



Annual Report of the Independent Monitoring Board at HMP Swaleside

**For reporting year:
01 May 2020 to 30 April 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 resident and every part of the prison and also to the prison's records.

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

2. Description of the establishment

The prison was opened in August 1988 as part of a group with HMPs Standford Hill and Elmley. However, from 1st April 2017 it became part of Her Majesty's Prison and Probation Service (HMPPS) Long Term and High Security Estate (LTHSE).

Resettlement services are not directly provided by Swaleside, as the establishment should not normally be releasing residents from custody, but use is made of these services from outside the prison.

The establishment is primarily a Category B training prison. At the time of writing there are 746 Category B and 243 Category C residents in the overall population. The prison, as part of the LTHSE, no longer takes returns from Category D prisons. Between 1 May 2020 and 30 April 2021 twenty-six residents were released directly from Swaleside. At the end of April, there were no foreign national residents who had completed their sentence and were awaiting deportation (IS91).

The certified normal accommodation (CNA) is 1111 in single cells over eight wings. The CNA includes the care, separation and reintegration unit (CSRU) and the healthcare unit.

Contractors delivering the following services are:

- healthcare services are provided by Integrated Care 24 (IC24)
- Inreach (mental health) provided by Oxleas NHS Foundation Trust
- Minster Medical Practice provides GP Services
- Pen Optical for optical services
- education since April 2020 by Milton Keynes College
- maintenance services are provided by Government Facility Services Limited (GFSL)
- Spurgeons provide support for families at visits
- Forward Trust provides treatment for drug and alcohol addiction

All figures recorded in this report are as of 30 April 2021 unless otherwise stated.

3. Executive summary

3.1 Background to the report

As previously, the Board's report concentrates on major elements of concern or required improvement, with a focus on the treatment of residents under the headings of 'Fair and humane treatment' and 'Preparation for resettlement'.

This report is written as the Board returns to live monitoring after essentially a year out of the prison. COVID-19 has cast a shadow over all activities and the prison has adopted a safety-first approach as far as residents and staff are concerned. The regimes have transitioned through a period of false stability, then becoming an outbreak site, and back to a Green, COVID-free facility. The resident population has been largely supportive throughout. At one point during the year up to 150 staff were off, mostly either with Coronavirus or having to self-isolate because of close contact. Management worked hard and developed strategies to overcome these difficulties. Up to half the Senior Leadership Team (SLT) were out at one time.

We have reported in the last few years on a prison in a state of flux, with areas needing attention and some areas improving. This year our report is again positive, despite it being a very difficult year with unique global issues, as we believe that management and staff have met this challenge head on. Local initiatives, combined with national direction has ensured that the prison has moved forward and used the pandemic to galvanise the workforce and the majority of the residents into a series of actions that have benefited everyone.

Last year we were heavily critical of GFSL, however, this year we are pleased to report that there has been a vast improvement, with necessary work carried out expeditiously and to a good standard. Delays have generally been due to difficulty in acquiring necessary parts and materials.

We can now also point to other areas of improvement due to better collaborative working, though there are still a few areas where there is room for improvement.

The programme to refurbish the showers throughout the prison has virtually been completed, with only G and H wings remaining to be upgraded. The rat infestation is a thing of the past, despite one or two recent sightings. This is partly due to the installation of red food bins as well as the extermination programme. E wing is well on the way to having all its windows replaced which, apart from the obvious upgrade, will have a marked impact on the litter problem, which had already been improving.

There have been major successes, such as Purple Visits (video calls), which were introduced last year with the emergence of COVID-19. The Management took the previously unheard-of initiative of running these over the Christmas period, with the full support of staff, which was given a huge 'thumbs up' by residents, some of whom saw their children open Christmas presents for the first time.

Also of note are the provisions made for residents with life-limiting health conditions. These are monitored regularly by a committee which is consistently attended by a member of the Board. This initiative is to be commended. Unfortunately, one of the two 'End of Life' rooms in healthcare has been and still is occupied by a long-term paraplegic resident who staff have been trying to transfer to a more suitable location. This has not happened, despite his obvious needs, due in part to his behaviour.

The response to COVID-19 from the education provider, Milton Keynes College, was exemplary and commendable. After being closed down for some time, the commitment to producing quality in-cell packs, and the enthusiastic way in which it was done, led to a massive take-up, which exceeded all targets and gained the best response in the LTHSE cohort of prisons.

The lack of other meaningful activity is to be regretted, but is a natural result from the need to keep the men safe. Indeed, for most of the year the only available meaningful work was in the DHL workshop, the Kitchen, Waste Management and Industrial Cleaning.

The Board has concerns over the mental health of the residents generally, with instances of self-harm rising, though, significantly, a small number of residents are responsible for a large number of repeat occurrences. There is also a view that as the regime starts to loosen, there will be an increase in incidents related to debt as the residents again start to interact. This is undoubtedly preying on the minds of some residents.

There are some issues that are recurring. There are not enough Body Worn Cameras to go round all uniformed staff – this must be addressed in order to properly establish facts after any incidents. Several of the six lifts around the prison are very often out of order due to lack of parts. Keyword fulfilment is patchy, going from very good to poor when staffing levels were at their worst, despite Management's best efforts, due to COVID-19. Heating during cold weather has been a problem on some wings, particularly H, but generally speaking this has been put right fairly quickly.

Disappointingly, the roll-out of in-cell technology has been put back from March 2021 and may not happen until next year.

The Board does have an issue with Confidential Access complaints (Comp 2 – pink forms). Historically, as IMB cannot investigate staff, we used to forward any forms received to the Governor, and then we monitored their progress. As the forms sent to the Chair of IMB were not addressed to HMPPS, these are now rejected by the Governor, and so we return them to the resident with the request that they complete an IMB application form as well as addressing and sending the Comp 2 to the Governor or DDC. However, all Confidential Access forms when addressed to the Governor remain unrecorded by the Complaints Clerk, whose database we have access to. This means that the majority of Comp 2s, including the most serious (all of those making allegations against staff), are not monitored by IMB. This has been raised with the Governor, but the matter remains unresolved as the forms are considered confidential to HMPPS under GDPR. We would challenge this as under Prison Rules we should have access to all records of the prison. The Board asserts its right to have this access. Confidential complaint monitoring is essential to ensure an awareness of problem areas in the establishment and the Board requires a solution to be found for the issue.

This last year has been a very testing period for everyone involved with the prison. Staff, with the support of the residents, have been exceptional. Management has risen to the challenge with good strategies and innovations that have been well received. The prison, despite COVID-19, has built positively on the solid foundations of the last couple of years. Nearly all indicator trends remain good, despite some up-ticks late in the year, and the management team is strong.

Also, as Chairman of the IMB, I must praise my Board for stepping up when needed and being adaptable and fluid in the way we have remotely monitored, 'attended' meetings and carried out our duties assiduously and diligently under very difficult circumstances. Our thanks go to staff for making this possible, the governor, for fitting in with our agenda, and particularly our clerk, without whom we would not have been able to function at all.

3.2 Main judgements

How safe is the prison?

Management focus has been firmly set on safety throughout this year. This has produced tangible results. Nearly all violence trends have again shown a decline, add this to other anecdotal evidence, and the prison continues to feel safer year-on-year. However, it must be noted that there is some evidence of an upturn late in the year which has to be carefully monitored.

Staffing levels have fluctuated wildly throughout the year, but this has had a muted impact on discipline and most of the safety indicators. Residents also seem to have accepted that regimes have had to be curtailed for their own safety. Less time out of cell coupled with fewer interactions with staff and other residents, has had a suppressive effect.

COVID-19 disrupted most things, including the keyworker scheme, but various factors affected the prison in a positive way. These included longer lock-up in single cells which was welcomed by most residents because they felt safer from the risks associated with COVID-19; higher staffing levels (maintained with higher pay after initial self-isolations); extra telephone credits for residents; in-cell packs from Education and more direct consultation with residents.

The Board has no doubt that the continued success of the prison in managing around a thousand difficult residents is largely due to a vision implemented by a stable management. And, indeed, we believe the prison will continue to improve if management remains stable for the next few years.

How fairly and humanely are residents treated?

