



# Annual Report of the Independent Monitoring Board at HMP New Hall

**For reporting year  
1 March 2020 – 28 February 2021**

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## **Introductory sections 1 - 3**

### **1. Statutory role of the IMB**

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

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

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

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

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

## **2. Description of the establishment**

HMP/YOI New Hall is a closed women's prison situated between Huddersfield and Wakefield in West Yorkshire. The prison is in a rural setting and is one of a cluster with HMP Askham Grange. It is close to the M1 and M62 and is served by regular bus services from Huddersfield and Wakefield. Visitors using public transport have a walk of approximately one mile to the prison gates.

Residents are drawn mainly from the north of England, although currently the prison also has residents from further south, meaning that significant problems are faced by families and friends who want to visit as well as issues for residents in terms of resettlement at the end of their sentences.

### **Living Accommodation**

HMP/YOI New Hall can accommodate up to 341 (during Covid-19) residents from the age of 18 years, including up to 40 life sentenced and IPP/ISP residents. There are three main residential units: Oak, Willow and Poplar. The majority of the accommodation is single occupancy although there are still some cells with double occupancy raising issues of privacy, health and hygiene, particularly during the pandemic. There is a dedicated first night centre located in Poplar. It should be noted that double cells were not used during lockdown. There is a small mother and baby unit in Maple House, which can accommodate up to nine mothers and their babies. Holly House holds residents who require care and assessment whilst Sycamore House is for residents who require care and separation. Rivendell Unit is partly used for residents with personality disorders.

### **Providers of main services**

These are:

- Mental health service provider – Practice Plus Group
- Drug treatment provider – Practice Plus Group
- Education supplier – Novus
- Library services – Novus
- Healthcare provider – Practice Plus Group
- The pandemic resulted in the temporary withdrawal of the education service, and PACT staff.

### **3. Executive summary**

#### **3.1 Background**

This report presents the findings of the Board at HMP New Hall for the period 1 March 2020 to 28 February 2021. This reporting period covers the time of national and local lockdowns as a result of the Covid-19 pandemic. The Board's conclusions are based on observations made on rota visits, reports from remote monitoring phone calls, daily report sheets during lockdown, examination of records and documents, limited attendance at some internal meetings and conversations with residents and officers.

Board members have been restricted during the lockdowns and there has been a greater reliance on remote monitoring than members would have wished. The prison is generally well run with the establishment facing the difficulties of keeping everyone safe inevitably limiting the usual activities. The Board recruited six new members who started during lockdown. They are completing the formal training online but have had few accompanied visits to the prison.

#### **3.2. Summary**

3.2.1. The prison is generally well run and it is the Board's view that the prison is a safe place to be, having made appropriate regime changes to keep everyone Covid-19 safe.

3.2.2. Risk assessments and processing of new residents is rigorous and thorough to ensure maximum safety (section 4.1).

3.2.3. Accommodation is generally appropriate for the residents' needs and there is a programme of maintenance that ensures operational capacity.

3.2.4. Relationships between the staff and residents are generally good although tested by the challenging situation during lockdown.

3.2.5. There is a fair and equal approach to working with residents and there is an appreciation of all groups, catering for and celebrating their faith and other needs.

3.2.6. The chaplaincy centre provides faith and pastoral support for all residents. The work of the centre was curtailed by lockdowns but volunteers were able to visit the prison and continue this work.

3.2.7. The pandemic has affected healthcare provision and the IMB has monitored the situation remotely. There have been challenging situations particularly when Covid-19 infection rates increased among residents and staff. Vaccinations have taken place in line with community practice. Substantive staffing posts have been filled and arrangements for temporary cover made more reliable.

3.2.8. Prior to the pandemic, the adult education team worked with residents to help them make progress and so be better equipped for employment after release. During the first lockdown, at the end of March 2020, there was a temporary withdrawal of

the service. When restarted it was only available as prepared packs for residents to work through in their cells, and feedback via in-cell telephones. There is currently no resumption of face-to-face teaching.

### **3.3 Main areas for development**

#### **For the Minister**

The Board is concerned that the government plan for 500 new prison places for women contradicts the female estate offender strategy published in 2018 which details that custody should be the final resort, reserved for the most serious offences.

The Board remains concerned about the lack of appropriate resettlement accommodation.

#### **For the Prison Service**

The Board hopes that the Purple Visits service will continue and appropriate funding provided.

The Board is concerned that Covid-19 has created problems for some prisoners, making it difficult for them to complete their sentence plans and move towards release.

#### **For the Governor**

Identify the good practice developed during Covid-19 enforced restrictions and continue to develop these moving forward. Wider and increased use of IT has maintained valuable contact for the residents.

Actively promote the rollout and evaluation of the new key worker system, ensuring that the staff is supported to carry out the role.

Work towards a greater representation of black, Asian and minority ethnic staff in management positions. (See the recommendations of the Lammy Review 2017.)

### **3.4 Progress since the last report**

3.4.1. It is pleasing to report that the operational staffing levels in healthcare have been addressed and a more consistent level of service is now being provided.

3.4.2. Senior management changes during the reporting period and beyond have had a positive impact on the prison.

3.4.3. Emphasis on the wellbeing of the residents during the pandemic has led to a reduction in self-harm and a lower number of ACCTs than in previous years for which the prison should be commended.

