



Report on an unannounced inspection of

HMP/YOI New Hall

by HM Chief Inspector of Prisons

14 November – 1 December 2022



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Introduction

New Hall prison and young offender institution, located near Wakefield in West Yorkshire, can hold up to 381 women, although there were just 314 at the time of this inspection. A prison with many purposes, it holds women of all ages and differing risks: some are on remand or unsentenced, but a small number are classed as restricted status and considered among the most dangerous. New Hall has a fairly significant turnover of prisoners, although staff told us that many women were well known to them, returning frequently and repeatedly.

This was our first inspection since 2019, and while we observed some deterioration in outcomes in rehabilitation and release planning and purposeful activity, this was from a high bar set in 2019. The prison remained an overwhelmingly safe and respectful place, work to promote rehabilitation was still reasonably good and only in the quality of the daily regime was there more significant work to be done to return to previously high standards.

The prison was very well led by a governor who knew her prison well and was able to motivate an engaged and caring staff group. This was true of all elements of the prison, including various specialist facilities such as the mother and baby unit or the Rivendale unit, which worked with women with personality disorders. At the heart of the governor's leadership approach was a commitment to prioritising key work. This provided a structure that marshalled and exploited the good relationships we saw and brought numerous benefits to the prison, and more importantly the women held there. It was no surprise that New Hall's approach to key work was one of the better examples we have seen in the prison system.

Our two principal criticisms of the prison were about the security and quality of the daily regime. Some aspects of security, such as excessive and cumbersome roll checks which impeded access to activity, seemed to be excessive and disproportionate to the identified risks. Good security is vital, but it should be managed in a way that allows women to access the services that will help to reduce risks, commensurate with the broader public interest. That said, the activities on offer were too limited. We found about a third of women locked up during the working day and time out of cell generally was not good enough. At weekends it was even worse. Our colleagues in Ofsted judged the provision of learning and skills provision as 'requires improvement', their second lowest assessment.

Other priorities included a need for greater focus on the promotion of equality, as well as improvements to the prison's public protection arrangements. Nevertheless, this is a good report about a capable prison. The issues we raise are eminently fixable, and we hope the priorities we have highlighted will assist ongoing improvement.

Charlie Taylor

HM Chief Inspector of Prisons

January 2023

What needs to improve at HMP/YOI New Hall

During this inspection we identified 13 key concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders (see Glossary) and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concerns

1. **Too many security measures were disproportionate and affected outcomes for prisoners needlessly.**
2. **The daily regime was inconsistent, unpredictable and a source of frustration among prisoners.** The regime often ran late and too many prisoners were locked up in the core day. Time out of cell was far too limited for those in the induction unit.
3. **Leaders and managers did not carry out a needs analysis and as a result did not have a coherent approach to planning the education skills and work curriculum.**
4. **The curriculum provided by Novus across education and vocational training was too narrow in most subject areas.** Apart from in English and mathematics, there were insufficient progression routes.
5. **Attendance was too low because other activities, such as medication administration, showers, gym and health care appointments often clashed with classes.**
6. **There was too little support to help women maintain or rebuild relationships with their children and families.**

Key concerns

7. **Use of body-worn video cameras was too limited, hampering assurance processes for the use of force.**
8. **Leaders had limited insight into the experiences of prisoners with protected characteristics. There was no strategy or needs analysis, consultation was limited and only a narrow set of data was reviewed.**
9. **Most prisoners were unable to access the inadequate library. Unless they attended education, women did not have ready access to reading materials.**

10. **Women's mathematics and English skills were not being developed sufficiently at work or on some vocational courses.**
11. **There was insufficient support for those with a learning difficulty or disability when at work.**
12. **There were not enough opportunities for women to address their offending behaviour and progress through their sentence plans.**
13. **Public protection arrangements had a number of weaknesses, and some risks were not managed well.**

About HMP/YOI New Hall

Task of the prison/establishment

New Hall is a closed prison and young offender institution in Flockton, West Yorkshire, for women aged 18 and over.

Certified normal accommodation and operational capacity (see Glossary)

Women held at the time of inspection: 314

Baseline certified normal capacity: 341

In-use certified normal capacity: 341

Operational capacity: 381

Population of the prison

- 797 prisoners admitted in the previous 12 months (about 66 per month).
- 17 foreign national prisoners.
- About 60 prisoners released into the community each month.
- 191 prisoners receiving support for substance use.
- An average of 75 prisoners referred for mental health assessment each month.
- Five restricted status prisoners (those considered to require additional security measures).
- Three pregnant women in custody.
- Three mothers in the mother and baby unit (MBU) with three babies.

Prison status (public or private) and key providers

Public

Physical and mental health provider: Practice Plus Group, Health in Justice

Substance misuse treatment provider: Inclusion, Midlands Partnership NHS Foundation Trust

Prison education framework provider: Novus

Escort contractor: GEOAmey

Prison department

Women's directorate

Brief history

New Hall, which opened in 1933, originally housed prisoners from HMP Wakefield who were due to be released. In 1961, it became a senior detention centre for male young offenders and a young offender institution in the 1980s. In 1987, it became a women's prison.

Short description of residential units

Sycamore House	Segregation unit with 12 cells
Holly House	For 12 prisoners with complex issues
Rivendell House	30 ensuite rooms for women with personality disorders and selected prisoners on the enhanced regime
Maple House	MBU for up to nine women and 10 babies
Oak House	Mainstream residential unit
Poplar House	First night centre (Poplar 1) and mainstream residential unit (Poplar 2)

Willow House A and B wings provided mainstream residential accommodation. C wing held prisoners serving life and long-term sentences.

Name of governor and date in post

Julia Spence, August 2019

Leadership changes since the last inspection

Scot Whitehead, deputy governor (in post October 2022)

Prison Group Director

Pia Sinha

Independent Monitoring Board chair

Michael Smith

Date of last inspection

25 February – 8 March 2019

Section 1 Summary of key findings

- 1.1 We last inspected HMP/YOI New Hall in 2019 and made 24 recommendations, one of which was about an area of key concern. The prison fully accepted 21 of the recommendations and partially (or subject to resources) accepted two. It rejected one recommendation.
- 1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress against them.

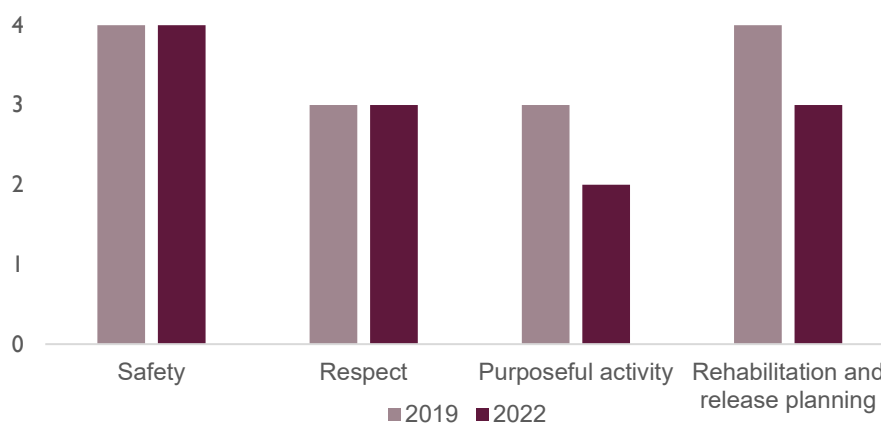
Progress on key concerns and recommendations

- 1.3 Our last inspection of HMP/YOI New Hall took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders (see Glossary), we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.
- 1.4 At our last full inspection, we made one recommendation about key concerns. At this inspection we found that this recommendation in the area of respect had been achieved. For a full summary of the recommendations achieved, partially achieved and not achieved, please see Section 8.

Outcomes for prisoners

- 1.5 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.6 At this inspection of HMP/YOI New Hall, we found that outcomes for prisoners had stayed the same in two healthy prison areas and declined in two.

Figure 1: HMP/YOI New Hall healthy prison outcomes 2019 and 2022



Safety

At the last inspection of New Hall in 2019 we found that outcomes for women were good against this healthy prison test.

At this inspection we found that outcomes for women remained good.

- 1.7 The reception was clean and welcoming and the process swift. First night cells were clean and well-prepared, and the induction was well managed and informative. However, time out of cell for new arrivals was poor.
- 1.8 Staff-prisoner relationships were positive. Most prisoners could name a member of staff they could turn to if they had a problem. Key work was excellent – prisoners spoke highly of their key workers and valued their sessions.
- 1.9 There was a wide range of support for prisoners who had experienced trauma and were at risk of self-harm. Rates of self-harm were lower than in similar prisons, and record keeping of incidents, few of which required hospital treatment, was good. Prisoners who had harmed themselves had mixed views about their care. The monthly safer custody meeting monitored relevant data and leaders had a clear understanding of the causes of self-harm.
- 1.10 There had been one self-inflicted death in March 2022. The death in custody action plan was up to date and reviewed by leaders at the monthly safety meeting.
- 1.11 Although levels of violence against staff and prisoners were relatively high, few incidents were serious. Leaders collated, analysed and discussed a good range of data and benefited from good multi-agency input. They implemented several supportive interventions.
- 1.12 The segregation unit was uninspiring and the regime basic for most. Stays were properly authorised and short for many. However, for the few longer-term residents, reintegration planning remained weak. Segregating prisoners at risk of self-harm was not always properly justified.
- 1.13 The use of force was similar to the last inspection. Most was low level with evidence of situations being de-escalated. Managers analysed data well. Oversight was robust but undermined by the under-use of body-worn video cameras.
- 1.14 Some security measures were disproportionate, notably searching, roll reconciliation and some handcuffing arrangements. Intelligence reports were processed and acted on promptly and were used to set appropriate objectives. The availability of illicit substances was identified as one of the most significant risks and, while leaders had taken steps to address this, the lack of a body scanner meant their options were limited.

Respect

At the last inspection of New Hall in 2019 we found that outcomes for women were reasonably good against this healthy prison test.

At this inspection we found that outcomes for women remained reasonably good.

