



**Annual Report of the
Independent Monitoring Board at HMP / YOI
Downview**

**For reporting year
1 May 2022 – 30 April 2023**

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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 Downview is a closed prison which does not serve the courts and houses sentenced adult and young adult women. The prison had an operational capacity of 356 for the reporting period, including a capacity of 16 on E wing (the wing for high-risk transgender prisoners).¹

3. Background

The prison has experienced significant change over the course of the reporting period. A new Governor and deputy governor arrived in June and July 2022 respectively, and we saw much movement within the senior leadership team and an emphasis on picking up the pace of recovery from lockdown measures. May 2022 saw the roll out of a new HMPPS IT system in the prison.² A staffing reprofiling exercise was completed following extensive planning and staff engagement in December 2022 and the new staffing profile went live at the end of January 2023. The long-serving custodial manager (CM) group was reallocated amongst wings and profiled to work nights (apparently the last prison in the country for the CM group to do so), and there was an emphasis on stronger line management by the CM role (15-22 reports per CM, compared to an estimated 40+ in the male estate). The new Governor initiated a regime of functional bilateral reviews in early 2023 and various other measures, with the aim of restoring “operational grip” and consistency of delivery to the prison. At times, throughout this period of change, the operation of the prison felt somewhat dysfunctional and unsettled, with basic processes (such as meeting management and procurement) not working effectively and increasing numbers of women with challenging behaviour being transferred to the prison.

3. Key points

3.1 Main findings

Safety

- Safer custody is led and monitored through weekly and monthly meetings. The efficacy of these meetings can be challenged by poor attendance and insufficient data. However, efforts are being made to improve both of these issues.
- The continuing arrival of an increasing number of women with more significant and complex (including acute) mental health problems has affected all areas and functions of the prison.
- A culture of encouraging compassion in dealing with prisoners, despite the challenges, is strongly in evidence from Governor level.
- We saw a sharp increase in use of force towards the end of the reporting period.

Fair and humane treatment

- The care and separation unit (CSU) has provided a safe regime. However, we have increasing concerns about the use of the unit for women who have acute mental health conditions, behavioural challenges and substance misuse issues.

¹ Figures included in this report are local management information. They reflect the prison's position at the time of reporting, but may be subject to change following further validation and therefore may not always tally with Official Statistics later published by the Ministry of Justice.

² As we reported in 2022, staff have been struggling with failing equipment for some time.

- The Board has consistently observed positive relationships and work between staff and prisoners. However, the key worker system is not embedded as planned.
- Property loss upon transfer to Downview is increasing (some of which can be attributed to the higher churn of prisoners arriving in recent months).

Health and wellbeing

- A new head of healthcare has been effective in starting to resolve many of the historic issues relating to the provision of healthcare in the prison.
- Prisoners requiring external secure mental health care are waiting too long for transfer to hospitals, following assessment and referral by the prison's mental health team.
- Problems with medication distribution have the ongoing ability to impact every part of the prison regime. Processes and revised infrastructure are being reviewed to manage this.

Progression and resettlement

- We saw effective work from the newly-formed employment hub and employment advisory board in their efforts to develop more work-ready women and access to a wider range of employers.
- Education attendance has remained lower than desired.
- We saw ongoing evidence of the challenges for the prison offender management team in getting information from and communication with community offender managers. Probation resources in the community appear to be inadequate.

3.2 Main areas for development

TO THE MINISTER

- As commented on last year, the considerable rise in the number of prisoners being transferred to the prison, often from HMP Bronzefield, who exhibit more challenging mental health symptoms and consequent behavioural issues is causing safety concerns. Prison is not an appropriate environment for these women and staff do not have the appropriate training to manage them. The Board is particularly concerned about the impact of segregation on these vulnerable individuals. Severely mentally unwell women arriving at the prison sometimes face long delays in transfer to psychiatric secure units, following assessment. The Board notes with concern that the draft Mental Health Bill (which would ensure that applicable women are transferred within an appropriate time scale) has not yet been introduced to Parliament. If the prison is to continue to be expected to manage mentally unwell women, it is seriously recommended that a major review of both staffing and facilities takes place. Will the Minister speak to colleagues in the Department for Health and Social Care to ensure prisoners receive timely access to specialist mental health facilities, where required? (section 5.2)
- Towards the end of the reporting period, we started to see the effect of population pressure, with more women being transferred into the prison, sometimes with unsuitable profiles. This is starting to have a significant effect on the operation and safety of the prison. As we raised in our 2019-20 report, the Ministry of

Justice Female Offender Strategy (2018) sets out the Government's vision to see fewer women entering the justice system – can the Minister clarify what steps are to be taken to implement the recommendations in the strategy to manage the rising population pressures in the women's estate? (section 4)

- We have seen evidence of unhelpful intervention by the Secretary of State for Justice in decision-making regarding women's progression. We welcome the recent reversal in this area³, but query whether this would also extend to the situation referred to in section 7.3. (section 7.3)
- We are concerned about the effect of the new transgender policy on the operation of, and resource planning, for E wing (and Downview generally). It appears to be managed in a reactive manner by HMPPS centrally. Given that the population in E wing is expanding, as of the end of the reporting period, how can this be more effectively managed? (section 5.4)

TO THE PRISON SERVICE

- We routinely see unnecessary disruption when women transfer prisons (to their monies; telephone access to family and friends; their property; and educational progress). Transferring between prisons is a stressful event which is being exacerbated by basic administrative processes not functioning (section 4.1).
- There seems to be some limitations in communication between HMP Bronzefield and the prison (for example, with regards to transferred prisoners with significant mental health conditions and with missing property and medication issues). Is this because HMP Bronzefield is a private prison, and systems and processes may not be compatible? (sections 4.1, 5.2)
- We have been made aware at times of significant resistance from HMP Bronzefield and HMP Peterborough to accepting transfers from Downview of women requiring hospital support – how can this be managed more effectively? (sections 5.2, 6.1)
- Property applications are rising significantly – the new prisoners' property policy framework appears to have had no effect in resolving the issue. How will the situation be improved by the new national framework? Given that so many other areas of prison operations are managed via national performance indicators, could property management be added to these? (section 5.8)
- We understand that there is no commissioned provision for dementia testing in prisons. Given the trend towards a rising ageing population in prison, how will this be resolved? (section 5.4)

TO THE GOVERNOR

- Does the prison consider there to be a benefit in the healthcare/prison partnership meetings and, if so, will appropriate resources be dedicated to them? (section 6.1)
- Applications relating to missing property have increased significantly (section 5.8). Would it be possible to appoint a single point of contact to be responsible for property matters? This may secure better co-operation from transferring prisons and more accountability for the resolution of issues.