## **4. Safety**

### **4.1 Reception and induction**

4.1.1. At HMP New Hall the reception procedure is completed in as timely a manner as possible, without overwhelming the resident. A reverse cohorting unit was established because of Covid-19. Late arrivals continue to be a problem and the prison is reliant on the goodwill of the reception staff to deal with these. This problem has increased during the pandemic because residents are transferred to New Hall at short notice when other prisons lock out. Staff are notified early in the day when residents are due to come from court but it can be late evening before they arrive. The GEOAmev (Transport) depot is local and New Hall is the last drop off raising concerns about the welfare of residents who have spent a long time in the van. This has sometimes resulted in behavioural issues on arrival. Reception staff are conscientious; however, if they withdraw their goodwill by not remaining on duty it could put pressure on GEOAmev to address the issue of late arrivals and make sure that residents arrive more promptly. This problem has been flagged up in previous annual reports but the situation does not seem to have improved.

4.1.2. New residents have a private interview in reception on arrival. The reception officer uses the early days in custody (EDiC) guide to structure the interview and make a risk assessment. The EDiC guide identifies professional judgements, observations, interview responses and written records as ways to assess individual risk. This is the risk of self-harm, harm to or from others and any relevant information, particularly for their first night in custody.

4.1.3. New Hall aims to move residents from reception at the earliest and safest opportunity. The standard pathway is to the first night centre (FNC), but if staff believe that a resident's presentation, impaired understanding, unstable mental health or risk to themselves or others is too high to be managed on the FNC, a nurse will be asked to make a clinical assessment. This can result in the resident being placed in Holly House (enhanced care need unit) for the first night centre process. In the event that a resident presents with enhanced vulnerabilities e.g. because of the nature of their offence, a highlighted security risk including disruptive behaviour, being on the E List, a potential category A prisoner, and/or an application for 'own protection', the duty governor in partnership with the duty health officer will determine the first night pathway.

4.1.4 An Insider, a residents' representative or advisor, meets every resident. They answer questions, make them a drink and aim to put them at their ease through the process. The Insider is a trained Listener which enables the residents to have a confidential and safe introduction to other residents. All new residents have the Listener service explained and are offered an alternative duty Listener on reception.

4.1.5. At arrival, residents are presented with an overwhelming amount of information about the prison, the regime, rules, responsibilities and privileges. They may be traumatised, upset or shocked at being in custody, so, recognising that the

first night is not always the best time to register information, there is a second interview the next day. This provides the opportunity to ask questions and find out how to access different support services and agencies. When a resident has finished their induction they complete an exit questionnaire and this information is used to inform changes and make modifications to the programme.

## **4.2 Suicide and self-harm, deaths in custody**

4.2.1. There were two deaths in custody during the reporting year. There was a third death on 1 March 2021, outside the reporting time. The prison has supported the bereaved families and the inquests are now complete but the prison is waiting for the Prison and Probation Ombudsman (PPO) report on the second death. The early learning reviews, by the women's estate safer custody team, reported exceptionally high levels of care and support in both cases and identified the family liaison officer team as having performed their duties with great care and sensitivity.

4.2.2. Self-harm in New Hall is relatively low compared to other prisons in the female estate. The introduction of regular wellbeing monitoring appears to be effective in helping to keep the figures low. There have been 467 reported self-harm cases and 209 of these involved prolific self-harm, i.e. five or more in one month by an individual prisoner. This demonstrates an improved situation and regional records recognise a 10% reduction year on year (April 2020 – March 2021).

4.2.3. The safer interventions meeting (SIM) is well established and functioning to a high standard. This multi-disciplinary team is highly motivated and actively engaged in identifying and supporting the residents of most concern in terms of vulnerability and risk (to themselves and from others). The prison has been successful in reducing the use of razors in self-harm cases and currently, the preferred method is cutting with plastic. In the context of Covid-19 and the subsequently increased isolation of residents, the reduced number of cases demonstrates the successful and effective work of the team.

4.2.4. The number of residents on open assessment, care in custody and teamwork plans (ACCTs) has reduced, most recently falling to single figures. The IMB is able to monitor this information through the daily reports. The prison has been proactive in working to reduce these figures and the safer custody outcomes for this reporting year are exceptional given the pandemic.

4.2.5. 481 ACCTs were opened and 70% of these were closed within the first month. Pre pandemic, Listeners were invited to the monthly safer custody meetings to report the number of call-outs and this information is recorded in the minutes. Residents now have in-cell phones and access to the Samaritans via a free phone number. The use of the facility is not routinely monitored but there is dip-testing carried out by the safer custody analyst. The results of this provide unit managers with information about frequent and/or excessive use of the service and this can then be referred to the weekly SIM, which will establish where there is a need for additional support by the multi-disciplinary team.

4.2.6. The Listener service has remained available throughout the period (initially via phones), but has been accessed by significantly fewer residents. In-cell phones are



clearly a preferred service in terms of support for vulnerable or distressed prisoners. New Hall has a well-founded relationship with the Samaritans and has adapted engagement to fit with the Covid-19 restrictions.

### **4.3 Violence and violence reduction, self-isolation**

4.3.1. The violence reduction and anti-bullying strategy is the challenge, support and intervention (CSIP) process and follows mandatory national policy, led by the safer custody team. Daily incidents are reported on through the daily tasking, updates and briefing (TUB) meeting chaired by the Governor. The management team can examine threats or risks and direct an appropriate response. The weekly SIM ensures that the quality and governance of the CSIP process is consistently applied and involves a multi-disciplinary team. This approach ensures that risks and opportunities are considered from a collective position and actions are consistent and well communicated.

### **4.4 Prisoners with specific vulnerabilities**

4.4.1. Reception and first night processes identify those residents whose offences potentially increase their vulnerability, and provide an opportunity for segregation where a risk is considered significant. In these cases, staff wellbeing checks are applied and specific concerns are considered at the safer interventions meeting (SIM). A multi-disciplinary team then develops a plan for the resident's safe and supported management. Where an individual's reaction is "of concern" the ACCT process may be applied and the offender management team, including the resident's offender manager, provide support and intervention.