Residents are treated with a great deal of respect, in the view of the Board. This is something that seems to have been appreciated by them, particularly during the pandemic as staff have shown a great deal of empathy, as they have focussed on the safety of the men at all times. However, there are a few negative aspects which work against fair and humane treatment, which are not necessarily the fault of the prison. They include:

- The lack of meaningful and rewarding work, generally, and in particular for B and H wing residents. However, this level of inequality is being gradually addressed.
- The continued occupancy of an end-of-life cell by a paraplegic resident who has different needs and is denying this room to those who it was designed for.
- The mental health of the resident population as a whole gives rise to concern. With such limited time out of cell for such a long period and, for many, a lack of purposeful activity and lower wages.
- Sporadic loss of hot water and heating on H Wing.
- There is a need to ensure that time spent in the Segregation Unit (CSRU) is fully reflected when there are CSRU to CSRU moves between establishments, and also that interim CC is not used to 're-start' the clock on CSRU occupancy.

How well are residents' health and wellbeing needs being met?

The Board is satisfied that residents' needs are being adequately met in line with standards in the outside community. Management and staff have also handled the COVID-19 situation well. Everything has been handled in a very professional manner in order to safeguard residents' health.

Issues of outside hospital appointments being cancelled plus the COVID-19 outbreak, meaning only critical appointments have been made, has been a major concern. The Board has received complaints from residents regarding waiting times for certain services, but we are satisfied that these are comparable to waiting times in the wider community, and in some cases better.

How well are residents progressed towards successful resettlement?

The answer in respect of those residents nearing the end of their sentences is still - not very well. Swaleside is not regarded as a resettlement prison. The Community Hub, Prison Advice and Care Trust (PACT) and the Medway and Swale Advocacy Partnership (MSAP) do help in dealing with basic requirements but this approach is not consistent or reliable. Importantly, residents have not always been able to be transferred to their local resettlement prison within about 12 weeks of their release date as intended, partly due to the re-rolling of the prison into the LTHSE, and population pressures. However, this has now largely been addressed, although

Swaleside did directly release 26 residents during the year to 31 March. Very few of these went into employment but most of them had accommodation to go to.

3.3 Main areas for development

TO THE MINISTER

The Board reiterates this year that the kitchen at Swaleside was originally designed to cater for about 650 residents, and was upgraded in its early years to allow for some expansion. However, a further problem arises in having to cater additionally for residents at HMP Stanford Hill, bringing the total number of meals prepared to around 3000 daily. The Board understands that new kitchens at Stanford Hill are budgeted for, but the work still has not begun. *(see section 5.1)*

The Board must have access to the Comp 2 paperwork handled by the Governor in order to comply with our statutory monitoring duties and in line with the Prison Rules statutory requirement that the Board has right of access to all records of the prison. *(see section 8)*

The Board reiterates its statement that Swaleside cannot provide adequate resettlement services for residents released into the community. If these numbers continue to rise then more funding will be needed, otherwise these residents should be transferred to a local prison within a reasonable timescale for their release. *(see section 3.2)*

The Board has major concerns that it may not be able to carry out its monitoring function satisfactorily with the imposed reduction in rota visits. *(see section 8)*

TO THE PRISON SERVICE

The inequality of opportunity for MCOSO and vulnerable residents still needs to be addressed, despite progress made in that direction. *(see sections 5, 5.4 and 5.5)*

Workshops at Swaleside were originally designed to support a prison with four wings. Swaleside now has eight wings with an operational capacity of 1111. This results in an unacceptably low level of real employment and continued lack of vocational training, which should be remedied by creating more meaningful work for residents, post pandemic. *(see section 7.2).*

The lack of in-cell telephony in the inpatients department (IPD) still needs to be addressed. *(see sections 5.4 and 6.1)*

Despite being quite low, the number of residents released directly into the community is rising. Those directly released deserve to have the appropriate help to achieve similar employment and accommodation opportunities afforded to those residents released from resettlement prisons. This does not happen. In our report last year, we mentioned that it is essential that residents are provided with resettlement services, preferably in a prison nearer to their home as they reach the end of their sentences. This service has not been provided from Swaleside. Though there were only 26 residents released from the prison in the last year, it was an increase from previously. *(see sections 3.2)*

The Board has concerns regarding the mental health of residents who have suffered long-term lock-down. *(see sections 5 and 6.2)*

The lack of sufficient Body Worn Cameras needs addressing. *(see sections 3.1, 4.5 and 5.2)*

The continued occupancy of the life limited room in Healthcare by one paraplegic resident whose needs are different, whilst there are a number of other residents who qualify for the use of this room. *(see sections 3.1 and 6.1)*

The continued reliance of Standford Hill on Swaleside's kitchen for the preparation of its food. *(see section 5.1)*

There is some concern regarding the pressure placed on public protection staff given in-cell telephony and Purple Visits. *(see sections 4.4 and 7.4)*

It is hoped that stable staffing and management can be maintained over what could be a difficult couple of years as we transition from COVID regimes to more of a 'normal state'. *(see sections 3.2)*

TO THE GOVERNOR

The continued downward trends in safety measures are noted, however, at the very end of the reporting period there has been evidence that assaults against staff and incidents of self-harm have risen. These figures need analysis in order to establish the cause and prevent any upward trend setting in. *(see sections 4.2 and 4.3)*

The rising trend in the manufacture of alcoholic substances must be addressed. *(see sections 4.6 and 6.4)*

The number of adjudications not proceeded with due to administrative failures. *(see 5.2)*

There must be long-term stability in the services to H wing. Heating and sewerage problems have occurred this year and it is hoped that solutions are permanent. *(see sections 3.2 and 5.1)*

Efforts must be made to increase the levels of Keywork. This proved itself to be extremely beneficial and will be fundamental to addressing the issues that could result in self-harm and violence post-COVID. *(see sections 3.2 and 5.3)*

The Board asks the Governor to note the high level of applications we have received complaining about staff. These should have translated into complaints sent to him and the DDC, and are at a much higher level than last year. *(see section 8)*

There needs to be more emphasis on equal opportunity across the prison. The Board commends efforts made so far, and recognises that with a Vulnerable resident wing and an MCOSO wing, there are logistical difficulties. These efforts must continue. *(see sections 5, 5.4 and 5.5)*

3.4 Progress since the last report

Progress since the last report has been considerable:

- Use of dogs and the DST and other measures to control the ingress of contraband items *(see sections 4.6)*
- The work of the life limiting illness committee should be recognised and applauded *(see section 6.1)*

- The Board again commends the continued work of the Swaleside Outreach Service (SOS) team in dealing with very demanding residents *(see sections 4.4, 5.4 and 6.2)*
- There has been significant progress towards a safe prison with a decline in most violence measures, for the third year running, and the less frequent use of special accommodation *(see sections 3.2, 4.3 and 5)*
- The Board commends the education department for its progress in expanding the number of residents involved by the distribution and quality of its in-cell packs *(see sections 3.1, 5.4 and 7.1)*
- There have been no self-inflicted deaths during the year
- It has not been necessary to open the Command Suite during the year
- The improvement in the effectiveness of GFSL should be noted *(see section 3.1)*
- Successful efforts to eliminate the rodent problem *(see sections 3.1 and 5.1)*
- The near completion of the replacement of E wing windows and other efforts to clean up the prison *(see sections 3.1 and 5.1)*
- The near complete refurbishment of all wing showers *(see sections 3.1, 5.1 and 5.2)*
- Management and staff response to COVID and commitment to the health and safety of the residents in their care should be commended
- The dedication of two residents in staffing the Aero Café for over a year with no time off, in order to keep staff refreshed, should be commended *(see section 7.2)*
- The work done by skilled residents in the building of the new external Boardroom
- The work of the CSRU staff and the Psychology Department in addressing the issues of segregated residents *(see section 5.2)*
- At time of writing Swaleside is set to become one of the pilot prisons for a new initiative to address the educational issues of residents with neurodivergent needs
- The introduction of Purple Visits *(see sections 3.1, 7.2 and 7.4)*
- The readiness of Gym staff to support other areas such as Healthcare, F wing and give assistance with the vaccination programme *(see section 6.3)*

Evidence Sections 4 - 7

4. Safety

4.1 Reception and Induction

During lockdown the process for reception into Swaleside was changed so that new residents were taken directly to D or H wing upon arrival where they were quarantined. Only a minimal amount of induction work was possible during this time due to COVID restrictions. In particular, there was no gym induction, only minimal education induction (in cell education packs offered) and no employment induction. The reception process is now returning to normal and new residents are processed through Reception again. New receptions are scanned by an X-ray body scanner,

greatly reducing the risk of contraband being brought in. Body scanning has been extended to residents returning from outside hospital appointments

The decision not to allow family or friends to send in electrical items has minimised the risk of contraband coming into the prison in electrical devices. These items are now only available via approved catalogue purchases.