³ <https://rb.gy/amsjr>

- The Board is concerned about the implementation of key working. What local actions are underway to ensure that key working is functioning effectively across the prison? (section 5.3)
- At the end of the reporting period, the meeting schedule was in its sixth iteration since the previous summer. However, meetings are often cancelled at short notice and are often not well-attended. There is minimal process in evidence regarding attendance, the timely circulation of minutes and accountability for action points. Staff have sometimes commented that meetings are arranged for meeting's sake, with little positive impact on outcomes for the prison.
- We look forward to seeing a renewed focus in Equalities following the appointment of a new lead (section 5.4).
- A lack of consistency in the application of prison rules by staff is frequently mentioned by prisoners during our monitoring. This may be exacerbated by staff inexperience and the ongoing regular staff redeployment. Staff tell us they feel undermined and less confident in maintaining safety, and prisoners cite frustration at perceived unfairness when senior managers overrule decision-making (sections 5.3, 5.6).
- There are no privacy curtains in the consulting rooms in healthcare (section 6).

3.3 Response to last report

<i>Issue raised in annual report</i>	<i>Response given by relevant party</i>	<i>Progress</i>
To the Minister: lack of infrastructure for digital education.	See letter from the Minister dated 30 th November 2022 as published on the IMB website.	We have seen no evidence of improvement.
To the Minister: the number of women, some with acute and / or challenging mental health issues in the prison and their lengthy segregation and access to secure hospital beds.	We were told that the draft Mental Health Bill would improve the support for women with acute mental health needs. We were told that NHS England was working proactively on the issue.	The Bill is still awaiting approval. The number of women and the complexity of their needs has increased. We have seen no evidence of this.
HMPPS: employment advisory board.	We were concerned that the board may add an extra layer of reporting, without any improved outcomes for prisoners.	We have been impressed with the operation of the board in our limited monitoring of it to date.
To the Governor: lack of stability with management of healthcare.	We were not provided with a response.	See section 6.1.
To the Governor: healthcare complaints management.	We were not provided with a response.	See section 6.1.
To the Governor: delivery of the contracted family engagement resource.	We were not provided with a response.	See section 7.4.
To the Governor: further scrutiny of the operation of the Weston College education contract.	We were not provided with a response.	Milton Keynes College has now replaced Weston College.
To the Governor: lack of support for the Listeners scheme.	We were not provided with a response.	See section 4 (Safety).

Evidence sections 4–7

4. Safety

The safer custody team at the prison seems well-staffed. The monthly meeting is chaired by the relevant governor and there is a requirement for attendance from senior staff across the functions. This includes primary health care, mental health, psychology, social care, Samaritans and Listeners (who attend in person). Full attendance is rare. The role of safety governor has seen several changes of personnel during the reporting period. Data is usually comprehensive and presented electronically by a safety analyst and with occasional added insights. It has been highlighted that this data analysis is insufficient to materially improve self-harm rates – there is the potential for data to be presented for data's sake, rather than with the objective of understanding what is driving violence and self-harm in the prison and how to manage it.

A weekly safety intervention meeting has been improved by Governor insistence on attendance by staff with the greatest insight on managing challenging prisoners (typically mental health and psychology staff). The group now focuses on proactively understanding the more challenging women and establishing a more comprehensive picture. We saw an emphasis from Governor level on more specific levels of engagement with partner agencies for women. We also observed evidence of comprehensive and thoughtful care and management plans, and reintegration plans for women in the CSU.

Towards the end of the reporting year, we started to see, as a result of population pressures in the prison estate (particularly HMP Bronzefield), less flexibility in the profile of women who were accepted by the prison. Routinely, women were put forward who were unsuitable for the Downview environment and current population profile – difficult decisions were taken to accept them in the face of population pressure. The increased churn of transfers had the effect of destabilising the environment. Often, particularly when transferring from Bronzefield, there was a lack of background information provided, with concerns expressed by staff that a full picture was being withheld. One possibility put forward was that Bronzefield were running their own case management system in parallel to NOMIS and key information was sometimes omitted from NOMIS (which Downview staff relied upon in making judgements about prisoner transfers). One woman was transferred despite being “on hold” (i.e., unsuitable for transfer) from HMP Bronzefield healthcare. We also saw more women arriving who were on shorter sentences or who were earlier in their sentence (so less stabilised in the prison environment). These factors created an environment which felt unsettled, with a number of flashpoints towards the end of the reporting period.

To add to this, we observed a commendable willingness from Downview's senior management to accept some extremely challenging prisoners with engrained and multiple complex needs (many of whom it appeared had been routinely transferred throughout the women's estate). This impacted on the operation of the prison and also some of the performance data generated as a result of the management of these women.

4.1 Reception and induction

The induction wing continued to function well, despite the significant amount of administration involved in the passport system for signing off inductions by various teams (which at times threatened to overwhelm its effective operation). We were impressed by the professionalism of staff on the wing, and the majority of women spoke positively about the induction process.

We routinely monitored the significant disruption for prisoners caused by transfer to Downview. Often telephone access (to advise family of their transfer), access to monies, and property were not available during induction, contributing to women's overall anxiety upon being transferred to a new environment⁴. We were told that there was no online transfer of monies from HMP Bronzefield and that instead a cheque is sent, leading to delays and the possibility of loss. One woman told us that she was mid-essay for her Open University course and that her work had remained at HMP Bronzefield because of the typically minimal notice she was given to transfer (we followed this up with education to resolve). We started to see a number of women in induction who arrived with just a few weeks of their sentence left to serve, perhaps as a result of population pressure.

We saw various examples of arrivals late in the day for transfers, typically from HMP Eastwood Park, and at times without their belongings or medication. In March 2023, a prisoner was en route to Downview and it came to light that her medication was not travelling with her. The van turned around and she was relocated back to HMP Eastwood Park for another week.

4.2 Self-harm, deaths in custody

There have been 1,153 incidents of self-harm for the reporting period (compared with 752 in 2021/22 and 369 in 2019/20). This figure peaked in August 2022 with 215 incidents for the month (six prisoners were responsible for 188 of these incidents, with one prisoner responsible for 135 of them). In September 2022, there were 136 incidents (six prisoners were responsible for 121 of these). In May 2022, there were eight prisoners with prolific self-harming behaviour and in October and November 2022, seven and six respectively. The graph for self-harming levels (with the prisoners who are engaging in prolific self-harm removed) is a fairly steady line through the period.

