



Annual Report of the Independent Monitoring Board at HMP/YOI Foston Hall

**For reporting year
1 December 2020 – 30 November 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 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 IMB is part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

HMP/YOI Foston Hall, situated in southern Derbyshire, was designated as a closed women's prison and young offender institution in 1997.

The prison accommodates both remand and sentenced prisoners. Currently its "in use" certified normal accommodation (CNA) is 254 and the operational capacity is 296. The capacity was reduced from 349 on 18 December 2020. This took account of the decommissioning of two wings which failed fire safety checks, and the erection of G wing as temporary accommodation. During the year the population has ranged between around 240 to around 270.

On 12 November, the population was 264; 19% (50) were on remand, 6% (15) were convicted but unsentenced, 41% (109) were subject to determinate sentences, 16% (43) were subject to indeterminate sentences and 17% (45) were recalled. The majority of prisoners, 257 (97%) were aged 21 or more, only 3% (8) were aged 18 – 20. Of the sentenced prisoners 10% (19) were sentenced to less than six months, 8% (15) were sentenced to six months up to one year, 29% (55) were sentenced to one year up to four years. Prisoners sentenced to four years or more but less than life comprised 30% (57) of the sentenced prisoners, and 23% (46) were subject to indeterminate sentences.

There is a high turnover of the population and most prisoners are in the prison for short periods. During August, September and October 2021 there were 172 receptions, of which 36% (62) were remand prisoners. Of the remaining 110 prisoners, 47% (52) had a potential length of stay of less than three months, 34% (39) had a potential length of stay of three months up to one year. Only 19% (22) had a potential length of stay of one year or more.

The prison is located on the site of a large house and its grounds. The house accommodates the Governor and support team, the education department, the library and some other functions, as well as housing 11 enhanced prisoners (E wing). The remaining prisoner accommodation and other functions are housed in a variety of buildings, spread throughout the grounds. The exterior environment is pleasant, with well-kept gardens. The first night induction unit and C wing are located in their own shared compound. F wing is a two-storey wooden building, with mostly double-occupancy cells. Another wing (T) is in its own compound. Temporary accommodation constructed in November 2020, G wing, is single-storey accommodation made up of individual pods. The care and separation unit (CSU), D wing and the main healthcare unit are located in one building. Separate buildings/portacabins house workshops, the gym, the animal shelter, resettlement and other functions.

Services provided

Healthcare is provided by Practice Plus Group (PPG), previously Care UK.

Education is provided by People Plus Group, with library services being contracted out to Suffolk Libraries.

Substance misuse services (SMS) are provided by Inclusion.

Resettlement services are provided by Women's Work (covering Derbyshire), Changing Lives, (covering Staffordshire, West Midlands, Leicestershire and

Warwickshire), the Women's Centre (covering Nottinghamshire) and Action Trust (covering Lincolnshire).
Amey is responsible for maintenance and repairs.

3. Executive summary

3.1 Background to the report

3.1.1 Once again, Covid-19 has dominated the year. It has been a difficult and challenging time for both prisoners and staff. For prisoners, many of whom are already struggling with mental health issues, it has meant having to cope with being confined to their cells for most of the day. As the year has progressed there has been a gradual easing of restrictions, with the reintroduction of more work and activity opportunities, but the regime has still not returned to normal.

3.1.2 Staff have not only had to cope with managing the implications of Covid-19, but they have been operating in the context of considerable staffing pressures. Factors in this have been the level of staff illness, including that linked to Covid-19, the intake of new staff, their absences for training, the proportion of inexperienced staff, and the ongoing demands for duties such as bed-watches.

3.1.3 The consistency of leadership throughout the year is welcome, with the appointment in October 2020 of the current Governor, after a period of great instability. The IMB recognises the many challenges faced by the management team throughout the year.

3.1.4 Due to the pandemic, the IMB monitored the prison remotely for the first part of the year. A gradual resumption of visits began in spring, but monitoring continued to be constrained by factors linked to Covid-19, which impacted on the extent and nature of contact with different parts of the prison. As an additional means of evidence gathering, the IMB undertook a number of surveys on different aspects of prisoners' experience. These are summarised in section 8, and are referred to throughout the report.

3.1.5 As noted in last year's report, the population reduced in autumn 2020. As a consequence, the balance of the population has changed, with a higher proportion of remand and unsentenced prisoners. The turnover in population is considerable, as is the number in the prison for short periods only.

3.2 Main judgements

How safe is the prison?

3.2.1 In a survey of all prisoners, with a response rate of 37%, 70% of the prisoners who responded agreed or strongly agreed that they felt safe in Foston Hall, 14% were undecided, and 16% disagreed or strongly disagreed that they felt safe. It is the view of the IMB that the culture of Foston Hall keeps prisoners safe and manifestations of this are regularly seen in interactions between staff and prisoners as well as in much decision making and planning. Arrangements to manage Covid-19 have been effective and well managed. However, it is a serious concern that the prison has such high levels of self-harm. There is a particular problem with a small number of prolific self-harmers who account for nearly 80% of self-harm. The high incidence of use of force is also a serious concern. The level of force used is usually low, and often a small number of prisoners are responsible for multiple incidents. These issues reflect in part the acute challenges of managing high numbers of prisoners with very complex needs in very difficult times.

How fairly and humanely are prisoners treated?

3.2.2. The IMB does not consider that the restricted regime, confining prisoners to their cells for up to 23 hours a day, is humane, but recognises nationally imposed restrictions stemmed from the need to protect prisoners from Covid-19. While managers and staff have worked hard to ameliorate the impact where possible, the situation has been further exacerbated by additional regime curtailments due to staffing pressures, sometimes at very short notice.

3.2.2.1 Before the pandemic, considerable progress had been made in relation to equalities. Covid-19 restrictions on the movement and mixing of prisoners meant the suspension, until October, of support groups for prisoners (linked to age, race, sexual orientation, gender reassignment, foreign nationals and Gypsy, Romany and Traveller prisoners). As activities have gradually resumed, monitoring in relation to equalities is re-emerging, but there are significant gaps, for example in relation to education.

3.2.2.2 A survey undertaken by the IMB in July of black, Asian and minority ethnic (BAME), foreign national and Gypsy, Romany and Traveller prisoners revealed a mixed picture of their experience at Foston Hall. Concerning findings included a perceived lack of understanding of cultural needs and inadequate provision for foreign national prisoners.

How well are prisoners' health and wellbeing needs met?

3.2.3 Operating in the context of staff shortages, Covid-19 and inadequate accommodation, the healthcare providers have worked hard to ensure the delivery of priority services. This includes emergency care, Covid-19 requirements and medication. Staffing pressures have impacted on the provision of services; for example, an absence of a qualified night nurse on occasion. Mental health provision has also been impacted by staffing pressures. Support from the ACCESS team (comprising a psychologist, prison officer and mental health nurse) has continued, in a limited form. Associated provision for mental health, including the CAMEO programme, has begun to resume. Throughout the year, the chaplaincy has had a much-valued role in supporting prisoners in distress and with mental health problems. The IMB is concerned that there continues to be a large volume of unmet mental healthcare need, as reflected in its survey of prisoners.

How well are prisoners progressed towards successful resettlement?

3.2.4. As the year has progressed and Covid-19 restrictions have eased there has been a gradual, if sometimes halting, resumption of education and training activities, although these had to be delivered remotely or on a 1-to-1 basis until September, when small groups could meet in classrooms. It is recognised that more needs to be done to ensure the curriculum supports prisoners into future employment. Links to external employers remain dormant pending more easing of restrictions.

Considerable efforts have been made to support family contact. The national policy introduced at the start of Covid-19, to provide additional phone credit, has had a key role in helping prisoners maintain contact with their families. Take up of video and social visits remains low, although times and arrangements have been adjusted to

encourage their use. Screening of prisoners for their resettlement needs has continued, as has support to open bank accounts and deal with benefits. However, the restructuring involved in the national probation service reform has fragmented provision and resulted in the loss of key services, for example the discharge lounge for prisoners to use on the day of release. The withdrawal of Covid-19 homelessness funding in April, has, as feared, led to a significant increase in the number of prisoners being released without an address, averaging 19% between June and October

3.3 Main areas for development

TO THE MINISTER

Are there plans to address:

- the inadequate provision for mental health throughout the criminal justice system, which is a serious concern? This is manifested in Foston Hall in a high level of unmet need for mental health treatment and delays in transferring prisoners to secure hospitals (see paragraphs 6.3.5 to 6.3.8)
- the increased number of prisoners being released without an address to go to now additional Covid-19 funding to tackle homelessness has stopped (see paragraph 7.5.6)?
- the implications of probation reform, including the loss of staffing for the discharge lounge, the loss of support for those on remand, the fractured/dispersed support away from prison – and huge demand on resources to implement reform (see paragraphs 7.5.2, 7.5.3, 7.5.5)?