An annual birthday parcel scheme has been introduced under which a predetermined amount of clothing and footwear is allowed to be sent in on the resident's birthday. The scheme works by application and is proving popular.

4.2 Suicide and self-harm, deaths in custody

Self-harm has shown a marked increase in the last month of the prison year (March 2021), taking incidents in the last quarter to 231. However, although there have been 80 individuals involved in self-harming, only five have been responsible for 35% of all instances. There is some fear that as the regime starts to loosen and more time is taken out of cell there will be more instances of self-harm and assaults as debt retribution takes place.

It is sad that the Board has to report three deaths in custody in the reporting year. These are believed to have all been due to natural causes. It is worth noting that 2 of these were on H wing, where the average age of residents is significantly higher than on other wings. Though this average is likely to fall slowly as younger offenders are brought in, it is likely to remain high for several years.

4.3 Violence and violence reduction, self-isolation

Violence has continued to decline throughout the year, probably helped by the Prison Service dealing with COVID by the use of lock-downs and limited time out of cell in 'bubbles'.

Resident on resident assaults have trended lower all year and serious assaults have declined. Though resident on staff assaults showed a marked increase in the last quarter, these were largely of a minor nature. However, as mentioned previously, this needs to be closely monitored.

The Board is pleased to note that there have been no incidents in the reporting year that required the opening of the Command Suite. Any incidents have been either of a minor nature or very short-lived and contained.

There has been a steady decline in finds of weapons, phones and SIM/memory cards over the year to 31 March, and only 6 drone incidents, with none in the last quarter. Weapons finds in particular are down from 582 last year to 168 this. The recently adopted policy of substituting hand razors with electric shavers should cause this declining trend to be maintained, when implemented.

4.4 Vulnerable Residents, safeguarding

Safer Custody have been busy during lockdown, reacting promptly to any referrals and working closely with SOS. Psychology and Inreach have also been heavily involved. Many residents at Swaleside suffer from long-term and terminal health conditions requiring additional healthcare and resources.

Several serious issues have been raised at the regular safeguarding meetings, including a shortage of end-of-life cells given the size of the population. Much effort

is spent on arranging transfers, not always successfully, of residents to establishments which can meet their health needs and arranging the provision of suitable occupational health equipment. There is a shortage of cells suitable for residents with disabilities.

Public protection issues are starting to mount as telephone monitoring becomes more difficult and onerous for existing staff resources with the advent of in-cell telephony, and the use of Purple Visits.

The Board still has concerns that there are limited opportunities for MCOSO residents to address their offending behaviour at Swaleside.

4.5 Use of force (UoF)

During the reporting year, the monthly UoF meeting was replaced by a weekly meeting. This change occurred following the perceived need for speedy action when incidents increased during the earlier period post first-lockdown. This change has greatly improved the ability to take action promptly and analyse incidents. During the period, the Board were not often able to be physically present at the meetings but did add the weekly meeting to the scheduled attendance via telephone. Attendance in this manner did not allow the Board members to easily identify problem areas. However, it became apparent during the period that there appeared to be insufficient body-worn cameras for a staff the size of Swaleside. This shortage was partly rectified and has now been supplemented by clear instructions to ensure that Senior Officers (SOs) at least take a camera on arrival. During the year, there was one day noted by the Board where no BWCs were available for CSRU staff. There are now 'reserved' cameras for CSRU.

Over the reporting period, one incident came to light where none of six officers, SO and Custodial Manager (CM) involved were carrying a camera. Instructions have now been issued to ensure that this should not recur.

Staff are now required to utilise a hand-held video camera to record planned removals to avoid insufficient coverage by the BWCs.

The completion of the 'Annex A' reporting by staff in a timely manner has continued to be generally satisfactory although numbers of outstanding paperwork did occasionally reach unsatisfactory levels at points during the year because of COVID restrictions and staff shortages. These figures are now reported regularly at the weekly meeting and are followed up.

The Board received several allegations from residents on CSRU during the year that staff acted illegally in assaulting them. These allegations were not substantiated by the internal investigations although the Board had found the resident statements potentially credible, and so had passed the information directly to the Governor.

4.6 Substance misuse

There have been around 290 drugs finds throughout the year (to 31 March 2021), which is well down on the 613 of last year - this may go a long way to explaining the marked increase in hooch finds. It is hoped that the latter will be countered by the recent introduction of a hooch dog. The prison now has 5 drug/hooch dogs and three handlers. This will increase to 6 dogs in the coming weeks. When coupled with the Rapiscan detectors, new gate and Bodyscan procedures and the continued good

work of the Dedicated Search Team (DST), this continues to bode well. These successes, together with the impossibility of physical visits during lockdown have led to a reduction in the use of illegal drugs in the prison during the year under review. However, as with last year, there has been an increase in the brewing of hooch. It remains to be seen if drug finds increase when social visits are resumed.

Due to Covid restrictions Mandatory Drug Testing (MDT) was not carried out during the year. Also, the DST has carried out fewer searches than last year due to constraints imposed by necessary social distancing during the pandemic.

5. Fair and humane treatment

This section is extremely difficult to compose following the period of the COVID-19 pandemic and the consequent lockdowns, since humane treatment is the antithesis of solitary confinement.

The change of regime necessitated by the rules pertaining to behaviour during the lockdowns for both staff and residents has had a fundamental effect on everyone and has almost certainly been the cause of more mental stress. Having said that, the arrangements by staff have been exemplary in support of residents, taking account of the restrictions imposed.

The immediate effect of the changed regime during the lockdown period was the cessation of non-essential workshop activities: only Kitchens and DHL operated as before but with changed procedures. Cleaning on the wings continued but, again, with more restrictions than hitherto. The change resulted in residents being allowed out of their cells for showers and exercise for just 30 minutes initially and then 60 and 90 minutes. As this report is being compiled some wings are providing 120 minutes out of cell. This restriction is exacerbated by the spurs on each wing opening in rotation which means that residents find it difficult to talk to others on different spurs. It is hoped that this increase in time out of cell does not correlate with the upturn in violence showing towards the end of this reporting period.

There are continued issues for H wing MCOSO residents in that activities, employment and visits are restricted because of separation from the main population. This wing also appears to have suffered disproportionately at the beginning of lockdown as, for a period, there was no time out of cell for the residents.

The problems caused by restricting residents to cells have been ameliorated by the availability of in-cell telephones, television and radio and by education in-cell packs but nevertheless there has latterly been a sharp increase in self-harm by residents as evidenced by the number of ACCT documents opened.

During this same period, staffing numbers have increased following an intense recruitment drive. This is good news in that it has led to the number of officers on each wing increasing to support the residents and, particularly, in the allocation of a 'Key Worker' for every resident. This allows personal issues and complaints to be discussed in, hopefully, 40-minute sessions each week. The benefit of this is evidenced by the reduction of applications to IMB and the apparent satisfaction of residents. Over time it is to be expected that the continuation of this element of officers' work will also lead to a reduction in self-harm and violence and a lessening of general concerns for residents.

Currently, there is some concern about the possible impact of reverting towards a 'normal' regime, with more time out of cell plus involvement in other activities:

- For residents meeting a wider range of fellow residents it may open up issues relating to debt which could lead to an increase in violence and mental stress.
- Many new officers will meet a 'mass' of residents for the first time and they may find movement quite alarming. Management may need to be more visible with support at these times.

Careful arrangements are currently being made for the prison to begin to return to a more open 'normalised' regime and the actions of staff and governors are to be commended for the exemplary way in which this difficult process has been handled both during the pandemic and as the prison moves on. At the time of writing the prison is about to implement a Level three regime, which will greatly increase time out of cell and allow for a measured increase in other activities.

5.1 Accommodation, clothing, food

The appearance of the prison is now generally very good. The long-standing problem of litter in the area around E and G wings has improved as the replacement windows for the E wing cells have started to have an impact on the littering from that wing. This window frame replacement is nearing completion. Wings now appear very clean and tidy, particularly during the pandemic as cleaners have continued to work.