### **4.5 Use of force**

4.5.1. There were 156 use of force incidents against adults between April 20 and February 2021. There were also 22 use of force incidents against young offenders. All use of force incidents are discussed at a weekly control and restraint (C & R) development meeting and subsequently at the use of force meetings. The IMB is invited to attend both meetings. The IMB does not consider the figures to be worrying because a small number of residents were involved in incidents on more than one occasion.

4.5.2. Covid-19 restrictions have meant that IMB members have been unable to attend the prison regularly, limiting the opportunities for direct observations at meetings to consider the use of force. However, the IMB receives a copy of meeting minutes and has access to body worn camera (BWC) footage to support monitoring.

### **4.6 Substance misuse**

During the reporting year, and as a result of lockdown, substance misuse was not perceived to be a problem at New Hall. The lack of movement and contact between residents combined with staff vigilance and health and wellbeing checks was instrumental in reducing the number of incidents.

## **5. Fair and humane treatment**

### **5.1 Accommodation, clothing and food**

5.1.1. Accommodation within HMP New Hall is generally good. The cellular living accommodation is varied and, while the older built areas support smaller groups of residents (26-28), the more recently built larger wings offer a larger more open and airy space and can cater for between 48 and 76 women. Most women are accommodated in single occupancy cells which have washbasins and a toilet. Modesty curtains are provided to assist in maintaining dignity, although this provision is occasionally the subject of complaint to the IMB.

5.1.2. The built environment is managed so that it helps women who benefit from different types of living areas, e.g. some women will be better on a smaller unit in preference to a larger and more open area that may cause increased levels of anxiety. This mix of accommodation is helpful in the overall management of the population. Ongoing upgrades range from a complete refurbishment of floors/walls and equipment, to the replacement of plumbing and drainage. Cell furnishings and maintenance are generally very good with a focus on the reduction and removal of graffiti. A resident-led painting programme has been introduced to provide continuous refurbishment and this process has a rotational life of approximately two years, with more immediate responses to isolated acts of vandalism.

5.1.3. There is a laundry service map to monitor faults, breakdowns and problematic machines. While this works well there have been delays in servicing and repair, largely as a result of Covid-19, but managers have noted improvements in recent response time.

5.1.4. The first night centre (FNC) has been operating as a Covid-19 reverse cohorting unit, giving the necessary capability to manage potential infection from new receptions. The unit operates on a coloured bib system where bibs are allocated according to the date of reception. This enables the officer team to maintain and manage the bibbed groups as small cohorts to reduce any spread of the virus, and as long as the colours are not mixed the system offers an increased level of confidence. Within the FNC are isolation cells used for infected residents.

5.1.5. Larch House was used as temporary accommodation with a reduced security level to accommodate women who were risk assessed as requiring the minimum level of security within a closed establishment. This has now been decommissioned because of its age and concerns about stability. It is hoped that when Larch House is removed from the site there will be a replacement facility to help with preparation for eventual de-categorisation and release.

5.1.6. Amey, the facilities management service provider, bring damaged and closed cells back online quickly, maintaining operational capacity. Levels of cleanliness throughout the establishment are good and the grounds are well maintained by the

excellent work of the garden unit. Previously reported rodent issues appear not to have been as significant a concern during this reporting year.

5.1.7. Residents are allowed to wear their own clothing and pre-pandemic a shop (supplied by a local hospice charity shop) was available, within the prison, for residents to purchase clothing at nominal prices. Residents have weekly access to laundry facilities where personal clothing can be laundered and bedding washed. Prison bedding and towels are exchanged weekly.

5.1.8. During the last year the catering department has continued to provide as near normal a service as possible. It has offered five choices in a four-week varied pre-select menu. This year, following consultation with residents, a vegan choice has been added to the menu for the whole population, rather than catering for vegans individually. This added variety has proved very popular with everyone.

5.1.9. Early in lockdown the hot meal service was moved from evening to lunchtime to assist the overall management of the prison. Shared access to the serveries was assessed as a cross-contamination risk so pre-packed, freshly pre-prepared meals were provided. Moving forward, the catering team are operating a dual shift system designed to maximise efficiency but minimise the potential risk of cross contamination amongst kitchen workers. Special diets, requested by healthcare, remain a priority for daily delivery. Dietary information is provided on all menus and all health and religious requirements are catered for appropriately. Portion size is monitored through regular visits to the units and mealtime observations carried out by the kitchen manager or a member of the team (in normal times). The IMB frequently observes the work of the kitchen and the distribution of food, although again, this has not always been possible during the pandemic.

## **5.2 Segregation**

5.2.1. The segregation unit is well-organised and efficient. The staff are sometimes put under significant pressure by extremely challenging behaviours, but demonstrate a consistent, firm but caring approach to those in their care. The segregation unit has 12 cells currently available. The average length of stay during the year ending 28 February 2021 was just over 11 days. The longest individual stay during the year was 137 days, and there have been a total of four women with stays over 42 days during the same period. The Board had no concerns that the long stay residents had been inappropriately placed on the Unit.

5.2.2. There have been approximately four residents each month with complex needs (mental health problems or subject to an ACCT). This monthly figure has ranged between a low of two and a high of six. There have only been two instances where special accommodation has been used. Both were in July 2020, for a period of two days each.