It seems that while cutting and scratching are the most common methods used, for the women who are engaged in serious self-harm, it is self-strangulation by ligature. The number of incidents of self-harm reached peaks in September and October 2022 with 136 and 140 incidents respectively, but none resulted in admission through accident and emergency. The behaviour in hospital accident and emergency of some prisoners has at times been reported as difficult to manage.

There were 217 ACCTs opened in the reporting period (compared to 240 in the previous year). We are aware of considerable effort being made to improve the ACCT reporting procedure in both quality and timeliness – lack of original signatures was often identified as an issue. There remains a shortage of trainers.

⁴ The work of the HMPPS self-harm women's taskforce has acknowledged that transfers between prisons is a significant factor in self-harm.

There was one death in custody in May 2022. The Prison and Probation Ombudsman (PPO) commented positively on the emergency response from Downview staff who had supported the prisoner in very difficult circumstances, including up to her death. Whilst there was no evidence that any factors regarding her treatment impacted on outcomes for the prisoner, the PPO report highlighted “unacceptable oversights” regarding basic requirements which might have improved the process and supported staff (for example, two of the three defibrillators used were faulty, with no system in place for regular checks, and staff did not know where they were located). Healthcare had an action to review the more effective management of long-term conditions, and this is ongoing.

Listeners are well-trained and supported by the Samaritans. Listener members, attend the monthly meetings and report on the number of callouts, their broad categories and any problems encountered. The same problems are often reported each month, without resolution. These appear to be mainly due to an apparent lack of understanding about the Listener role amongst the prison staff. For example, access on and exit off wings to conduct Listener duties can be denied, resulting in long waits for the Listeners on duty. This is despite Listeners being granted red band status, meaning they are permitted to move around certain areas of the establishment, in September 2022. The space for Listener meetings to take place is frequently reported as cluttered, dirty and unventilated. The number of call-outs has shown a gradual increase through the reporting period, peaking in December with 65.

4.3 Violence and violence reduction

There were 31 incidents of prisoner on staff assaults for the reporting period (compared to 32 in the previous year). Prisoner on prisoner assaults have totalled 24 (compared to 14 in the previous year). The prison has had prisoners with violence in prison estimator (VIPER) scores of 4.3 and 5.3 in March 2023 and 4.3 and 5.6 in April 2023.⁵

There was routinely a high number of outstanding referrals to the police, some over six months old that had not progressed. In some cases, the women had been transferred or released in the meantime.

4.4 Use of force

Use of force management and monitoring is conducted weekly (in order to review any incidents promptly and view any camera footage) and monthly (to take an overview and monitor strategy) – both are regularly attended by a Board member. All aspects involved in use of force, including training needs, are under more scrutiny as the need for its application has increased during the reporting period. There has been an emphasis on improving the management of meetings and the content of use of force reports from staff, as the latter have been inadequate at times (as we have reported in the past). Ongoing guidance has been issued. Use of force is monitored very thoroughly - of the incidents observed by the Board, there seems to be good guidance and de-briefing. While the Board finds this encouraging, it also notes the significant amount of paperwork staff complete post-incident. We observed that staff

⁵ VIPER is a violence predictor. It assesses the risk of a prisoner being the perpetrator of violence in prison in a month. 3 and above is the crucial number for reporting in safety statistics.

often felt frustrated that sufficient time was not available for completion of the paperwork. With a proportion of more inexperienced staff, there is a recognised need for training in this area.

There has been a shortage of body-worn cameras at times (and perceived reluctance from officers to wear them), but a number of more effective cameras were delivered to the prison in summer 2022.

Use of force peaked in April 2023 with 24 incidents: 16 spontaneous and 8 planned, involving 11 prisoners. This was an increase from March when there were 19 (18 spontaneous and one planned). There were 108 incidents between September 2022 and April 2023. Compared to the previous reporting year, the logged data shows a rolling quarter for the periods February–April in both years (i.e., the final quarter of each reporting period). The February figures show a 550% increase (2 vs 13); the March figures, a 280% increase (5 vs 19); April, an 1100% increase (2 vs 24). The explanation will be partly an increase in population but, arguably, mostly the marked increase is related to prisoners with complex needs.

Rigid bar cuffs are now typically used when required, although difficulties using them are still reported.

4.5 Preventing illicit items

As the prison opened up again after Covid restrictions, there was a significant rise in the use and distribution of illicit substances in the prison. The response to this has been to scan all items posted to the prison from February 2023. Parcels were also scanned by search dogs; however, at times there was a lack of dogs available and a backlog of parcels developed. Photocopies of post were made in black and white (not ideal for children's artwork or family photographs). However, we saw very few staff and contractor searches taking place.

Spice (a Synthetic Cannabinoid Receptor Agonist) continued to be an issue, with officers and prisoners complaining about certain wings where its use was more prevalent and staff reporting feeling light-headed from its effects. It seemed to the Board that there sometimes appeared to be a resigned acceptance from staff about drugs being so readily available in the prison. We also had comments from prisoners about their frustrations about being on wings where drugs were so prevalent, particularly if it threatened to hamper their own efforts to be drug-free.

The prison received amber/red status in an HMPPS security diagnostic process held in April 2023. Mandatory drug testing was back in operation having been suspended in previous years.

5. Fair and humane treatment

5.1 Accommodation, food

Disruption in leadership has been a feature of this year with the head of residential services changing in September 2022 and in January 2023. This has led to some loss of momentum in areas. One example is the forum meeting where wing reps were not replaced and meeting attendance fluctuated. Governor attendance at the meeting became uncertain with some meetings cancelled. A member of the Board attended a forum meeting in September 2022 where some of the actions dated back to July 2021. The progress to community or wing meetings has been delayed and is only just getting off the ground. Prison complaints about residential issues, however, showed a reduction from 212 to 199 (against a backdrop of an overall 25% increase in complaints).

Matters which are raised by prisoners such as failed equipment (e.g., toasters, hair straighteners etc) can take an extremely long time to be corrected. A lack of television channels has been an outstanding complaint, but now shows signs of being investigated. Cell privacy keys have been provided after a lengthy wait; however, a system to reduce their loss was not implemented at the same time. Privacy curtains which were all in place now seem to be disappearing (possibly due to prisoners removing them), despite a cell check list designed to retain fixtures and fittings.