TO THE PRISON SERVICE

Are there plans to address:

- the longstanding inadequacy of accommodation on D wing (see paragraph 5.1.2)?
- the longstanding problem of the size and layout of the CSU (despite the recent renovation), which mean the regime provided is limited and the environment is poor (see paragraph 5.2.1)?
- the serious shortcomings of the temporary G wing accommodation (see paragraph 5.1.2)?
- the inadequate accommodation for the provision of healthcare (see paragraphs 6.1.8 to 6.1.10)?
- the lack of interview rooms, which seriously undermines the delivery of rehabilitative work, in particular healthcare, mental health and offender management (see paragraphs 5.1.3, 6.1.8)?
- the unmet mental healthcare need (see paragraphs 6.3.5 to 6.3.8)?
- the continuing poor performance of Amey in undertaking maintenance and repairs (see paragraph 5.1.4)?
- the ongoing IT problems which result in lengthy delays in resolving problems and replacing broken equipment, undermining the efficient administration of the prison (see paragraph 5.1.7)?

TO THE GOVERNOR

The IMB recognises that the Governor is aware of the issues below and that plans to address many of them have been or are being prepared. The IMB is concerned about:

Safety

- the continued high level of self-harm (see paragraph 4.2.1).
- increase in violent incidents due to an increase in assaults on staff (see paragraph 4.3.1).
- the high, if erratic, level of use of force, and the need for improvement in the use of body worn cameras (see paragraphs 4.4.1, 4.4.4).

Fair and humane treatment

- the high number of regime curtailments due to staffing issues (see paragraph 6.5.2).
- high use of segregation, and the increase in prisoners segregated on an open ACCT (see paragraph 5.2.3).
- the increase in use of cellular confinement (see paragraph 5.2.9).
- the absence of referrals to the independent adjudicator during the year, despite appropriate cases (see paragraph 5.2.7).
- ongoing backlogs/delays in processing prisoners' property (see section 5.8.1).
- the underuse of the discrimination incident reporting form (DIRF) system and prisoner feedback which suggest it is not well understood or trusted (see paragraph 5.4.2).
- the views of black, Asian and minority ethnic (BAME) prisoners surveyed by the IMB, rating the prison's understanding of their cultural needs as low, especially regarding access to canteen products, appropriate food and clothing (see paragraph 5.4.1).
- lack of support to foreign national prisoners who do not speak English (see paragraph 5.4.1).

Health and wellbeing

- staffing pressures in healthcare and mental health, impacting on services provided. (see paragraphs 6.1.6, 6.1.7, 6.3.2)
- the 'short-term' closure of the mental health office to facilitate the demolition of A and B wings, which by November had extended into three months, causing acute problems for the delivery of mental health services (see paragraph 6.3.3).

Progression and release

- the ongoing absence of initial screening of prisoners for learning difficulties and disability (LDD) due to a staffing shortage. (see paragraph 7.1.3)
- the increase in the number of prisoners being released without an address (see paragraph 7.5.6).

3.4 Progress since the last report

Issue raised	Response given	Action taken/current situation
To the Minister		
Prisoners subject to IPP sentences in custody beyond their tariff date.	An action plan to address this safely is in place.	The number of IPP prisoners in Foston Hall beyond their tariff date has reduced from six last year to four in November 2021.
Concern that more prisoners would be released without an address once the Covid-19 homelessness funding ceased.	Covid-19 homelessness funding ceased in April 2021. An enhanced 'through the gate' service for prisoners is being implemented.	The number of prisoners released without an address has increased to an average of 19% between June and October.
For the Prison Service		
Inadequate accommodation of D wing.	Competing funding priorities meant bid was unsuccessful.	Decoration planned.
Healthcare unit accommodation requires considerable improvement.	It is accepted that there is insufficient space for the team to deliver all the commissioned services.	A bid has been submitted for additional space for healthcare.
Despite the renovation of CSU, its limited size and layout mean it has serious limitations, which impact on the experience of women.	Renovation has been completed.	Despite improvements from refurbishment, the area is still cramped and a poor environment. A new build remains the longer-term solution.
The cessation of the CARE (choices, actions, relationships, emotions) offending behaviour programme.	It was decided that CARE was no longer viable and there were questions about its added value.	Prisoners approaching parole or release are prioritised for the thinking skills programme (which has been enhanced) and 1:1 interventions.
The need for a specific sentence planning route for prisoners with autism.	This is not covered in current commissioning. Patients with features of autism are supported through psychiatry, the mental health team and the local authority social worker.	There is no formal intervention pathway for prisoners with autism. A review of options for raising staff awareness is planned for next year. The LDD nurse can provide some support in this area.
To the Governor		
The high level of self-harm and variable		Levels remain high (the highest in the women's estate).

standard of ACCT documents.		
The limited availability of Listeners.	The scheme was suspended due to Covid-19.	A training course is planned to start as soon as Covid-19 restrictions are lifted.
High rate of violence, particularly assaults on staff.		This remains high.
The need for improvement in the use of body worn cameras during violent incidents.		The percentage of use of force incidents videotaped fluctuates and remains a concern.
The induction pack is out of date and not provided in other languages.	Induction information has been updated.	A leaflet on the first 24 hours in custody is available in 10 languages, but other documents are in English only.
Limited education and library provision for most of the year.	In-cell learning has been maximised with face to face support when possible. Mobile library implemented.	There has been progress, but the level of achievements and completions is very low.
Intermittent backlogs / delays in processing prisoner property.		A recurring issue raised during rota visits and in applications.
The variable operation of the personal officer scheme.		This has now been overtaken by offender management in custody (OMiC).
The lack of suitable interview rooms.	A regular strategic accommodation meeting has been set up to maximise use of existing space.	The shortage of rooms remains acute.
Video calls (Purple Visits) with families limited to 9.00am to 4.30 pm.	Changes were made in January.	Purple Visits now take place Tuesdays to Thursdays 12.45 – 18.45.
The expectations raised and investment made in the planned retail park did not materialise.	Momentum was lost due to the illness of the previous Governor, withdrawal of a key sponsor and Covid-19.	Adjusted plans for the retail space are being developed.

Improvements

- the revamp of induction, and updated information.

- the appointment of an additional non-operational manager to resource the equalities team.
- the new razor policy, with an associated reduction in their use for self-harm.
- guidance to staff to increase understanding of mental illness, depression and autism.
- the continued wellbeing checks, with monitoring in the daily briefing.
- the adapted accommodation in T wing for prisoners with care needs.
- the implementation of OMiC.

Based on its observations and the results of surveys the Board commends:

- the commitment of officers dealing with the challenges of Covid-19 in the context of acute staffing pressures throughout the year.
- the dedication of the chaplaincy in providing much valued support to many prisoners in distress, and suffering from poor mental health, throughout the year.
- the perseverance and commitment of CSU staff in working to return prisoners to wings despite intimidation and violence from some very difficult prisoners.
- the kitchen staff for ensuring uninterrupted catering despite acute staffing issues.
- the creativity of healthcare staff in recruiting and reshaping jobs to fill posts in the context of a very difficult national recruitment situation.

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

4.1.1 For much of the year induction arrangements were very limited, operating under the Covid-19 regime. The IMB noted some improvements in the second half of the year. In July a condensed induction module was introduced, run by early days peer mentors (EDPMs), with small group sessions. The EDPMs also have a key role in meeting prisoners from the bus on arrival and helping them to settle. However, the return to the full induction programme which existed prior to the pandemic seems to have been hampered by the ongoing Covid-19 situation.

4.1.2 Induction information for prisoners has been reviewed and updated. There is a service user directory for prisoners and an early days in custody leaflet containing information about available services and resources. They are well presented and easy to read, but are only available in English. There is also a 'first 24 hours in custody' leaflet available in 10 languages. Alongside the improvements in information, the early days in custody policy was updated and re-issued in October 2021. This introduces an exit questionnaire for prisoners as a tool for monitoring and amending the induction programme.

4.1.3 The IMB undertook surveys of prisoners in the first night induction unit (FNIU) in February and September. Most prisoners rated their experience on arrival as 'good' or 'OK'. Responses about prisoners' experience of their first night was less positive, with four of 12 respondents rating it as 'poor'. When asked if they had received induction information, around two thirds of those who responded across both surveys said they had. Almost all prisoners who recalled receiving induction information in the September survey said it was 'good' or 'OK'.

4.1.4 The surveys indicated a reduction in those who said they received daily support conversations, from 38% in February to 25% in September. Comments from the September survey included: 'Sometimes [staff] communicate but they're otherwise occupied due to staff shortages' and 'I don't feel staff are emotionally available to the prisoners. Just a simple 'Are you OK?' goes along way.' A number of prisoners mentioned problems in getting telephone numbers added to their PIN, an issue that has also featured in recent applications to the IMB. The September survey indicated a reduction in those who could recall receiving a health check on reception and in those who experienced a problem in getting medication replaced on arrival. The most recent survey indicates a marked improvement in the number of prisoners who recalled being told about the IMB and how to make an application.