- 1.15 There was not enough family engagement work and there were still no family visits, parenting courses or Official Prison Visitor Schemes. Facilities for social visits were limited and take up was low. The introduction of in-cell phones and video calls had been beneficial. The mother and baby unit was child focused and supported mothers and their babies well.
- 1.16 Formal consultation with prisoners had only recently been reinstated. Most applications were made through in-cell laptops, and peer workers provided digital assistance helping prisoners use the technology. Responses to complaints were mostly adequate but prisoners lacked confidence in the system.
- 1.17 Communal areas and cells were clean and well maintained. There was a limited number of exercise yards, and apart from those at Rivendell House, they were bare and bleak. Laundry facilities were good, as was access to cleaning materials. The food was adequate, but unpopular. Prisoners could eat their evening meal communally, but there was a lack of self-catering facilities.
- 1.18 Health services were good. The development of a perinatal pathway was positive and made sure that pregnant women were identified promptly, and their needs were met through good multidisciplinary work. There was an appropriate range of primary care services. Daily regime delays affected attendance at some of the afternoon clinics.
- 1.19 The skills-mix and staffing levels in the mental health team had improved, and the team provided a responsive service. Social care was delivered effectively, supported by strong partnership working. Integrated recovery and clinical substance misuse services had developed with some impressive features. Many aspects of medicine management were positive, but some women received their medication too early in the afternoon. Prisoners waited too long for routine dental appointments.
- 1.20 There was no equality strategy or needs analysis. Leaders relied on a very narrow set of data and consultation was limited, leaving them with limited insight into the experiences of these prisoners. A new equality team had been established, but staffing changes were having an impact on work with prisoners from minority groups. Areas affected included obtaining products for transgender prisoners, oversight of personal emergency evacuation plans and support for those who struggled with English. Overall, in our survey and consultation groups, prisoners with protected characteristics reported similar treatment to

their peers. Investigations into allegations of discrimination were mostly satisfactory and responses appropriate, although timeliness was an issue.

Purposeful activity

At the last inspection of New Hall in 2019 we found that outcomes for women were reasonably good against this healthy prison test.

At this inspection we found that outcomes for women were now not sufficiently good.

- 1.21 In our survey, prisoners reported more negative experiences of time out of cell compared to similar prisons. We found that an average of 31% of women were locked up during the working day. During the inspection, women were frustrated about the regime, and both staff and prisoners found it hard to keep track of the core day because it did not operate consistently. A significant number of cumbersome operational issues were preventing daily routines from running smoothly, which led to inconsistencies. The weekend regime was very limited. The prison offered a range of social and recreational activities, although only a small number of women participated, and the activities had just started.
- 1.22 Access to the library was poor, as was the range of books on offer. The gym facilities were excellent and the provision of courses and activities for all levels of fitness was good.
- 1.23 The newly appointed head of education, skills and work was beginning to bring improvements to the curriculum, but the impact was yet to be seen. The curriculum across education and vocational training was too narrow in most subject areas. There was no comprehensive strategy to develop learners' English or mathematics skills across education, skills and work provision. Prison leaders had agreed on a prison-wide reading strategy that identified key areas for development.
- 1.24 There were sufficient activity places. The allocations process had been overhauled and improved. However, waiting lists were still too long, particularly for English and mathematics.
- 1.25 Teachers in most areas accurately identified women's starting points, but in English and mathematics they did not use identified starting points when planning learning to determine strategies that helped women to improve their skills. Women with additional learning needs were supported by most teachers, who put in place appropriate strategies that help them concentrate and participate in learning. This was not the case at work.
- 1.26 Women appreciated the skills they had developed, particularly in the Max Spielman and textiles workshops and in digital skills classes. The prison had developed productive links with employers, charities and government agencies to help women gain the skills, knowledge and attitudes they needed for successful resettlement.

- 1.27 The majority of women were motivated, had a positive approach towards their learning and engaged well in lessons and work. They showed respect for one another and for staff and their behaviour in classes and at work was good. Teachers and trainers created a calm and orderly environment.
- 1.28 Attendance was too low in functional skills classes. Operational delays meant women arrived late at classes, which in the shorter afternoon sessions, limited the learning time.
- 1.29 All women received appropriate information, advice and guidance soon after entering the prison, but due to staff shortages, there was a backlog for ongoing careers information, advice and guidance, which hampered women's ability to review their short- and long-term goals.

Rehabilitation and release planning

At the last inspection of New Hall in 2019 we found that outcomes for women were good against this healthy prison test.

At this inspection we found that outcomes for women were now reasonably good.

- 1.30 The prison held a complex population that changed rapidly. Nearly two thirds of women had been at New Hall for six months or less. However, about 40% were serving long sentences. Strategic work to reduce reoffending was not driven by a coherent action plan that focused on local challenges. About 75% of eligible women had an up-to-date assessment of their risks and needs. Commendably, women were routinely involved in drawing up their sentence plans.
- 1.31 Prisoners who had experienced trauma, including domestic or sexual violence, were identified and offered a wealth of support. The service at Rivendell House for prisoners with personality difficulties continued to provide good support for a small number. Very few women had been able to complete an intervention to address their offending behaviour. Support to help women manage their finances, benefits and debt was good.
- 1.32 Too many prisoners were released late on home detention curfew because of a lack of Nacro Bail Accommodation and Support Service housing and approved premises spaces. Support for unconvicted prisoners was better than we usually see.
- 1.33 There had been an excellent focus on progressing women to Askham Grange and over 70 had transferred in the previous year. Prisoners had good, regular contact with prison offender managers and were positive about the support they received from them and key workers.
- 1.34 Some aspects of public protection required improvement, for example, the interdepartmental risk management meeting did not discuss all those being released who were high risk. Prisoners approaching

release did not always have a confirmed multi-agency public protection arrangement (MAPPA) management level, but contributions to MAPPA meetings were generally good. Monitoring was well managed, but we were not confident that child contact restrictions were always implemented. Re-categorisation reviews did not always consider women's risks fully.

- 1.35 Women's resettlement needs were routinely identified, and prisoners received good support to prepare for release. There were useful handovers between prison and community offender managers. A monthly 'resettlement market' allowed women approaching release to meet staff from housing providers and other agencies. Support to help sentenced women find housing on release was good. Most women were housed on their first night, but there were no data to track the sustainability of accommodation. A welcoming 'departure lounge' had recently opened and was already well used. The prison routinely provided transport to take women to Wakefield station on the day of their release.

Notable positive practice

- 1.36 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for women; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.37 Inspectors found seven examples of notable positive practice during this inspection.
- 1.38 Key work was excellent. Most prisoners including those on remand had a nominated key worker who saw them every week and knew them well. Leaders protected the time set aside for key work, which prisoners appreciated, and the benefits were apparent across the healthy prison tests. (See paragraphs 2.4, 3.10 and 6.13.)
- 1.39 The recently introduced community payback scheme was an innovative alternative to fines for proven adjudications. Prisoners undertook activities, such as litter picking, in their free time rather than pay fines. This reduced the risk of women being put in a position where they would borrow from their peers and get into debt. (See paragraph 3.28.)
- 1.40 The prison ran an impressive range of health promotion activities, which was guided by patients' views and to which all health care staff contributed. (See paragraph 4.40.)
- 1.41 There was excellent support for women who had experienced domestic or sexual violence. A violence against women and girls worker identified prisoners on arrival and two full-time specialist advisers provided practical support, for instance, if women were likely to return to a coercive partner on release or if they wanted to report a sexual assault to the police. (See paragraph 6.4.)

- 1.42 The role of a crisis counsellor had been created in response to the needs of the very short-sentenced and recalled population. The counsellor could offer women between one and four sessions of support. (See paragraph 6.5.)
- 1.43 The prison had introduced a welcoming 'departure lounge', to support women at the point of release, run by knowledgeable and empathetic staff. (See paragraph 6.23.)
- 1.44 Leaders prioritised women's safety by routinely providing a taxi to the nearest railway station when they were released. (See paragraph 6.23.)

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for women in prison. (For definition of leaders, see Glossary.)

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for women in prison. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 New Hall was a well led establishment. The governor had been in post since 2019. She knew the prison's strengths and weaknesses and her self-assessment report was an accurate reflection of the establishment's performance. Leaders' response to our previous recommendations had been positive, achieving or partially achieving 18 of the 24 recommendations made at the last inspection.
- 2.3 Leaders and staff had created a positive culture at the prison. The jail was fully staffed and most staff we spoke to were positive about the support they received from managers. In our staff survey, 71% of staff said their morale was high or very high, which compared favourably to other women's prisons.
- 2.4 The governor had prioritised the delivery of key work to great effect. The scheme had been properly organised, enabling frontline staff to offer consistently more than 80% of key work sessions. We found key work sessions were meaningful and supported the work of offender managers. This commitment to regular contact between prisoners and staff reduced frustrations among prisoners and supported outcomes across all areas of prison life. This included helping those at risk of self-harm, challenging women who broke prison rules, and working with prisoners on their sentence plans. (See paragraph 1.38.)
- 2.5 National and local leaders had been too slow to reintroduce activities and time out of cell after the pandemic. This meant the regime during the inspection was underdeveloped and inconsistent. The introduction of evening activities was positive, but take up was low and prisoners did not value some of the sessions. While leaders in education skills and work had begun to develop the curriculum, they had not yet implemented improvements. As a result, the curriculum was too narrow in most subject areas.
- 2.6 Leaders had made sure that the specialist units, including Holly and Rivendell houses and the mother and baby units, met their objectives. They provided a respectful environment and additional support for prisoners with a significant level of need.

- 2.7 Partnership working between leaders in health care and the prison had led to improvements in the provision, particularly in mental health. Health care services were now good in most areas, and, with the exception of the dentist, prisoners had swift access to clinics.
- 2.8 Leaders had not addressed disproportionate security processes, which included too many roll checks that created delays in the delivery of the regime, reducing domestic periods. In addition, there was an excessive approach to searching, and decisions to handcuff prisoners who left the prison under escort were not risk led.