5.2.3. As to the physical state of the unit, the segregation team complete decency checks on a monthly basis and report minor repairs to the works team. This includes the removal of graffiti. Work is being undertaken on three cell floors in the anti-

ligature cells in order to improve the quality of accommodation following damage caused by previous dirty protests, floods, and general wear and tear. Bespoke furniture is on order and due for delivery to provide one cell with damage-proof cell furniture. It is hoped that this furniture will be installed during April 2021.

5.2.4. The current pandemic has negatively affected the regimes on offer. Under other circumstances residents in segregation would be able to access physical exercise at the gym. Those in segregation are risk assessed to attend the “walking party” with gym staff. When the library is open for residents’ access, those held in segregation are able to attend with staff supervision. Purple Visits (virtual social video calls) are also available to those in segregation.

5.2.5. The segregation team is a small team of officers and a custodial manager (CM). Officers attend adjudications and provide advice and guidance in their role as adjudication liaison officer. The CM, when available, will attend segregation reviews (to tie in with ACCT reviews or CSIP reviews) and act as case manager to residents who are to be segregated for a period of 30 days or longer. For residents who are to return within a few weeks to their residential unit, the allocated SO will attend reviews to maintain a supportive relationship ahead of the resident’s return to their normal location. The Board was able to attend reviews and check paperwork on occasions when lockdown restrictions eased during the reporting year.

5.2.6. Residents are observed on an hourly basis, unless subject to an open ACCT or if the manager deems it necessary for a resident to be observed more frequently. Due to Covid-19, all residents have a daily welfare check ensuring that they are aware of the changed regime, and the reasons for it. Staff do all they can to encourage family or friend support. Welfare checks are documented on NOMIS case notes. Those segregated for lengthy periods of time are subject to a daily management plan and/or CSIP plan. The custodial manager has oversight of these plans that are developed with officers who know the residents well. Residents are always encouraged to make contributions to their adjudications or segregation reviews.

5.2.7. The unit staff liaise regularly with colleagues who are able to provide a range of distraction materials such as jigsaw puzzles, writing materials and a variety of art supplies. The unit complements the prison library by maintaining a range of donated books for the use of residents. Each resident is offered a daily shower and a period of exercise. When the number of residents is low, this provision can be extended at a resident’s request.

5.2.8. Work on the unit can be stressful and demanding, so the unit custodial manager offers line management support to staff. Managers take responsibility for communicating the information from briefings and meetings, and the CM uses email, and the unit observation book to keep the team informed about wider issues in the prison.

### **5.3 Staff/prisoner relationships, key workers**

5.3.1. The relationship between staff and residents is generally good. These relationships, and the quality of communication, have been put to the test during lockdown, which has covered most of this reporting time. Managers and officers have used existing systems of communication to deliver important and sensitive information, which ensures that residents are kept fully informed about regime changes and the importance of keeping everyone safe. Increased time in cells has placed additional stress on staff and residents but staff have demonstrated an understanding of the impact that a loss of normal social interaction has for residents. Daily wellbeing checks have been introduced during lockdown as one of the means of maintaining some social interaction.

5.3.2. The planned key worker role has not yet been implemented, however, a central element of the offender management in custody reforms should begin at the end of April this year. Preparations are well underway, and most officers have received associated training. Refresher courses are currently underway (March 2021).

### **5.4 Equality and Diversity**

5.4.1. There were a total of 311 residents on 20 February 2021.

#### **Age Range**

18-24 - 28

25-34 - 111

35-44 - 114

45-54 - 42

55-64 - 12

65-74 - 4

#### **Ethnicity**

White (W1) 271, White other (W9) 11, Asian / Asian British: Pakistani (A2) 7, Mixed: White and Black Caribbean (M1) 7, Black/Black British: Caribbean (B1) 5, White: Irish (W2) 2.

#### **Disability**

There were a total of 77 residents with a disability, 118 prisoners with no disability information entered on NOMIS (which is something that may require attention), and one resident who refused to disclose. The most common stated disabilities were:

Mental illness – 42

Learning disability (including dyslexia) – 24

Reduced mobility – 17

Other – 16

Progressive condition – 9

Hearing impaired (not deaf) – 4

5.4.2. The prison has a fair and equal approach to interacting with their residents. In October 2020, the prison celebrated Black History Month. Although Covid-19 restrictions stopped any group activities the staff and residents embraced the celebrations as much as they could. All wings had display boards with information and quotes from residents. They also had access to TV content which celebrated black actors and told stories related to race. Residents sold homemade cards in order to raise money for charity. Building on the creative theme there was an art and writing competition using the material from Black History Month. The kitchen staff reflected the focus by introducing new dishes to the menus to celebrate diversity. Staff were commended for what they managed to achieve and deliver given current limitations. The level of involvement in the activities demonstrated a very positive response from the residents.

5.4.3. Staff conducted individual welfare checks for foreign national residents in place of cancelled group meetings. All women who received a visit stated they were in reasonably good spirits and had received their PIN credit. No issues specific to foreign national residents were raised during the welfare checks and the general consensus was of looking forward to life returning to normal post-Covid-19.

5.4.4. In January 2021, notes taken from Travellers' welfare checks expressed the general consensus that residents were feeling the negative effects of the absence of group meetings. All women appeared settled despite the current regime, but are looking forward to the meetings resuming. All residents have been made aware of the variety of support on offer if they have any issues.

5.4.5. The equalities meeting on 9 Nov 2020 noted:

- 27 DIRFs were received (although some of these were not verified as DIRFs).
- There were 19 verified DIRFs from 15 different ethnicities (seven received from one resident, a complex case), three regarding sexual orientation, and one from a foreign national prisoner.
- Eight DIRFs were submitted from Jan-Nov 2020.
- Seventeen DIRFs were filed against residents and two against staff.