4.2 Suicide and self-harm, deaths in custody

4.2.1. The prison has the highest self-harm figures in the female estate. In the period May to October, there were 952 reported incidents of self-harm, slightly fewer than the 1,000 in the same period in 2020, although the population was lower this year. Typically, in November, nearly 80% of all self-harm was accounted for by 10 prolific

self-harmers. In October, one prisoner accounted for 22% of all self-harm, with 32 reported incidents. In September and October, self-harm decreased by 9%, but this hides a more complicated picture. Whilst non-prolific self-harm decreased by 41%, prolific self-harm increased by 9%.

4.2.2 The number of assessment, care in custody and teamwork (ACCT) documents opened from January to November inclusive was 306. The highest number was 39 in March, the lowest was 14 in October. It is recognised there is more work to be done to improve the quality of ACCTS, specifically improving timely reviews and recording these, ensuring meaningful conversations take place and are recorded, improving the quality of care maps, and completing paperwork as required.

4.2.3 Safety issues are co-ordinated by the safer custody team and overseen at a monthly meeting. Self-harm monitoring data is reviewed and actions to be taken are identified. However, this apparently has had little impact on rates of self-harm. More recently, a range of strategies has been introduced to reduce self-harm. There is greater emphasis on multi-disciplinary meetings to increase collaboration to reduce risk, review care and management plans and increase continuity of care. Senior leadership team (SLT) leads are being appointed to oversee the management of the most complex prisoners, with an emphasis on therapeutic interventions to encourage self-care and coping skills.

4.2.4. Lack of access to Listeners due to Covid-19 is a concern. Prisoners have made extensive use of free phone calls to the Samaritans, with over 6,000 calls made in the year. This is significantly higher than in other women's establishments, many of which had a prisoner Listener scheme operating. Plans to train a recently recruited group of eight potential Listeners is welcomed, although training was deferred due to the Covid-19 outbreak in November 2021.

4.2.5 The IMB undertook a general safety survey in March, which was sent to all prisoners. Of the 92 who responded, 70% reported that they felt safe at Foston Hall.

4.2.6. There were two deaths during the year, one in the prison and one following a prisoner's release, both linked to Covid-19. The Prison and Probation Ombudsman (PPO) made two recommendations regarding the former, which have been implemented. An action plan addressing earlier PPO recommendations is overseen by the safer custody meeting.

4.3 Violence and violence reduction, self-isolation

4.3.1 The number of all violent incidents increased during the year, peaking at 26 in October. This was driven by a marked increase in staff assaults, which rose from four in January to 15, 11 and 18 in August, September and October respectively. This is particularly concerning as it coincides with a reduction in the prison's population in autumn 2020. Typically, a small number of prisoners are often responsible for numerous incidents – for example, in August one prisoner was responsible for nine staff assaults. The safer custody meeting in August actioned the Governor and deputy to look at creating a strategy around reducing violence.

November meeting notes record a plan is to be put in place for approaching prolific assailants. The outcome is keenly awaited by the IMB.

4.3.2 The number of prisoner on prisoner assaults has remained similar to last year, with 28 incidents recorded for January to October 2021 and 28 for the same period in 2020. Prisoner fights have reduced, accounting for nine incidents in the first quarter of 2021, compared with 31 for the same period last year. Whilst this is welcomed, it is recognised that restrictions linked to Covid-19 are likely to be a factor in this trend. The IMB's general safety survey asked prisoners if they agreed with the statement, 'I am worried about being bullied'. Of the 93 respondents, 17% said they were worried, the majority, 61%, disagreed, and 22% were undecided.

4.3.3 In last year's report it was noted that a new challenge, support and intervention plan (CSIP) strategy was being launched. Since then, there has been an increase in the use of CSIPs. In the first nine months of 2021, 54 CSIPs were opened, compared with 21 for the same period in 2020. Data presented to the August and November safer custody meetings, however, showed that respectively 51% and 53% of CSIP referrals made were recorded as 'no further action', which raises questions about how well the process is working.

4.4 Use of force

4.4.1 The number of use of force incidents has been erratic this year. For the first quarter of 2021, they increased to 102 incidents, compared with 77 for the same period in 2020, despite the reduction in the population. For the third quarter of 2021, there were 77 incidents recorded, compared to 100 for the same period in 2020. Small numbers of prisoners were often responsible for multiple incidents; in May 2021, three prisoners were responsible for 17 incidents. The force used was mostly of a low level, typically linked to noncompliance. However, some individual cases have been more serious, resulting in police involvement and court hearings. The IMB continues to be concerned that use of force at the prison remains amongst the highest in the women's estate.

4.4.2 The monthly use of force meeting has provided oversight throughout the year together with a weekly meeting to monitor performance and agree a set of actions.

4.4.3 Delays in officers completing use of force paperwork was raised as an issue last year. This year there has been some improvement in timeliness and a system to follow up delays is in place. Early this year it was noted that F213 documents, which should be signed off by a healthcare professional following a use of force incident, were not always completed. There were improvements in May and June, but in July 24% were missing.

4.4.4 In September only 47% of incidents were video-taped, compared with 77% in August and a low of 44% in July. The IMB is concerned that there appears to be an ongoing issue in getting all staff to draw body worn cameras (BWVCs) daily. The IMB has found this difficult to monitor, as information about the number of BWVCs drawn each day is not published.

4.4.5 Monitoring indicates an over-representation of black prisoners in use of force incidents. However, analysis shows that small numbers of prisoners involved in multiple incidents tend to skew these figures. For example, in July 2021, 30% of use of force incidents involved black prisoners; however this was four incidents involving two individuals. The need to better understand the data has been acknowledged, but progress seems slow. Young adults are also recognised as being overrepresented in use of force incidents and again a small number of prisoners are often involved in multiple incidents. The IMB awaits the outcome of the recently drafted young adult strategy and work initiated to address the issue.

4.5 Preventing illicit items

4.5.1. There have been no random searches of prisoners during the year due to the Covid-19 regime. Mandatory drug testing was suspended until September, and its resumption has been hampered by staffing pressures. The deployment of sniffer dogs resumed in the summer. Some intelligence-led searching has taken place. During the year there have been 55 drug finds arising from searches (known substances were amphetamines, barbiturates, benzodiazepines, cannabis, cocaine, heroin, methadone, and spice), and six alcohol finds (hooch).

4.5.2 The monthly drug strategy meeting is exploring ways to safely increase the number of prisoners allowed to have medication in their possession, with the aim of reducing opportunities for women to conceal medication dispensed at the pharmacy hatch, which may then be traded. Prison officers catch a small number of women concealing medication at the hatch each month, therefore the number of checks by security staff is being increased. In September, 200 prisoners were required to attend the pharmacy for supervised dispensing, and did not have medication in possession, compared to 142 a year ago. In September, there were 28 random spot checks of in-possession medication, and eight in October, and there were no “fails”.

4.5.3 The drug strategy meeting is concerned to understand the extent to which substance misuse is linked to bullying and violence at the prison and is scrutinising trends amongst prisoners subject to a CSIP.

4.5.4. The SMS team conducted a survey of their service users, sending out 115 questionnaires, of which 62 were returned (a response rate of 54%). The responses indicated that the three most available illicit drugs at the prison were psychoactive substances, pregabalin and codeine. Respondents commented that it was common for individuals to trade and exchange prescribed medication. Some also said that recently more heroin and crack was available.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

5.1.2 The shortcomings of accommodation on D wing have been noted in the last 17 reports. The dormitory-style accommodation needs improving, some cells have inadequate toilet and shower arrangements. There are problems providing heating in winter, and one room next to the boiler is unsuitable for occupation in hot weather.

5.1.2 G wing, providing temporary accommodation in separate pods, has serious limitations. There is no phone line, so no in-cell telephony. Prisoners have the use of a mobile phone during the day, but cannot make calls at night, for example to the Samaritans. The pods have no cell bells. There are emergency lights to raise the alarm but prisoners have expressed concerns that staff do not see them, especially at night when floodlights mask their brightness. Staff have to rely on a mobile phone and have no computer in the office, meaning they do not have access to the prison information system. The pipes froze last winter, causing problems with the water supply.

5.1.3 Despite efforts to maximise the use of space at the prison, the shortage of interview rooms, particularly for confidential matters, has a severe impact. Demand for rooms is considerable: for example, in November there were 81 complex prisoners needing to be seen weekly. Current arrangements are unsatisfactory, using prisoners' cells, which are often shared, or association rooms, which are limited in number. On a daily basis there is a senior healthcare clinician or GP without a clinical space to see patients. The substance misuse services manager says that finding suitable interview rooms is a constant issue.