Showers have featured in our reports for some years. The showers have now mostly been replaced to a very high standard although on at least one wing there is a remaining problem with water pressure and drainage. At the time of writing only G and H wing showers remain to be replaced. The older showers still in use remain totally unacceptable and it is imperative that replacement is finished as soon as possible because of the health issues created by the lack of ventilation and deep cleaning.

During the reporting year there were problems with sewers in H wing which had disagreeable consequences. The issue appears to have been resolved. H wing has also suffered with boiler problems which have resulted in no heating/hot water at times.

Self-cook areas have not been in use over the COVID period. If they return to use, following the reinstallation of freezers, it will be essential to deep clean these areas and remove or replace some of the utensils and cooking pots. Attention needs to be given to areas where broken tiles are being misused for scraping surfaces, and then potentially retained for other purposes.

The G wing constant watch cell was brought back into use following a costly refurbishment and is now one of the two constant watch cells in the establishment in regular use.

Infestation by rats in most areas has been an ongoing problem. In this reporting year feral cats were firstly used followed by intensive chemical application by a professional company. The rat infestation was said to be totally cleared, many thousand bodies having been removed, but, recently, some signs of rat life have been spotted.

Spillages of food, particularly around the bin areas often occur and are not always cleared in a timely manner.

Kitchen

COVID restrictions have made operation of the kitchen difficult for kitchen staff. Residents have continued to work and staff have ensured that food safety and quality has been paramount. Additional safety provisions have been put in place:

- additional hand washing was enforced
- mask wearing was made mandatory
- a requirement for residents to have weekly COVID testing
- social distancing signs have been set out on the floors, and numbers within offices controlled
- all resident kitchen workers have been placed on Transfer Hold

As a result of these precautions no problems have arisen as a result of the pandemic, and staff and resident workers are to be commended for the work they have done.

'Self-cook' kitchens used by residents on the wings have had to be closed. As a result, all food for the wings has come from the main kitchens which has created a perception on some wings that smaller portions per resident were available. This was resolved by kitchen staff. The low level of per capita budget has now become apparent with no self-cook available.

In addition, the staff facility being kept open has helped make things seem 'normal'.

In spite of the difficulties of 2020/21, the kitchen has kept within budget.

In past years, our reports have mentioned the fact that the Swaleside Kitchen was designed to provide for 650 (about half the number of residents on roll), and that for some time food had also been prepared for HMP Standford Hill. A new kitchen is to be constructed at Standford Hill, for completion by 2022. However, even after this the Swaleside kitchens will remain with capacity to provide food for 650 men rather than the 1000-1100 resident.

5.2 Care separation and re-integration unit (CSRU)

At the beginning of the reporting period, the Board was impressed by the stability which had been introduced into the CSRU

- the team of officers was largely stable
- an ethos of 'care' for the residents on the unit had been developed
- two governors shared responsibility for the unit and both attended regularly and conducted the GOoD reviews
- the upper floor was designated a 're-integration unit' and had started to have real success in moving residents back on to normal location

However, the pandemic brought with it the staff shortages dealt with elsewhere in this report which meant that the staff knowledge of individual residents was diluted. Other services within the unit, such as Inreach, SOS, Psychology and Healthcare were disrupted and reduced, leading to dissatisfaction and restlessness of some

residents. At the same time there was a block on movement of residents to any other facility, which meant very long stays for several of them.

Whilst this was inevitable given the situation, it is nevertheless totally unacceptable for so many residents to have such a long stay. It is accepted that solitary confinement for a long period is regarded as torture which is not appropriate in a civilised society.

The unit complies with the sign-offs required from senior HMPPS management to authorise continuation of a stay in the unit. However, there are examples of moves of residents from or to this unit from/to similar units in other establishments and the total time in similar units is not recorded or taken into account.

During the lockdown, the regular GOoD reviews continued and allowed access via telephone for IMB and for psychology who were not working in the prison.

As staff numbers increased in the latter part of the lockdown, the unit settled back into its role with a permanent team of officers who, once again, know their residents. Allocation of key workers to residents has also taken place which means that residents have a channel for their issues.

The whole unit is kept very clean and cells are in generally good condition although there are some furniture shortages. The unit's showers have been totally refurbished to a very high standard and the governor is to be commended for achieving this.

Full service from Inreach has not yet been achieved but psychology and SOS are fully involved. There is a regular meeting of all parties which produces a fortnightly summary of the situation and plans for residents. This is invaluable for passing information amongst interested parties.

The unit is working more closely with psychology, Inreach and F wing Psychological Informed Environment (PIPE) to develop a route for more of the residents to achieve a move back to normal location. This is also highly commended.

The Board has been concerned that on some occasions the staff have not been using BWCs as directed and that this has led to loss of evidence of incidents. We have been assured that this lapse has been corrected which is essential as some of the incidents involved serious allegations by residents which were not supported.

CSRU runs and coordinates adjudications for the whole establishment and it is of concern that such a high proportion of adjudications do not proceed – largely because they are ruled 'out of time'. In one instance two serious charges that were sent to the police were not able to be processed because when they were returned by police (who did not proceed), the charge had not been remanded in the prison on time. The total number of adjudications 'dismissed' or 'Not proceeded with' for the reporting period was 306 (16%).

The Board has some concern that, during the recent period, some cases existed of residents being put behind their doors on Rule 53 (pending adjudication) on their wing with no regime in place to support them. We are assured that this could now only happen when CSRU is full and for serious charges of assault or violence. In addition, where it does occur it would be for a maximum of three days before the hearing, a regime would be established; an algorithm completed by healthcare;

chaplains will be informed and the Rule 53 documentation kept on CSRU available for inspection.

The comments above should not be taken out of context as the Board is pleased that the CSRU is now run effectively and efficiently with the best interests of the residents in mind.

5.3 Staff - resident/detainee relationships, keyworkers

Maintenance of Keywork has been difficult, particularly during the very tight staffing periods due to COVID, with levels falling below 10% in October. However, by March 2021 they were back over 20%, and with staffing levels getting back to normal - with the site COVID-free, we look forward to this percentage rising.

The staff retention rate over the year has been very good, however, non-COVID sickness has started to pick up towards the end of the period. Staffing levels were severely affected by COVID, with up to 150 staff out at any one time, with COVID absences peaking at 120-130 between October and January. At the end of the reporting period Swaleside had been declared a COVID-free site with zero staff/residents affected.

One factor materialised at the end of our reporting period which is causing some concern. It would appear that there are some new recruits being appointed before they have even seen the inside of a prison. This has led to some instant resignations when reality has hit home. This seems to be a waste of time and money.

5.4 Equality and diversity

The Equalities CM has done an excellent job of monitoring the treatment of the various protected groups within the prison, which is reviewed at the monthly Equalities Scrutiny Meeting.

In-cell education packs levelled the playing field somewhat vis a vis equality in education, and moves are afoot to open up the classrooms to our most vulnerable of residents. One of the Engineering workshops is now allocated to the MCOSO residents, and, of course, MCOSO workers man the better paid DHL workshop. There are still equality issues within some areas of the prison for the vulnerable resident and MCOSO wings. Common facilities such as visits and the library are not as accessible as for mainstream residents, and nor is the chapel. Job opportunities are restricted, as is access to various education courses. There is currently no access to ICT or catering.

The Board also has concerns over the lack of in-cell telephony in the healthcare department.

Following on from a national request, one of our Board members performed an analysis of the way in which in-cell searches varied by ethnicity during the first three months of 2021. The results of this analysis are shown in Figure 1. Figure 2 shows the same information, but using grouped ethnicity - e.g., the results for W1, W2, W3 and W9 are aggregated as "W?"