There were no particular trends picked up when DIRFs were analysed. Staff who have a particular equalities remit are considering how best to ensure that guidance documentation is widely circulated. Recommendations include consideration of how statistics can be collated nationally, and that on release, information should be collected relating to offence and ethnicity. This could also include those who go on

to reoffend. The meeting also discussed the best way to organise the fairness and effectiveness review by residents and officers.

5.4.6. Residents have filed complaints that their PAK cosmetics are close to or out of date. This issue is believed to lie with the supplier and Covid-19 restrictions mean it is necessary for the prison to use back stock. Additionally, the restrictions have resulted in no access to in-house hairdressers and this is proving particularly frustrating for the residents.

5.4.7. Future areas for development include greater clarity of the criteria used for identifying the difference between complaints and DIRFs. Outcomes and actions in response to the Lammy Review (*An independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System: Sept. 2017*) will be considered by the IMB over the next reporting period. The review urged that penal institutions, including the prison workforce, should reflect more accurately the ethnic composition of the population at large. Lammy also urged that '*The prison service should also set public targets for moving a cadre of BAME staff through into leadership positions over the next five years.*' The review is already three and a half years old and will be a focus for IMB monitoring.

## **5.5 Faith and pastoral support**

5.5.1. HMP New Hall has a chaplaincy centre, which provides faith and pastoral support for all residents. All faiths are catered for to some extent including religious and faith perspectives deemed less common, such as Paganism. The chaplaincy centre offers support to residents who have family problems and issues, and have suffered bereavement, separation and loss.

As of February 2021, 311 residents identified in the following way:

Christian 149

No religion 124

Muslim 20

Pagan 8

Buddhist 4

Other 6

5.5.2. The impact of Covid-19 has been profound in terms of the regular work of the centre. All faith services have had to be cancelled and the small but enthusiastic group of volunteers who assist the work of the centre have been unable to visit the prison. This has also been the case for a number of sessional faith chaplains, who have been unable to attend as normal because of their own health and safety considerations. In spite of restrictions, all new residents have been contacted either via in-cell telephony, or directly through their cell door. Residents with particular

healthcare needs continue to be seen and residents in the segregation unit are visited on a daily basis.

5.5.3. A number of religious TV and radio programmes have been broadcast throughout this period and residents have received religious materials provided by chaplaincy HQ. Requests for assistance have been responded to as the chaplains have walked round the wings, from residents directly, or via prison staff.

5.5.4. Major religious festivals have not been celebrated in the usual way. However, the New Hall choir toured the prison on Christmas Eve, singing carols and offering prayers. Supporting churches in the local community donated gifts for all the residents. The catering department provided appropriate food for Ramadan and Eid to celebrate and make the time as special as possible.

5.5.5. During December 2020, the staff of the chaplaincy centre (the managing chaplain responsible for HMP New Hall and HMP Askham Grange, plus a part-time Roman Catholic chaplain) were supplemented by a full-time Anglican chaplain. This enabled representatives of the centre to be more visible in meetings throughout the prison, ensuring an enhanced faith and pastoral perspective is provided to the overall work of the prison.

## **5.6 Incentives and earned privileges**

5.6.1. In line with government requirements, HMP New Hall operates an incentives and earned privileges scheme, which was revised under Covid-19 restrictions. This scheme is clarified for all new residents in the form of a 'compact' that they are expected to sign and which commits them to adhere to standards of behaviour during their period of imprisonment. The different levels, from basic to enhanced, are made clear to residents as is the mechanism by which they can move up and down the tiers, based upon their behaviour.

5.6.2. The systems of review and appeal are clearly set out, and are reasonably well understood by most residents. Disputes relating to the outcome of reviews, and in particular, decisions to demote residents, are sometimes brought to the attention of the IMB. Whilst the interpretation of behaviours is clearly subject to some variation between individual managers, the IMB is satisfied that the published system works well, and that each individual case is judged on its merits. Residents are very much encouraged to participate in the decision-making process, either verbally and/or in writing. The IMB has seen a number of examples where decisions, even when not popular, have been explained with care and sensitivity to the resident.

5.6.3. Recommendation 24 of the Lammy Review refers to the need for every prison to review the fairness and effectiveness of their IEP regime, with particular reference to the involvement of black, Asian and minority ethnic, and white prisoners in the process. New Hall responded to this and conducted a review in November 2020, however, Covid-19 restrictions have limited this process to a resident survey. A total of 233 survey forms were distributed. The response rate was low (12.5%) but indicated that the overwhelming majority thought the IEP system was fair, although reaching enhanced level was perceived as being difficult by 50% of respondents. These results were mirrored in all groups (under 25, over 50, black, Asian and



minority ethnic, mother and baby unit). In summary, there was a perception of fairness about the system, and there was no evidence to suggest that respondents with protected characteristics were disadvantaged. IEP is monitored at the equality meeting focussing on age, race, sexual orientation and faith etc.

## **5.7 Complaints**

5.7.1. The arrangements for processing and auditing complaints are well established. All complaints are centrally logged and monitored. Regular reports are submitted to the SMT and complaints monitoring is a regular agenda item at monthly performance management meetings. At these meetings, to which IMB members are invited, complaints statistics are viewed and any patterns emerging are carefully considered, and followed up as required. Particular attention is paid to black, Asian and minority ethnic complainants and in the future also those with other protected characteristics, where statistics are compared against the wider prison population to ensure equity of approach.