The kitchen has struggled throughout the year with staff shortages, although steps are being taken to recruit to full complement. Kitchen forum meetings have been held and suggestions made by prisoners incorporated in the menu where possible. Both prison complaints and IMB applications on food remain very low.

Cost-of-living increases were cited as an issue by women. The additional Covid PIN credit was stopped and the weekly charge of £1 for television was reinstated in early summer 2022.

5.2 Segregation

Many of the prisoners held in the CSU pose very serious challenges as they can present with multiple behavioural issues and a lack of inhibition. Our observation is that CSU staff display extraordinary resilience, patience and compassion. They support the women in an environment which we have regularly observed is extremely highly pressured.

At the end of the reporting period, two prisoners in the CSU had been sectioned and were awaiting transfer to secure hospital accommodation. One woman was transferred from HMP Bronzefield in a psychotic state (the highest level for psychiatric management, the “red zone”). The view was that she should not have been sent to Downview which does not have 24-hour healthcare (whereas Bronzefield does). We were told by staff of their perception that Bronzefield were “*sending the most challenging of their women*”.⁶ The transferred prisoner was referred for a place in psychiatric intensive care in April 2023 (a week after her arrival at Downview). However, as of the end of our reporting period, she had still not been allocated a place. We were told that it could take “*three days, three weeks or three*

⁶ And correspondingly we heard from senior staff that it was extremely difficult to transfer women on from Downview into 24-hour healthcare units at HMP Bronzefield and Peterborough.

months” to find her a place, despite Commissioners being involved and escalation at the highest level.⁷ The impact of the individual on the CSU, for both staff and prisoners, has been significant. One officer (who the Board has regularly observed treating women in the unit with exceptional kindness, patience and professionalism) said after a weekend when the unit was full with challenging women *“if I’d known that I’d end up working in a psychiatric institution, I’m not sure that I would have applied for the job”*. After another particularly challenging weekend in April 2023 (when the CSU was full and two special accommodation cells were in use), a highly experienced and capable officer told a member of the Board that it was the hardest shift in his fifteen-year career. At this time, the floor in the unit was under repair, but could not be completed due to the amount of flooding of cells by various prisoners, with one woman regularly defecating and urinating on the floor of her cell. It is important throughout this section of our report to reiterate the care and compassion which we have observed from CSU officers. The comments above, for example, are illustrative of the extraordinary pressures they face in carrying out their jobs with such dedication and professionalism. Our observation is that they deeply care about the outcomes for the women they support.

Despite some redecoration, the unit remains a barren environment. The CSU has often been full during this reporting period – many women with acute mental health issues also reside on general location and the prison has resorted to cellular confinement on the wing.

During the course of the reporting period, 28 prisoners were held in CSU for more than 14 days. The longest stays were 132 days, 68 days, 64 days, 61 days and 51 days. There were 69 prisoners housed in CSU during the reporting period and 21 of those were on ACCTs during their stay.

5.3 Staff and prisoner relationships, key workers

Inexperienced staff had a major impact on the operation of the prison, and a lack of robust performance and sickness absence management processes were regularly cited as an issue. Prisoners reported regularly on an inconsistent approach from staff. While this is often due to newer staff, experienced staff should provide guidance and project a reliable and consistent response to prisoners. Answers to queries should be consistent rather than dependant on who you ask.

We saw that despite the reprofiling in January 2023 building in more time for key working, the key worker scheme was still not embedded at the prison (estimated to be typically at 30-40% of capacity, although with a high of 60% in March 2023). Staff were often cross deployed from key working and it was often the first part of the regime to be dropped. The 45-minute session allocated was for preparation, conversation and report. If the sessions were postponed, then women were understandably keen to prolong the length of their next available session. Quality assurance was patchy and there was ongoing discussion about how best to train for key working – we were told that a training manual for the male estate was about to be issued (with the women’s estate being an unacceptable afterthought). The regime

⁷ She was later transferred to a psychiatric intensive care unit in the north of England two days before her release, after over two months in the Downview CSU.

review planned for May 2023 was due to consider how better to incorporate key working sessions.

5.4 Equality and diversity

For much of the year (from November 2022 when the existing manager resigned), there was no equalities lead in the prison. A lead was recruited at the end of the reporting year. As in previous years, equalities work seemed to have had a low priority and meetings were often cancelled. Protected characteristics forums had the reputation of being ineffective with limited attendance and follow-up. We saw limited diversity data available.

There has been an ongoing issue regarding the lack of products suitable for black, Asian and minority ethnic women for sale via Gladragz, the prison shop. There was routinely not enough stock and those products which were ordered were unsuitable and missed the return date for a refund. No member of staff appeared to take responsibility for the situation, despite it being routinely escalated as an issue by senior management.

There were eight transgender prisoners in the prison as of the end of the reporting period. Two were located on E wing (the wing for high-risk transgender prisoners). Following revision of the HMPPS transgender policy in February 2023, we observed senior managers in the prison having to manage extremely challenging operational issues in a vacuum of information from HMPPS. We were told by a senior officer that *“policy is generated from higher up without any real understanding of the operational impact”*. We observed one local transgender case board for a prisoner where it appeared to the Board that the HMPPS lead had little awareness of the detailed operations of E wing. The prison was expected to plan resources when the number of individuals due to arrive at E wing or their risk profile was not disclosed sufficiently in advance. The offender management team cited a knock-on impact on resourcing as a result of more complex transgender prisoners being transferred to E wing. Increasing support was required for more regular complex transgender case boards and more administration for prisoner offender managers in liaison with external probation. The longer-term implications of the new policy on local operations, staff resourcing, and also progression opportunities for prisoners appeared to be ill-thought through by HMPPS.

As a result of the revised policy, one E wing resident, who had less than four weeks left to serve of her sentence, was transferred to a prison in the male estate, much to the concern of the Board and prison staff. At times we also observed a disconnect between officers' perception of the women on E wing and that of staff in the offender management team who seemed to have a differing assessment of the risks posed by some of the women. Local and complex transgender case boards to manage the risk of the women on E wing were more frequent towards the end of the reporting year (with a member of the IMB attending when possible). Further measures were put in place in the prison by way of “sight and sound” supervision to manage the perceived level of risk. Despite the limited regime on E wing (due to either an assessment of offending profile by local or complex case boards, or general staffing pressures across the prison), we observed the staff on E wing treating prisoners in a compassionate manner.