Section 3 Safety

Women, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes: Women are safe at all times throughout their transfer and early days in prison. They are treated with respect and well cared for. Individual risks and needs are identified and addressed, including care of any dependants. Women are given additional support on their first night and induction is comprehensive.

- 3.1 The prison received about 13 new arrivals each week. Information about the prison was provided at court in a helpful leaflet and other useful information was issued in reception. Vehicles that women travelled in were clean.
- 3.2 Outcomes for prisoners experiencing their first night and early days at New Hall had much improved since the last inspection. In our survey, 87% of women said they were treated very or quite well in reception. The reception area was calm, clean and welcoming, and prisoners were offered a hot meal and drink. Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) and other peer workers in reception greeted new arrivals and were available to talk to.
- 3.3 Staff carried out checks on court documents, assessed risks and undertook the initial health screening swiftly, in private and with sensitivity. This meant new prisoners were not left in reception for unnecessarily long periods of time.
- 3.4 The useful first night assessment checklist made sure that welfare aspects were covered thoroughly. In our survey, 45% said they had problems getting their phone numbers and 66% said they were able to make a phone call on their first night. Most prisoners we spoke to said staff had supported them to use the phone on the first night.
- 3.5 First night cells were well prepared with clean sheets on the beds and distraction material to help reduce women's anxiety.



First night cell

- 3.6 Leaders had introduced checks that took place at two-hour intervals during the night for prisoners' first 72 hours in custody, providing good oversight of women's welfare. Additional checks were in place for those withdrawing from substance misuse or on an assessment, care in custody and teamwork (ACCT) case management document for prisoners at risk of suicide or self-harm. Records of welfare checks we reviewed were timely and some women we spoke to said they appreciated the additional support they received in the first few days in custody because it made them feel safe.
- 3.7 On arrival at the induction unit, women were met by Listeners and interviewed in private by an induction officer. The regime in the induction unit was too limited. Most prisoners received less than an hour out of their cell a day which comprised of little else other than half an hour in the exercise yard and about 20 minutes for a shower. Many complained about the lack of access to showers. Regime record keeping was poor, and showers were not consistently offered every day.



Induction wing

- 3.8 The induction programme had been reviewed and updated. It contained relevant information about life at New Hall. In our survey, 66% said the induction covered everything they needed to know, which was an improvement since the last inspection (44%). The induction suite was an appropriate environment.



Induction suite

- 3.9 The Women's Estate Psychology Service (WEPS) team was piloting a non-accredited intervention to support new prisoners and staff working in the induction unit. The work it was developing looked promising, but the number of completions was very small, and the service had not yet been evaluated.

Promoting positive relationships and support within the prison

Expected outcomes: Safe and healthy working relationships within the prison community foster positive behaviour and women are free from violence, bullying and victimisation. Women are safeguarded, are treated with care and respect and are encouraged to develop skills and strengths which aim to enhance their self-belief and well-being.

Safe and healthy relationships

- 3.10 Key work at the prison was a strength and supported outcomes across our healthy prison tests. In our survey, 87% said they had a key worker which was better than in comparable prisons (72%). Prisoners knew their nominated officers and the weekly allocated time for key workers to spend with prisoners was protected. Detailed entries of sessions were recorded on P-Nomis (a database used in prisons for the management of offenders), which provided good oversight of key work. Key workers' case notes demonstrated that sessions were consistent and meaningful, supporting sentence progression. Many prisoners spoke highly of their key workers and valued their sessions. (See paragraphs 1.38, 2.4 and 6.13.)
- 3.11 As at the last inspection, relationships between staff and prisoners were positive and interactions we observed were mostly polite. Many staff and leaders knew the women well and responded to their needs sensitively. In our survey, 66% said most staff treated them with respect and 78% had a member of staff they could turn to if they had a problem.
- 3.12 Prisoner peer support was mostly informal. In our survey, 63% said staff encouraged them to support each other and 75% said the support they received from their peers was good. We saw women, for example, helping each other write letters, look up information on laptops and fill in applications, which those being helped appreciated.

Reducing self-harm and preventing suicide

- 3.13 Rates of self-harm remained similar to the last inspection but were much lower than in comparator prisons (1,753 incidents per 1,000 prisoners over the previous 12 months compared with 4,152 per 1,000 prisoners elsewhere). There had been 604 self-harm incidents during the previous 12 months, very few of which required hospital treatment. Over the same period, 375 documents for the ACCT case management process had been opened for an average of 33 days. The ACCT documentation we reviewed demonstrated good record keeping, effective quality assurance, and timely reviews.

- 3.14 Prisoners who had harmed themselves had mixed views about their care. In our survey, 44% of those who had thought about harming themselves said they had felt cared for by staff. When we explored this further, it became clear that some women with heightened needs should have had their cases escalated to more senior managers. Leaders committed to addressing this as a priority when we raised it with them.
- 3.15 The weekly safety intervention meeting (SIM) monitored most prisoners who had self-harmed but not in any detail and recorded action to help reduce self-harm was limited. There was a wide range of support for prisoners who had experienced trauma and were at risk of self-harm. They were well used but not always coordinated effectively.
- 3.16 The monthly safer custody meeting monitored relevant data and leaders had a clear understanding of the causes of self-harm.
- 3.17 Listeners had recently been trained and 12 were on the rota. Many prisoners said it was difficult to speak to a Listener at night. Prison records showed call outs for Listeners after 10pm were rare.
- 3.18 Anti-ligature had been used eight times in the previous 12 months. Records showed that it was not always used for prisoners in crisis, applied proportionately or as a last resort.

Learning from self-inflicted deaths and attempts by women to take their own lives

- 3.19 Since our last inspection there had been one self-inflicted death in March 2022. Recommendations from the Prisons and Probation Ombudsman investigation were promptly implemented. The death in custody action plan was up to date and leaders reviewed it at the monthly safer custody meeting.

Protecting women, including those at risk of abuse or neglect (see Glossary)

- 3.20 Safeguarding processes were good. The safeguarding lead staff member attended local authority safeguarding meetings and several concerns had been appropriately referred for external scrutiny.
- 3.21 The prison had responded well to lessons learned about the vulnerabilities of pregnant women and unexpected births. Cohesive partnership working took place to support women, and officers were focused on their responsibility to monitor pregnant women.
- 3.22 Holly House was an excellent resource, helping women who required additional support. A well-integrated team of prison, health and social care staff provided care that catered well for individual needs. The programme of activities for women in Holly House was thoughtfully planned and engaging. Women we spoke to said they particularly enjoyed arts and crafts, which helped to structure the day and alleviate boredom.

Promoting positive behaviour

Expected outcomes: Women live in a safe, well-ordered and supportive community where their positive behaviour is promoted and rewarded. Antisocial behaviour is dealt with fairly.

Supporting women's positive behaviour

- 3.23 The number of assaults on staff and prisoners was comparatively high (94 and 92 respectively in the previous 12 months). Very few incidents were serious, and many were related to low-level disagreements among prisoners, poor mental health and debt. Leaders were aware of the causes of the disruptive behaviour but lacked a clear plan for addressing the challenges. While they had identified that a disproportionate number of young adults were involved in incidents, they had yet to respond accordingly (see paragraph 4.102). In our survey, 19% of prisoners said they did not feel safe at the time of the inspection.
- 3.24 A good range of data was collated and analysed. The monthly safer custody meeting was well attended. The weekly SIM benefited from good multi-agency representation and oversaw prisoners with complex and challenging behaviour well. Support was directed through a range of interventions, including individually tailored work with the psychology, mental health and substance misuse teams and through challenge, support and intervention plans (CSIPs) (see Glossary) overseen by uniformed staff.
- 3.25 CSIPs were targeted appropriately, although support for some victims was not always good enough. Officers knew prisoners well and were aware of their risks and triggers. The cases of those subject to a number of targets or plans, such as one or more relating to segregation, the basic privilege level and psychology, were not always well coordinated. This meant their circumstances were not understood widely enough across prison departments, and improvements women needed to make were not consistently reinforced.
- 3.26 In our survey, 51% of respondents felt they had been treated fairly under the incentives scheme compared with 32% in comparator prisons and half felt it encouraged them to behave well. About a third of prisoners had achieved the enhanced privilege level, which allowed them access to additional time out of cell to attend activities in the evening and at weekends. Apart from this, however, the range of incentives to promote positive behaviour was limited. The basic regime was used sparingly and rarely for more than seven days. The removal of televisions was routine, but offset by in-cell laptops, which provided some stimulation. Prisoners on the basic regime could continue to participate in activities, but it was inappropriate that their pay was automatically reduced.

Adjudications

- 3.27 The number of adjudications had almost halved since the last inspection. They were dealt with promptly and relatively few cases were outstanding. Those referred to the police were closely monitored through the weekly meeting that officers from the West Yorkshire constabulary attended.
- 3.28 Some records demonstrated that a limited investigation had taken place before a finding of guilt, which was being addressed through robust quality assurance measures. Decisions were reasonably fair and punishments were broadly proportionate. The recently introduced community payback scheme was an innovative alternative to fines for proven adjudications. Prisoners undertook activities, such as litter picking, in their free time rather than paying fines. This meant they were less likely to borrow from their peers and get into debt. (See paragraph 1.39.)
- 3.29 The substance misuse service was advised of and offered support to all prisoners subject to adjudications where illicit drugs were involved.

Segregation

- 3.30 The segregation unit remained largely unchanged since our last inspection. It was clean and well maintained but bleak and did not provide a trauma-informed environment. This was partly offset by positive staff-prisoner relationships. In our survey, 88% of respondents who had spent time in the unit said staff there treated them well.
- 3.31 Prisoners were segregated frequently – in the six months to the end of September 2022, prisoners were segregated on 135 occasions. Paperwork reflected that segregation was properly authorised. The average stay was just under 10 days, although most periods of segregation were much shorter than this. We were not confident that continuing segregation for some of the longer-term residents or those being supported through the ACCT case management process was always warranted or properly justified. Care and reintegration planning to help prisoners improve their behaviour and return to living among the general population was weak.
- 3.32 The daily routine for most residents was basic and consisted of access to showers, exercise in cage-like spaces and an opportunity to clean their cell. Segregated prisoners had in-cell telephony and access to laptops and TVs depending on a risk assessment, which alleviated boredom, but they could only attend activities with peers or outside the unit infrequently.
- 3.33 Quarterly meetings to monitor the use of segregation analysed a range of data, but there was no action to identify or address areas that could have been improved.