5.7.2. Response times are also monitored, and the IMB is aware of evidence that the content of complaints responses is checked for quality by senior managers, who will follow up on responses they consider to be inadequate offering constructive criticism to the person making the formal response. Residents are aware of the complaints procedure and relevant documentation is readily available throughout the prison.

5.7.3. During this reporting year there has been a total of 569 complaints, ranging from a high of 78 in one month (March 2020) to a low of 19 (April 2020). Of all complaints received this year, 67% were completed with no interim response required, 30% were completed with an interim response, a total of six were outstanding (not late but awaiting a reply) and a further six required an interim response.

5.7.4. Lockdown restrictions have reduced the number of visits into the prison by IMB members. Partly as a consequence of this, the number of applications to the IMB has been much reduced. All applications submitted in the usual way have been responded to, albeit with some delay at times. Residents have accessed the national IMB 0800 telephone line for lodging applications, and this has worked well. A total of 18 women have made applications during this time, amounting to approximately 45 individual applications.

5.7.5. The applications received by the IMB relating to confidential health issues are difficult to process at times. Healthcare provision is contracted out which means that complaints about healthcare are not dealt with routinely through prison processes.

5.7.6. Other than health complaints, the patterns of applications to the IMB are similar to those found within the prison's own processes. Property features significantly, especially in terms of items allegedly being misplaced during transfers between prisons. Other issues which regularly feature within the prison complaints process and in IMB applications are finance (complaints about pay, availability of monies held by the prison on behalf of residents), staff (occasional complaints about alleged bullying and unfair treatment), access to family (frequency of visits, telephone and video calls, especially during lockdown) and general complaints about

the accommodation (heating, food, facilities). Patterns or serious concerns arising from complaints are picked up by senior management and explored in more detail. Collated and summarised information about complaints is a regular item on the agenda of the monthly performance management regime.

## **5.8 Property**

5.8.1. The logging, storage and monitoring of personal property is well organised at New Hall. New arrivals are informed about the level and type of personal property they are allowed within the prison, and this process is often the subject of complaint, partly because individual prisons operate their own regimes, which are not consistent between establishments. The extent to which personal property is allegedly lost in transit between prisons is a regular cause for complaint, as mentioned earlier in this report (see 5.7).

5.8.2. All new residents, new or transferred from another prison, receive the same level of support. All of their possessions are logged in their presence and any initial queries are dealt with at that time. New Hall prison has an agreed 'facilities list', and all staff working in reception will adopt this in order to ensure consistency within the prison. If women arrive with too much property they will be given the opportunity to hand it to family/friends on visits, or to post out to them. All items which women are not allowed to have will be placed in storage within the prison awaiting their release. All valuable property is kept by the cashier.

5.8.3. Some residents arrive with few possessions. They will be provided with at least two sets of clothing. Women arriving in reception will be encouraged to participate in the above process and are given the opportunity to ask questions. On completion of the process women are asked to sign a property card where everything regarding their property is recorded. The officer administering the procedure will also sign this card. If a prisoner is moved, their property usually moves with them, however, if there is an unusually large amount of property then arrangements will be made for this to follow them.

5.8.4. Queries and complaints about property are handled systematically. There are set days when applications are dealt with, depending upon the location of the prisoner concerned. Parcels which arrive into the prison are prioritised for processing at the weekend, when there is often more time and staff availability to deal with any queries arising, and to call would-be recipients up to reception if required. At the moment, all parcels received are quarantined for at least 72 hours before they are touched.

5.8.5. It is acknowledged that the question of property generates a significant amount of concern and complaint. Staff who are very familiar with the process have suggested that many of the concerns relate simply to a lack of understanding among the wider staff group. It has been suggested that a reception liaison officer and/or a workshop on each wing every week would help. Different priorities, caused by the pandemic, mean that these suggestions have not been acted upon yet.

## **6. Health and wellbeing**

### **6.1.1 Healthcare general**

6.1.1. Healthcare is delivered by Practice Plus Group (formerly Care UK). During the past year the pandemic has affected all parts of life in New Hall with particular health implications. As a result the IMB has not been able to carry out its normal way of working by being involved in regular meetings with the healthcare team. The monitoring function has largely been carried out remotely e.g. using the telephone and emails to obtain information. When possible and allowed, a small number of IMB staff have still been able to visit New Hall to hold meetings and to meet with residents across the prison.

6.1.2. The main source of information from residents has been from IMB members following up on applications which have had a particular healthcare component.

### **6.2 Physical healthcare**

6.2.1. The healthcare team has delivered 22,273 appointments across New Hall during 2020/21. It conducts a patient satisfaction survey and has reported 96% satisfaction with the service. The number of applications received by the IMB across all areas of the prison during the pandemic has significantly fallen. This trend is reflected in the healthcare complaints received by Practice Plus. The number received from residents during the reporting period (183) is a significant reduction on the previous reporting period (279). Care Quality Commission (CQC) inspections have not taken place in the reporting period though feedback from remote monitoring was positive.

6.2.2. At the beginning of the reporting period staffing, and in particular the large number of posts filled by temporary and bank staff, was a concern for the team. There has been a significant improvement throughout the reporting period with currently only two vacancies across the service. Thirty-seven substantive clinical and non-clinical posts have been filled and there is bank of skilled and experienced staff available to cover absences.

6.2.3. The healthcare team has mainly relied on feedback from residents, using patient feedback forms. The induction process is currently under review post-pandemic. However, health screening has continued and a health care assistant (HCA) meets all new residents during the first week to explain the services available. A reception and early days in custody nurse has been appointed and will take up the role shortly. They will focus on managing the needs of all new arrivals prior to being transferred from the first night centre.