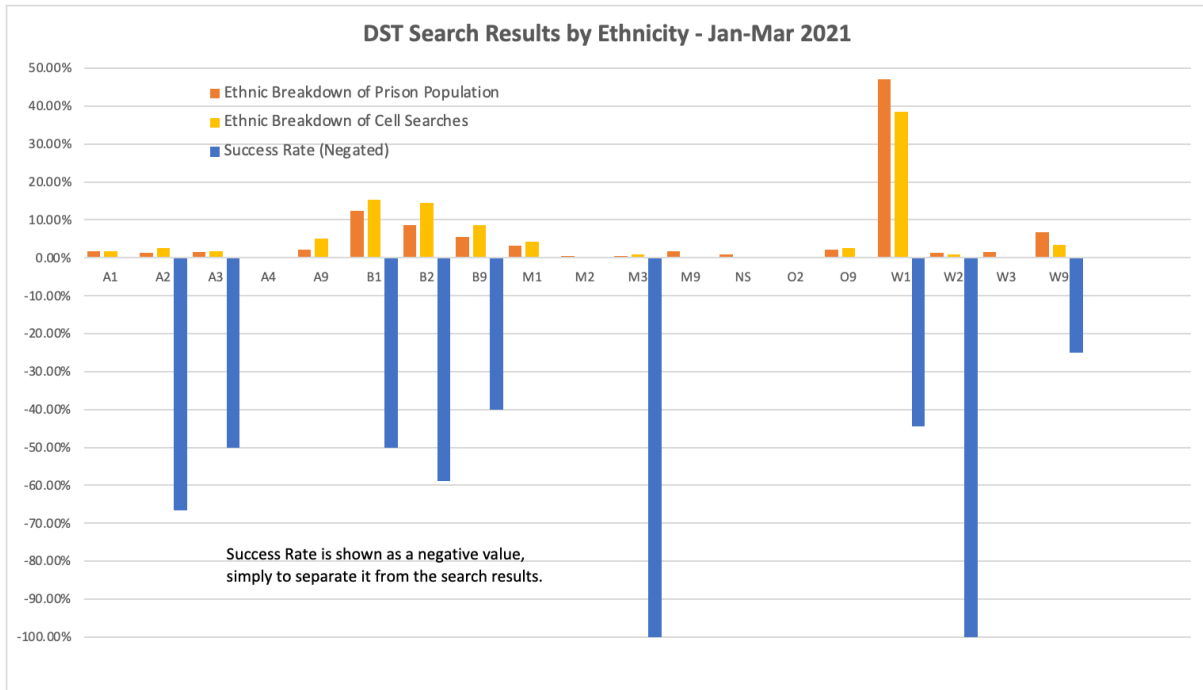


Figure 1: In-Cell Search Results, broken down by ethnic group

The 'success rate' figure is derived by calculating the total number of *successful* searches for each ethnic group, divided by the total number of searches for that group. Please note that the success rate is shown as a negative number. Note that this negation has no significance, other than to separate the columns in the histogram. This is necessary because many of the success rates are close to 100%, which would otherwise dwarf the search statistics. A key point to note is that the number of in-cell searches is broadly comparable to the population of the prison, with a correlation of 97%. This indicates that no ethnic group is being victimised.

It should also be noted that:

- The sample only covers three months
- The small numbers involved mean that it only takes a few anomalies to skew the results

For reference, the ethnic group codes are as shown below:

A1	Asian/Asian British: Indian
A2	Asian/Asian British: Pakistani
A3	Asian/Asian British: Bangladeshi
A4	Asian/Asian British: Chinese
A9	Asian/Asian British: Any other background
B1	Black/Black British: Caribbean
B2	Black/Black British: African
B9	Black/Black British: Any other Background
M1	Mixed: White and Black Caribbean
M2	Mixed: White and Black African
M3	Mixed: White and Asian
M9	Mixed: Any other background
NS	Prefer not to say
O2	Other: Arab
O9	Other: Any other background
W1	White: Eng./Welsh/Scot./N. Irish/British
W2	White: Irish
W3	White: Gypsy or Irish Traveller
W9	White: Any other background

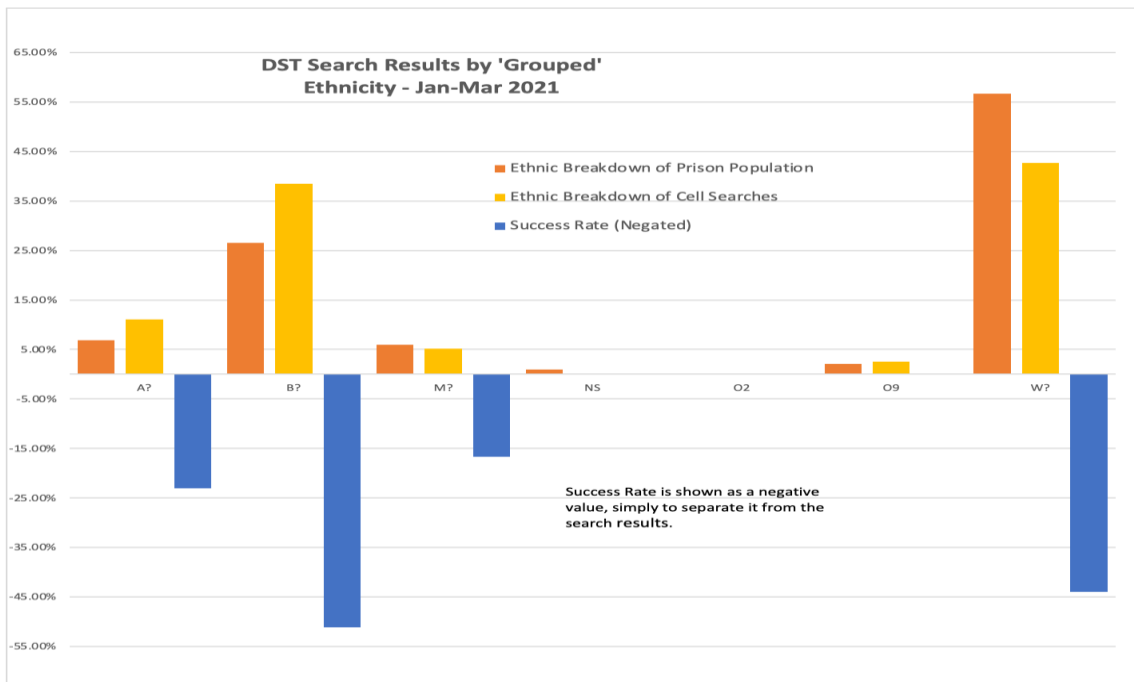


Figure 2: In Cell Search Results by 'Grouped' Ethnicity

5.5 Faith and pastoral support

The chaplaincy team continue to minister to the spiritual needs of residents.

The COVID-19 pandemic caused a massive disruption to the work of the chaplaincy; all corporate worship and faith specific groups were suspended. Ramadan and Eid-ul-Fitr were observed without any kind of community involvement, and it was a credit not only to the imams, but also to the Senior Leadership Team (SLT), residential staff and the catering manager and her team, that the fast and feast went smoothly. The same was the case for Easter (Christianity) and Passover (Judaism). COVID-19 also took its toll on staffing with the managing chaplain and one of the imams having to shield and nearly all sessional chaplains and volunteers having to shield due to either age or health problems. The managing chaplain has also suffered from a long-term sickness absence from the prison which has placed a further burden on the whole department.

Before the COVID-19 pandemic and in addition to the three major faith traditions of the Church of England, Roman Catholicism and Islam, the department has had visits from Pagan, Christian Science, Mormon, Jehovah's Witness, Buddhist, Sikh, Jewish, Hindu, Salvation Army and Free Church chaplains, as well as facilitating visits from the home ministry of less represented faith traditions. Unfortunately, efforts to secure the services of a Rastafarian chaplain continue to be thwarted. A further consequence of COVID-19 was that it was not possible to restart the residents' faith council as had previously been planned.

New residents are seen by one of the chaplains within 24 hours of their initial reception into the establishment. During the last year the chaplaincy department has liaised with residents' families where there has been serious illness (21) and

bereavement (95). Chaplains made two pastoral visits to residents in outside hospitals whose condition was deemed serious.

Prior to the COVID-19 pandemic it continued to be difficult to minister to those on the MCOSO wing owing to the lack of facilities and chaplaincy staff. There has been no progress in moving forward with the deputy director of custody's suggestion, mentioned in 2020's report that a facility for chaplaincy activities and other events should be built within the confines of that residential unit. The establishment's vulnerable resident wing continues to cause similar issues, but to a lesser extent.

5.6 Incentives and earned privileges

New plans for this scheme have again been put on the back-burner given the emergency regime that was introduced in March 2020.

5.7 Complaints

The Board has been unable to access the complaints database as it has done in previous years, therefore there has been no sampling of the quality of response. This will improve now that live monitoring has re-commenced.

Numbers of complaints have remained fairly constant throughout the year, with perhaps a slight upturn, and there appears to have been no COVID effect year-on-year.