Use of force

- 3.34 Force had been used 329 times in the previous year, which was broadly the same as at the last inspection, despite a reduction in the population since then. A quarter of all incidents took place in the segregation unit or in Holly House, both of which accommodated prisoners with complex needs and challenging behaviour.
- 3.35 About 60% of the force used consisted of low-level guiding holds (where a member of staff guides a prisoner by holding their arm) or personal protection techniques. The remainder involved control and restraint, but most incidents were de-escalated, and few were sustained. About 10% of force was used to prevent self-harm and, while records reflected a measured approach, neither we nor the prison could review any footage relating to incidents in cells because none was recorded.
- 3.36 Documentation justifying the use of force was completed promptly and to a good standard and included information on efforts to de-escalate situations. Footage we reviewed demonstrated that staff's actions were proportionate to the risk or threat posed. The failure of staff to use body-worn video cameras was, however, a concern and limited the effectiveness of managers' oversight.
- 3.37 A weekly use of force development meeting provided good oversight. All incidents from the previous week were reviewed and highlighted poor practice that could be improved or positive examples. Participants at the meeting were equally concerned by the limited use of body-worn video cameras and were taking action to address this. Oversight was further supported by a quarterly meeting which analysed good levels of data for any trends or patterns.
- 3.38 Unfurnished accommodation (a cell without furniture or running water) in the segregation unit had not been used since 2016. The use of unfurnished conditions in residential units, where staff switch off a prisoner's water or remove furniture, had declined since the last inspection and was now infrequent, but unfurnished accommodation were still not always properly authorised.

Security

Expected outcomes: Security measures are proportionate to risk and are underpinned by positive relationships between staff and women. Effective measures are in place to reduce drug supply and demand.

- 3.39 Physical security arrangements were adequate, and the prison was well covered by CCTV. Despite this, some security measures were disproportionate and excessive, and had a needlessly adverse impact on the population. Prisoners experienced unusually high levels of searching, including strip-searching, much of which we considered excessive. Multiple daily roll checks hampered prisoners' access to the

regime, and we were not assured that handcuffing during external escorts, for example to hospital appointments, was always justified.

- 3.40 In the previous year, over 6,000 intelligence reports were processed and were generally acted on promptly. Security objectives supported by intelligence were set and monitored through the monthly security committee meeting.
- 3.41 The availability of illicit substances continued to present risks but were less prevalent than at the last inspection. Mandatory drug testing arrangements were sound, and, despite a few spikes, the positive rate had settled at an average of just over 7% in the five months since it was reintroduced. Tests did not, however, screen for the illicit use of Buscopan (see Glossary) which was believed to be a concern. Leaders had taken steps to address drug use, including photocopying mail, but were limited by the lack of a body scanner, which could have detected secreted items and reduced the requirement to strip-search women so frequently.
- 3.42 Five restricted status prisoners (those considered to require additional security measures to minimise the risk of escape and harm to the public) were held at New Hall. They had a reasonable regime and were subject to routine restrictions on their movements and additional searching.
- 3.43 Risks posed by prisoners convicted under the Terrorism Act (TACT) were well managed. Monthly multi-agency Pathfinder meetings discussed any extremist risks posed by TACT prisoners and measures to manage them effectively.

Section 4 Respect

Women's relationships with children, family and support networks are central to their care in custody. A positive community ethos is evident, and all needs are met.

Relationships with children, families and other people significant to women

Expected outcomes: Women are able to develop and maintain relationships with people significant to them, including children and other family members. The prison has a well-developed strategy to promote relationships and make sure women can fulfil any caring responsibilities.

- 4.1 The provision to help women maintain ties with their families and friends was weak. There was not enough family engagement work. The Prison Advice and Care Trust had yet to deliver on a new contract, and during our visit, only one part-time family support worker was in place. She completed casework, but it was not enough to meet the demand. There had been no family visits for nearly three years, although the first was due to be held in December 2022. Similarly, there had not been any parenting courses since COVID-19 restrictions began and none were due to start until April 2023. About a quarter of the population never received social visits, but there was no Official Prison Visitor Scheme in place to support this group.
- 4.2 Visits facilities were disappointing. Prison staff ran the visitors' centre and visits hall. Despite having new furniture, the hall was drab, and capacity was still reduced to 15 prisoners compared with pre-pandemic levels of 25. The tea bar only reopened on the week of the inspection.
- 4.3 There were four two-hour visiting sessions each week, but their popularity had not recovered since the pandemic. Take up was low – in the previous month the most popular session had only attracted 12 groups of visitors. As at the last inspection, visitors reported having problems booking a visit, in particular they experienced long waits for somebody to answer the phone. Play activities were organised if visitors with children attended.
- 4.4 The introduction of in-cell phones and video calls since the last inspection had been beneficial. Some women were concerned about the cost of phone calls, but overwhelmingly they were pleased to speak to their friends and families so easily. Video calls were held in the closed visits booths, which was a sensible use of an infrequently used area. There were weekend sessions and some weekday evening slots. At Rivendell House, separate video calls were available for restricted status prisoners. Overall video calling had proven very popular, and, in the previous four months, an average of 175 video calls had taken

place each month. Foreign national women told us they needed more support to help their families participate in video calls.

- 4.5 The mother and baby unit (MBU) was pleasant and child-focused, and it supported mothers and their babies well. It was spacious and clean and had good facilities, including a stimulating nursery and outside play area. Women who lived in the unit received excellent multi-agency assistance and told us they felt well supported (see paragraphs 4.45-4.49).



MBU association area

- 4.6 Trained nursery staff provided daily childcare during the working week and often took babies out of the prison for socialisation activities. This meant women could attend work or recreation away from the unit.
- 4.7 Women were encouraged to stay in contact with their families. However, family members had not been able to visit the unit since before the pandemic, although plans were in place to remedy this. Immediate family members were allowed to take babies out of the prison for the day or for overnight stays, which was positive.

Living in the prison community

Expected outcomes: Women live in a prison which promotes a community ethos. They can access all the necessary support to address day-to-day needs and understand their legal rights. Consultation with women is paramount to the prison community and a good range of peer support is used effectively.

Consultation and support within the prison community

- 4.8 The prisoner council had only recently been reinstated and had met just twice in the past year, with further unit forums introduced during the week of our inspection. It was too early to determine the effectiveness of these meetings. Only 33% of the prisoners in our survey who said they were consulted on residential issues said consultation had led to change. The current prison councillors were not representative of the population, particularly in relation to age and incentives level. All were on the enhanced privilege level and, despite over a fifth of prisoners being between 21 and 29, no women in their 20s were on the council.
- 4.9 In-cell technology was used to survey and consult prisoners on a variety of subjects. Despite its usefulness, some prisoners described survey fatigue and told us they had not seen evidence of consultation leading to sufficient change.
- 4.10 The prison had a small number of peer workers undertaking different roles. While some roles were more developed and effective than others, many were yet to be more embedded. Oversight of peer work was mixed. For example, the effective and innovative problem-solving mentors were trained and supervised by the University of York, while others, such as equality representatives, did not receive training and oversight had declined.

Applications

- 4.11 Most applications were made through prisoners' individual in-cell laptops, which women we spoke to welcomed. The system was generally robust. Digital peer workers were in place to help others navigate the technology and submit applications.
- 4.12 Despite the advantages of the technology, leaders did not make good use of it to quality assure the application process. While timeliness was individually followed up, oversight across all departments was limited.

Complaints

- 4.13 Many women told us they did not have confidence in the complaints system. In our survey, only 37% of women said that complaints were dealt with fairly.
- 4.14 While the number of complaints submitted had steadily increased over the previous year, overall, it was lower than in similar prisons.

Residential issues appeared to be the most common reason for complaints, although analysis of trends over time was limited. There were no confidential complaints in the previous year, and it was difficult to find the envelopes used to submit these complaints in units. Complaint forms remained paper based and were generally accessible in units.

- 4.15 Responses to complaints were variable in tone and helpfulness. Functional heads reviewed a 10% sample of responses every month, but this had been ineffective in ensuring responses were consistently good.

Legal rights

- 4.16 Women received good support to exercise their legal rights. A full-time bail information officer had been in post for almost two years and had completed about 100 court reports, leading to about 25 women being released on bail. There was also a clinic every six weeks that allowed prisoners to consult a legal adviser from the Prisoners' Advice Service on matters of family and criminal law. The number of video link terminals for women to speak to their lawyers or community offender managers had doubled to eight since the last inspection, but demand was high and there were plans to further expand facilities.

Living conditions

Women live in a clean, decent and comfortable environment. They are provided with all the essential basic items.

- 4.17 Our survey found that 84% of women thought shared areas of their unit were kept clean, and we found them clean and well maintained. There were a variety of informative and decorative displays around the prison, which helped create a less formal environment. Units had sufficient association areas, which usually included seating areas and association equipment. The association areas in the Holly and Rivendell units were considerably more inviting than those in other units, with smaller areas and soft furnishings.
- 4.18 The outdoor areas were generally well maintained and neat. There were a limited number of exercise yards, and apart from at Rivendell House, they were bare.
- 4.19 Twelve per cent of the population lived in overcrowded conditions, including in one cell holding three prisoners. Conditions for the 45 prisoners in double or triple cells were too cramped.
- 4.20 Cells were reasonably well equipped with a few exceptions, for example, curtains and other items were sometimes missing. In some units, women took more pride in their cells and were encouraged to personalise them, while others were stark. The painting programme was still in its early stages. Each woman was allocated their own

laptop, where they could make applications and select menu choices, and through which leaders sent a variety of communications.