5.1.4 There continue to be problems in relation to maintenance and repairs which are the responsibility of the contractor Amey. At the beginning of November there were 673 jobs listed of which 173 were overdue. Whilst improvements are reported in the management of the work on site, the delays in jobs being completed are unacceptable. Particular problems arise when the Amey organisation beyond the establishment is involved, especially work processed via the projects team. There are numerous examples which impact on the decency or otherwise of the living conditions. The problems with the maintenance and repair of the gutters, leading to a leak in one of the classrooms, dates back four years. Two wings have been waiting for ventilation fans for two years. The dishwasher in the kitchen has needed repair for six months. It took over three months for the hotplate in F wing servery to be repaired, during which time there was no means to keep food hot. F wing, which was refurbished in 2019, is now waiting to have the showers redone, because of leaks.

5.1.5 A significant improvement has been the replacement of TV aerials for the wings, addressing long-standing problems which led to a lot of frustration for prisoners.

5.1.6 The kitchen has been under severe pressure due to staffing shortages and demands on the small staff group have been very high. It is a credit to the staff that despite this, the kitchen has continued to function effectively. Throughout Covid-19 it has provided employment for seven prisoners instead of the previous 14. In the IMB general regime survey, 74% of respondents said that the food was good or

reasonable. The kitchen and chaplaincy work well together ensuring provision for festivals such as Ramadan and Eid, and significant events during the year.

5.1.7 Throughout the year the prison has struggled with ongoing IT problems which have a negative impact on the operation of the prison. Delays in getting an engineer on site to assess problems, undertake repairs and complete installations are unacceptable. Problems are exacerbated by shortages of stock. In November the prison had at least 15 computers which were broken and waiting to be replaced.

5.2 Segregation

5.2.1 Refurbishment of the CSU was completed in April. Improvements included closed circuit TV on the corridors, grilles outside cell doors to prevent flooding, improved showers and a larger wing office. A cell was also adapted for observation and the management of dirty protests, with a removable hatch allowing food to be delivered without opening the cell door. This has however proved problematic and has been condemned, triggering a review. Whilst the improvements are welcomed, the CSU is still cramped, offering a poor environment, and a longer-term solution remains a new build.

5.2.2 Following its suspension due to Covid-19, the segregation monitoring and review group (SMARG) meeting resumed in January 2021 and has continued to meet quarterly.

5.2.3 The reduction in the use of segregation reported in the last annual report, shows signs of destabilising, with increases in the numbers segregated for the quarters October-December 2020, April-June 2021 and July-September 2021. This is of more concern as it coincides with a reduction in the prison's population since autumn 2020.

Numbers of prisoners segregated:

	Q1: Jan-March	Q2: April-June	Q3: July-Sept	Q4: Oct-Dec
2021	35	52	64	
2020	44	49	37	49

5.2.4 Most prisoners have short stays. Five prisoners have been held for over 42 days in 2021, compared with two in 2020 and four in 2019. The number of prisoners segregated with an open ACCT is concerning, particularly in the light of a PPO recommendation that prisoners on an open ACCT should only be segregated as a last resort. The increase compared to last year is as follows:

Numbers segregated on an open ACCT:

	Q1: Jan-March	Q2: April-June	Q3: July-Sept	Q4: Oct-Dec
2021	24	34	25	
2020	14	26	14	20

A spot check undertaken in November 2021 showed that of the two prisoners segregated on an open ACCT, both had a defensible decision log completed. Again,

this increase is of concern as it coincides with the reduction in the population at the prison.

5.2.5 Covid-19 restrictions have continued for most of the year, though access to showers and exercise each day has been provided. There has also been access to phones and distraction packs, though TVs are not available to prisoners in the CSU. The IMB has observed 13 segregation reviews during the year, noting that reviews took place within the required timescales.

5.2.6 In February 2019 Her Majesty's Inspectorate of Prisons (HMIP) noted that the number of adjudications was much higher than normally seen in women's establishments. A reduction in adjudications was noted last year, but this shows signs of reversing, with increases in October-December 2020 and April-June 2021. There was a notable dip in the quarters January-March and July-September 2021.

Number of adjudications:

	Q1: Jan-March	Q2: April-June	Q3: July-Sept	Q4: Oct-Dec
2021	283	347	281	
2020	305	290	325	337

5.2.7 It is concerning that there were no referrals to the independent adjudicator during this reporting year, even though the adjudication standardisation and SMARG meeting has noted that adjudications are being held where the tariff dictates that referral to the independent adjudicator is appropriate.

5.2.8 In February 2019 the HMIP inspection noted an over-use of rule 53(4) (segregating prisoners pending adjudication). The reduction reported last year continued, with 10 uses in the six months between January-June 2021 compared with 41 uses in the same period in 2020. However, there was a sharp increase in the quarter July-September, with 22 uses.

5.2.9 The use of cellular confinement (CC) as a sanction following adjudications has increased. There were 42 in the six months from January-June, compared to 24 in the last six months of 2020, despite the reduction in Foston Hall's population.

5.2.10 During this year the adjudication standardisation and SMARG meeting noted a decision to place anyone held on the CSU for longer than 72 hours on a CSIP in order to offer support, formulate a reintegration plan and address issues leading to segregation. This is welcomed; however, on two occasions when CSU staff were asked about this, they seemed unaware.

5.2.11 Young adults are over-represented in those who are segregated. In the second quarter of 2021, 18-24 year olds represented 11% of the prison's population but 41% of those segregated. It is unclear to the IMB how this is being addressed. To a lesser extent black prisoners were over-represented in those segregated in the first two quarters of 2021. It is, however, recognised that these statistics are affected by a small number of prisoners who are segregated on multiple occasions.

5.2.12 The CSU deals with the most complex prisoners, who are often suffering from severe mental health conditions. During the year staff have been subjected to assaults, spitting and liquids being thrown at them. One CSU resident has, on numerous occasions, faced court appearances due to her extreme behaviour. Despite this, the IMB has found staff to be positive in their attitude to prisoners, providing the best possible care in less than ideal circumstances.

5.3 Staff/prisoner relationships, key workers

5.3.1 There have been significant pressures impacting on the officer staff group during the year. At times there has been a high level of absence due to Covid-19: for example, on 9 February there were 24 Covid-19 related absences, on 15 March 11, on 28 July 14. The situation improved during the summer but the numbers rose dramatically in November. The number of non-Covid-19 related absences was around nine or 10 for much of the early part of the year, but has increased since August and in November was around 20.

5.3.2 Overall the experience level of the officers has reduced. In November, 27% of officers had less than two years' experience, compared to 17% last year. This means that a significant number of officers only have experience of working within a regime subject to Covid-19 restrictions. New officers are also away from the establishment for training for significant periods, creating further pressure for the remaining staff.

5.3.3 The IMB's observation of the interaction between staff and prisoners has been limited due to monitoring remotely for first half of year, and due to Covid-19 restrictions. During rota calls and visits, the IMB has noted a high level of commitment on the part of staff, who deal effectively with very challenging situations. It has been evident that staff have often experienced frustration that they have not had the time and space to have more engagement with prisoners.

5.3.4 In the IMB's general safety survey in February, prisoners were asked if they agreed with the statement, 'If I have a problem there are staff I can talk to'. Of the 91 prisoners who responded, 68% agreed or strongly agreed, 15% were undecided and 17% disagreed or strongly disagreed. In response to the statement, 'staff ask me how I am coping', of the 92 prisoners who responded, 51% agreed or strongly agreed, 18% were undecided and 31% disagreed or strongly disagreed. As noted in 7.3.1 below, OMiC was introduced during the year, with key workers for prisoners. Feedback from prisoners about OMiC has been positive.

5.4 Equality and diversity

5.4.1 In July a survey was undertaken by the IMB of BAME, foreign national and Gypsy, Romany and Traveller prisoners. Fifty prisoners were invited to participate (all the prisoners within scope) and surveys were completed by 32, a return rate of 64%. The prisoners were asked a number of questions relating to their experience in Foston Hall. The responses present a mixed picture of their experience.

- Nearly half of respondents, 47%, who gave a clear answer, rated their treatment by staff as poor or very poor. 53% rated it good or very good.

- 31% of respondents said they had experienced discrimination by staff and 47% by prisoners.
- Of those that gave a clear answer, two thirds rated the prison's understanding of their cultural needs as low, in particular mentioning clothing (including religious clothing), prayer mats and canteen products.
- Respondents expressed regret about a perceived lack of staff diversity.
- Nearly half of all respondents, when asked, highlighted their wish for more culturally appropriate food on visits.
- Of those that gave a clear answer, 20% said their relative or friend had experienced discrimination during a visit or a video call.
- Respondents highlighted the lack of visible efforts to support foreign national prisoners who did not speak English, and made suggestions for improvements e.g. translated posters and forms, access to peer interpreters.

