now well resourced, and the monthly strategic meetings and weekly safety intervention meetings considered relevant issues. Discussions reflected a good knowledge of individuals, but the meetings were not always well attended. While challenge, support and intervention plans (CSIPs) were used frequently, there were often long delays in putting them in place. Those we reviewed rarely included targets or support that would help prisoners change their behaviours, and most prisoners who had been subject to one told us they got no benefit from it.
- 3.8 In our survey, only 19% of prisoners thought the culture in the prison encouraged them to behave well. There were too few pathways for progression and, apart from the peer mentor roles, we saw little evidence of rewarding good behaviour. Staff relied on a very traditional incentives scheme; however, many prisoners told us that this provided little benefit to them. For example, new arrivals had to wait at least 12 weeks before they could access the highest-level privileges, which was too long for many, who might only stay at the prison for a few weeks. The basic privilege level was overly punitive and applied inconsistently. It was, however, positive that some managers reinstated privileges when they recognised improvements in behaviour.
- 3.9 Leaders collated a good range of data but did not use it well enough to help address the root causes of violence or to consider more ways to promote and encourage positive behaviour. They had invested in some independent research to better understand the illicit economy, particularly around debt, but had yet to take action in response to the findings.

Adjudications

- 3.10 The most common reasons for adjudication charges were assault, fighting and being in possession of an unauthorised article. In many of the examples we reviewed, the level of enquiry was limited, but it was good to see that outcomes for the prisoner were not overly punitive. A new rehabilitative approach had been introduced recently for those who had tested positive for drug use, which gave them the chance to seek help from the substance misuse services.
- 3.11 Leaders had addressed some of the weaknesses in managing adjudications. However, over 2,000 hearings had not been proceeded with, which meant that poor behaviour had not led to any formal consequences for the prisoners.

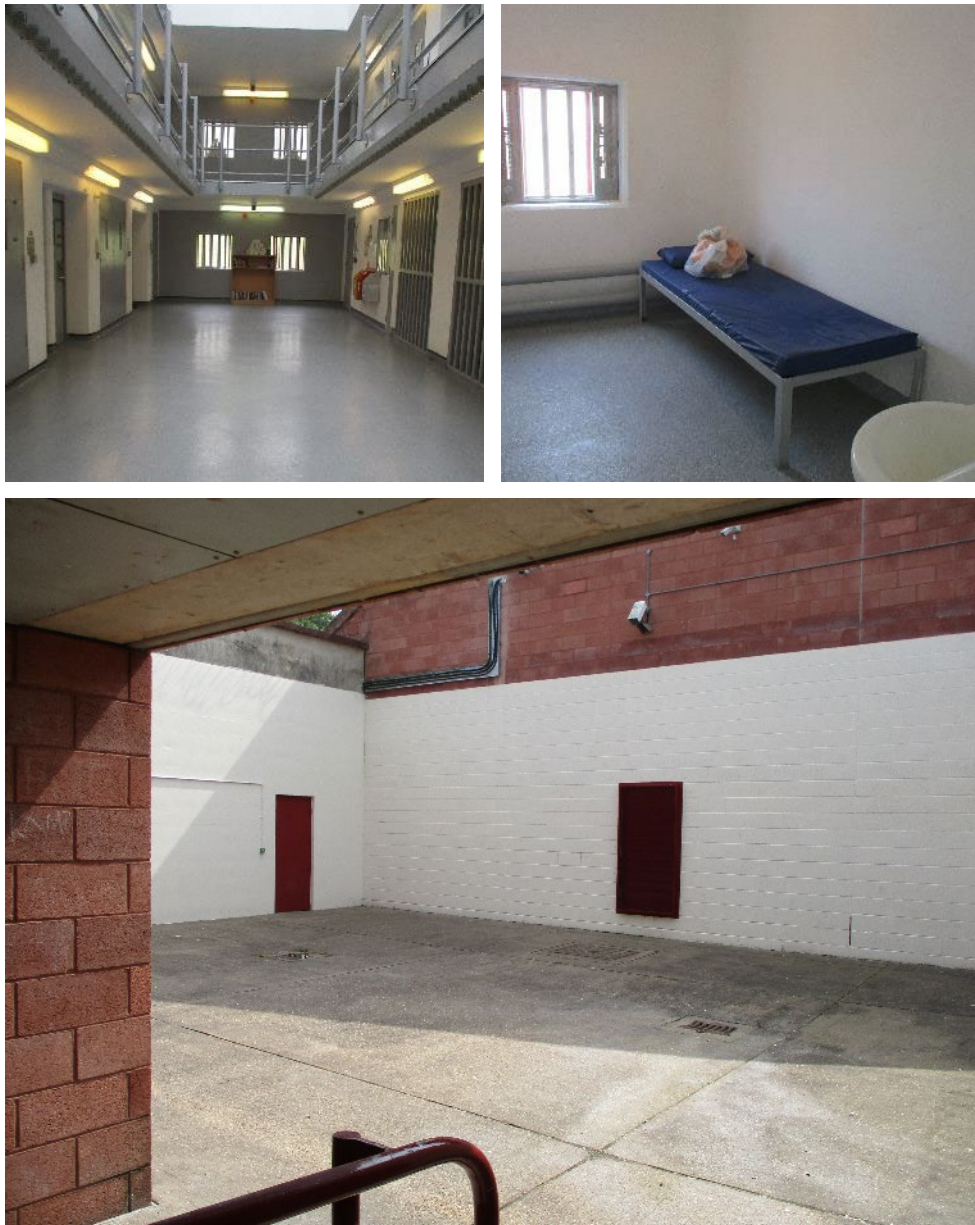
- 3.12 The deputy governor completed checks on 10% of all adjudications and disseminated feedback on the quality to staff.

Use of force

- 3.13 The rate of using force against prisoners was higher than in many similar prisons but had been reducing over the last year. Oversight was reasonably good and PAVA, batons and special accommodation were rarely used. Few uses of force resulted in full or prolonged restraint; however, there were some weaknesses in the way incidents were managed, and poor use of techniques, with some staff also using unprofessional and inflammatory language.
- 3.14 Staff generally carried body-worn video cameras. However, too few were switched on early enough, if at all, to capture the lead-up to the decision to use force. This limited leaders' ability to make sure all incidents were necessary and proportionate to risk. In the footage we reviewed, staff were often patient when trying to de-escalate the situation.