As a Board we carried out a thematic monitoring exercise in relation to older prisoners (aged 50 years+⁸), comprising 13% of the population at the time. It was interesting to note that we had not had contact with many of this group, so it felt important to hear their views. An observation is that perhaps this age cohort tend to be quieter and less likely to submit complaints and therefore their needs potentially get overlooked. Women were by and large enthusiastic to talk about their experiences and various women said they were grateful for the focus on them. Issues cited were the availability of routine medical screening for this age group, lack of menopause support⁹ (including support networks) and forums / groups for this cohort. All surveyed were emphatic in stating that developing dementia in prison would be an impossible situation to manage.¹⁰

5.5 Faith and pastoral support

The reporting period saw the relaxation of Covid rules and a return to more normal practices and routine by March 2023. The chaplaincy team continued to maintain a regular presence on the wings to support women when needed and regular Sunday services (four cohorts on a two-weekly cycle) continued as did various bible study groups. The predominant religions were Christian and Muslim.

Apart from the managing chaplain, the other four staff were retained on a part-time basis. Staffing remained a challenge as part-time staffing presents particular issues from a continuity of care perspective, which is dependent on the building of relationships and trust.

5.6 Incentives schemes

A prison survey of the incentives scheme was carried out in December 2022 - 35 prisoners responded. There was an ongoing perception from prisoners and staff that the distinction between standard and enhanced (enhanced covering 60% of the population) is not meaningful and that communication from officers to prisoners of decision-making is often poor. Lack of consistency in the way in which the policy is managed by individual officers was also regularly cited.

5.7 Complaints

Complaint figures were collated from 1 April 2022 to 31 March 2023. The total number of complaints had risen by 26% over the previous year; this cannot be attributed solely to an increased roll. Categories showing the most substantive increases were finance, healthcare, confidential and property.

The number of complaints answered within the prescribed timeframe had fallen to 60%, compared with 79% the year before. A tracker spreadsheet was issued weekly detailing outstanding complaints, which were also referred to in the senior staff morning meeting. At times during the year (e.g., over Christmas and the summer period) the number of outstanding complaints increased substantially.

⁸ On the basis of established evidence which demonstrates that many prisoners in their 50s and over have a physical health status ten years greater than their contemporaries in the community.

⁹ Recoop, a charity, started work in the prison in April 2023 to support awareness of the menopause.

¹⁰ The prison had two prisoners who had suspected dementia as at the end of the reporting period. The prison has been trying to get access to memory clinics for evaluation for both women without success (and thereby delaying the provision of suitable medication). This has been escalated to Commissioner level. We were told that there is no provision for dementia testing in the prison environment.

Responses to complaints referred to other establishments were routinely late. In the latter part of 2022, HMP Bronzefield failed to answer complaints with the result that six complaints totalled 1,716 days overdue for reply (despite regular reminders). Prisoners should have their complaints dealt with in a timely fashion; lengthy delays are unacceptable.

5.8 Property

The new Prisoners' Property Policy Framework was effective from September 2022. Nonetheless, frequent failings in the handling of prisoners' property continued to occur. The number of prisoner complaints relating to property increased by 43%, from 61 last year, to 87 this year. IMB applications relating to property at Downview increased by 250% over the previous period and property relating to other establishments by 280% (compared to total IMB applications in the reporting year increasing by 83%). Staff at both Downview and transferring prisons often appeared to be unsurprised at poor outcomes for missing property complaints. In general, staff in Downview are helpful and endeavour to deal with property carefully and accurately. However, reception staff are the first to be cross deployed when staffing is low, which impacts on property issues.

We saw an increase in property missing on transfer from HMP Eastwood Park – in March 2023, two separate groups of prisoners were transferred to Downview without their property records, medication records or their medication. Two prisoners were sent from HMP East Sutton Park with no property (being nearby, this could be quickly resolved). Two prisoners arrived from HMP Low Newton without their luggage and were initially told they would have to pay the cost of carriage to obtain their belongings (this was later satisfactorily resolved).

Obtaining property left behind in HMP Bronzefield remains a regular challenge – we frequently observed minimal cooperation from Bronzefield reception staff in helping to resolve property queries. For example, we received an application from a prisoner relating to a mobile telephone which had not transferred from HMP Bronzefield with her in July 2022. She had submitted a complaint to Bronzefield which remained on the Downview complaints tracker for some weeks until it disappeared. This prompted the suggestion from a governor at Downview that the prisoner should accept a £50 goodwill gesture, for a mobile estimated to cost £195, or somehow submit a civil claim herself, from prison, to recover the cost of the mobile. The Board then contacted the Director at Bronzefield directly who said that the documentation from Bronzefield evidenced that the telephone had been sent from the prison. Downview provided evidence to the contrary and said that the mobile had not arrived at Downview. There was then an impasse until a governor at Downview said that, whilst the situation wasn't clear, the mobile telephone had clearly been lost whilst in HMPPS's care. Ten months after the application was received, Downview agreed to pay full compensation for the loss of the mobile. We are confident that if the Board had not intervened the prisoner would not have received this positive outcome. The Board feels strongly that it is not fair that prisoners should have their property dealt with in a cavalier way whilst in the care of HMPPS.

The Board also received an application from a prisoner who said that a bag of property had failed to transfer from Bronzefield. When we spoke to Downview reception staff, an officer said that she was aware of the missing bag upon the arrival

of the prisoner. However, the prisoner was expected to follow up loss of her property herself, using a system which patently did not function adequately for complaints.¹¹

We were told by staff that there was minimal compliance with volumetric controls, both at the prison and centrally at the HMPPS storage facility, and that the problem is just building up – this however does not explain why so much property goes missing on transfer. We were also told that HMP Bronzefield does not satisfactorily manage volumetric controls, meaning that women transferring may have several bags of property, and the escort service regularly refuses to bring more than three bags to Downview. The remainder are then subject to a higher chance of being misplaced.

From time to time there is confusion about what items are allowed in possession; sometimes this is due to staff inexperience and inconsistency. The release of an incorrect version of the facilities list created further confusion. The list of property allowed in possession has been carefully constructed to allow prisoners a wide variety of personal items to suit most eventualities.

More items are now sourced via external suppliers (e.g., Amazon), meaning that the incoming property is subject to processing by them, rather than being sent in by families and friends, and therefore not subject to the same level of security checks, with its attendant delays.