5.8 Property

Property is still one of the residents' major issues. However, the advent of the keyworker scheme has meant that IMB now receive far fewer applications than previously. There still needs to be some clarification as to our role with property as some Boards will gladly help, but others refuse, point-blank, to get involved. IMB at Swaleside will aid the resident if they have made efforts via the complaints process without success.

6. Health and wellbeing

6.1 Primary healthcare

Primary health care is provided by IC24 with Minster Medical Practice providing GP services, Pen Optical the optical services and mental health (In Reach) provided by Oxleas.

Staff management changed during the year and brought some improvements to the department. Meds were given out on some wings and this eases the strain on bringing residents to the department. However, meds were often delayed causing frustration to staff and residents, and this requires improvement.

Staff have been trained to use an X-ray facility in healthcare for some health problems which reduces the pressure on outside hospitals for this service.

The latest figures showed 1705 appointments in this reporting year, of which 534 were cancelled. However due to COVID most appointments were converted over to telephone consultations. Six daily external visits to outside hospitals were reinstated latterly although there were only four during peak times during COVID. The prison staffing is profiled to allow for six accompanied external visits per day, plus any code

red or blue. However, the demand is greater than this as it includes appointments and events such as funerals.

The waiting time for an appointment to outside hospital was 7 days for Cancer patients who are prioritised and 4 to 6 weeks for routine appointments.

The number of medical complaints logged for Swaleside was 424. This did not include complaints logged for other providers. IMB received 43 applications regarding health – one third the number of the previous year. Currently dentists and opticians visit the prison on a regular basis. However, diagnosis is mainly by telephone and treatment is restricted to painkillers and the repair of broken spectacles respectively.

Under COVID-19 conditions, having experienced routine consultations/triage being conducted over the telephone, there is a hope that post COVID-19 this practice will continue. This will negate the need for such a high volume of routine escorts going out and hopefully on some days reducing it to none at all). IC24, the NHS and prison management are in discussion regarding moving this plan along in the future which could prove to be a valuable initiative.

There has been a long, ongoing issue regarding in-cell telephony in the IPD and this has not been resolved during this year. Replacement wiring and new boxes were due to be fitted but BT refused to come into the prison during the COVID-19 crisis. This sorry state of affairs means that residents in IPD do not have in-cell phones and are at a disadvantage to other residents as they are subjected to time limits on phone calls, which could be as little as 10 minutes per day. Plans have now been made to carry out this work in house by trusted and skilled residents.

There is a long-term resident in IPD who utilises an end-of-life cell. This man is paraplegic although he is able to use one arm often in an act of violence. He is unnecessarily rude and offensive to healthcare and prison staff and will not communicate at all with staff, IMB or any visitors. He has been at Swaleside for over 5 years. He refuses most treatment and appears to manage his own. He creates a health risk by emptying his catheter over the floor on most days. This leads to one end of the in-patient's department being overwhelmed by the smell of urine despite the daily visits of the Prison cleaning team. He was downgraded from a Cat C to a Cat B during the year. He refuses to undergo a Mental Health Assessment which makes his acceptance by another prison unlikely. Attempts were made by the governor, supported by the IMB, to find an appropriate transfer but this was unsuccessful. His continued presence at Swaleside is unfair on the prison and unfair on the resident, as his management involves a high level of resources, which do not necessarily provide the right specialist care. It would be best for him if he could be afforded a fresh start in another prison. This was also reported directly to the Prisons Minister by the IMB but with no success.

COVID brought challenging times to healthcare. Isolation areas were set up while the vaccine programme was carried out. At the time of writing the prison has moved from red to green and is now clear of COVID. This was dealt with appropriately by healthcare management and staff under the watchful eyes of Public Health England. Following the outbreak of latent TB in the last reporting year, vaccinations have been carried out during the year and we are pleased to say that there are now no reported cases within the prison.

Life Limiting Illness Group

The Life Limiting Illnesses group (LLI) is unique to Swaleside and was set up soon after the arrival of a wing of MCOSO (men convicted of sexual offences) residents three years ago. The need for this became apparent on account of the age and declining health of some of these offenders. DICs (deaths in custody) at Swaleside had become more frequent and the issue of managing elderly residents with life limiting illnesses more common.

The aim of the group is to identify these men to ensure that their deaths in custody are managed with proper respect and dignity for them and their families.

The group meets monthly and consists of the governor, the prison GPs, healthcare, offender management unit (OMU), safer custody team, chaplaincy, Family Liaison Officer, manager of the local hospice and various social care agencies of Kent County Council. The local Coroner has also attended meetings.

There are normally around 15 names on the list although this varies month by month. Meetings involve discussing residents individually in turn and considering the progression of their condition, treatment, medication and accommodation. Other issues are:

- applications for compassionate release or transfers to Category C prisons
- communication with their families
- Facilities: There are only a limited number of cells with life limiting facilities such as hoists, special beds and mattresses. The suitability of where this accommodation is located is a problem and how their treatment fits into the routine of the prison.
- social care - the provision of care on a daily basis such as washing and toilet access
- DNR (Do Not Resuscitate) notices: the sensitivity of explaining this to residents and the importance of communicating this to prison staff and respective Control Rooms so that their wishes would be carried out. Swaleside normally has two or three men on DNRs.

The majority of DICs at Swaleside are men who have been managed by this group over a period of time. The progression of their illness and the management of that is summarised and recorded in minutes on a monthly basis and is of significant assistance in monitoring these cases.

As a result of this group the needs of these men are prioritised and dealt with individually and with compassion, dignity and respect.

6.2 Mental health

Mental health Inreach team (MHIRT)

The Swaleside MHIRT is provided by Oxleas. It is a trauma informed service which recognises that understanding and responding to the effects of trauma are key to improving wellbeing. The care emphasises the physical, psychological and emotional safety of those it supports and helps survivors rebuild a sense of control and empowerment through trust, transparency and collaboration.

The MHIRT caseload in March 2021 was as follows: medication management - 28, psychiatrist caseload - four, nurse prescriber caseload - eight and practitioner caseload - 60. The team consists of three mental health nurses, two psychology graduates, one team leader (nurse prescriber), one psychiatrist and admin support.

The MHIRT uses the Care Programme Approach (CPA) recovery model of care, care co-ordinating primary and secondary level clients. Clients can be supported on a short or long term as part of enhanced CPA. The team provides statutory after-care as part of the Section 117 Mental Health Act 2007, enabling a seamless care pathway for clients with complex, severe and enduring mental illness/disorder.

In every interaction the team sets out to listen with empathy, understanding and without judgement. The team forms part of a planned and integrated whole system approach to care that is delivered in conjunction with the resident, healthcare services and prison staff and substance misuse or personality disorder services as appropriate. The service accepts referrals from both professionals and residents.

All referrals received are triaged by the team to determine if a mental health assessment is necessary. If so, the team's aim to do this either urgently or routinely. Where more suitable services which may better support the person are identified at triage, the team will refer on accordingly. In addition to assessment and ongoing care the team will attend ACCT reviews, CSRU rounds, complex care reviews, Governor briefings as well as other meetings which contribute to the care of those they support.

During the COVID pandemic, the team reduced the service provision to 'Priority 1' - essential services only. This provided urgent assessments and treatments, including medication/treatment administration, ACCT/CW reviews and CSRU rounds. The MHIRT also provided a mental health welfare check on those men who were regarded as vulnerable or those who struggled with lockdown isolation and associated mental health issues.

The MHIRT is now returning back to full 'Priority three' - usual service provision, as the COVID pandemic is more under control and the regime will become less restricted. The team is currently working alongside partner agencies to anticipate increases in mental health vulnerabilities as a result of restrictions being lifted (these include increased substance misuse, social anxiety, social factors that are causal to mental health issues such as debt, bullying, victimisation).

The team hopes to return to developmental, innovative practices including the Emotional Wellbeing scheme, Hearing Voices and Alternatives to self-injury group work.

Swaleside Outreach Service.

The Swaleside Outreach Service (SOS) started In August 2018 and is an organisation unique to this prison. It has become extremely successful, to the degree that many similar organisations are now visiting Swaleside to gain an understanding of how it works.

The SOS is a partnership between the Prison Service and Oxleas. It consists of a multi-disciplinary team consisting of seven prison staff and approximately five civilian staff (who are psychologists), and a mental health practitioner. The caseload of

residents being treated has varied over the year due to COVID but in April 2021 was up to its normal caseload of around 50 men.