6.2.4. The service currently has a full time midwife who is readily accessible to all pregnant women and closely involved with the mother and baby unit.

### **6.3 Mental Health**

6.3.1. The integrated mental health team (IMHT) includes a mental health lead and approved mental health professionals (AMHPs): psychiatrist, clinical psychologist, assistant psychologists, senior registered mental health nurse (RMN), RMNs, learning difficulty (LD) nurse and a mental health (MH) support worker. This expertise enables the complex mental health needs of residents to be addressed. The IMHT is involved in all assessment, care in custody and teamwork (ACCT) and segregation reviews. Strong relationships have been built, with operational staff, over the last year and this is reflected in a reduction of ACCT numbers.

There are plans to recruit to a perinatal mental health post to work in partnership with the specialist midwife delivering care to those who are pregnant and also postnatally.

6.3.2. Healthcare promotion is a key priority and there have been several competitions to encourage engagement. These include creative writing and poetry. Focus has been on specific health events eg. hepatitis, world cancer day, suicide awareness.

6.3.3. Holly House is the wing New Hall uses for residents with health and wellbeing issues. There has been agreement in principle to overhaul the staffing and the environment to make it a more trauma informed environment. This is an exciting initiative for the officers and will involve building new teams of operational staff who have a specific interest in working in a healthcare environment.

### **6.4 Exercise, regime**

6.4.1 Efforts are made to promote the mental and physical wellbeing of the residents. There are strong links between the gym and healthcare staff to promote healthy lifestyles. However, due to Covid-19 the gym has been closed during the reporting period. Instead, outdoor activities have been established including walks around the grounds. (See also 7.1 education, 7.2 vocational training).

6.4.2 During Covid-19 time out of cell was limited to approximately one hour per day for exercise. Despite concerns, self harm incidents and the number of residents on ACCTs reduced.

### **6.5 Drug and alcohol rehabilitation**

6.5.1. During the reporting year, the drugs and rehabilitation service (DARS) has overcome many problems and found pragmatic solutions providing psychosocial interventions to the women in care. All women referred to the service are assessed within five days and full individual tailored care plans have been created together with the resident. The inclusion team has developed flexible approaches for implementing pathways and ensuring increased contact throughout the pandemic.

6.5.2. They have continued to forge positive relations with community partners ensuring continuity of care for residents on their release. Throughout the year the caseload has remained high and is approximately 75% of the prison population.

Support, using external providers, has been facilitated by way of written communication and continues to ensure that residents' needs are met.

## **6.6 Soft skills**

6.6.1. Covid-19 restrictions and subsequent lockdowns have affected the links to community groups and wellbeing sessions. There has been a continued attempt to maintain links with some charities.

## **7. Progression and resettlement**

### **7.1 Education, Library**

7.1.1. Adult learning is an important facility tasked with improving residents' education standards and helping employment after release. However, due to lockdown the service has been curtailed. Education is currently delivered with Novus library and IAG staff on site. Since Novus staff returned to site in August 2020 they have worked with 261 learners who have been enrolled on to 663 courses. There are currently 120 residents undertaking these including accredited courses in maths, English, food safety, an open award in physical health and wellbeing, employability and professional development.

7.1.2. Information, advice and guidance for these courses have been delivered to residents in a work pack with staff supporting the learners via the in-cell telephones. The work is then collected and marked and new work set.

7.1.3. Cleaning principles and the cleaning bio-hazard award had been restarted and attended by small groups in the education block. The lockdown in January 2021 meant these groups had to stop again. It is hoped to have the courses back up again and running as soon as it is safe to do so.

7.1.4. Exams have continued to take place, either in cell, in the kitchens or in the education classrooms. 477 learners have completed their studies; 410 have achieved appropriate outcomes and 21 are waiting for results.

7.1.5. The library has continued to provide a service to the prison with the delivery of books and DVDs onto the wings by the librarian and orderlies.

### **7.2 Vocational training, work**

7.2.1 Prior to the pandemic all residents who were able and suitable were offered work and/or vocational training subject to initial assessment. Areas of work include gardens, laundry, hair, Max Spielmann, waste management, and catering including food hygiene. This hopefully helps to reduce reoffending on release and increases chances of employment.

7.2.2. The hair salon was able to open up for a short period and for limited appointments, acting as a wellbeing service for some of the residents.

### **7.3 Offender management and progression**

7.3.1. The OMU staff worked closely with the residents, community rehabilitation companies and other agencies to help progress prisoners through the system. Regardless of length of sentence each one is given an individual plan. This includes support with any complex issues associated with offending behaviour i.e. drug misuse, mental health issues and homelessness, to help progress on release and consequently reduce the chances of reoffending.

7.3.2. Release on temporary license (ROTL) has had to be suspended generally throughout the pandemic. Residents are still however moving from closed to open prisons when the time comes. However, ROTL has been used to provide a cleaner at the gate.

### **7.4 Family contact**

7.4.1. Contact with family and friends is essential to help maintain wellbeing. No visits were allowed during periods of lockdown and when visits opened up for a short period the uptake was very low with many residents not wanting to put their friends and families at risk.

7.4.2. A new system of Purple Visits was introduced last year whereby residents can contact an approved list of family and friends via a secure video link. This has proved not only valuable but also very popular with the residents.

7.4.3. An additional £10 weekly phone credit has been given to enable residents to have increased contact especially as they are not working. This has certainly helped but does not make up for the loss of face-to-face contact. We are fortunate that in-cell telephony has been installed in each cell throughout the prison.