From the overall responses, there are some aspects of prison life, experienced by the prisoners surveyed, which need focused attention and a determination to improve their perceptions and experience.

5.4.2. Between 1 January and 30 October 2021, 20 DIRFs were submitted by prisoners, of which four proved not to be about discrimination. Of the remaining 16, six were upheld. The majority related to racist comments and behaviour by prisoners. In the IMB survey referred to above, of prisoners who said they had experienced discrimination, less than half (31%) had submitted a DIRF and 50% had not (19% did not answer). Some comments suggested a lack of awareness of the DIRF process, and others a lack of trust in it. The IMB reviewed the DIRFs in September and found the process was thorough, timely and fair.

5.4.3 The bi-monthly equalities action team meeting, which was suspended for part of the year, has resumed, playing a key role in monitoring and developing practice. Membership has had to be restricted due to the need for social distancing, so prisoner representatives are not currently attending.

5.4.3. Progress on equalities at the prison has been severely hampered by Covid-19 related restrictions to the movement and mixing of prisoners. Monthly support groups for prisoners (linked to age, race, sexual orientation, gender reassignment, foreign nationals and Gypsy Roma and Traveller prisoners) were suspended. Peer advisor roles were also discontinued. The staffing of equalities within the safer custody team underwent changes during the year, with the welcome appointment of an additional temporary non-operational manager in August to provide much needed focus and impetus on equalities priorities.

5.4.4. It is positive that new prisoner wing equality representatives have been appointed with a clear role description. The equalities action plan has been refreshed and lead senior managers reconfirmed for all the protected characteristics. Support group meetings for prisoners recommenced in October with some meetings held before the establishment was again declared a Covid-19 outbreak site.

5.4.5. On 23 November there were 22 foreign national prisoners from 12 countries in the prison. Support for foreign national prisoners has been suspended since the pandemic. Previously a Home Office immigration officer visited the prison, providing

information regarding deportation processes. This was then provided via video link, but ceased several months ago due to maternity leave of the officer. Very few prisoners have been served with deportation notices at the prison this year as they tend to be transferred to other prisons. Support provided by volunteers from St James' Centre in Derby also remains suspended, due to the pandemic, and to questions over the survival of the charity.

5.4.6. The IMB welcomes the initiative within the broader 'growth project' to give prisoners an opportunity to review their living environment and submit ideas for improvement. Each wing has been asked to create a display on canvas relating to a specific equality theme. The aims are to raise awareness of the challenges and assumptions of the protected characteristic and to make their wings brighter and more hopeful spaces to live in. The results are awaited.

5.5 Faith and pastoral support

5.5.1 At the beginning of the reporting year the chaplaincy was operating with only a skeleton team of one full-time Christian chaplain and one Muslim chaplain who temporarily increased her hours to 0.8 a week. There were some chaplains of other faiths who visited, and others who stopped, for Covid-19 related reasons. Volunteers who supported the work of the chaplaincy pre-pandemic were unable to visit due to Covid-19 restrictions. Despite the considerable and unrelenting pressures, the chaplaincy continued to complete its statutory duties, including contacting prisoners in reception, visiting prisoners in the CSU and providing in-cell faith materials. Unable to organise services or classes because of restrictions on groups, the chaplaincy spent an increasing amount of time responding to the growing demands for support from prisoners in distress and with mental health problems. Surveys and interviews have shown how much this has been appreciated by prisoners. Many staff have also spoken of the importance of the support for prisoners provided by the chaplaincy during such a difficult period.

5.5.2 In April, with the arrival of an additional chaplain, the team increased to 2.4 full time equivalents. In September, as restrictions eased, the chaplaincy resumed classes and Sunday services. Some volunteers have returned to support various aspects of the chaplaincy's work. The efforts of the chaplaincy were at times frustrated by lengthy delays in IT problems being resolved, leaving them without a computer or printer. There were also delays in the chaplaincy having access to a phone able to call prisoners in their cells.

5.6 Incentives and earned privileges (IEP)

5.6.1 Because of the restrictions in the regime due to Covid-19, the basic level of the IEP scheme was suspended in 2020 and has not yet been reinstated. The IEP forum, which reviews the scheme's operation in relation to prisoners with protected characteristics, was suspended until October. At the October meeting data about the ethnicity of prisoners on the enhanced level indicated that 20% of the 217 white prisoners (excluding Gypsy, Roma or Traveller prisoners) were on the enhanced IEP level. However, only 9% of the 44 BAME prisoners were on enhanced. At the forum, which includes prisoner representation, concerns were expressed that BAME

prisoners felt they were not supported or encouraged to pursue the enhanced IEP level. An action to raise staff awareness of the issue and to encourage staff to provide more support to BAME prisoners was agreed and progress is due to be reviewed at future meetings.

5.7 Complaints

A significant number of complaints were not answered within the required time limit. Between April and October inclusive, 344 complaints were submitted, an average of 49 per month. Of these, 85 (25%) were not answered within the required time limit.

5.8 Property

5.8.1 Rota calls and visits have found that reception staff often have difficulty finding time to process parcels and to enable prisoners to access stored property. The backlogs are intermittent and variable. The IMB received 17 applications about property within the establishment from 13 prisoners, of which five were duplicates. Issues raised included missing property and access to property and parcels in reception.

5.8.2 Surveys of prisoners in the first night centre found that an increasing number reported that they had problems accessing their property, from 21% in February to 55% in September. In the IMB's general regime survey in April 2021, 35% of the 74 respondents said they had had problems accessing property, and 51% said that they had had problems sending or receiving letters or parcels. The additional parcel allowance during Covid-19 came to an end in September and it was hoped that this would improve the situation. However, rota visits at the beginning of October and November found there were still backlogs.

5.8.2 The IMB has only received four applications from three prisoners relating to the transfer of property between prisons.

6. Health and wellbeing

6.1 Healthcare general

6.1.1 Healthcare is provided by the Practice Plus Group (PPG), formerly known as Care UK. Foston Hall is now part of the East Midlands Group that includes Whatton, Stocken, Fivewells and Sudbury prisons.

6.1.2 The Care Quality Commission (CQC) review carried out on 5 February assessed the healthcare service as satisfactory.

6.1.3 The IMB has observed a determined focus on basic healthcare provision throughout the disruptive period of the pandemic. Healthcare staff have demonstrated resilience and commitment in a challenging context.

6.1.4 Recruiting primary care clinicians, such as registered nurses and pharmacists, and covering vacancies, has been a major challenge. Over the year 22 new appointments were made to the integrated healthcare service and 11 postholders left the service. The retention and engagement of agency staff has also been difficult due to unfavourable Inland Revenue tax changes. The use of agency hours has decreased, from 1,130 hours in December 2020 to 635 hours in November 2021. This decrease reflects the success in recruitment to full-time post equivalents resulting in only six vacancies by November 2021.

6.1.5. The management of healthcare has been creative in addressing the staffing problems. This has included reviewing grades of posts, for example uplifting a mental health nurse post to a senior level, and recruiting widely for staff with transferable skills, for example an air steward with good interpersonal skills recruited to a healthcare assistant role. Group mentoring was introduced for newly recruited nurses and this seems to have helped retention. Various measures have been tried to attract more agency staff to fill gaps, including using an additional recruitment agency and periodically increased rates, but this has had little success.

6.1.6 The staffing pressures have impacted on provision, for example in the failure to provide a qualified nurse for night cover, with only a healthcare assistant on site. As a contingency arrangement, the head of healthcare has provided emergency standby cover when no qualified nurse was on duty. During May, five nights were not covered; in June seven nights and in July eight nights. The IMB raised this as a concern with the East Midlands Health and Justice Commission, which acknowledged the issue and the work being done to address it. There have been no patient safety incidents as a result of not having a registered nurse on site.

6.1.7 Also raised with the Commission was poor attendance by healthcare at segregation reviews. Of the 13 segregation reviews observed by the IMB during 2021, healthcare only attended five. Healthcare attendance at segregation reviews is subject to risk assessment of the immediate pressures and clinical priorities. Another concern has been the non-completion of F213 forms in relation to use of force incidents. In April a survey showed that 24 out of 44 F213 forms were not completed. It appears that some communication and task management issues between the prison and healthcare staff have contributed to these problems. To address such

issues a local delivery board (LDB) has been set up. A recent focus has been the booking of external appointments to assist planning and availability of escorts and prevent last minute cancellations.

6.1.8 Inadequate accommodation for healthcare severely limits provision of services. On a daily basis there is no clinical space for a senior clinician/ GP to see patients. Clinical rooms do not have a wash basin. Patients are not benefiting from the healthcare resources available due to a lack of space. This limits the ability to influence increasing trends in self-harm, violence and mental health related needs. Innovations in development include a perinatal mental health project, a menopause project, healthy living and weight loss support groups. All are in the planning phase and consideration is being given to alternative delivery methods to compensate for the lack of space.