Segregation

- 3.15 The use of segregation was high, as it had been at our last inspection. Most uses were for prisoners awaiting an adjudication hearing and we were not convinced that all of these were necessary. Most stays were short, and staff focused on reintegrating prisoners to the main house blocks. However, there were some exceptions to this, including some acutely mentally unwell men. Although segregation staff worked hard to provide decency and care, they could offer little other help. We were also concerned that some prisoners at risk of suicide or self-harm were held in the unit without all other options being tried first.
- 3.16 Relationships between staff and prisoners were very positive. However, the regime remained poor, with men being locked in their cell for at least 23 hours a day. Cells still had no electricity for kettles or televisions, and wind-up radios were only given after 72 hours, which was unnecessarily restrictive. However, leaders had not considered assessing which prisoners could associate safely together to increase their time out of cell and have some opportunity to mix with a peer.
- 3.17 The unit was much cleaner than at the last inspection. Cells were free from graffiti and showers were decent and well maintained. However, not all cells were fully furnished, with some lacking chairs and/or tables, and the exercise yards were bare.



Segregation unit (top left), cell (top right) and exercise yard

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 misuse and effective drug supply reduction measures are in place.

- 3.18 Leaders had invested in secure cell window units and security netting over exercise yards, which made it difficult for drones to deliver illicit items to prisoners. They also used enhanced levels of staff searching on entry to the prison to limit the risk of staff corruption, and the body scanner was used on all new prisoners to detect secreted items.

- 3.19 Despite this, drug use was still a significant problem. In our survey, 39% of prisoners said it was easy to get illicit drugs. Over the last year, the average positive rate from random mandatory drug tests was under 16%, with some recent peaks that exceeded 30%, but leaders were properly sighted on the availability of drugs as an ongoing risk.
- 3.20 Intelligence reports submitted by staff were managed appropriately. However, some responses to the intelligence, such as cell searches and suspicion drug tests, took too long to complete, often because of the cross deployment and diversion of staff detailed for these tasks. Leaders set appropriate priorities based on analysis of the intelligence but, disappointingly, too few officers knew what these were.
- 3.21 Counter-terrorism work was managed reasonably well through regular tasking meetings attended by relevant staff to discuss and explore ongoing and emerging risks.

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

- 3.22 There had been three self-inflicted deaths since the 2022 inspection. The proportion of prisoners self-harming was comparatively low given the number of arrivals. In the last 12 months, about 250 individuals had harmed themselves, but there had been approximately 5,000 admissions. Recorded levels of self-harm were, however, high compared to other reception prisons, but had been reducing over the last year. Some prisoners harmed themselves repeatedly, which contributed significantly to the overall rate.
- 3.23 The most notable protective factors for prisoners at risk of self-harm or suicide were the good relationships they had with staff and the excellent support given by the Here2Help mentors (see paragraph 4.2). There were also enough Listeners in place, but they told us that men could wait for hours to have access to them during the night. When we rang the safer custody telephone number that allows families and friends to raise concerns about a prisoner's welfare, it was answered quickly.
- 3.24 However, some aspects of daily life undermined prisoners' experience of care. Weaknesses in support during early days persisted (see paragraph 3.5), alongside too little time out of cell, with about 40% of the population only getting a maximum of two and a half hours unlocked each day. Additionally, there was not enough key work support and there were significant delays in prisoners getting their telephone numbers approved (see paragraph 4.1).

- 3.25 Support for prisoners subject to assessment, care in custody and teamwork processes was often weak. Care plans often failed to include all the risk factors, and support often ended within 24 hours without any meaningful outcomes being achieved.
- 3.26 A wide range of data was collected and discussed at the monthly safety meeting, but this did not lead to actions being taken to drive improvement.

Protection of adults at risk (see Glossary)

- 3.27 There had been an increase in the number of prisoners with acute mental health problems being sent to Hewell. In the last year, 27 men had been transferred from the prison to a secure hospital under the Mental Health Act, which was a very high number. Of concern was that two men who had been sectioned while in prison had been released without a hospital placement to go to.
- 3.28 The safety team had better oversight than we usually see of the most vulnerable men who needed extra support. However, officers we spoke to were not always clear about how to identify and support them.

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 Good staff-prisoner relationships were evident. In our survey, 69% of prisoners said that most staff treated them with respect and 73% said they had a member of staff they could turn to if they had a problem. Most prisoners we spoke to were very positive about staff on their unit. Officers were visible on the wings and had a good level of knowledge about prisoners in their care. Officers and managers we observed were compassionate, knowledgeable and caring, especially those on the Oak unit, in segregation and on house block 4. However, the delivery of key work remained ineffective. In our survey, only 53% of prisoners said they had a key worker, and of those, only 56% said they were helpful.
- 4.2 The Here2Help mentors provided valuable day-to-day support and guidance with a wide range of issues, including health and well-being. The scheme was originally funded by St Giles Trust, and it provided mentors with accredited training, including mentoring qualifications and mental health first aid certificates. However, this funding had ended, which meant that new mentors were no longer able to achieve these qualifications.

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

- 4.3 Just over half of prisoners were living in cramped conditions, with two sharing a cell originally designed for one. As a result, these prisoners continued to share a toilet separated only by a shower curtain. In contrast, a smaller number of cells that were purpose-built for two occupants had a toilet area that was properly separated from the sleeping area.



Double cells designed for one (left) and two (right)

- 4.4 Not all cells were in good condition. Some had graffiti, damaged flooring, broken furniture and missing privacy curtains around the toilet. Curtains for windows were not available, so prisoners used sheets or towels instead.
- 4.5 We observed that most communal areas were clean, and reasonably good standards of cleanliness had been maintained across the house blocks. External areas were free from litter and well maintained. These observations were confirmed by our survey, in which prisoners said that the communal areas on their houseblock were clean and that more of them could get access to cleaning materials that at the time of our last inspection.



Communal area, house block 4



Walkway (left) and external grounds

- 4.6 In our survey, 93% of prisoners said that they could shower every day. Showers had been refurbished, but their cleanliness was variable. Laundry facilities were available on the house blocks and clean bedding and prison issue clothing were supplied once a week. More prisoners than at other reception prisons said they could get clean bedding every week.
- 4.7 Although only 27% of prisoners in our survey said their cell call bell was answered within five minutes, we saw staff responding promptly to calls. However, leaders were not monitoring response times to make sure this was always happening.