- 4.21 Showers were generally decent but on C wing in Willow House, they were not sufficiently private and were poorly ventilated, and on Poplar, they had mould and peeling paint.
- 4.22 Nearly all prisoners in our survey (96%) said they had clean sheets every week, which was better than the comparator (81%). Laundry facilities were good and there was reasonable access to cleaning material. While there was still no female-specific prison issue clothing, there was a large selection of underwear and clothing in reception.
- 4.23 In our survey, 53% of prisoners said their cell bell was answered within five minutes, which was more positive compared with other similar prisons (31%). A robust quality assurance process was in place, where managers investigated when responses took too long.
- 4.24 The food was adequate but unpopular with prisoners. Women told us the meat was of poor quality and they wanted more healthy options. In our survey, only 42% of women said the food was good, while just 31% said they got enough to eat most of the time. It was positive that prisoners could eat their evening meal out of their cells; those in Willow House could eat in a separate dining hall. However, women returning from activities had to rush their meals as there was not enough time.
- 4.25 Meals were served too early, and breakfast packs were provided at lunch time on the previous day. Oversight of the food service was insufficient and did not make sure meals were served appropriately, for example, that the correct utensils were used for vegetarian and halal food. C wing in Willow House had access to a kitchenette but overall, there was a lack of self-catering facilities.
- 4.26 In our survey, only 52% said the shop catered for their needs compared with 69% at the last inspection. Consultation had been very limited, and a review of shop items had not been conducted for some time. Many women were frustrated by challenges with shop supplies and increased prices. The shop did not provide any chilled items and women wanted access to more products so they could cook for themselves.
- 4.27 Women could buy additional items through a selection of catalogues, but some required prisoners to ask staff or family and friends outside the prison to find items for them as they were online. Prisoners could buy clothing from a charity shop based in the education block.

Health and social care

Expected outcomes: Women are cared for by services that assess and meet their health, social care and substance misuse needs and promote continuity of health and social care on release. The standard of health service provided is equivalent to that which women could expect to receive elsewhere in the community.

- 4.28 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 4.29 Strategic and local partnership working between the health teams and the prison had improved and was a strength. The governor chaired the quarterly prison health partnership board and any issues raised were escalated to the north of England female prisons partnership board.
- 4.30 NHS England (NHSE) monitored the contract through quarterly review meetings, data reports and regular assurance visits. The health and social care needs assessment was completed in February 2020 and was scheduled to be updated in 2023.
- 4.31 Overall, we found health services good. The service was very well led, supported by skilled clinical leaders and a stable conscientious staff group, with few vacancies. The teams worked in an integrated way and attendance at prison-led and joint clinical meetings, such as the daily handover and weekly complex case meetings, enabled staff to take an effective multidisciplinary approach to care.
- 4.32 We observed staff following appropriate infection control practices and standards of cleanliness in clinical rooms was good. There were some defects in the flooring in some rooms, which had been reported to the prison. Clinical equipment was calibrated on an annual basis.
- 4.33 The service was provided 24 hours a day, with a registered nurse and a health care assistant (HCA) on duty overnight. Health staff received clinical and managerial supervision. Mandatory training and continuing professional development were encouraged and uptake was good.
- 4.34 All staff used the electronic patient record SystmOne. Case notes were of a good standard and detailed the care provided. Risks were identified and care plans were completed.
- 4.35 The reporting and investigation of clinical incidents was robust, and lessons learned were shared with staff. The service had addressed many of the recommendations from the Prisons and Probation Ombudsman reviews into the deaths of two babies at other women's prisons, which were being reviewed nationally.

- 4.36 Suggestions and issues raised at patient forums and a wide range of feedback had informed service delivery. For example, there were patient surveys and ABL Health, an independent service commissioned by NHSE, was responsible for engaging with patients.
- 4.37 Complaints were submitted using paper forms, which patients could post in confidence in the health care box on the units. Sampled responses were timely, polite and addressed the concerns raised. Staff offered to meet patients to discuss their concerns, which women valued. Responses informed patients how to escalate their complaint if they were unhappy with the outcome.
- 4.38 Emergency resuscitation equipment was in good order and checked regularly. Birthing packs were also kept with the emergency equipment.
- 4.39 Release planning was well managed – steps were taken to make sure women had enough medication when attending court or being released. Assistance in finding a GP was provided if prisoners did not have one. The Reconnect service, commissioned by NHSE to improve health outcomes for vulnerable individuals released from prison, was due to start imminently.

Promoting health and well-being

- 4.40 The prison governor supported the health promotion strategy. An impressive range of health promotion activity, covering all aspects of health care, was underpinned by printed and electronic information. Activities followed national health campaigns and an eye-catching monthly patient newsletter was published. Regular events included a menopause forum and 'eating well' campaigns. Primary care, mental health and substance misuse staff all contributed to health promotion activities. Patients' views also informed them, which was commendable. For example, the reception pack handed out to all new arrivals now included an eye-mask to promote good sleep and ear plugs to block out noise. (See paragraph 1.40.)
- 4.41 Telephone interpreting services were available for health appointments when needed, and health information could be translated, but this option was not well advertised.
- 4.42 A range of prevention screening programmes, including bowel cancer and retinal screening, was provided.
- 4.43 Women had asked for influenza and COVID-19 booster vaccinations to be administered separately, which the team agreed to do.

Sexual and reproductive health (including MBUs)

- 4.44 Women were offered screening for sexual health, blood-borne virus testing and reproductive needs on arrival. Pregnancy testing was offered on reception and three weeks later if initially declined.
- 4.45 A referral was made for women to see the specialist midwife within 72 hours of a positive pregnancy test. Pregnant women were supported to

explore options and make informed choices about what they wanted to do. This included information about the MBU, antenatal care and termination. Contact numbers for 24-hour midwifery and pregnancy advice from in-cell phones was organised.

- 4.46 Regular multi-agency meetings provided a coordinated approach to the care of pregnant women and those in the MBU. Birth and pregnancy care plans and any safeguarding issues were discussed, and several referrals had been made. A specialist midwife provided training to health staff on the signs of labour; approximately 73% of prison staff had received the training and further sessions were planned.
- 4.47 Antenatal care provided by the specialist midwives was very good and the pregnancy mother and baby liaison officer, all the health teams and the new perinatal mental health nurses offered support.
- 4.48 Nursery nurses and health visitors offered mothers and their babies post-natal support, such as advice on feeding and aspects of child development. Women we spoke to were positive about their experiences.
- 4.49 Women who experienced feelings of loss after termination of pregnancy, miscarriage or separation received appropriate support, including practical, physical and emotional care.
- 4.50 The specialist sexual health nurse offered cervical screening, and if any abnormal changes were detected, the GP referred the patient to the hospital for a colposcopy and results were discussed in person.
- 4.51 Routine breast screening was available and laminated posters promoting self-examination were displayed on shower doors to help raise awareness.
- 4.52 Women could access support for the menopause. Helpful tips on how to deal with it were added to the monthly patient newsletter. (See paragraph 4.40.)
- 4.53 Contraception, barrier protection and related health advice was available and also discussed during preparation for a woman's release.

Primary care and enhanced units (inpatients and well-being units)

- 4.54 Reception screenings were completed in a timely way for the majority of new arrivals. Key risks were identified, and referrals made to health services if needed. Good joint working with prison officers took place so women did not spend an excessive amount of time in reception. Secondary health screenings were mostly completed on the following day and staff reviewed patients' community summary care records or contacted their GP to verify any ongoing treatment.
- 4.55 Patients could make applications for health appointments on their in-cell laptops or by paper application. An appropriate health care professional triaged them every day. Appointments were arranged efficiently, but issues with the prison regime in the afternoon caused

some delays in patients attending appointments (see paragraph 5.2). Despite this, waiting times for various primary care services were reasonable, including for the physiotherapist, optician and podiatrist.

- 4.56 A GP was on site six days a week and the waiting time for routine GP appointments was reasonable at about 10 days. Patients with urgent needs were prioritised and seen on the same day if required.
- 4.57 Wound care, vaccinations and weight management support were offered. A skilled primary care team managed the care and treatment of patients with long-term conditions well, and annual reviews were conducted. Care plans contained sufficient information to provide staff with guidance on what support patients required.
- 4.58 Additional health checks and medicine reviews were carried out in line with national guidance. There was a waiting list for spirometry due to COVID-19 restrictions and the equipment being out of use, but steps had been taken to rectify this.
- 4.59 Efficient processes enabled secondary care hospital referrals to be made. A competent administrative team monitored them closely to make sure local hospitals provided appointments. There were some extended waiting times due to backlogs at the local hospital. Sufficient prison officer escorts were provided every day and appointments were rarely cancelled.

Mental health

- 4.60 The skills-mix and staffing levels in the mental health team had improved since the last inspection enabling a responsive service. The team worked Monday to Friday 8am until 6pm, and a duty mental health practitioner was available every day, including weekends, to respond to patients with urgent needs and attend assessment, care in custody and teamwork (ACCT) case management reviews for prisoners at risk of suicide or self-harm. There was a daily triage clinic and routine referrals were mostly seen within five days, while urgent referrals were seen within 24 hours. Over the previous six months, there had been 546 referrals.
- 4.61 In our survey, 40% of women thought it was easy to see a mental health worker compared with only 16% at the last inspection, while 47% thought the quality of service was good compared to 27% in 2019.
- 4.62 The team was well-led and supported by practitioners with a social work or mental health nursing background, learning disability nurses and assistant psychologists. Two experienced perinatal mental health nurses were a welcome addition. Waiting times to see the consultant psychiatrist was approximately three weeks, with those with urgent needs prioritised by the team. The psychiatrist liaised effectively with the GP and prescribed mental health medication for women in specialist units, such as the MBU and Rivendell House.