6.1.9 Whilst some alterations are underway to improve healthcare accommodation, the clinical consulting rooms will remain without sinks. The plan to divide a temporary room in one wing to provide a confidential group room space will be less than adequate. A capital bid for 2022 prioritises the needs of additional private consulting spaces, which are in demand from healthcare and other services.

6.1.10 The dispensing hatch outside the healthcare offices remains unfit for purpose: there is no covered area for prisoners queuing in bad weather and there is insufficient privacy at the hatch for dispensing. This remains an outstanding recommendation from the 2019 HMIP and CQC visit, but lack of resources prevents any remedy. In May a policy was agreed which addressed receiving medication and its storage and movement on site, to enable more effective supplies. The provision of a safe storage box is still outstanding in November.

6.1.11 Compliance with the PPG audit schedule has been maintained throughout the year; resulting actions are logged on the site action plan with local, regional and national PPG governance oversight.

6.1.12 Reviews of critical incidents and deaths in custody within the wider health and justice network (43 prisons) identified that all healthcare staff should be trained in immediate life support (ILS). All clinical staff have completed ILS training as well as agency staff.

6.1.13 The IMB received 76 applications relating to healthcare from 42 prisoners. Forty-three of the applications were submitted by four prisoners. Several applications related to mental wellbeing; one prisoner submitted 15 applications wanting to be sectioned under the Mental Health Act. Another prisoner submitted seven applications expressing suicidal intentions and requesting to be on constant watch. Some prisoners wanted a speedier response to clinical need or a change of medication. The IMB considered that the majority of healthcare applications had been dealt with appropriately.

6.2 Physical healthcare

6.2.1 Responding to the pandemic has created considerable additional pressures for healthcare, including ensuring appropriate isolation arrangements and managing testing, vaccinations and assessments. The IMB's observations are that healthcare has responded to the situation very effectively. Inevitably the extra demands have meant reprioritising the use of limited resources, which were already under pressure from staffing shortages.

6.2.2 Since late 2020/early 2021 all subcontracted services, including dentistry, podiatry and ophthalmology have resumed and maintained onsite attendance at pre-pandemic levels. The escalation processes put in place during the early days of the pandemic in 2020 that had proved to demonstrate good practice have been adopted as normal practice. All appointment times were increased to allow for infection, prevention and control measures. Waiting time targets have been met throughout 2021.

6.2.3 Staffing pressures resulting in restrictions to the prison regime have had negative impacts on service delivery across all of healthcare. For example, on 11 August several appointments could not go ahead; three nurse, three mental health, eight dental, six GP, and five SMS appointments were cancelled. Delays to external appointments were likewise affected by a shortage of prison escort staff. For example, an external urgent eye appointment where there was a risk to the patient's eyesight could not be arranged on the same day and resulted in a four-day delay. To address this problem, work is in hand with the Derby Royal Trust to mobilise a digital secure platform called Visionable, which is funded by NHS England.

6.2.4 A charity, Birthing Companions, is commissioned to support maternity and elements of perinatal care. An assigned practitioner visits the prison every two weeks or more often if needed. Pregnant prisoners have a 24/7 free phone access to a helpline. Weekly midwifery clinics are held as well as ad hoc attendance based on need. Liaison with the Royal Derby hospital for maternity services takes place.

6.2.5 Supporting the workplace in menopause (SWIM) is a new initiative and part of the wider work being done to address and recognise menopause for staff and patients in prisons. Menopause cafes were being planned, but the initial dates were missed due to the pandemic outbreak.

6.2.6 The Hepatitis C Trust has worked at the prison throughout the pandemic. The aim is for all prison sites to be 'micro-eliminated'. That means more than 95% of prisoners have been tested and this is repeated every 12 months. More than 95% of new arrivals in reception are tested and all with a positive result are treated. Micro-elimination status was achieved in July 2021 and this was renewed in October. It will be reviewed every three months.

6.3 Mental health

6.3.1 As indicated, filling posts and covering services has been challenging this year. The leadership has undergone several changes, but a new head of mental health started in November. In July there were three band 5 vacancies which had proved difficult to fill, but by November all posts had been recruited to.

6.3.2 At the start of the year there was a plan for a duty worker to triage applications and respond to applicants that day, to at least acknowledge the request. This proved not possible due to the vacancy situation. The mental health surveys by the IMB (see below) confirmed this. Likewise, the patient engagement survey sent to all prisoners by the team did not get analysed due to a poor response rate and lack of administration time. Exacerbating such problems were the acute accommodation issues identified above.

6.3.3 The mental health team office was closed temporarily whilst two wings nearby were demolished. The planned three-week closure was in its third month in November, and causing acute difficulties. Relocation of the whole unit to C wing further reduced the limited space for one-to-one interviews. Given the mental health needs and high self-harm rates at the prison, this loss of capacity to provide a service is of serious concern.

6.3.4 There have been 10 transfers from the prison under the Mental Health Act. One transfer was within 14 days, six within 28 days, one within 56 days and two had lengthy delays, both waiting five months. Some of these delays were exacerbated by the Covid-19 outbreaks in both the prison and the receiving hospitals.

6.3.5 As widely reported, 70% of women in prison have mental health difficulties (Criminal Justice Joint Inspection Report November 2021; prisoner survey 1 April 2019 and 30 June 2020 HMIP inspection). The level of need for mental health support and general healthcare of women prisoners far exceeds the demands in a community setting, dealing as it is with many prisoners with complex needs, co-morbidity symptoms, mental health and drug misuse problems and a high level of self-harm.

6.3.6 This year the IMB conducted two qualitative surveys. In-depth interviews took place with:

- 12 randomly selected prisoners aged between 18 and 25 (from a total population at the time of 15).
- 12 randomly selected prisoners aged between 26 and 40 with a minimum sentence of four years (from a total population at the time of 54).

The findings from both cohorts indicated a high level of need; 75% of each cohort said they needed mental health support. Two respondents in each group reported feeling suicidal. Self-harm was far higher in the younger age group.

6.3.7 Key points from interviews with 12 prisoners in the younger cohort

- A high need for mental health support (nearly half had had contact with mental health services in the community, three quarters said they needed mental health support currently, three quarters had experience of self-harm).
- Mental health support came from different sources, including healthcare assistants, SMS workers, key workers and the chaplaincy.
- Family support is critical, and the additional PIN phone money was very important.
- Support was experienced as being helpful when it involved: being listened to; a non-directive approach; being given time; reliability and regularity of contact; useful practical approaches and the provision of materials and information.

- Access to help; comments varied from ‘not having to wait so long’ (meaning she did not have to wait very long), to ‘you need to hurt yourself in here to be seen’.

6.3.8 Key points from interviews with 12 prisoners in the older cohort

- A high need for mental health support (three quarters said they needed current mental health support).
- Mixed expectations of the service (four spoke of having low expectations, six spoke of asking for support in the past six months, four of whom said they had no response).
- Reasons for dissatisfaction with the service included: applications not being followed up; staff not getting back to them; lack of continuity in staffing; appointments being cancelled; staff being rushed.
- Other services identified as needed included: bereavement counselling; cognitive behaviour therapy (CBT); dialectic behaviour therapy; support for self-harming problems; support for suicidal feelings; interventions to stop re-offending patterns to assist in resettlement, CAMEO service.
- Three said they were receiving support from a psychiatrist or mental health practitioner, one was receiving CBT which was helpful, and one spoke of help with a sleep programme.
- Key sources of urgent support cited were: key workers, chaplaincy, SMS workers, mental health workers, and specific wing officers.
- Sources of the most significant support: most frequently cited were family and friends; other sources mentioned were the prisoners’ mental health worker, SMS workers, wing officers and other women on wing.

6.4 Social care

6.4.1 Two social workers, seconded by Derbyshire County Council, are responsible for assessing the eligibility of prisoners for support within the Care Act 2014 criteria. At the end of the reporting year there were 19 on their caseload with two awaiting assessment. Healthcare describe an excellent working relationship with the social workers. Bespoke adapted accommodation in two rooms has been created on T wing, reserved for prisoners with disabilities. In November one prisoner was receiving social care support from community carers attending the prison to an agreed plan. The senior social worker considers the main challenge for supporting vulnerable prisoners is the overall prison environment. The fabric and nature of residential wings are often unsuitable for prisoners with disabilities, learning difficulties or neurological diversity. There is also a need to train wing staff to understand and respond to vulnerable prisoners with complex needs.