Residential services

- 4.8 Survey results about the quality and quantity of the food were more negative than at the last inspection and worse than in other reception prisons. The quality and quantity of food was a source of many complaints to us during the inspection week.
- 4.9 Staff did not supervise servery workers well enough. For example, not all wore the correct clothing, some were eating food while serving others, and the portion sizes they were giving out varied enormously.
- 4.10 Prisoners on house blocks 2 and 3 could not pre-select their meals. This meant that the most popular foods ran out quickly, leaving those last to arrive at the servery with little to choose from.
- 4.11 Prisoners did not have access to any self-catering equipment such as toasters or microwaves, and they had to eat their meals in their cell.
- 4.12 Our survey showed that 61% of prisoners thought that the prison canteen provided the things they needed, which was similar to at other reception prisons. Prisoners could also order other personal items from catalogues.
- 4.13 However, new arrivals had to wait up to 14 days for their first full canteen order, which was too long as it risked them getting into debt in

the meantime. This delay was partly offset by the provision of vape and grocery packs on arrival and again a week later, along with additional telephone credit when needed.

Prisoner consultation, applications and redress

- 4.14 In our survey, only 38% of prisoners said they had been consulted about things like food, canteen or wing issues. Although the prison council was an effective forum, it was only attended by mentors and not representatives from the wider population. No wing forums took place to share information with others and most prisoners we spoke to were not aware of the changes made because of the council meetings.
- 4.15 There were no electronic kiosks or in-cell technology, so prisoners still relied on a paper-based application system. They did not always receive a response and, when they did, there was no oversight of the timeliness or quality.
- 4.16 Complaint forms were readily available on the wings but many prisoners we spoke to did not trust the process. Most of the investigations we looked at did not involve them, which no doubt added to their mistrust. A third of all responses were late and, although the responses we reviewed were polite, they were often brief and did not always address all the issues raised.
- 4.17 Prisoners had good access to their legal representatives, either in person or by video link. However, staff and prisoners we spoke to had little knowledge of the additional legal rights for prisoners on remand and the range of legal textbooks available in the library was limited.

Fair treatment and inclusion

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), or those who may be at risk of discrimination or unequal treatment, 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.

- 4.18 Work to promote fair treatment was a strategic priority for the governor and her team. The equalities team was better resourced than we usually see, with a full-time manager working alongside three prisoner representatives. Consultation with prisoners with protected characteristics was, however, inconsistent and not focused enough on improving outcomes. For example, there had only been one race forum recently and leaders recognised the need to develop this support.
- 4.19 Investigations into complaints about discrimination were of a good quality. Those we reviewed involved an interview with the complainant and key witnesses, which was good practice. The governor reviewed all responses and there was some scrutiny from an independent body.

However, too many of the responses we looked at did not reflect the detailed investigation that had taken place, and many took far too long to complete.

- 4.20 Since our last inspection, access to the regime for prisoners with disabilities had improved through the introduction of the Oak unit, which supported men with mobility difficulties, and the addition of support plans for those needing additional help. However, one of the lifts kept breaking down, which meant that, from time to time, some of those living on the Oak unit could not get to the library or the chapel.



Oak unit cell (left) and association area

- 4.21 There was not enough support for foreign national prisoners. Professional interpreters were not always used when needed. We observed one prisoner who was unable to understand or speak any English but was made to sit through a group induction presentation, rather than having an individual session using a professional interpreter. There was also very little translated material available. In our survey, only 30% of foreign national prisoners said it was easy to make an application, compared with 64% of British prisoners.
- 4.22 Prisoners we spoke to had little knowledge of the deportation process or the options available to them. They did not know that they were entitled to additional phone credit if they were not getting visitors in person. Immigration staff were on site to serve and explain legal papers relating to the prisoner's immigration status, but this was only available to sentenced men and not those on remand.
- 4.23 Transgender prisoners received good support. The equalities manager met all new arrivals and developed a care plan, which was reviewed regularly. However, wing staff did not always follow the actions in care plans. For example, we met one transgender prisoner who said they had been unable to shower for four days when they first arrived because officers would not provide a separate time for showering, despite this being agreed.
- 4.24 The prison captured large amounts of equalities data. However, there was not enough analysis or actions identified to improve outcomes. For example, the data regularly showed that young prisoners were disproportionately placed on a basic regime or had force used against them, but there was limited exploration of the causes. There was no

young adult strategy or consultation in place, and we found limited support for care-experienced prisoners.

Faith and religion

- 4.25 Faith provision was good and, in our survey, 63% of prisoners said they could speak to the chaplaincy team in private if they wanted to, which was better than in similar prisons. The chaplaincy was well integrated across the prison. The team completed their statutory duties but no longer offered bereavement counselling.
- 4.26 There was no Buddhist or Rastafarian chaplain, and up until recently the team had been unable to offer Roman Catholic services due to another vacancy.
- 4.27 The main chapel was bright and welcoming. There was a separate multi-faith room on house block 1, where Friday prayers took place.



Main chapel

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.

- 4.28 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 found no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 4.29 Leadership was strong, with clearly identified risks and well-established clinical governance processes. A comprehensive suite of regular, well-attended meetings ensured that leaders provided consistent oversight. Data was used effectively to monitor performance, and there was a clear emphasis on continuous improvement, supported by a regular cycle of clinical audits.
- 4.30 Service providers worked in close partnership and had excellent relationships with prison staff and leaders. The head of health care chaired a weekly safety meeting with service leads, prison leaders and the Independent Monitoring Board, which enhanced partnership working. Regular local delivery board meetings helped ensure services remained accountable and transparent; however, progress in rectifying environmental issues was far too slow.
- 4.31 Staffing levels had improved. Compliance with mandatory training was good and the provider actively supported professional development. Clinical and managerial supervision processes were well established and clearly documented. All staff had received an appraisal within the last year. We observed a committed workforce who delivered care with compassion and respect. Most staff we spoke to felt supported and valued in their role.
- 4.32 Clinical incidents were reported appropriately. Despite a small backlog of investigations, leaders maintained a good awareness of emerging themes, and shared lessons learned with staff. The provider's risk register was up to date and reviewed regularly.
- 4.33 Patients could make confidential complaints. The patient engagement team had good oversight of these and coordinated the responses well, with a focus on providing face-to-face resolution. Our sample of responses showed that replies were courteous, addressed the issues and informed the patient how to escalate their complaint if they remained dissatisfied.
- 4.34 The clinical records we reviewed met professional standards. The information they contained was clear and well-documented. Staff demonstrated a sound understanding of consent procedures and safeguarding responsibilities.
- 4.35 Strategically placed emergency bags were checked frequently and contained the necessary kit. Prison and health staff told us an ambulance was always called in an emergency and response vehicles did not face delays in entering or exiting the prison.
- 4.36 Deficiencies in the fabric of many clinical areas meant they still did not meet infection prevention standards, and some were unfit for purpose. This was particularly concerning as the prison had recently had

outbreaks of communicable diseases. Alongside this, increased demand meant that the number of clinical rooms was no longer meeting need.