- 4.63 The new HCA carried out physical health checks for women on mental health medication, including electrocardiograms, which the primary care team had previously undertaken.
- 4.64 A clinical psychologist had recently left, but cover was being provided until the post could be permanently filled. The longest wait for psychological therapy was seven weeks.
- 4.65 Joint working with the substance misuse team for women with both mental health and substance dependency needs was good. Support for women with complex needs in Holly House was effective (see paragraph 3.22).
- 4.66 A range of programmes was offered, including brief interventions, anger management and cognitive behavioural therapy. The team provided a weekly evening yoga session, which was popular. Other groups were due to start. Five patients supported through the care programme approach were receiving good support for enduring mental illness.
- 4.67 Since October 2021, four acutely unwell women had been received into custody as a place of safety, which was inappropriate. They had all been referred to hospital under the Mental Health Act, along with two other referrals. Only one patient had been transferred within 28 days and the longest wait was 21 weeks, which was too long. Two patients did not meet the threshold for a medium-secure unit and one patient was currently waiting for a bed.

Social care

- 4.68 A suitable memorandum of understanding between Wakefield City Council (WCC) and the prison meant good social care could be delivered. A local information-sharing protocol had yet to be completed but was being drawn up. The partners were moving to joint oversight arrangements with HMP Wakefield to enable lessons learned to be shared between prisons, which was positive.
- 4.69 Prisoners were screened to establish their social care needs at reception and provided with care immediately, avoiding delays. Thereafter, WCC promptly assessed the patient to identify their ongoing needs. There were eight to 10 assessments per year and two women had met the threshold for care during our inspection. A small store of self-care aids, such as walking frames, was available on site to encourage prisoners to be independent.
- 4.70 The prison had a buddy peer support scheme and buddies were appropriately supervised. Managers were considering enhancing the training of buddies to enable their skills to be formally acknowledged. Social care support plans were appropriate and care notes were up to date.
- 4.71 Working relationships between WCC and other local authorities were effective, which meant there was continuity of social care when the

woman was released. The prison had a 'dying well in custody' framework for patients receiving palliative care.

Substance misuse and dependency

- 4.72 Inclusion provided integrated drug and alcohol recovery services, which provided a seamless health service. Work with the prison was strong and there was a dedicated drug strategy lead governor who promoted Inclusion's services. The prison drugs strategy contained demand reduction and treatment components.
- 4.73 All new arrivals were triaged on the working day following their admission, and prompt screenings and assessments were offered.
- 4.74 The experienced team of recovery workers was well trained and supervised. The recovery workers offered motivational psychosocial therapies, including an impressive range of groups to over half the population (191), a large number. Patients we spoke with appreciated the care they received.
- 4.75 There was a vacant peer recovery champion post and recruitment was underway. Managers were aware that the new Inclusion approach to groups might require an increase in the number of peer workers to enable them to run groups together and co-facilitate them. Mutual aid groups, such as Alcoholics Anonymous, had restarted or were in the process of being reintroduced.
- 4.76 About 50% (153 in October) of the prison population was undertaking opiate substitution therapy (OST) at any one time, about 25% of whom were on reducing regimes. New patients complained about being encouraged to move from taking oral buprenorphine to methadone, for safety reasons. Patients we spoke with who had been at New Hall for several weeks could see the benefit of the approach – it meant they were not being bullied for their OST. Clinicians confirmed they would prescribe oral buprenorphine if clinically indicated, and both sub-lingual and intra-muscular forms were prescribed.
- 4.77 The co-location of clinical staff and recovery workers and weekly joint review clinics made sure information on patients was exchanged continuously, which was impressive. Recovery workers and clinical staff also attended weekly reviews with the mental health team to make sure women with mental health conditions and substance misuse and dependency issues were well-managed.
- 4.78 Before their release, patients were introduced to community drug services, and arrangements to continue with OST were made. They received harm-minimisation advice and were seen a second time to make sure they had understood the advice. Prisoners received naloxone (a drug to reverse the effects of an opiate overdose) as required. Visitors had access to Inclusion information packs that contained information on recognising an overdose and the use of naloxone to reduce the likelihood of death should an overdose occur.

Medicines and pharmacy services

- 4.79 Medicines were supplied by the prison's onsite pharmacy supported by an experienced, highly skilled team. Medicines administration was led by pharmacy technicians with the assistance of HCAs and nurses.
- 4.80 Medicines administration took place at 7am, which supported most women who had work commitments, but later administration times and regime restrictions in Oak House meant some women had to decide between taking their medication or being late for work, which needed to be addressed. The afternoon and evening administration time was at about 3.45pm during the week and from 3.30pm at weekends, which was too early. Patients were routinely asked for their ID before their medication was supplied. Prison officers supervised the medicine queues and maintained a suitable level of confidentiality.
- 4.81 An up-to-date in-possession policy was in place. In-possession risk assessments were completed and reviewed every six months and if circumstances changed. About 30% of patients had all or some of their medication in possession, which was low. Many prescribed low-risk medicines, such as lansoprazole (an antacid), did not receive them in possession, even though the health provider's policy indicated these medicines could be provided in this way. Lockable in-cell storage facilities were available. Spot checks involved pharmacy technicians.
- 4.82 On arrival women had their medication needs assessed and, where appropriate, medication was prescribed to deliver continuity of care. The pharmacy technicians dealt with patients' queries about their medication and the women had some access to the pharmacist for advice.
- 4.83 The pharmacy team regularly checked for women prescribed valproate (for migraine, epilepsy and bipolar disorder) to make sure those who met the criteria had appropriate pregnancy preventions in place and information on the potential risks of the drug to unborn children.
- 4.84 There was an out-of-hours' cupboard for certain medicines, such as antibiotics. The medicines were correctly labelled and there were robust audit trails of the medicines used. Up-to-date minor ailments protocols and patient group directions enabled some medicines to be administered without a prescription.
- 4.85 Medicines were generally transported and stored appropriately in the treatment rooms and pharmacy. However, fridge temperature records in the treatment rooms showed readings were not always captured and some were outside the accepted range, but with no action taken to address this. Room temperatures were recorded – in Poplar House temperatures were mostly above 25 degrees, the maximum temperature recommended by most manufacturers. These issues needed to be rectified. Controlled drugs were appropriately managed.
- 4.86 Medicines liable to misuse were monitored. The lead pharmacist and lead GP had developed a prescribing pathway for gabapentinoid (a

painkiller for neuropathic pain and for epilepsy) to review how the product was administered.

Dental and oral health

- 4.87 A full range of NHS dental treatments was available. There were two weekly dental sessions – one dental therapist session and one dental nurse triage session. The waiting time for a routine check-up was 16 weeks, which was too long. Some dental sessions had not been taken up because of a clash with the prison's staff training days, during which prisoners were locked up and could not attend their appointments. Arrangements were being made to address this and there was a plan to provide extra sessions to reduce the waiting time.
- 4.88 Urgent appointments were prioritised for the same or next available clinic. The primary care team offered pain relief and could prescribe antibiotics before the dentist next attended.
- 4.89 Good health promotion advice was offered to patients, and they received a dental pack, which included a soft toothbrush and dental picks.
- 4.90 Reusable dental equipment was taken off site for decontamination. Staff followed appropriate infection control procedures and carried out relevant safety checks. Governance arrangements were good, and staff received the training required for their role.

Equality, diversity and faith

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating discrimination and fostering good relationships. The distinct needs of women with protected and minority characteristics (see Glossary) are addressed. Women are able to practise their religion and the chaplaincy plays a full part in prison life, contributing to women's overall care, support and rehabilitation.

Strategic management

- 4.91 As at our previous inspection, equality had not been given a sufficiently high priority. There was no strategy or needs analysis in place. Limited data and a lack of consultation with prisoners with protected characteristics meant leaders did not have sufficient insight into the experiences of such prisoners and there was little assurance that they were meeting their needs.
- 4.92 Equality meetings did not take place regularly and were not always well attended, and no prisoner representatives had attended recent meetings. Discussions were not always comprehensive, and leaders relied on the equality monitoring tool to provide data. Data were often out of date, and leaders did not look at trends over time and only analysed a narrow range of indicators to investigate disparities or representation.

- 4.93 Each member of the senior management team took the lead on a protected characteristic. Only one or two forums had taken place in the current year for most groups and there was often a long period of time in between. Leaders had the challenge of building confidence in these forums, as many managers we spoke to could not provide examples of where consultation had led to changes.
- 4.94 A new equality team had just been established, and an equality manager had started during our inspection. Staffing changes in the previous year had affected the delivery of work for prisoners from minority groups, such as celebrations of events and festivals. There were some prisoner equality representatives, but they were not trained, and oversight had declined.
- 4.95 The discrimination incident reporting form (DIRF) system remained paper based, and forms were available in the units. We found there had been some delays in collecting DIRFs from boxes and responses were not being dated. Investigations into allegations of discrimination were mostly satisfactory and replies appropriate, although there were instances where mediation or more helpful responses would have been beneficial. The governor quality assured a sample of replies.

Protected and minority characteristics

- 4.96 In our survey, prisoners with protected characteristics did not share significantly different experiences to other prisoners, except in a few instances.
- 4.97 About 12% of the population were from a black and minority ethnic background. This population could order a tailored range of toiletries and products from a designated catalogue. Prisoners told us they wanted a better range of more affordable items. Only 38% of minority ethnic prisoners in our survey said the shop catered for them. The prison had made some efforts to celebrate Black History Month, but those we spoke to felt they were half-hearted.
- 4.98 There was little oversight of foreign national prisoners. There had only been one very recent forum for this group, which had raised a number of issues, including poor library provision, language barriers and the impact of the phone lines cutting off when calling different time zones. We came across instances of residential staff 'getting by' and failing to make full use of interpreting services when they were dealing with those who struggled with English. However, we also saw instances where effective key work mitigated this in some cases. The in-cell laptops had limited translated material – menus, for example, were still in English. Laptops were not being used to their full potential to make information more accessible, such as by having photos of food on menus.
- 4.99 In our survey, 60% identified as having a disability and 88% a mental health problem. The work being carried out by the neurodiversity support manager, who had been in role for about a year, was a key strength and they had made some tangible, early progress in

understanding the needs of those who were neurodivergent. Some of this work included running tailored courses, training staff and working with women to develop practical strategies to manage their daily lives. They also undertook some initial exploration of this group's needs and where they might have been overrepresented, such as in areas like adjudications and being subject to a challenge, support and intervention plan.