Patients in most cases are seen on a one-to-one basis. Most of them would expect to spend a long period of time with SOS, whilst there have been some who have had their issues identified and been moved on to Broadmoor or other similar institutions.

The aim is to help men whose behaviour in prison is considered to be challenging, violent and disruptive to better manage themselves and reduce their violent and disruptive behaviour. Needs of the individual are assessed and management plans are made to encourage them to develop their strengths and help them progress through their sentence.

The team works closely with violence reduction staff and gives regular and structured support to wing staff in order to help manage those men who exhibit challenging behaviour.

The SOS continues to make a very positive contribution to helping Swaleside deal with its most difficult individuals and we commend this initiative.

6.3 Exercise, time out of cell, gym

Use of the gym has always been popular for both residents and staff. However, the changes made during this period because of precautions necessary as a result of the pandemic have meant that more usual fitness training indoors has had to be largely abandoned.

However, the efforts that have been made by gym staff to ensure that outside training has been able to continue deserve commendation.

A bespoke external fitness class was put into place in July 2020, allowing residents to attend the sports field in line with national guidelines. Some equipment was allowed outside, and a running club was set up over different distances, together with a shot putt competition, all of which allowed residents to win prizes when successful.

A maximum of 30 residents from each 'Wing Bubble' was allowed onto the sports field on each occasion, which meant that each Wing was able to have access once every two weeks, with a rotating weekend access every eight weeks. Had it been possible (and practical) to allow more residents outside, it is felt that this would have been even better supported and used.

Gym staff also put in place in-cell workout packs, available to residents via Wing staff on request. In light of the time which Residents had to spend in cells as a result of COVID changes this was a useful project.

Staff were offered outside activity from July to October, and the circuit and running classes proved very popular.

On the 17 November 2020, internal gym cardio-vascular exercise was allowed for staff. Equipment was moved into the sports hall and gym staff taped off areas so that staff were able to exercise in a free zone. This remained in place until the beginning of January 2021, when changes in government regulations meant that this had to be closed.

No Staff Fitness Tests have been able to be held since March 2020.

The weights section in the gym has remained closed since March 2020.

It should be noted that gym staff have also helped in other parts of the prison during this period of reduced staffing levels, particularly assisting healthcare by running medication to the wings for IC24 and Forward Trust, as well as helping with the mass vaccinations.

The Board applauds the introduction of well-being workshops for staff and the re-establishment of the well-being committee.

6.4 Drug rehabilitation

For the majority of the year the Forward Trust on E wing had reduced staffing numbers to keep the footfall in the establishment to a bare minimum. As the prison progressed toward March 2021 staffing numbers increased from three to four team members to six. This extra manpower enabled the Trust to see more men. As the country approached the end of lockdown, tension rose as some men feared full unlock with the repayment of debt and the overhanging fear of the pandemic. Many had missed completing work on their sentence plans and in addition Cat C moves and parole hearings had stopped. This tension saw a significant rise in self-harm and open ACCTs at the end of our reporting period. The team attended at least 3 ACCT reviews a day across the establishment.

During the pandemic Swaleside remained in a semi-lockdown state so consequently groups could not run. Clients were organised into 'bubbles' by landings (40-50 men), and were limited to 30-45 minutes free time a day. Forward Trust had to continually liaise with wing staff for appropriate times to meet up and hold interventions. The management team acquired a daily list from the Security Department of every man reported as being under the influence and prioritised their response.

There has been an alarming rise in hooch and distilled liquid finds which resulted in the Trust adapting its interventions accordingly. A full check in with those men, giving Harm Minimisation advice, was been set up to discuss tolerance levels and safety. Assessments were completed after residents have left the reverse cohort unit depending on wing bubble timetables.

Directed CSRU moves from other Cat B establishments have increased the Complex Client list, and as a result constant watch reviews are commonplace. The service attends Multi-Disciplinary Team meetings, to build an all-round effective care package with other agencies.

Risk assessments and Exceptional Delivery Models (EDMs) have been drawn up in relation to moving through the HMPS stages, detailing levels of intervention that can be provided on one-to-one level and eventually group settings.

Permission has been given by Security to bring in recovery based DVD's and media, for use within groups. Differing detox groups have also been planned as the men become supported, where they may have developed habits during the past COVID dominated year. These include OTC Medication, PS, alcohol dependency groups and Integrated Drug Treatment Strategy (IDTS) support groups. The same information is used in one-to-one interventions.

7. Progression and resettlement

7.1 Education and library

Since the appointment of Milton Keynes College (MK) as Course Providers, the education department has seen a dramatic increase in the numbers of residents attending courses due to: the improved success rate after assessment; the variety of courses available to residents; and the financial incentives offered to attend. There is now a financial incentive to attend educational courses, at both basic and advanced levels. To be able to work within the prison, all residents must have Level 1 Maths and English before being considered for employment.

Since September 2020, some 1145 educational courses have been started in HMP Swaleside, with only 22 residents (2%) deciding to withdraw from courses. This compares with a 30% withdrawal rate in recent years. MK offers both accredited and non-accredited courses, covering such subjects as Science, Business Studies, radio building, catering, music, IT and art etc. Residents with disabilities are also catered for, with two dedicated specialists and practitioners to accommodate the needs of those with various impairments, either physical or mental health. HMP Swaleside is at the very top of prisons in the LTHSE with regards to their educational achievements.

It should also be noted that Swaleside has a high number of Open University candidates, which is exceptional for an LTHSE prison.

The national target for residents undertaking courses is 85% of a prison's population. At the time of writing this report, the figure at HMP Swaleside is 72%, which whilst below the target, is improving all the time, and is a considerable increase on all previous years at the prison.

Despite the COVID-19 pandemic, MK organised extra cell packs for residents and these were possibly a contributory factor in keeping residents interested during their long periods of isolation caused by a need to put the prison under lockdown. The IMB have access to these packs which gives us a better understanding of the level of education that residents have managed to achieve. Many of these were generic, but there was an element of tailoring to the individual needs.

The wide availability, plus the quality, of the in-cell packs has ensured that residents on the Vulnerable and MCOSO wings have benefited from the same level of education as other residents in the prison, and there has been a high level of take-up from these wings. Additionally, Management has organised the logistics to allow MCOSO residents access to educational classrooms for at least one session per week as a pilot, and it is hoped that this will start as the regime opens up.

Since March the library has instituted a system whereby books and DVDs can be pre-ordered and a regular delivery is made to the wings.

This success at HMP Swaleside education department is due in no small part to the dedication of the staff on the Unit, and the wholehearted support of the governors which the IMB commends.

7.2 Vocational training, work

Overview: There has been little activity this year. Production in the workshops has been decimated by COVID. DHL and the Kitchen have kept going out of necessity, and Industrial Cleaning and Waste Management (with bins parties of 8 to 10 twice daily) have also continued.

During normal time the whole of the resident population of HMP Swaleside cannot be accommodated in employment, and even fewer will have the opportunity to participate in any form of vocational training or leave the establishment with any certificated portable skills. This situation has obviously been exacerbated by the infiltration of the Coronavirus. Staffing levels have been low recently, with a shortage of up to nine. Five of these posts have been filled, so there is still some way to go for workshop coverage if the regime opens right up.

Industries

Workshops: There have been some attempts to maintain a modicum of activity in the Woodwork and Engineering shops, which were doomed to failure because of COVID. Even the attempt to build a table for the new Boardroom has currently stagnated due to lack of materials. It is hoped that as we move out of a lockdown scenario there will be a re-start of the Wamitab (Industrial Cleaning) and Welding (Engineering) qualifying courses.

Industrial Cleaning obtained two new 'fogger' machines which have been used to fumigate accommodation areas to help eliminate COVID.

DHL has had to operate with a cut-down workforce, from 85 to 55, to aid social distancing. This has led to the surrendering of two prison contracts. However, all remaining contracts have been completely and continually fulfilled, and it is expected that the lost contracts will return as COVID restrictions ease, because of the high regard in which this workshop is held.

All new receptions are now screened for numeracy and literacy levels, before any work is allocated. All workshops now have resident learning plans.

Of the two Engineering shops, one is now turned over to MCOSO residents and the Headphones shop will be staffed by High Risk residents.

Marley contracts will not return until the workshops are fully operational. There is a possibility that TV repairs could be started; this is being investigated.