Promoting health and well-being

- 4.37 The patient engagement lead provided a good range of health promotion initiatives and followed the PPG calendar of national events. External agencies sometimes attended the prison to support these, such as the Hepatitis C Trust.
- 4.38 Some leaflets, a newsletter and information about health services were available. These were mainly in English, although they could be ordered in other languages if required. Prisoner health champions provided a valuable link between health care staff and patients, although they were difficult to retain, because most prisoners were only at the prison for a short time.
- 4.39 PPG also provided sexual health services, which included testing for blood-borne viruses the day after arrival. Any patients testing positive and requiring treatment were regularly monitored by the lead nurse. Barrier protection was available to patients on request.
- 4.40 Vaccination delivery had been minimal over the previous 12 months due to a lack of trained staff, although work was already underway to resolve this. There had been recent outbreaks of communicable diseases, and the provider had engaged with the prison and the UK Health Security Agency to control these.

Primary care and inpatient services

- 4.41 The primary care team provided a 24-hour service and was generally well staffed, although some recent and upcoming changes required contingency planning to ensure that enough suitably skilled staff would be available in future.
- 4.42 All new arrivals received an initial and secondary health screening, with referrals made as required. A prescriber was available in reception to ensure continuity of any medication. Prisoners we spoke to were complimentary about primary care services and told us they had not experienced any delays in accessing medication on arrival.
- 4.43 The unscheduled care team responded to emergency codes and saw patients with more pressing needs. This meant that the planned care team could focus on routine clinics. Patients completed paper applications to request an appointment with the health care team. These were triaged by a clinician to identify any urgent matters, which were dealt with quickly. Routine requests were then passed to the relevant team to book their appointments.
- 4.44 Most patients waited between one and two weeks for a routine GP appointment, but patients in house block 1 waited up to three weeks. However, those with urgent needs were seen quickly and they could usually get an appointment with a nurse within two days.

- 4.45 We saw that many tasks were assigned to the 'duty doctor' group, which was made up of the GPs. Some of these tasks had been inappropriately assigned to this group or could have been dealt with by other members of the team, which added to the GPs' workload.
- 4.46 Patients with long-term conditions such as diabetes were managed well by an advanced care practitioner. There were plans to upskill nursing staff so that this caseload could be shared across the team. Patients requiring additional monitoring and health checks, such as diabetic foot and eye checks, received them. Care plans were personalised and reviewed with patients' input.
- 4.47 Allied health care professionals, such as an optician and physiotherapist, visited regularly. The waiting times for these were mostly reasonable, although the demand for rooms meant it could be challenging to find space for these clinicians.
- 4.48 Administrative staff had good oversight of external hospital appointments and worked with prison colleagues to arrange escorts. There were generally enough prison officer escorts available each day to facilitate appointments. However, because most prisoners at HMP Hewell were only there for a short time, some had left the prison before the date of their appointment.
- 4.49 There was good joint working before prisoners were released or transferred to other prisons. Pre-release appointments were offered and ongoing care and treatment transferred to community providers or those in receiving prisons.

Social care

- 4.50 There was a memorandum of understanding (MOU) between the prison, local authority and PPG, which was due for review soon after the inspection. Worcestershire County Council commissioned its own community domiciliary care service to deliver social care. At the time of the inspection, 12 prisoners were receiving a social care package, several of whom were located on the Oak unit. The patients we spoke with were very happy with their care.
- 4.51 There were occasions when the local authority was not able to provide care staff and PPG covered this shortfall so that patients still received the required personal care. However, this arrangement was not reflected in the MOU and required discussion and agreement between all agencies.
- 4.52 Social care needs were identified on arrival and throughout prisoners' time at Hewell. The prison safer custody manager made referrals to the local authority and monitored response times. Assessments were generally carried out in a timely way and chased if there were any delays.
- 4.53 Two prisoner orderlies resided on the Oak unit to help their peers with tasks such as fetching meals and keeping cells clean. Those who lived

on the house blocks could receive assistance from Here2Help mentors if required.

Mental health

- 4.54 Midlands Partnership Foundation Trust provided an integrated mental health and substance misuse service seven days a week. The mental health team were receiving over 150 referrals every month and were delivering care to 193 patients. Staff and leaders talked positively about services being co-located, which improved communication and joint working.
- 4.55 It was good that the early days in custody team had been reinstated and now every new prisoner received a mental health assessment. The targeted care pathway team, based on house block 4, offered enhanced support to patients with acute needs. The patients we spoke with valued the support they received from the team. The clinical interactions we observed were very good.
- 4.56 Leaders and staff told us that there had been a marked increase in prisoners arriving with acute mental health problems and they had begun to collect data on this. We were gravely concerned to find that two patients had been sectioned while in prison but had been released into the community as no space in a mental health hospital had been found for them.
- 4.57 A very high number of patients (27) had been transferred to a secure mental health hospital under the Mental Health Act in the previous 12 months. Despite escalation and weekly teleconferences with commissioners and bed managers, around half waited over 28 days for transfer. The longest wait was 247 days, which was extremely poor. Four patients were waiting for transfer during the inspection and two of these acutely disturbed men were in segregation, which was very concerning.
- 4.58 The service had a well-defined referral process. Referrals were clinically triaged appropriately and without delay. Patients were generally seen within the expected timeframes, with minimal waiting times across most pathways, apart from psychiatry. Some patients waited too long to see a psychiatrist; at the time of the inspection the longest wait was 139 days. The mental health team offered a wide range of interventions, and it was good that they were now facilitating bespoke group work.
- 4.59 Prison staff we spoke to talked positively about the mental health service. However, most told us they would benefit from training from the team, which was currently not being offered.
- 4.60 Clinical governance was good and both clinical and managerial supervision systems were found to be thorough and effective. Staff we spoke to felt supported and valued the monthly reflective practice sessions facilitated by the psychologist. Clinical records we sampled met professional standards and described the patient's journey well.