6.5 Exercise, regime

6.5.1 The opportunity for exercise and time out of cells has been significantly curtailed due to Covid-19 restrictions. The year began with the regime at stage three, but within a month had returned to the more restricted stage four. This meant

prisoners being offered only 30 minutes of exercise twice a day, with no domestic periods, so cleaning of rooms had to take place with cell doors locked. Gym activities were suspended and movements on and off wings and between areas was minimised. Only essential work was allowed. In April, the prison was 'outbreak free' and moved to regime stage three with the gradual easing of some restrictions. This meant some increase to time out of cell, a larger number of prisoners working, the resumption of some activities on a one-to-one basis and the reintroduction of outdoor physical education. In September the regime eased further, moving to stage two. This allowed for more prisoners to go to work and the resumption of some small group activities. It was planned that the prison would move to regime level one on 8 November, but this had to be deferred due to a Covid-19 outbreak.

6.5.2 In addition to pandemic restrictions, staffing pressures have frequently resulted in additional regime restrictions. There have been a number of occasions when the amount of exercise time for prisoners has been reduced or exercise has been cancelled altogether for some or all prisoners, especially at weekends. Reliable monitoring data on this is not available.

6.6 Drug and alcohol rehabilitation

6.6.1. On arrival, drug/alcohol users are assessed by a reception nurse and first night prescriber to determine detoxification arrangements. As of 19 November, 250 prisoners of the total 260 population were on prescribed medication. During the year the average number of clients on the caseload of Inclusion, the substance misuse service (SMS), has remained stable at around 116. The average number of newly received prisoners commencing alcohol detoxification has been 15 per month, with an increase to 20 in November. This is higher than last year, when the range was two to 12 a month, although the population was then higher. The monthly number for prisoners commencing drug detoxification is around 17, little different to last year.

6.6.2 Whilst group work was suspended due to Covid-19 restrictions, Inclusion workers continued to provide individual psycho-social support, information, advice and harm reduction interventions to women referred to the service. Healthcare report a good working relationship with the SMS team and say the service and the workbooks they provide have been appreciated by prisoners with mental health needs.

6.7 Soft skills

6.7.1 As indicated above, various parts of the integrated health care team provide materials that assist with low-level depression and strategies to manage stress. Peer support roles, of which there were many pre-pandemic, have largely been suspended due to controls to limit contact between prisoners from different wings. Many other pre-pandemic activities have been suspended due to the restrictions on groups and reduced contact with outside organisations.

7. Progression and resettlement

7.1 Education, library

7.1.1 Education and library provision were identified as being of particular concern last year. Whilst provision has improved over the past 12 months, there is still much work to be done.

7.1.2 Education delivery has been impacted by limited space available and the need for social distancing. Until April, all delivery had to be remote, using paper-based materials. When the regime moved to Covid-19 stage three there were some socially distanced one-to-one meetings. In September, when the regime moved to stage two, some small group classes resumed.

7.1.3. Staffing has been an issue. A new learning and skills manager was appointed in April, but difficulties filling other vacancies have impacted on delivery. Where possible additional cover and support has been arranged from HMPs Sudbury and Drake Hall. The post responsible for the initial screening of prisoners, which is essential for the support of learners with difficulties and disabilities, has been vacant for several months. One candidate was selected but failed security vetting and, despite re-advertising and employing a recruitment agency, the post was still vacant in November.

7.1.4 The poor level of performance continued into the current year, as is shown by the figures below which relate to the first eight months of the provider's contract year, 1 April 2021 to 30 March 2022.

	Target for enrolments	Number enrolled by 30.11.21	Number of completions by 30.11.21 including those who started courses between January and April
Accredited courses	728	273 (38%) of target	210 (28% of target)
Non accredited courses	405	121 (30% of target)	75 (18.5%) of target

7.1.5 Learner satisfaction improved through the year. Feedback from prisoners enrolled on courses in October rated their satisfaction at 93%. However, under stage 3 (April to September), some learners reported frustration with the paper workbooks: 'too thin'; 'I finish them too easily and then have to wait ages for the next one'. One prisoner was told her sentence of six weeks was 'too short for her to do anything meaningful'. Another commented 'the CV writing course (paper based) was good but I needed more support for maths and English', "There's no way-out TV in G Wing, so we can't do as much'. Others were more positive and spoke of 'enjoying' functional

skills, maths and entry-level English, particularly once tutors were able to come on to the wings (although group learning was still suspended).

7.1.6 Three prisoners worked on Open University courses during the year. In September the first 'education celebration day' was held, attended by 57 prisoners, who received 90 certificates between them. Photos of prisoners with their certificates were made available to be sent to family and friends. The event was also used to promote education, and led to a further 77 education compacts being signed. A new prospectus has been produced and education is being promoted more during induction. Efforts are also being made to ensure that when prisoners are transferred or released, they are able to continue with partly completed qualifications, and to make further progress where applicable.

7.1.7 A major weakness in the current education provision, acknowledged in a position statement dated October 2021, is that the curriculum offered does not support prisoners into future employment. Too often prisoners were gaining certificates but there was a lack of focus on relevance and progression.

7.1.8. It is of concern that there is no monitoring of equalities for participation in education, nor for outcomes of decisions taken by the weekly sequencing board which allocates prisoners to activities, although it is understood this is to be introduced in 2022.

7.1.9 Library provision has improved significantly. It is now fully staffed with a manager and two part-time assistants. Covid-19 restrictions meant physical access to the library was not allowed, so books had to be delivered to the wings. Requests for books as well as puzzles, jigsaws, and distraction packs have increased, from 54 in December, to 121 in April and 135 in November. Lack of space in the education department meant that part of the library was turned into a classroom, reducing the shelving space. As a result, 'excess' books are being used to give each wing a small library, accessible to prisoners, without paperwork for borrowing and returning them, and are supplemented frequently.

7.2 Vocational training, work

7.2.1. Covid-19 restrictions led to a reduction in the number of work opportunities for prisoners. The prison's population reduced in autumn 2020, so proportionately there are now more work opportunities for the smaller population. It is predicted that once Covid-19 restrictions are lifted, every prisoner who wants to work, including those on remand, will be able to do so.

	Pre Covid	Regime stage 4 Dec 2020 to 18 April	Regime stage 3 19 April to 5 September	Regime stage 2 6 September +
Work areas including, textiles, PE, wing / other cleaners, servery, laundry, kitchens,	193	38	98	152

hospitality, visits, peer advisors, mentors, waste management garden, animal care.				
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7.2.2 Links to external employers have been dormant throughout the pandemic, but contact has been maintained so they can be revived once the restrictions are lifted. A new project began in October with Recycling Lives; a keyworker with a caseload of 10- 20 prisoners will assist with employability and pastoral support on release, but this will not be fully operating until Covid-19 restrictions are lifted.

7.2.3 It is acknowledged that more needs to be done to ensure prisoners are prepared for employment on release, as noted in 7.1.7 above. A survey carried out by the reducing reoffending team in February showed that 73% of prisoners were unemployed on admission to Foston Hall and 40% had no formal qualifications (up by 7% from the previous year).

7.3 Offender management and progression

7.3.1 A major change was the introduction in April, of offender management in custody (OMiC). Implementation was gradual, beginning with weekly meetings between key workers and prisoners on three wings, C, E and G. The immediate response was extremely positive. 'Thought it was really good, especially with having lots coming up within the next 12 months; "Feels like it is more prisoner focused, more personal and supportive' (quotes from prisoners to HMPPS staff). Many prisoners talked of appreciating the consistency of having the same key worker to talk to, and the reassurance of being seen regularly.

7.3.2 In July OMiC was rolled out to the rest of the prison apart from the FNIU, offering support once a fortnight rather than weekly. On the weeks when prisoners did not see their key worker, they had a wellbeing check. Prisoners on the FNIU, who were not part of the OMiC scheme, received daily wellbeing checks. The scheme was affected by staff absences during Covid-19 outbreaks, but once established approximately 220 prisoners were taking part. Prisoners assessed as 'highly complex' (on average 80 prisoners) are seen by their probation offender manager (rather than a key worker) every fortnight. The intention is to move to weekly visits once staffing allows.

7.3.3 The offender management unit (OMU) reports it has completed all required OASys assessments and sentence plans are on target.

7.3.4 There are currently four imprisonment for public protection (IPP) prisoners in the prison, all past their tariff date, (one six years, two 10 years, and one 11 years). One IPP prisoner, released during the year, said she had felt well-supported at the prison, and singled out her probation offender manager as being particularly helpful during her time at the prison.

7.3.5 Sixty-three prisoners benefited from home detention curfew (HDC), and two were released on temporary licence (ROTL) in November.

7.3.6 The only offending behaviour programme run this year was thinking skills. Seven prisoners completed the programme, which was delivered on a one-to-one basis due to Covid-19 restrictions.

7.3.7 A recent education position statement (October 2021) recognised the need for 'more joined up thinking between managers in education, offender management and careers guidance to ensure that sentence planning is effective in meeting the future needs of prisoners'.