One bright spot was the awards presented to two residents, by the High Sheriff of Kent, for their incredible dedication in running the Aero Café for staff for over a year without a single day off. The Board also adds its thanks. The Aero Café also allowed families or friends to order a meal, for the residents having a Purple Visit, to be prepared and delivered to the wing. This has proved to be an important aspect of the Purple Visits scheme.

7.3 Offender management, progression

As has been stated over many reports, the Board is still concerned about residents being released from Swaleside (26 this year) since this is not a resettlement prison and has no means of supplying resettlement services for residents. This situation is still unacceptable given the stated agreement to transfer a resident to a prison in his home locality within 12 weeks of his release date. Having said that, 87% of releases went out to accommodation, but only 9% to employment.

7.4 Family contact and visits

Social visits ceased at the beginning of lockdown in 2020. From September 2020 a secure video call system with family and friends, called Purple Visits, was set up in a room located off the gym area. This operates 5 days a week and there are four sessions per day. This service is currently free to residents while restrictions are in place. The benefits are that residents can speak to anyone in the world, as long as they have been registered. As at 30 April 2021, 1276 residents had been registered on the system. Each resident is allowed to have up to four people on their account.

Purple Visits, as far as the rules are concerned are not classed as visits, they are classed as phone calls and therefore, from a public protection viewpoint, are monitored in the same way as phone calls. This places a lot of pressure on public protection staff.

7.5 Resettlement planning

As stated earlier in this report, the prison is not geared up to ensure that residents are released with the correct support in place, as this should take place at the local releasing prison. It leaves any resident released from Swaleside at a disadvantage as indicated. There is an initial OASYS back-log of 57, but there is an overall back-log of 268 including reviews which does not help, but is a big improvement over the previous month, and though residents can earn some vocational qualifications during their stay at Swaleside, there are and have been limited opportunities, particularly during the last year.

8. The work of the IMB

Apart from the main duties of the Board, members have areas of special interest which are reported to the Board at its monthly meeting.

A member of the Board (usually the Chair) attends senior leadership team meetings and the Chair attends South East Area meetings. In addition, during the year we started attending quarterly meetings with the LTHSE director via conference call, as we believe that time and cost considerations for a three-to-four-hour meeting in the North of England with overnight accommodation are prohibitive. These meetings latterly switched to Zoom, which was very effective.

Other meetings attended by teleconference include: GOoD reviews, violence reduction, security, resident consultative, Segregation Monitoring and Review Group, UoF, LLI and the safety intervention meeting. Where meetings are not attended, minutes are provided to the Board.

No inquests were attended this year.

With the unprecedented arrival of the global COVID-19 pandemic, the Board had to

change its approach. We pre-empted the prison lock-down and invoked an 'arm's length' monitoring regime from 20 March 2020, which included all members being rota'd over a period of time. We have continued our monthly meetings by conference call, until we returned to live meetings from 5 May 2021. Applications were also handled on a rota basis, and, apart from the residents who ask to see us face-to-face, have been on balance managed very well remotely. The Board also introduced a weekly informal Zoom session. Members dialled in to all morning meetings, plus a sample of assessment, care in custody and teamwork (ACCT) reviews and adjudications, also twice weekly calls to CSRU and healthcare.

At this point I would like to pay tribute to our clerk, who remained our focal point in the prison, collected and distributed applications and replies, forwarded all daily reports, meeting minutes and notices, and, importantly, maintained a good sense of humour throughout.

Membership

At the end of the reporting period the Board comprised 15 members, an increase of two over last year. Two members were in training at the date of this report, and two members have known only COVID affected monitoring. Only one member lives on the Isle of Sheppey. We now have three females on the Board but nobody from an ethnic minority. Unfortunately, the COVID-19 outbreak has caused issues for our new members who had hardly visited the prison before we ceased live monitoring. One resigned, one has had to move prisons because of conflict of interest, but, thankfully, others have maintained their enthusiasm, and we have managed to keep them all involved during this difficult time by including them in everything that we can, and setting them case studies to work on - not ideal, but better than nothing.

We returned to live monitoring from 10 May 2021.

Recruitment

During the year we ran one successful campaign, and we had two members transfer in from other Boards.

Visits to the Prison

Members of the Board made only 95 physical visits to the prison during the lull in the pandemic. All Board meetings were either held by telephone conference or latterly via Zoom. Supplementary meetings were held via Zoom, either weekly, or when there was a need. These proved highly successful and will be continued.

The Board was extremely concerned and quite disillusioned when our argument made against a compulsory reduction in our number of visits was apparently ignored - also we were not advised of the eventual change. This can only create issues in the future and could result in areas of the prison being removed from our monitoring rota.

The pandemic also highlighted the huge time burden placed on members working from home with no financial compensation, not only for the time, but use of personal equipment, utilities etc.

Training

Currently, all members are up to date with their required training. The BDO also arranges for a guest speaker at each Board and some Zoom meetings.

Confidential access

The Board received 48 confidential access complaints, up from last year's 35. The majority of these were inappropriate use of the system and were returned to the residents.

The Board still has a problem regarding confidential access complaint forms addressed to the Board where the complaints are made against named prison officers. It had been Board policy to copy these forms and hand them to the governor for investigation, whilst the originals were kept on file for monitoring purposes. The Board cannot investigate prison staff.

Unfortunately, management still will not accept 'Comp 2s' passed to them by the Board. The reasons given were that these forms were addressed to IMB and not the Prison Service, and, as such, if the Prison Service dealt with them, it would be in contravention of the Prison Service Instruction (PSI) and General Data Protection Regulation (GDPR).

The Board does not accept that this would be in contravention of the PSI, but did accept that it may have contravened GDPR. However, we do not know of any other prison that has adopted this approach regarding Comp 2s passed to them by the IMB.

Our Board's recommendation would be that the IMB is removed from what is a Prison Service form and that we simply rely on our own application forms, which carry the required signed waiver and are confidential in themselves.

We currently return any Comp 2 that makes allegations against named officers to the resident with a request that they re-address to either the governor or the DDC.

As mentioned in the Executive Summary this then leaves a big gap in our monitoring, as we have realised that we do not monitor any Comp 2s that go to the governor. We would like to know how this is handled by other Boards.

The Board would like clarification on this whole issue.

Board statistics

Recommended complement of Board members	16
Number of Board members at the start of the reporting period	12
Number of Board members at the end of the reporting period	15
Total number of visits to the establishment	95
Total number of GOoD reviews attended	331

Applications to the IMB

There was a decrease in applications to the Board, a total of 304 against 836 last year. Application numbers had been falling prior to COVID, but it is difficult to see what the real effect year-on-year has been, though there appears to be a substantial pandemic effect.

One area for serious concern is the number of complaints against staff, which, despite the much lower overall total, is almost a comparable figure to last year. As a percentage it equates to 25% of the application total as opposed to 10% last time. One caveat is that 34 of these complaints came from two residents, and if these are taken out of the equation then the percentage falls to 14% of the total. These figures must also be viewed in line with our inability to interrogate any of the Comp 2 paperwork that goes directly to the Governor regarding named staff as mentioned previously in this report. We only know of the complaints that we return to the residents with advice to forward to the Governor and/or DDC. **In order to carry out our statutory monitoring duties, it is essential that we have access to this paperwork.**

Applications have been dealt with remotely, and mostly successfully, maintaining our paper trail, however we did have some via the 0800 number, a total of 43. Of the 43, 34 were from two residents, who appear to have used the system as a soap-box for repetitive complaints, with a different audience nearly every time, despite them being visited by management and, latterly, IMB members. It is hoped that now that we are back to live monitoring, they will have no need to abuse this facility.

Code	Subject	Current reporting year	Previous reporting year
A	Accommodation including laundry, clothing, ablutions	3	27
B	Discipline including adjudications, IEP, sanctions	11	11
C	Equality	8	20
D	Purposeful activity including education, work, training, library, regime, time out of cell	7	40
E 1	Letters, visits, telephones, public protection restrictions	12	35
E 2	Finance including pay, private monies, spends	5	45

F	Food and kitchens	10	19
G	Health including physical, mental, social care	43	130
H 1	Property within this establishment	41	93
H 2	Property during transfer or in another establishment or location	5	61
H 3	Canteen, facility list, catalogue(s)	8	30
I	Sentence management including parole, release dates, re-categorisation	18	75
J	Staff/resident concerns including bullying	78	83
K	Transfers	5	48
L	Miscellaneous	50	119
	Total number of IMB applications	304	836



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