- 4.61 Discharge plans were tailored to specific needs. The team benefited from having an impressive 'Reconnect' and 'enhanced Reconnect' service based in house block 4, which provided effective support for up to six months following release.

Support and treatment for prisoners with addictions and those who misuse substances

- 4.62 The substance misuse service was well led and good. Prisoners with significant drug and alcohol problems coming into prison were seen in reception, assessed by a nurse and seen by a GP or prescriber. Opiate substitution therapy and/or alcohol detoxification began in a timely and safe manner.
- 4.63 Joint working between the substance misuse team and the prison had improved markedly. The prisoners we spoke to were positive about the support they received. The integrated substance misuse service was providing a wide range of prescribing options and psychological interventions. However, vacancies put extra pressure on caseloads.
- 4.64 The 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 service was not fully staffed but still provided a wide range of interventions.
- 4.65 The turnover of men coming in and out of the prison also meant that some were leaving prison before they had completed scheduled groups and planned interventions. Release planning and referral to community drug and alcohol services for continuation of care were good. The team followed up to check that patients were attending their community appointments. The prison was bringing together local community drug and alcohol services in a monthly forum to discuss ways to support patients who were being released to a different area than originally planned for. The forum also discussed continuation of injectable long-acting Buprenorphine. Although the prison had eight patients on this treatment, it had capacity to induct a further 38 men on to it.
- 4.66 Harm minimisation groups were being held in advance of release, as well as groups to educate prisoners on relapse prevention and lifestyle changes. Naloxone (to reverse the effects of opiate overdose) was offered on release, where appropriate, along with training in its use. There was evidence of prison staff being trained in the administration of nasal Naloxone. Six officers had successfully given Naloxone in the absence of health care staff in the last year. The integrated team provided strong Through the Gate resettlement support, but this was undermined by the number of men being homeless on release.

Medicines optimisation and pharmacy services

- 4.67 The pharmacy team worked very well together, and the leadership provided by the manager was excellent. Medicines were provided efficiently by an on-site registered pharmacy and were administered on

wings by technicians, supported by health care assistants. Two pharmacists were employed at the prison and all prescriptions were clinically screened. Pharmacists regularly had input into prescribing decisions, and they were well represented at various medicines management groups and strategy meetings in the prison. The prison monitored some high-risk and tradeable medicines, such as mirtazapine. It had good strategies in place to manage these, despite the significant churn of patients.

- 4.68 Medicines were stored securely in treatment rooms. Approximately 45% of medicines were in-possession (held by the prisoner rather than given out each day) and there were ongoing strategies in place to increase this number. Risk assessments were comprehensive. They were reviewed at least every 12 months and were easily accessible through SystmOne. In-possession medicines were supplied as patient named items, with appropriate labelling and a dispensing audit trail. Patients were able to store their medicines securely in their cells.
- 4.69 Not in-possession medicines were administered twice a day and the queues at the administration hatches were supervised well. Provision was made for people who required their medicines outside the regular times. The pharmacy had good systems in place to highlight and intervene if people failed to attend for their medicines. There was a minor ailments protocol and a suitable stock of associated medicines kept on each wing. Pharmacy technicians used their clinical judgement to decide how best to treat someone with a minor ailment. They recorded their decisions and any medicines that were supplied. Weekly checks on medicines kept in treatment rooms were not always recorded.
- 4.70 Prisoners being released were provided with at least seven days of medication and there were good systems in place to provide medicines and prescriptions to people released from court.
- 4.71 Fridge temperatures were monitored, and all were within range. There was a full range of standard operating procedures and policies in place and a system to record that pharmacy team members had read and understood them. A suitable stock of emergency medicines was available and there were good systems to maintain an audit trail of who received them.

Dental services and oral health

- 4.72 A well-led and comprehensive dental service provided timely care three days a week, but flooring in the surgery needed replacing as it did not meet infection prevention standards.
- 4.73 Waiting times for routine appointments were reasonable, at around six to eight weeks, with a wait of six weeks for a follow-up appointment.
- 4.74 Emergency appointments requiring pain management medication or antibiotic treatment were booked in a timely manner. Health care staff were able to access an on-call dentist for emergency medication. There

was evidence of good partnership working between dental services and health care.

- 4.75 The dental team worked with health care colleagues to maximise the number of prisoners attending their appointments; however, there were sometimes challenges when prison staff failed to facilitate movement from the wings to the surgery.
- 4.76 Oral health was promoted during appointments; however, there was little evidence that this was promoted in reception and on the wings. The records we reviewed were detailed and described the treatments offered and provided. The dental surgery was 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 recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 The day-to-day regime was not ambitious and time out of cell remained very limited for about 40% of the population. These prisoners were not involved in education, training or work, and had only about two and a half hours out of their cell each day.
- 5.2 Most other prisoners had part-time work, which gave them between five and six hours out of their cells from Monday to Thursday. These were often wing-based roles like cleaning and peer work, so in our roll checks only 17% of prisoners were off their house blocks in work or education.
- 5.3 There were no regular social and recreational activities organised on most residential units, but some of the most vulnerable men on house block 4 took part in sessions organised by the mental health team.
- 5.4 The library only offered a basic service. There were no evening or weekend sessions and no enrichment activities such as a book club. There were also no opportunities for prisoners to spend a session studying or completing legal research.
- 5.5 The gym was reasonably well staffed and offered a good range of well-maintained facilities, including a small outdoor pitch and sports hall. However, prisoners not attending education, training or work could only access this once a week. Gym staff had helped some prisoners to develop useful life skills; for example, some prisoners aged under 25 had taken part in the Duke of Edinburgh award scheme. Some short courses allowed men to gain qualifications such as first aid, although delivery had been sporadic because of short staffing and the cross-deployment of instructors to other duties.

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.