There remained frequent complaints from prisoners regarding delays in exchanging stored property at the prison – we were told by staff that this was due to cross deployment of staff elsewhere from reception.

¹¹ As of the date of writing our report, this issue has been escalated to the Prisons and Probation Ombudsman.

6. Health and wellbeing

6.1 Healthcare

A new head of healthcare joined in May 2022, after a period of staffing instability, and we observed a greater commitment to working more closely with the prison. From September 2022 onwards, a fortnightly prison/health partnership meeting between the prison and healthcare was initiated, with the stated aim of a “collaborative approach to pursuing improved outcomes” for the women. In addition, there was a bimonthly clinical quality board meeting – several of these meetings were cancelled, often with short notice, or key governor-level staff were not available. Minutes from this meeting were often extremely late, circulating weeks after the meeting had been held.

Staffing in primary healthcare remained an issue due to long term vacancies and sickness. A high level of agency staff was utilised (who were typically not familiar with working in the prison environment). With the use also of bank staff, our observation is that this combination led to a disjointed service.

Medication distribution remained an ongoing challenge – we were told that it “dictates everything we do” and is pivotal to how the regime is delivered within timeframes to suit morning and afternoon roll calls. Late distribution also had a particular effect on women going out on release on temporary licence (ROTL) and other workers. Early in 2023, chaotic scenes were witnessed by the Board at the medication hatch on the largest wing, resulting in an increased risk of trading. The safer custody team collaborated with healthcare to manage this and there are now two hatches on that wing (one distributing methadone). A waiting area was created in early 2023 to avoid crowding at the hatches, which helped with reduction of queues and medication trading. Patients are now triaged by the nurses after the medication rounds, which will help reduce the amount of time spent when women are enquiring about their health issues during medication dispensing times. Nurses have carried out a piece of work around in-possession medication to reduce the amount of medication being dispensed at the hatch.

After a lengthy procurement delay, secure medication lockers in rooms were provided to those who were appropriately risk assessed. Two hundred and fifty new lockers had previously been ordered in 2022 for in-cell possession medication; when delivered they were found to not be fit for purpose (a ligature hazard) and not refundable. The consulting rooms in healthcare were still without privacy curtains at the time of reporting - despite being measured for regularly, they have never arrived.

Medication availability has also been an issue prompting ongoing discussions with the pharmacy regarding supplies and manufacturers. This relationship has been challenging. There have been some issues with medication not being available for women when they collect their in-possession medication or supervised medication. Healthcare continues to work with the pharmacy to ensure medication is supplied on time and to look at how to store medication which cannot be bought in bulk due to short expiry dates. The relationship with the pharmacy provider is improving, but availability/transfer of medication when moving from one prison to Downview can still be an issue (due to late receptions and/or medication cessation/reviews on arrival).

We reported previously that it was difficult to monitor the levels of complaints within healthcare as the system of recording appeared not to function adequately.

Complaints are now recorded electronically and appear to have risen. However, we believe that this is due to more accurate recording, the active seeking of feedback and the addition of healthcare reps. Most complaints related to the lack of availability of certain medication as above, lack of appointments and general care.

There were ongoing issues with the timetabling of offered services and appointments and how this could work better for women who attend education and other activities – resolution of this will lead to improvements in “Did not attend” (DNA) rates. A new app system was developed which allowed women to book and get confirmation of appointments more easily. Prior to this, for some services, DNA rates were up to 50%. More recently, we have seen evidence of a decline in DNA rates in the latter half of the reporting year. One of the unavoidable reasons for challenges regarding access to appointments is that there are no appointments between 12 and 2pm, when women are locked up over the lunch break. Healthcare cover finishes at 6.15pm daily and many women struggle with being required to take sedative medication so early in the evening – we were told at the end of the reporting period that this was being reviewed, with the plan to extend healthcare cover to 8pm from September 2023.

IT systems have provided healthcare with a challenge in the reporting year. Difficulty in gaining access to patient records has led to delays. Central and North West London NHS Foundation Trust (CNWL) took over as the provider of IT services in March 2023. During the time the changeover took place there were scheduled outage times which nevertheless impacted on medication dispensing and the smooth running of clinics.

Within mental health, a step 1-4 service provision for escalation of issues and the use of the NHS zoning system appears to work well, and access to the psychiatry service has been greatly improved (with access to ADHD assessments, for example) within the reporting year. There has also been the introduction of the Early Days in Custody (EDIC) model in February 2023 which seeks to ensure that all new receptions are provided with a specific mental health screening shortly after arrival.

The Board, however, has significant concerns regarding the increase over the past twelve months of complex cases who were assessed as not suitably stable transfers for Downview (due to the women’s acute mental health needs). These women have nevertheless been transferred, despite being too unwell for the support that the prison can provide. Towards the end of our reporting period, this had the effect of staff and prisoner perception of Downview as being “*a dumping ground*” for women who ideally should not be in the Downview environment. With marked decreases in group waiting lists and a more positive clinical model for mental health in progress, this is disappointing to note.

6.2 Regime

The regime continued to be adjusted as the year went on, with regular Governor review, and a full regime review process starting in May 2023. A constant complaint was that too often unlock was late, often as a result of delayed medication distribution.

6.3 Drug and alcohol rehabilitation

As of May 2023, the Forward Trust had a caseload of 135 women, and the Forward Trust family practitioner had a caseload of 31.

In March 2023, Downview opened a 23 bed ISFL (incentivised substance free living) unit. This was a collaborative effort between Forward Trust and the prison. The policy was written by Downview and supported by Forward Trust. A CM was appointed and is the main contact point for decisions that need to be made. The aim of the unit is to be a 'rehab taster' and a place where recovery takes priority over everything else. Any addiction is considered, including drugs, alcohol, sex and gambling. Women are chosen on a case-by-case basis and there is a rigid structure that needs to be adhered to including regular drug testing, continued commitment to Alcoholics Anonymous/Narcotics Anonymous and no negative incentives scheme entries. The unit offers a new and well stocked common room that the prisoners maintain. There is an emphasis on peer support with a two-hour weekly 'recovery thinking group' guided by Forward Trust. Some recent topics have included: 'trust' and 'what is addiction?'. There have been some teething problems (inter prisoner relationships, for example), so subsequently, the unit decreased in size and currently offers a more manageable 12 beds.

The association room is new and clean, and designed by the current residents, with new couches, a TV, and some basic kitchen appliances.