### **7.5 Resettlement planning**

7.5.1. New Hall aims to provide a quality, rehabilitative environment whereby the residents are fully supported to achieve their potential. Resettlement pathways are very well developed and in normal times ROTL is used when possible and works well with good links to employers. The IMB has highlighted this previously with examples of residents gaining full employment and going on to have a good career with Max Spielmann.

7.5.2. The reoffending reduction strategy outlines an approach for working with the residents to make sure they are as well prepared as possible for life after prison and with every effort made to reduce reoffending. There are a number of pathways focusing on accommodation, education, drugs, health, alcohol, families and children and domestic violence.

7.5.3. The impact of the pandemic means some residents may not have been able to access various programmes before their release. It is still an issue and some are released with no accommodation despite the support and backing of their caseworkers and the establishment.

7.5.4. Release statistics for the reporting period are as follows:-

Auto release under 12-month short term	54
Bailed	58
Conditional release	466
Deportation licences (parole / life / HMP)	2
Died	1
Discontinuance / Charges withdrawn	3
Emergency temporary release –	
Pregnancy/Mother and Baby Unit	8
Executive release Sec32 CJA 1982	11
Final discharge to hospital - psychiatric	17
Final parole Inc. YOI released on licence	2
HDC conditional release	145
HDC re-release conditional	6
HDC re-release unconditional	2
HDC unconditional release	1
Non-custodial sentence	64
Not guilty	9
Total	841

## **8. The work of the IMB**

8.1. Most of the reporting period has been during the pandemic and this has made a significant impact on the way in which we could monitor as a Board. Prior to the Covid-19 lockdown, Board members visited the establishment to undertake rota duties, attend and monitor meetings and residents' forums and deal with applications. Members also attended the weekly segregation reviews and monitored adjudications on a monthly basis.

8.2. From the end of March 2020 all IMB visits stopped due to Covid-19. Two members began visiting during the summer. A further lockdown resulted in members not visiting again until February 2021. Despite this ad-hoc situation, all (full) IMB members made weekly telephone calls to New Hall and made 'remote rota visits' to the key areas.

8.3. Fortunately, New Hall had recently completed its installation of in-cell telephones, pre Covid-19, which enabled residents to access the 0800 number for their applications to the IMB.

8.4. Despite the restrictions, New Hall IMB managed to hold a very successful recruitment campaign and took on six new members. The new members have completed various modules of training and they were invited to bi-weekly meetings to get to know the team and learn as much as they could, without going into the establishment.

8.5. Board meetings are held monthly at which the Governor, or her Deputy, attends to update the Board on ongoing issues and respond to members' issues and concerns, this has continued where possible via conference telephone or Microsoft Teams.

8.6. The Board complement is 14 and there are currently five active members and six new members. One experienced member left the board during the reporting year.

8.7. The IMB plans to achieve the following in the forthcoming reporting year:

- Monitor the planning for replacing Larch (de-commissioned unit).
- Check and monitor the availability of PAK cosmetics (an issue raised in the past year by black, Asian and minority ethnic residents).
- Monitor the effectiveness of new 'damage-proof' furniture in one of the cells on Sycamore (segregation).
- Renew publicity and raise awareness of the role of the IMB (given our limited presence over the past year).
- Continue to team build and train new members.
- Monitor the transition of Holly Wing to a more trauma-informed sanctuary type environment.
- Closely monitor the downward trend in ACCT numbers to see if the downward trend continues.
- Monitor levels of availability for appointments across all areas of the health care services.
- Develop a focused work plan for 2021/22 based on key priorities.

### Board statistics

Recommended complement of Board members	14
Number of Board members at the start of the reporting period	6
Number of Board members at the end of the reporting period	11
Total number of remote and actual visits to the establishment	N/A
Total number of segregation reviews attended	N/A



## 8.7. Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	<b>8</b>	<b>2</b>
B	Discipline, including adjudications, IEP, sanctions	<b>15</b>	<b>12</b>
C	Equality	<b>1</b>	<b>0</b>
D	Purposeful activity, including education, work, training, library, regime, time out of cell	<b>10</b>	<b>10</b>
E1	Letters, visits, telephones, public protection restrictions	<b>10</b>	<b>7</b>
E2	Finance, including pay, private monies, spends	<b>10</b>	<b>2</b>
F	Food and kitchens	<b>4</b>	<b>2</b>
G	Health, including physical, mental, social care	<b>63</b>	<b>45</b>
H1	Property within this establishment	<b>10</b>	<b>7</b>
H2	Property during transfer or in another establishment or location	<b>20</b>	<b>4</b>
H3	Canteen, facility list, catalogue(s)	<b>1</b>	<b>0</b>
I	Sentence management, including HDC, release on temporary licence, parole, release dates, re-categorisation	<b>5</b>	<b>6</b>
J	Staff/prisoner concerns, including bullying	<b>7</b>	<b>12</b>
K	Transfers	<b>1</b>	<b>1</b>
L	Miscellaneous, including complaints system	<b>15</b>	<b>15</b>
	Total number of applications	<b>180</b>	<b>125</b>

8.8. The highest percentage of applications received were in relation to healthcare matters, including medication. It should be noted however that there were a number of applications from a persistent healthcare complainant, which is reflected in the figures. It is pleasing to note that the overall figure has decreased which in the Board's view reflects well on how the prison has dealt with all the residents general wellbeing during the pandemic and throughout the reporting year.

8.9. The IMB monitors the number of requests and complaints submitted by residents on a monthly basis. During the reporting period, the number received has reduced from over 800 in 2019 /2020 to 541 during the reporting year. As in the previous year, the highest number of concerns related to residential, property, finance, staff and cash.





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