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

Overall effectiveness: requires improvement

Quality of education: requires improvement

Behaviour and attitudes: good

Personal development: requires improvement

Leadership and management: requires improvement

5.7 Most prisoners were on remand or unsentenced and typically had a short stay at the prison. In response, leaders had developed a well-considered and appropriately tailored curriculum that met the educational needs of this transient population. Prisoners had access to a broad range of short courses that lead to qualifications. Leaders ensured that most education, skills and work (ESW) activities were appropriately designed to give prisoners serving short stays access to purposeful learning and work opportunities. The very small proportion of prisoners who were sentenced benefited from an appropriate range of courses that developed their skills and enabled them to progress into meaningful work opportunities that supported the operational functions of the prison.

5.8 Leaders and managers provided a sufficient number of ESW activity spaces to occupy the prison population. The part-time regime offered adequate opportunities for prisoners to engage in ESW activities. However, the part-time structure meant that a significant number of prisoners remained unoccupied for substantial periods during the day.

- 5.9 Leaders took account of both local and national employment priorities when planning ESW activities. They worked closely with the prison employment advisory board and used local labour market intelligence to develop an appropriate curriculum. As a result, the ESW provision was aligned with employer needs and supported prisoners in working towards realistic and sustainable employment goals on release.
- 5.10 Leaders collaborated effectively with regional prisons, particularly those that received a high number of transfers from HMP Hewell. They provided a curriculum offer that ensured continuity and progression for prisoners moving between establishments. Leaders ensured prisoners completed functional skills in English, mathematics, and essential digital skills to help them prepare for further learning. Vocational training in areas such as, painting and decorating, hospitality, and customer service supported prisoners in developing skills relevant to both internal job roles and employment after release.
- 5.11 Leaders offered educational routes that were clearly structured into employment pathways, ensuring that prisoners had access to a well-organised and useful range of qualifications. For example, those on the construction and trades pathway benefited from courses such as business, painting and decorating and tiling at Level 1, and plastering at Levels 1 and 2. Leaders ensured courses were closely aligned with the work and industries opportunities available within the prison, enabling prisoners to practise and refine their skills.
- 5.12 Managers provided a well-structured induction programme to help prisoners adjust to prison life. This included baseline assessments in English and mathematics, along with individualised initial information, advice, and guidance (IAG). However, regime constraints often caused delays in access to induction. A number of prisoners did not receive timely IAG and were not allocated to activities swiftly. As a result, too many sentenced prisoners were unemployed.
- 5.13 Staff largely managed the allocations process appropriately. They understood prisoners' individual needs and used induction data to place them on suitable pathways aligned to their starting points and future aspirations. However, education spaces, particularly in English and mathematics, were underutilised. Staff did not use systems to remove non-attending prisoners from registers effectively enough, limiting opportunities for other prisoners.
- 5.14 Leaders and managers ensured that the pay policy was equitable across ESW. Education courses had the highest rates of pay to incentivise prisoners to participate in education. Orderlies also had higher rates of pay to incentivise prisoners to complete educational courses and work towards more advanced job roles.
- 5.15 Novus provided educational courses and vocational training. There was a clear rationale for the English and mathematics functional skills curriculum, and leaders had increased the number of spaces, introducing level 1 and 2 courses for the general population. However, vulnerable prisoners did not have access to provision beyond entry

level, limiting their opportunities for progression. English and mathematics lessons were not consistently well planned or effectively taught. As a result, some prisoners struggled to retain key learning. In contrast, vocational training was relevant, well structured, and well taught. Prisoners gained industry-standard skills in areas such as plastering, industrial cleaning, and painting and decorating.

- 5.16 Prisoners benefited from a much-improved, purposeful curriculum within industries and work. In industries workshops such as Forest Garden and cycle repair, instructors effectively used realistic working environments and well-designed tasks to help prisoners build both technical and employability skills. Prisoners gained confidence and a clear understanding of commercial settings, including professional expectations related to product quality and standard operating procedures.
- 5.17 Wing workers were purposefully occupied and provided valuable support on the residential units. Prisoners took pride in their work and played an important role in maintaining clean and welcoming living environments. They received useful training in industrial cleaning and applied this to a high standard.
- 5.18 Mentors offered meaningful support to new and vulnerable prisoners, helping them to settle into prison life. Those working in mentoring roles received helpful training in areas such as mentoring skills, emotional intelligence, and conflict resolution, which supported them to carry out their responsibilities effectively.
- 5.19 Managers had identified that around half of all prisoners had a learning difficulty and/or disability (LDD) support need. Prisoners with LDD needs received effective and targeted support. Staff responsible for neurodiversity identified individual needs accurately and provided appropriate enabling equipment, such as coloured overlays and fidget tools. Neurodiversity leads trained teachers, instructors, and peer mentors well in strategies to support prisoners with LDD. As a result, prisoners with additional needs were supported effectively to make progress across ESW.
- 5.20 In most cases, teachers and instructors were appropriately qualified for their roles and trainers had extensive industry experience. Vocational training and workshop instructors demonstrated and explained tasks clearly, provided structured coaching, and gave helpful feedback that supported prisoners to develop their practical skills.
- 5.21 The quality of teaching in education was not consistently good. Although most teachers were appropriately qualified, many lacked subject-specific expertise or training in adult education. Teachers did not routinely use information about prisoners' starting points to plan and teach lessons. Too often, teachers set identical tasks for prisoners, regardless of prior knowledge, and assessment and questioning strategies were applied inconsistently. As a result, a number of prisoners struggled to recall key information.