6.4 Soft skills

The programme of alternating weekly yoga and mindfulness sessions continued to be well supported. Therapy dogs were brought in on alternate weeks and continued to be very popular. One extremely mentally unwell woman housed in the CSU for a period of time was allowed a visit from the dogs and staff reported her as being unusually calm during the session.

7. Progression and resettlement

7.1 Education, library

With effect from 1 April 2023, the contract for education has been awarded to “MK” (Milton Keynes College), an experienced provider of prison education. Weston College had been the provider at the prison for the previous four years. Changes had been made in the national contract which had led Weston College to withdraw their tender for the Southeast England region. However, staff have remained the same, as have the regional management team, so the changeover has not been disruptive.

Attendance at education averaged 80%. It is accepted that the follow-up of non-attenders should be tightened, with a drive for increased clarity as to who is accountable for this.

As of March 2023, 30 laptops had been issued to help Open University students with difficulties in accessing the Virtual Campus as well as other women who needed them (a need identified by the learning and skills manager). The laptops were secure and offline with pre-loaded content. A classroom with four PCs had been set aside for quiet study for those on distance learning courses.

In April 2023, the existing learning and skills manager was recruited to the newly established role of head of education, skills and work (to take effect after the end of our reporting year). Priority will be given to developing a culture of learning and employment embedded within the prison. The new role would cover industries, employment, neurodiversity support, education / library, gym, gardens and workshops. The reducing reoffending team will cover the activities hub, the open wing, family engagement strategy, reducing reoffending strategy and regime focus.

A new Neurodiversity Support Manager joined in October 2022.

A curriculum review was due to be completed early in the next reporting year. As at the end of this year, gardens, kitchens, education, PE, cleaning and industrial cleaning had been completed. The length of the working day is to be increased in certain areas and a communication plan to raise the women’s awareness of the opportunities made available.

A bimonthly award ceremony was introduced for prisoners in April 2023, celebrating achievements in education, industries and interventions, with sixty nominations. Prisoners we to spoke afterwards were extremely positive about it.

The library continued to provide a comprehensive service to the women including a regular book group and newsletter, literacy learning under the Shannon Trust, StoryBook Mums¹², short courses (e.g., philosophy and creative writing), a literary festival (“Penned Up”) and regular guest author visits. In early 2023 it was noted that 96% of prisoners were members of the library and 80% had taken out a book in the previous month. The head librarian is due to retire in June 2023, which will be a great loss to the prison as she has done a superb job.

¹² This is a scheme that runs in a number of prisons whereby mothers in prison can record a story for their children.

7.2 Vocational training, work

Attendance in activities averaged 80% throughout the reporting year. There was more emphasis from the incoming Governor on accountability regarding the women who were not attending activities and the data was collated for the daily morning meeting. Issues cited to us by staff included a lack of collaborative working between healthcare and activities which created scheduling issues for women's attendance.

The Clink kitchen continued to cater regularly for large scale functions (for example, canapes for 1500 at a Guildhall event at the start of May).

We saw some effective work ongoing with the CXK¹³ CV creation programme, using the skills of a peer worker to create polished CVs for the women to use upon their release.

Max Spielmann remained a source of positive ROTL opportunities. We spoke to one woman who had secured a full-time job in her local store following her release and explained how the manager of the store whilst she was out on ROTL was sensitive enough to remind her of her "child-caring responsibilities" at the end of the day, so she avoided missing her prison curfew.

Paid days' ROTL increased from 58 in January to 132 in April 2023, with the objective cited of getting out 30 women at a time on ROTL. We heard reports however about staffing / regime issues which meant that women were not able to get out to their place of work on time. They were also regularly kept waiting for up to two hours in the prison reception to be escorted back to their wings upon return from work at the end of the day (which was escalated by senior management as an issue for resolution). The ROTL application process was transferred back to the offender management unit from the reducing reoffending team in May 2023, with risk assessment/compliance sitting within the offender management team.

Following a review in August 2022, local pay rates for all areas of activities and education increased and rates were made the same irrespective of IEP status. Prisoners who engage with education to progress in their maths and English levels now receive a slightly higher rate of pay.

7.3 Offender management, progression

It has often been reported to us by prisoners that there was no provision for the progression of lifers. A positive development was the allocation of ten places in the open wing of the prison for lifers (described to us as "*like a hostel*" by one lifer), and applications were opened for a lifer representative and lifer peer support.

A push from Governor level for more women to move on to HMP East Sutton Park (ESP) (fully open conditions) was apparent from Summer 2022 (with the deputy governor of ESP spending a period of time based at Downview). Many eligible women were reluctant to transfer there (due to certain perceptions about the prison – for example, sharing a room and rural location being cited). When staff were previously benchmarked by the number of ROTLs at Downview, it is thought they were less likely to recommend transfer to ESP of the ROTL-ready prisoners. A view was expressed by offender management staff that women were remaining on D wing

¹³ www.cxk.org/

(the open wing at Downview) for too long and were often transferred to an environment such as ESP too late for meaningful progression in their sentence.

We observed significant delays with women being assessed for home detention curfew in summer 2022, as the Metropolitan Police stopped carrying out accommodation checks.

We also saw first-hand the impact of direct intervention from the Secretary of State for Justice into release decisions. One high profile prisoner (with whom the offender management team had spent a significant amount of time preparing for her release) was told the afternoon before her scheduled release date that the Secretary of State had exercised the power to detain and that she would not be released at the halfway point of her sentence. This decision was later overruled on appeal, and she was released over five months later than planned. Not only was this extremely difficult for the prisoner to deal with (being advised at the very last minute), but also for offender management staff (with their management of an individual being undermined so publicly). Towards the end of the reporting period, staff reported a perception of less intervention at a ministerial level.

There were two IPP prisoners as of the end of the reporting period (one who had been recalled four times).

7.4 Family contact

The Board went through a difficult process last year (for the second year running), fielding a five-page submission from PACT and follow up from the Secretariat regarding changes requested by PACT to our draft annual report. Confident in our regular monitoring and the evidence we had collated, we made three minor factual changes in response and again expressed to the Secretariat our significant disquiet about inappropriate input into the annual report review process.

PACT was re-awarded the HMPPS Prisoner, Family and Significant Other Services contract for the prison in October 2022, and we saw more resource on paper allocated to provision. An effective manager stood in for a short period on maternity leave cover, and the feedback regarding her was good. The new contract made provision for quarterly reporting (from the previous monthly reporting), a development not welcomed by the prison. For our monitoring in this reporting period, we were told by PACT that these reports were now not available to the Board (despite us having been provided with the reports directly by PACT in previous years). This hampered our monitoring of the provision of family engagement services in the prison.