- 4.100 We saw a number of adapted cells to help prisoners with physical disabilities who needed reasonable adjustments. Aside from the formal social care buddy peer support scheme (see paragraph 4.70), there was no formal buddy system in place to assist prisoners with disabilities. It was a concern that unit staff could not produce personal emergency evacuation plans for those who needed assistance. Many of the plans were not sufficiently detailed.
- 4.101 Transgender prisoners we spoke to had experienced some misuse of pronouns. While the prison had made some efforts to facilitate prisoners purchasing appropriate cosmetics, transgender prisoners told us they would have liked more toiletry and clothing options.
- 4.102 Not much work had taken place with young adults, and leaders had few interactions with this group. In our survey, we found that those who were care leavers (a person aged 25 or under, who has been looked after by a local authority) responded more negatively than those who were not care leavers when asked if staff treated them with respect (48% compared with 73%). In addition, fewer of those who had reported harming themselves felt cared for by staff (23%) compared with 55% of those who had not been in care. Leaders needed to explore this further.
- 4.103 There had been limited consultation with older prisoners, but it was positive that a menopause forum was offered, and the gym catered for all age groups. (See paragraph 4.40 and 5.9).

Faith and religion

- 4.104 The chaplaincy was fully staffed, and all prisoners' faiths were represented. Nonetheless, Buddhists and Pagans did not have weekly sessions like other faith groups. The team was supported by a group of volunteers who provided a good source of pastoral support. The team also carried out all their statutory duties, for example, visiting those in the segregation unit. Women were very positive about the support they received from the team.
- 4.105 Corporate worship had now been completely reinstated. Spaces for services were pleasant and included a multi-purpose chapel area and multifaith room.
- 4.106 In our survey, 84% of women compared to 67% in other similar prisons said their religious beliefs were respected, and 90% said they could attend services if they wanted to, compared with 65% elsewhere.

- 4.107 In addition to faith-based support, the chaplaincy provided a bereavement counselling service, had recently restarted the Sycamore Tree victim awareness course and ran a film night on Mondays (see paragraph 5.5). The chaplaincy also worked with a charity to support Muslim women in their resettlement and hosted a PRIDE event earlier that year, raising a substantial amount of money for charity.

Section 5 Purposeful activity

Women are able and expected to engage in activity that is likely to benefit them, including a positive range of recreational and social activities.

Time out of cell, recreational and social activities

Expected outcomes: All women have sufficient time out of cell (see Glossary) and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 We found 31% of prisoners were locked up during the working day, which was much higher than at the previous inspection, where only 3% were locked up. In our survey, only 36% of women compared to 49% at other similar prisons, said they had time to carry out domestic tasks more than five days a week.
- 5.2 During the inspection, the regime was an overwhelming source of frustration for prisoners. Staff and prisoners found it hard to keep track of the core day because a number of cumbersome operational issues prevented the daily regime from running smoothly and led to inconsistencies. For example, the limited number of exercise yards had placed additional pressure on the afternoon period, during which leaders tried to organise time in fresh air for all, and the numerous roll counts reduced prisoners' time out of cell (see also paragraph 4.55). We saw prisoners being unlocked later and locked up earlier than suggested on the timetable. In our survey, only 39% of those who knew what unlocking and locking up times were meant to be said the times were kept to, compared with 52% at other prisons. Prisoners often had to choose between showering, spending time outside or collecting medication, which was not acceptable.
- 5.3 The weekend regime was very limited, and some units only unlocked half of women at a time, which reduced the amount of time women spent unlocked further. Despite being fully staffed, prisoners and staff told us staff shortages had contributed to the problem – there was little oversight of regime curtailments or the operational delivery of the regime.
- 5.4 The prison offered a range of social and recreational activities, reaching a small number of residents. Ten women were attending a drama class run in conjunction with York St John University. Rowan House offered a number of creative activities, such as accredited knitting, and groups were run by the neurodiversity support manager. Women could also make appointments to visit the onsite charity shop.
- 5.5 Leaders had introduced a variety of 'tier 2' activities, such as film nights and yoga. However, only enhanced level prisoners were eligible to attend on week days, and uptake was low. At weekends, both standard

and enhanced prisoners could apply for tier 2 activities, but they were less popular. Many women felt that they had been introduced at the expense of traditional association and told us they wanted more opportunities to socialise with their peers.

- 5.6 The library was not well promoted, and access was poor, as was the range of books on offer. On average 66 prisoners a week visited the library. Visits were restricted to enhanced prisoners and those in education. Many prisoners we spoke to who had attended the library as part of their education said they were rushed through without having the opportunity to browse or select books they found interesting.
- 5.7 The library facilities were not suitable for reading. Much of the furniture had been removed due to the pandemic as had many of the books. Leaders had become too reliant on delivering and collecting books from the units and had lost track of where many of the books were.
- 5.8 A small selection of books was available for non-English speakers, but it was unclear which languages the books were in or which genre they belonged to. Managers were also unsure if the books were in the languages that women in the prison spoke. Leaders spoke of plans to introduce book clubs and increase access for all prisoners, but not until January 2023, which was too late.
- 5.9 The gym facilities were excellent, there was a good provision of courses and activities for all levels of fitness. Prisoners could attend up to three times a week and enthusiastic gym staff provided prisoners with weight management support and tailored activities to meet the needs of all ages and abilities. Referrals from the doctor to help women recover after poor health was a particular focus. Several women we spoke to on courses and recreational gym users spoke well of the staff who managed the gym and supported them.



The gym

Education, skills and work activities



This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at <https://www.gov.uk/government/publications/education-inspection-framework>.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Requires improvement

- 5.11 Leaders and managers did not have a coherent approach to planning the curriculum to develop the skills, behaviour and knowledge that the women needed to develop. The current strategy was too generic and related to other women's prisons in the regional cluster. No needs analysis had been carried out recently to inform curriculum planning to make sure that the offer was appropriate. Data collected in the previous year showed that a very high proportion of women had English and mathematics needs identified at below level 1, but the curriculum did not reflect this, and waiting lists for these subjects were long. Recently, leaders had begun planning how to transform a set of qualifications into a curriculum by defining the values, behaviour and skills in each area of the provision. However, it was too soon to judge the impact of this.
- 5.12 The recently appointed head of education, skills and work, was beginning to improve the curriculum. For example, an information technology course had been changed to essential digital skills, which was more relevant for the skills the women wanted and needed. A new employment hub workshop was recently developed to help women to prepare for release.
- 5.13 Prison leaders had recently agreed a prison-wide reading strategy, which identified all the key areas for development. However, they had not yet identified the type of support that readers at different levels needed or would access. The Shannon Trust reading scheme Turning Pages was not in place. The education provider, Novus, had very recently put together its reading strategy. Novus staff acknowledged that they did not have an appropriate tool in place to identify women's reading deficits. There were plans to provide staff training in phonics to meet staff development needs.
- 5.14 The women did not have ready access to reading materials. Books were not available in most units. In the education department, a good variety of books was available, and women who attended education could take any they wished.
- 5.15 Leaders and managers had developed productive links with employers, charities and government agencies to help women gain the skills, knowledge and attitudes they needed for successful resettlement. A recently configured advisory board was further strengthening employer links to obtain jobs for women on release. Most employers currently working with the prison, guaranteed women interviews on release and, although no data on sustained employment were recorded, prisoners were gaining jobs.
- 5.16 The allocations process had been thoroughly overhauled, and the systems for collecting information on places and attendance had improved and provided managers with an accurate overview. There

were enough activities for all prisoners. However, not all available places were used to capacity and waiting lists remained too long on some courses.

- 5.17 The pay policy discouraged prisoners from attending education as they were paid less than those at work because education was part time. However, a number of prisoners (about 31) chose to work for the other part of their day, which increased their pay to a full-time rate. Allocation and pay policies were currently being reviewed and updated.
- 5.18 The curriculum provided by Novus was too narrow in most subject areas. The curriculum content was not broken down into appropriate learning components. Apart from in English and mathematics, there were insufficient progression routes in most subjects. Managers and most teachers were appropriately qualified. Most, but not all, were working towards qualifications to support their roles. Teachers felt well supported by their managers and stated that their workload was manageable.
- 5.19 In education, teachers mostly provided women with entry level English with the skills to improve their reading, writing, and speaking, which they needed to move into work and become more effective at communicating in their everyday lives. Where learners were able to pass examinations in reading, they did this first, which improved their confidence as they developed the other skills components of the course. Teachers embedded mathematics and health and safety effectively, and in context, on the industrial cleaning course. There was little development of the women's mathematics and English skills at work and on some vocational courses, such as essential digital skills and life skills.
- 5.20 Mentors in education were qualified. However, teachers did not direct them sufficiently well and they were left to decide what support they should give.
- 5.21 Teachers of entry level English, digital skills and practical cleaning courses assessed learners' starting points and reinforced prisoners' skills effectively through repetition. On the level 1 and 2 English and mathematics courses, learners were taught in mixed ability groups. Teachers did not use identified starting points when planning learning to determine learning strategies. Instead, all learners undertook the same activity at the same time, irrespective of their starting points. Written feedback was often perfunctory and unhelpful.
- 5.22 Leaders and managers took appropriate account of the additional learning needs of learners in education. A range of support tools were made available in classes, although not all teachers encouraged their learners to use them. Leaders and managers acknowledged that little support was available to those women who worked full time.
- 5.23 Managers and teachers did not plan learning well enough. They identified the course components to be covered but did not consider sufficiently the skills and knowledge that learners needed to acquire for

each component. In some sessions, teachers did not plan new learning well, and the women struggled to understand the concepts or to remember them.