- 5.22 The reading strategy was underdeveloped. Although leaders had introduced roles such as reading coordinators and promoted reading for functional purposes, too few prisoners were supported to develop a love of reading or to begin their reading journey if they were non-readers. Access to the library was limited, and the culture of reading across the prison was not well established. Shannon Trust mentors gave valuable support to prisoners who needed help writing letters home and completing prison paperwork. However, mentors did not have consistent access to prisoners who were non-readers. As a result, non-readers did not routinely receive timely or structured support to develop their skills. English teachers had not received appropriate training in phonics to effectively support prisoners with reading.
- 5.23 Prisoners demonstrated positive attitudes towards education and work. They were respectful and supportive of staff and peers, participated well in lessons and workshops, and took pride in their learning. Prisoners followed instructions, worked diligently, and valued contributing to production workshops or supporting prison operations. Prisoners felt safe in communal areas, classrooms and workshops.
- 5.24 Attendance at industries and vocational training was high. However, attendance at a small number of English and mathematics lessons did not meet managers' high expectations. Managers had a clear overview of the reasons for non-attendance and reported these promptly to prison managers, who acted swiftly to address this. Attendance had improved significantly since the previous inspection. Prisoners arrived punctually to and settled quickly into ESW activities.
- 5.25 Peer mentors were appropriately trained and provided valuable support across a range of settings, including education, workshops, induction, and the Employability Hub. They contributed positively to the learning environment by supporting prisoners with additional needs, promoting participation in sessions, and helping those who had missed learning to catch up. In the Employability Hub, mentors assisted with CV writing and interview preparation, while Shannon Trust mentors effectively supported the development of prisoners' literacy and numeracy skills.
- 5.26 In workshops, peer mentors coached prisoners in developing practical vocational skills, such as wallpapering and the safe use of industrial cleaning equipment. Here2Help mentors offered emotional and practical support to new and vulnerable prisoners, aiding their transition into custody, while equalities mentors supported the needs of the diverse prison population. All mentors received relevant training in mentoring, emotional intelligence, and conflict resolution, which equipped them well for their roles.
- 5.27 Leaders and managers worked effectively with charities and local employers to prepare prisoners for their next steps. Prisoners benefited from workshops to help build confidence and skills in disclosing convictions, focusing on when, why and how to do so appropriately. A range of employers supported prisoners through CV writing sessions, interview skills training, and workshops that explored workplace expectations and roles in different industries. Prisoners also benefited

from effective individualised pre-release support, planned 12 weeks before release to ensure appropriate arrangements were in place to support their transition back into the community.

- 5.28 Prisoners used the Virtual Campus (VC) effectively to support their learning. They accessed software packages for initial assessments and to aid their English and mathematics studies. Prisoners nearing release benefited from using the VC to search for jobs, write CVs, and complete personal statements.
- 5.29 Leaders and managers had an accurate understanding of the strengths and weaknesses within the ESW provision. Since the previous inspection, the newly appointed head of ESW had appropriately focused on improving the quality of provision. They implemented clear and systematic quality assurance processes to identify areas for development and promoted effective cross-departmental collaboration. As a result, leaders made notable improvements, particularly in previously underperforming areas such as industries and work, where targeted efforts to upskill staff and align training with real work expectations had a positive impact. Leaders had successfully addressed the recommendations identified from the previous inspection. However, despite these positive actions, leaders had not made rapid enough progress in improving the quality of teaching and learning in education courses.
- 5.30 Most prisoners had a secure understanding of life in modern Britain. They were able to clearly explain how fundamental British values related to their lives in prison and in the wider community.

Section 6 Preparation for release

Preparation for release is understood as a core function of the prison. 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 understands the importance of family ties to resettlement and reducing the risk of reoffending. The prison promotes and 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 Since our last inspection, the Prison Advice and Care Trust (PACT) had become the family provider but had struggled to recruit sufficient staff. Up until very recently there had been no family worker in place, which had reduced the support available. However, even when the team was fully staffed, provision was not sufficient to meet the needs of the population. For example, there was no cover for periods of leave or sickness by the one family worker.
- 6.2 YMCA also provided some support. However, since our last inspection, the team had reduced significantly, from eight family workers to one. The family worker continued to provide positive support through one-to-one casework, in-cell parenting courses, family days and storybook dads. However, it could take three weeks for a prisoner to be seen. Prisoners had no access to any free legal help for family court matters.
- 6.3 More social visit slots were in place, and families we spoke to did not report difficulties booking one. However, around two-thirds of prisoners had either never had a visit or not had one in the last 12 months, and this was not being monitored to establish why.
- 6.4 Visits often started late because staff did not have enough time to prepare for sessions following their lunch break. Many families reported that they arrived at the prison one to two hours before the visit so that they could go through security first and increase their time in the visits hall. Food available to buy in the hall was limited and there were no refreshments available to them in the visitors' centre.



Visits hall (left) and closed visitor centre café

- 6.5 Prisoners and families we spoke to were negative about access to family days. Up until recently there had been little oversight of attendance, resulting in the same families attending numerous sessions and some not attending any.
- 6.6 Following feedback from the prison council, leaders had allowed the in-cell phones to remain switched on overnight, which prisoners appreciated. The 'email a prisoner' scheme was well used, with around 300 emails printed off each day. However, photographs were only printed in black and white, even though the families had paid a premium to send colour photographs.
- 6.7 Regular reducing reoffending meetings and PACT contract meetings took place, but YMCA was not included. This meant that partnership working between the organisations and the prison was not fully effective.

Reducing reoffending

Expected outcomes: Prisoners are helped to change behaviours that contribute to offending. Staff help prisoners to demonstrate their progress.

- 6.8 Hewell was a very busy reception prison. It held more remanded prisoners at this inspection than it had held at our last inspection. About two-thirds of prisoners stayed less than three months, which posed significant challenges in delivering comprehensive release planning.
- 6.9 Support for remanded prisoners was very limited. Not all of them had their resettlement needs assessed on arrival, which meant they did not have a resettlement plan. This in turn meant they would not receive the help that they needed.
- 6.10 Remanded men received very little key work and prison offender managers' (POM) contact with them focused mainly on completing tasks, such as overseeing home detention curfew (HDC) processes or preparing Multi-Agency Public Protection Arrangements (MAPPA) reports, rather than on identifying their resettlement issues and helping to address them. There were three bail information officers, which was

an extremely useful resource. The expansion of commissioned rehabilitative services (CRS) support for this group had resulted in very few referrals so far, and there were not enough CRS staff on site to meet the level of need.

- 6.11 The offender management unit was well led and there was a clear drive by leaders to improve the quality of its work. POM caseloads were not excessive, but the two operational POMs told us they were often allocated to operational tasks on the house units, which took them away from their OMU work. A duty POM system had been introduced to make initial contact with new arrivals and to manage the day-to-day workload. This was a sensible approach, given the make-up of the population. In our case sample, sentenced prisoners who had been at Hewell for longer had generally positive relationships with their POM.
- 6.12 Sentence plans for convicted men that we reviewed were generally of good quality. Targets related to emotional well-being, custodial behaviour and drug or alcohol problems were often achieved but progress against education, training and employment targets was more limited.
- 6.13 There were no consultation forums for prisoners serving an indeterminate sentence and there were difficulties in transferring some to other prisons, particularly when they were in their parole hearing period. Additionally, some prisoners convicted of sexual offences or with acute social care needs waited too long to move to another prison.
- 6.14 Too many prisoners were released on HDC after their earliest eligibility date. The reasons for this were often beyond the control of staff at the prison. Reasons for late releases included the short time between the sentence date and the HDC eligibility date, delays in completing community checks and a lack of approved accommodation in the community.
- 6.15 The strategic management of reducing reoffending was reasonably good. The bi-monthly meeting was generally well attended. However, the pre-release team was not invited to this meeting, and joint working between that team and other departments was limited.