We were informed by PACT that the Visiting Mum programme was to be closed later in 2023 due to lack of funding. PACT had received £149,000 in restricted funding from Comic Relief for the programme in Downview specifically in 2019. We were told by PACT that it was estimated that 21 women had been part of the programme in the prison since its inception in 2020.

The same prisoner who we reported previously¹⁴ as having been “failed seemingly at every turn in her ongoing attempts to maintain contact with her young son” informed us that it was proving impossible to arrange for the agreed letterbox contact with her son as her social worker wasn’t available and the support from PACT wasn’t

¹⁴ In our 2021-21 annual report.

effective in resolving the issue. Our observation of the situation with this individual, and with other prisoners who we have spoken to, is that PACT appear to have minimal impact and leverage in resolving issues with external social workers.

The area outside the visitor centre remained unkempt and the outside seating unsafe, despite our regular reports to the prison regarding it. The play area inside the centre looked neglected and unwelcoming, with a section of fencing down and potentially unsafe play equipment roped off. We were told that the play area had been condemned.

Family issues remain in the top three issues for prisoners for Listener call-outs. We were told at one stage that there were c.120 women at the prison who did not receive social visits.

Child resettlement leave started in September 2022 (for women in closed as well as open conditions) – eleven women took part during the reporting period. One woman via a combination of child resettlement leave and ROTL was spending very little time in the prison in the run up to her release: which the Board believes is highly effective preparation for release in a supervised environment.

Family days remained popular with prisoners and at the start of 2023 we saw an emphasis on making the application process more user friendly and streamlined in order to avoid disappointment. The Christmas 2022 family day had less than a week's notice and there was a lack of staff for security checks. We were concerned to note that the new family and significant others policy issued in December 2022 lists the consideration of incentives level status for applications for children's visits and family days (contrary to Farmer Review¹⁵ guidance). We were told that monthly social visits allowance at the prison was less than HMP Bronzefield (2 vs. 4 for standard / 4 vs. 6 for enhanced).

A dedicated perinatal resource (governor grade) started at the end of the reporting period, covering the then six affected women in the prison.

7.5 Resettlement planning

We observed the development of the new employment hub and the inaugural employment fair in September 2022 (with 33 women and twelve employers attending). The newly formed employment advisory board (EAB) had its first meeting in January 2023 with an effective chair (an employer from the community) and a clear strategy and accountability for follow-up – we look forward to monitoring developments with interest. CU151 figures for the prison (the percentage of women in employment within six months of leaving prison, with an MOJ target of 15%) were 25% and 27% for February and March 2023 (the highest in the women's closed estate). There is an aspiration to reach 35-40% monthly (although the inaccuracy of, and lack of resource for, the input of NDelius¹⁶ data by probation was cited as an issue). The main barriers to employment continue to be availability of accommodation and health / interventions issues (at 24% for each in March 2023).

¹⁵ The Importance of Strengthening Prisoners' Family Ties to Prevent Reoffending and Reduce Intergenerational Crime, August 2017

¹⁶ The case management system for the probation service.

Releases of prisoners on Fridays continued (with its problems for accessing support with mental health, accommodation, travel and mobility issues). Between a third and a half of total releases were on a Friday.

There were 17 women released homeless and 29 into transient accommodation during the reporting period. Frustration was expressed by the prison about the accuracy of recording of the data. External probation is tasked with entering the data on NDelius (which appeared to be rather hit and miss) – however it is a prison-held target. A new role of strategic housing specialist was appointed in autumn 2022, to strengthen and support partnership working between the prison, relevant housing stakeholders and other key resettlement agencies. The first prison “accommodation market” was arranged for June 2023, with the aim of women meeting the range of organisations that can support them with accommodation, health advocacy, social inclusion and finances upon release.

We saw ongoing evidence of the challenges for the offender management team of getting information from, and communication with, community offender managers and were told that there were 700 probation vacancies in the London area alone. This was cited as a factor in securing accommodation. In March 2023, one woman only had her accommodation secured when she met with her community offender manager post-release – the woman was later recalled. We query whether in circumstances like this, women are inadvertently set up to fail.

There was a significant increase in the numbers of recalled women in the prison towards the end of the reporting period (increased by c.50%, to over 40 women). We heard of instances where women were recalled solely due to loss of housing. External probation was described to us by staff as “*more compliance than support*”.

8. The work of the IMB

This report is more condensed than previous ones, to take into account recent IMB Secretariat guidance. We are grateful to the Governor and other prison staff for their continued co-operation with accessing and providing information during this period.

Board statistics

Recommended complement of Board members	12
Number of Board members at the start of the reporting period	7
Number of Board members at the end of the reporting period	12
Total number of visits to the establishment	348

Applications to the IMB

There was an 83.5% increase in applications to the Board from the previous year.

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing and ablutions	8	15
B	Discipline, including adjudications, incentives scheme and sanctions	5	7
C	Equality	6	6
D	Purposeful activity, including education, work, training and time out of cell	6	9
E1	Letters, visits, telephones, public protection and restrictions	8	9
E2	Finance, including pay, private monies and spends	3	15
F	Food and kitchens	5	4
G	Health, including physical, mental and social care	23	35
H1	Property within the establishment	9	28
H2	Property during transfer or in another facility	4	19
H3	Canteen, facility list, catalogues	3	3
I	Sentence management, including HDC, ROTL, parole, release dates and re-categorisation	12	24
J	Staff/prisoner concerns, including bullying	14	17
K	Transfers	2	5
L	Miscellaneous	1	4
	Total number of applications	109	200

Annex A list of service providers

Works and maintenance at the prison are carried out by Gov Facility Services Limited.

Healthcare services are provided by Central and North West London NHS Foundation Trust (CNWL), with substance misuse support provided by the Forward Trust and GP services provided by DrPA.

Education facilities are provided by Milton Keynes College.

A number of providers offer services and programmes (on a contracted or third sector basis) within Downview, including the Prison Advice and Care Trust (Pact), CXK, Working Chance, the Shannon Trust, the Samaritans (Listener scheme), ID Essence, the Koestler Trust, Hibiscus, London College of Fashion, Clink Kitchens, Max Spielmann, Fine Cell Work, StoryBook Mums, the Shaw Trust, Making Connexions, Women in Prison and Advance.



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