7.4 Family contact

7.4.1 During rota visits and in responses to surveys, prisoners have spoken of the benefits of in-cell phones and free PIN credit, enabling them to keep in touch with family and friends. They describe benefits for their mental health and wellbeing. Prisoners received £10 free credit every week, and this allowance (a national policy) was continued until the end of 2021, even when other Covid-19 mitigations have ceased.

7.4.2 Social visits resumed in May, but take-up was very low. Families and friends may have been deterred by the limit of 45 minutes per visit, the risk of Covid-19 whilst travelling, and the prohibition of any physical contact. However, in late September, when visits were extended to two hours and limited physical contact was allowed, only 11 visits took place.

7.4.3 The take-up of Purple Visits (free video calls) has continued to be low. Time slots were changed to include early evenings, as it was thought this would be more popular. However, in the first week in January when 64 slots were available, only 30 were used, including some, but not all of the evening times. Take-up has declined through the year; in the first week of May, 26 slots out of 56 were used; in September, only 17 calls were booked in one week; and in the week commencing 22 November, only 10 calls were booked.

7.4.4 A survey of 10 prisoners who did not use Purple Visits indicated varied reasons for not doing so: lack of familiarity with technology; lack of flexibility with time slots; 'too much faff'; family not comfortable; lack of ID; grandparents too old. By contrast, the regular users were really enthusiastic, describing the calls as very beneficial: 'I love being with my family, and purple visits are just great; I planted sunflowers with my grandson. He showed me ladybirds on his plants'.

7.4.5 The prison voicemail service was launched late in 2020. Prisoners can send and receive messages through a nominated contact. The messages are recorded so they can be stored and listened to repeatedly. One prisoner commented, 'prison voicemail has allowed me to keep in contact with my partner and children and they can listen to my voice whenever they want.'

7.4.6 The family engagement team have provided support where prisoners have children in foster care, for example by arranging a video visit. The team has helped prisoners maintain contact by letter with children who have been adopted, facilitated social visits for children in care, and supported prisoners' partners in the community.

The family bonding unit was not able to open at all during the reporting year, nor were any family days held (usually there are four).

7.4.7 In September the library re-started the Storybook Mums scheme. Nine recordings were completed in the first three months. Prisoners are not only recording stories for younger children, but also recording letters to teenage children.

7.5 Resettlement planning

7.5.1. Resettlement provision during the year has been greatly impacted by restructuring linked to probation reform. Changes began to be introduced in June, with a planned transition period of up to 12 months.

7.5.2 The reforms led to the closure of the community resettlement companies (CRCs) in June. At Foston Hall they were replaced by five community resettlement services (CRS) providers which are:

- **Women's Work**, covering Derbyshire (including Derby City)
- **Changing Lives** (Anawim in Birmingham, which has well-established links with Foston Hall, is part of this), covering Staffordshire, West Midlands, Leicestershire, and Warwickshire
- **Women's Centre**, covering Nottingham/Nottinghamshire
- **Willowdene**, covering West Mercia (Telford/Shropshire)
- **Action Trust**, covering Lincolnshire

7.5.3 Additional links have had to be made with 'out of area' providers for prisoners who are released further afield. A major focus for the resettlement team, both before June and then during the ongoing transitional period, has been to establish strong working relationships with all these community-based providers. Dealing with the organisational changes and proposals for the new system has diverted resources from supporting prisoners.

7.5.4 At the time of writing, an 'interim pre-release operating model' had just been released, which appears to provide for:

- a specialist short-term sentence function team, to be based within the prison.
- a small team of probation service officers to be based within the prison, giving on-site support to prisoners and assisting them to link with the five CRS providers.
- extended provision to cover prisoners who are not yet sentenced, but are held on remand.

The IMB welcomes these proposals and the potential benefits for the high number of remand and short-sentenced prisoners in the prison, as well as for prisoners who come from outside the prison's general catchment area.

7.5.5 A direct consequence of the closure of the CRCs was the loss of the discharge lounge, accommodated in a portacabin just outside the gate. In the past, staff and volunteers from Change, Grow, Live, (CGL) had been available when prisoners were released, providing bus passes, masks and hand sanitiser, and a mobile phone with

pre-paid credit, so that prisoners could immediately phone family, probation officers or start their benefit claim. Warm clothing was also provided free. In July this year the discharge lounge building was reopened so released prisoners had somewhere to wait on release, but without support services.

7.5.6 Since the removal of the homelessness prevention fund at the end of March 2021, the number of prisoners being released without an address has increased.

	Number released	Number NFA	% age NFA
Dec 2020 – March 2021		1	
April	43	2	5%
May	34	4	12%
June	41	11	27%
July	41	9	22%
August	33	6	18%
September	40	8	20%
October	41	4	10% (plus no data on 2 prisoners i.e. 5%)
November	50	7	14%

7.5.7 Resettlement review work begins within 12 weeks of a prisoner's release date and continued as normal, with support for opening bank accounts, handling finance and debt, and accessing benefits or employment. The number of prisoners serving short sentences continues to be a major issue in making preparations for resettlement – 39% of prisoners are in prison for less than six months, and 54% for less than 12 months. In February 80% of prisoners released had served less than 12 weeks.

7.5.8 In September and October the IMB surveyed 13 prisoners due for release the following week. They were asked to rate the help they had received to prepare for release, on a scale of one (poor) to five (excellent). Three rated their support as five, six prisoners rated it as three or four, and five rated it as one or two. Comments made by prisoners ranged from 'officers great, mental health care and health care excellent' to 'no help. no idea of procedure and what happens when I'm released; had to ask cell-mate'.

The work of the IMB

Board statistics

Recommended complement of Board members	12
Number of Board members at the start of the reporting period	6
Number of Board members at the end of the reporting period	10
Total number of visits to the establishment	162
Total number of shifts on the 0800 telephone line*	1
Total number of segregation reviews attended	13

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year		
		Total 2019 - 2020	Non tel apps	Apps via 0800 tel line	Total current year
A	Accommodation, including laundry, clothing, ablutions	7	8	12	20
B	Discipline, including adjudications, IEP, sanctions	2	2	2	4
C	Equality	8	1	6	7
D	Purposeful activity, including education, work, training, library, regime, time out of cell	10	4	0	4
E1	Letters, visits, telephones, public protection restrictions	9	10	17	27
E2	Finance, including pay, private monies, spends	7	5	1	6
F	Food and kitchens	3	4	4	8
G	Health, including physical, mental, social care	32	28	48	76
H1	Property within this establishment	17	11	6	17
H2	Property during transfer or in another establishment or location	7	2	2	4
H3	Canteen, facility list, catalogue(s)	4	6	4	10
I	Sentence management, including HDC, ROTL, parole, release dates, re-categorisation	11	3	7	10
J	Staff/prisoner concerns, including bullying	26	20	43	63
K	Transfers	3	4	1	5
L	Miscellaneous, including complaints system	6	4	14	18
	Total number of applications	152	112 (40%)	167 (60%)	279

Note: There were more applications submitted this year compared to last, even though the population of the prison this year was smaller. The 279 applications were made by 105 prisoners, with some prisoners submitting several applications, at times on the same issue.

Surveys undertaken by the IMB during the reporting year, December 2020 to November 2021

Induction surveys in February and September 2021

Questionnaires were sent to all prisoners (approximately 40) on the first night induction unit in February and September. In February 14 responses were received, a response rate of approximately 35%. In September 13 responses were received, a response rate of about 34%. Not all prisoners answered all the questions.

General safety survey February-March 2021

The questionnaire was sent to all prisoners at the end of February/beginning of March. The average population during this time was 250. We received 93 responses and estimate the response rate was about 37%. Not all prisoners answered all questions.

General regime survey April 2021

The questionnaire was distributed to all prisoners in April. The average population at this time was 250. We received 74 responses and estimate the response rate was about 30%. Not all prisoners answered all questions.

Purple Visits survey June 2021

Questionnaires were sent to 10 prisoners who had used Purple Visits, and nine responded. Eight prisoners who had not used Purple Visits were interviewed. Information on the number of visits available and booked was also reviewed.

Equality and diversity survey (part of a national IMB initiative)

In June 2021 58 women at Foston Hall were identified as being within the project scope, i.e. Black and minority ethnic, Gypsy, Romany traveller and foreign national prisoners. Eight were released or transferred before the survey was administered. The remaining 50 were invited to participate. Prisoners were contacted via in-cell telephones, or face to face where circumstances allowed. Some prisoners chose to complete the survey in writing and return them via the internal post. Surveys were completed by 32 prisoners, a return rate of 64%

Mental health surveys – focusing on access to mental health provision

Interviews were carried out via in-cell telephones or face to face, with randomly selected samples of 12 prisoners under 25 years of age and 12 prisoners aged 26-40.

Resettlement – focusing on preparation for release

In one week in September and another in October, seven women due for release within seven days were identified and five in each group were interviewed via in-cell telephones or face to face.



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