Public protection

Expected outcomes: Prisoners' risk of serious harm to others is managed effectively. Prisoners are helped to reduce high risk of harm behaviours.

- 6.16 About half of the sentenced population were assessed as posing a high risk of serious harm to others.
- 6.17 The inter-departmental risk management team's oversight of high-risk prisoners due for release had improved since our last inspection. A triage stage had been introduced to ensure that the meeting focused on those with unaddressed needs, and a second meeting for high-risk prisoners due for imminent release took place.

- 6.18 Risk management plans were generally good. Information-sharing and joint working between POMs and community offender managers was mostly effective.
- 6.19 The quality of reports prepared by POMs to provide information on risk to community-based MAPPA meetings was good. Written feedback to authors helped to raise the quality of their work.
- 6.20 Police officers at the prison helped to manage the most prolific offenders from West Mercia and Warwickshire through the IOM model. This provided a cross-agency response to the identification and management of the most persistent and problematic offenders, which helped to protect the public.
- 6.21 Good work was taking place to embed new public protection arrangements in line with national guidance and all new arrivals were being screened. Staff were working hard to minimise delays in setting up PIN phone numbers, although there was a backlog. Telephone and mail monitoring processes were applied appropriately, and breaches dealt with effectively.

Interventions and support

Expected outcomes: Prisoners are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

- 6.22 Many prisoners had access to a range of brief interventions to help them address their thinking and behaviour, including interventions aimed at improving mental health and addressing substance misuse issues. However, there was no structured offence-focused work for prisoners convicted of sexual offences who were serving their whole sentence at Hewell.
- 6.23 Housing needs often went unmet. Although the CRS contract had been extended to offer support to remanded prisoners, we were concerned to find that very few of them had received this help. Data provided by the prison showed that in the last year around a third of men had been released homeless and a further 40% went to very temporary accommodation, which made it less likely that their resettlement would be successful.
- 6.24 Some good work took place to engage employers and prepare prisoners for employment on release, including help with writing CVs and disclosure letters. However, outcomes were worse than in most other reception prisons. Only 11% of prisoners released in the last year were employed after six weeks, but this increased to 21% six months after release.
- 6.25 New arrivals were helped to maintain their housing tenancies and make contact with their employer. They were also helped with benefits applications in preparation for release. They could open a bank account and obtain ID, but this was not offered to all prisoners, and did

not always start early enough in the prisoner's time at Hewell to be fully effective.

Returning to the community

Expected outcomes: Prisoners' specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

- 6.26 About 200 prisoners were released every month, so the demand for resettlement services was very high. We were not assured that all prisoners had their resettlement needs reviewed before release or helped to resolve remaining issues.
- 6.27 Leaders had introduced a weekly multidisciplinary meeting to review the resettlement needs of low- and medium-risk prisoners due for release. However, this only included prisoners being released to certain geographical areas, and did not include those on remand.
- 6.28 Many of those we met whose release date was imminent had not received much help. Several had unresolved practical needs; for example, they had no bank account, ID or confirmed accommodation.
- 6.29 There was a departure lounge in the visitor's centre. Those being released could use this to make phone calls, charge their mobile phone, and access some clothing if required. However, it was only open in the morning, so those being released at other times were not able to use it. All prisoners visiting it were offered a release pack containing useful items, including toiletries and a snack, which was good to see.

Section 7 Progress on concerns from the last inspection

Concerns raised at the last inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2022, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Priority concerns

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.

Partially achieved

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.

Partially achieved

Key concerns

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

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2022, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Priority concerns

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

Achieved

Key concerns

Very few prisoners received key work sessions.

Not achieved

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

Achieved

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

Not achieved

Purposeful activity

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

At the last inspection, in 2022, we found that outcomes for prisoners were poor against this healthy prison test.

Priority concerns

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.

Not achieved

Key concerns

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

Achieved

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

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 2022, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Priority concerns

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.

Achieved

Key concerns

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

Achieved

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

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, 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 benefit them.

Preparation for release

Preparation for release is understood as a core function of the prison. 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.

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 concerns 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 outlines the priority and key concerns from the inspection and our judgements 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 6, 2023) (available on our website at [Expectations – HM Inspectorate](#))

[of Prisons \(justiceinspectorates.gov.uk\)](https://justiceinspectorates.gov.uk)). Section 7 lists the concerns raised at the previous inspection and our assessment of whether they have been addressed.

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:

Martin Lomas	Deputy Chief inspector
Sandra Fieldhouse	Team leader
Jessie Wilson	Inspector
Jonathan Tickner	Inspector
Alice Oddy	Inspector
Natalie Heeks	Inspector
Kellie Reeve	Inspector
Joe Simmonds	Researcher
Tareek Deacon	Researcher
Emma Crook	Researcher
Jasmin Clark	Researcher
Shaun Thompson	Lead health and social care inspector
Gift Kapswara	Health and social care inspector
Christopher Barnes	General Pharmaceutical Council inspector
Matthew Tedstone	Care Quality Commission inspector
Nicola Brady	Ofsted inspector
Jonny Wright	Ofsted inspector
Alison Cameron	
Brandwood	Ofsted inspector
Andrew Thompson	Ofsted Inspector
Martyn Griffiths	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.

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.

Family days

Many prisons, in addition to social visits, arrange 'family days' throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

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.

MAPPA

Multi-Agency Public Protection Arrangements: the set of arrangements through which the police, probation and prison services work together with other agencies to manage the risks posed by violent, sexual and terrorism offenders living in the community, to protect the public.

Offender management in custody (OMiC)

The Offender Management in Custody (OMiC) model, which has been rolled out in all adult prisons, 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).

Social care package

A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

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.

Appendix III 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.

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10 South Colonnade
Canary Wharf
London
E14 4PU
England

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