- 5.24 Assessment, such as questioning, checked learners' understanding well. However, there was no assessment strategy to identify what assessment teachers intended to use to check learning and build and consolidate the knowledge and skills the women needed to acquire over time to be successful. Teachers mainly judged progress by the achievement of units, not by the progress learners made.
- 5.25 In mathematics classes, there was an over-reliance on worksheets with little contextualisation of the application of mathematical concepts. In life skills classes and on individual outreach support, teachers predominantly taught using workbooks. As a result, learners were not able to revisit their learning in their cells, as they had no written information to refer to.
- 5.26 Women appreciated the skills they developed at work, particularly in the Max Spielman, digital skills and textiles workshops and digital skills classes. In the textiles workshop, prisoners were trained well and were productive. Many progressed on to operating more complex machines. A high proportion opted to take a range of qualifications that could aid them on release. All completed a 'progress to work' document that identified and reviewed their employment skills well. In other areas, such as horticulture, the document was not used well.
- 5.27 Too many women did not complete their functional skills qualifications in English and mathematics or their cleaning qualification. In English, teacher absences had resulted in too few women achieving their qualification.
- 5.28 Behaviour in education and at work was good. Teachers and instructors created a calm and orderly environment where women could learn and work. The majority of women were motivated, had positive attitudes towards their learning and work, and participated well. They showed respect for one another and for their teachers and instructors and most felt safe when attending education and work. However, in education, leaders and managers had not set clear expectations for attitudes and behaviour. Women took very frequent toilet breaks in some classes and teachers did not set any parameters around acceptable breaks.
- 5.29 Attendance was too low, particularly in functional skills English and mathematics classes. Overall attendance averaged at around 79%. The regime negatively affected punctuality. Conflicting activities, such as receiving medication or showering in their units in the morning, sometimes delayed attendance. Other regime appointments conflicted with class times. Afternoon education sessions were shorter than the morning ones. Leaders had advanced plans in place to improve this.
- 5.30 Women received an adequate induction to the prison's education, work and skills curriculum. All women received information, advice and

guidance (IAG) interviews soon after entering the prison. Advisers produced detailed and helpful personal development plans for the women on entry to the prison, and at release or transfer. Working links with other prisons in the women's estate were good. A significant backlog of planned IAG reviews, during the women's sentence, existed as a result of staff shortages.

- 5.31 Most women participated in a good range of development opportunities as part of their pre-release preparation. When attending the employment hub, women received an accurate identification of their needs that informed a personalised improvement action plan. Leaders and managers acknowledged that the virtual campus (prisoner access to community education, training and employment opportunities via the internet) was underused to support women's development as they could not routinely access the internet outside the education building.
- 5.32 A recently introduced enrichment programme offered on weekday evenings gave women valuable opportunities to enhance their personal development and social well-being. For example, the cooking on a budget short programme was well received by the women and they developed a better understanding of budgeting, mathematics skills and the relationship between good nutrition and diet. Only enhanced status women could access the programme during the week. Leaders and managers did not monitor the take up of courses.

Section 6 Rehabilitation and release planning

Planning to address the rehabilitation needs of women starts on their arrival at the prison and they are actively engaged in the delivery and review of their own progression plan. The public are kept safe and release plans are thorough and well delivered.

Reducing reoffending

Expected outcomes: Planning for and help with rehabilitation and resettlement starts on arrival at the prison. Opportunities are provided for women to access help and support aimed at developing individual strengths and providing opportunities to reduce their likelihood of reoffending.

- 6.1 The prison held a complex, constantly changing population. Nearly two-thirds of women had been at New Hall for six months or less and recalled prisoners made up 20% of the population. However, there was a significant minority of women, about 40%, who were serving long sentences and needed good offender management and interventions so they could complete their sentence plans.
- 6.2 Although outcomes in this area were reasonably good and we found some impressive provision, it was not driven by a coherent action plan that focused on current local challenges. The population needs analysis did not use data contained in prison information systems like P-Nomis (a database used in prisons for the management of offenders) or the offender assessment system (OASys).
- 6.3 Most eligible women, about 75%, had an OASys report outlining their risks and needs that was less than a year old and nearly all had an initial assessment. Women were routinely involved in developing their sentence plans. This collaboration was very positive and gave them ownership of the work. Some plans were not relevant to the prisoners' current circumstances or were too limited because of the lack of offending behaviour interventions.
- 6.4 There was excellent identification of, and a wealth of support for, prisoners who had experienced trauma, including domestic or sexual violence. Most of this was delivered by Together Women (a local provider of women's services). A violence against women and girls worker saw all new arrivals to assess their needs and refer them to appropriate services. There was a full-time independent domestic violence adviser and a full-time independent sexual violence adviser. The domestic violence adviser could help women to plan for their release if they were likely to return to a coercive partner, while the sexual violence adviser supported women to report a sexual assault. About 30 women who had experienced domestic violence had completed the Freedom programme (for victims of domestic violence) in the previous 12 months. (See paragraph 1.41.)

- 6.5 Two counsellors offered up to 12 sessions to women who had experienced trauma. A part-time crisis counsellor role had been created in response to the needs of the very short sentenced and recalled population – she offered between one and four sessions of support. The chaplaincy had recently brought in two counsellors from support charity Cruse to offer bereavement counselling. A social inclusion worker helped prisoners make links to women’s centres in their release areas and supported women involved in sex work to access regional services. Staff from some of these services visited the prison to work with these prisoners. (See paragraph 1.42.)
- 6.6 Very few women had been able to complete an intervention to address their offending behaviour, which had an impact on their progression. The only accredited programme, the Thinking Skills Programme (TSP), was suspended because of a lack of available staff. Only six women had completed it since April 2022 against a target for the year of 45 completions. Since April, 17 women who were supposed to complete the TSP had been released without their offending behaviour having been addressed and there were currently at least 33 women on the waiting list. Just one group of seven women had completed the Sycamore Tree victim awareness course since March 2020 and only a few women had completed one-to-one interventions with a psychologist.
- 6.7 Support for women to manage their finances, benefits and debt was good. Two experienced staff from the Department for Work and Pensions (DWP) supported women in maintaining or applying for benefits. A worker in the employment hub helped women apply for bank accounts and 28 had been opened since May 2022. A worker from Ingeus/CF03 (a social inclusion project) had arranged for 39 women to receive specialist debt advice since March 2022. There was also evidence of prison offender managers (POMs) and staff from the community integration team (CIT) supporting prisoners to manage their finances. Women told us how relieved they felt to get this help.
- 6.8 About 50 women were remanded at New Hall during the inspection. Support for these prisoners was better than we usually see, although they were still excluded from housing assessments. The CIT helped them to manage their affairs on arrival and tackle issues like maintaining housing. The workers focusing on domestic and sexual violence and violence against women and girls and the crisis counsellor all worked with this group, while Ingeus/CF03 and the DWP helped them with financial problems. They also received good support from their key workers from the outset and appreciated being able to retain the same officer after sentencing.
- 6.9 About three quarters of women who met all the eligibility criteria for home detention curfew were approved for release. However, too many prisoners were released late because of a lack of Nacro Bail Accommodation and Support Service housing and approved premises spaces. There was only one approved premises in the prison’s release area, and, during the inspection, three women remained at New Hall beyond their eligibility date waiting for a space.

- 6.10 The service for prisoners with personality difficulties at Rivendell House continued to provide good support for up to 16 women. Only 11 were accessing the service because of a vacancy in the clinical team. The service remained part of the offender personality disorder pathway and women receiving treatment were positive about the help they received, although some found the presence of an officer at sessions where they disclosed trauma difficult. Recovery from pandemic restrictions had been slow, with the full range of activities only resuming a couple of weeks before the inspection. Rivendell House provided an excellent environment, and the women lived alongside other prisoners, who were intended to act as role models, as well as restricted status prisoners.

Motivation, engagement and progression

Expected outcomes: Women are fully engaged to progress throughout the custodial sentence.

- 6.11 There had recently been an excellent focus on progressing women to open conditions at nearby Askham Grange and 73 had been transferred there in the previous 12 months. Managers had prioritised moving women, which the governor of both establishments supported. Although the number of moves was impressive, we had concerns about the rigour of re-categorisation reviews (see paragraph 6.19).
- 6.12 Other progression opportunities for women who remained at New Hall were limited. Larch House, a semi-open unit for trusted prisoners, had closed since the last inspection because the building had been condemned and nothing had yet replaced it. There were also too few interventions to help women complete their sentence plans (see paragraph 6.3). Women had not been released on temporary licence, but this was mostly offset by the number of transfers to Askham Grange.
- 6.13 The offender management unit (OMU) had some vacancies, but POMs had manageable caseloads, partly because of the currently reduced population. Prisoners had good, regular contact with POMs, and supervision sessions helped motivate them. POMs also responded swiftly to applications from prisoners. Women were positive about the support they received from POMs and key workers. Key work was meaningful and underpinned not just sentence planning, but also promoted feelings of safety among women. We saw good evidence of POMs and key workers working together to help women achieve their goals. (See paragraphs 1.38, 2.4 and 3.10.)
- 6.14 About 10% of the population were serving indeterminate sentences. There was no additional support for this group, who often had to wait years before they could access interventions and who sometimes struggled to live alongside a constantly changing short-term population.

Protecting the public from harm

Expected outcomes: The public are protected from harm during the custodial phase and on release.

- 6.15 About half of sentenced women were assessed as presenting a high risk of serious harm to others. Some aspects of public protection work were weak. The OMU did not have an administrator to coordinate it, which had contributed to weaknesses in some important processes.
- 6.16 The interdepartmental risk management meeting (IRMM) was held regularly but was not always well attended by staff from departments like health care and security. Although we saw good communication between POMs and community offender managers (COMs) in the cases we checked, not all high-risk women approaching release had their cases discussed at the IRMM to check for gaps in risk management planning. Prisoners approaching release did not always have a multi-agency public protection arrangement (MAPPA) management level confirmed far enough ahead of their release to allow for effective planning at the prison. However, POMs' written contributions to MAPPA meetings were very good.
- 6.17 Nine women were subject to phone and mail monitoring during the inspection. Monitoring was well managed, thanks to OMU managers' recent focus on this area. Logs were up to date and contained useful detail, which then informed POMs' decision making on a case.
- 6.18 We were not confident that child contact restrictions were always implemented. About 25 women were restricted from having any contact with children because of the risk they presented, but mailroom staff did not routinely identify this group when sifting correspondence. Staff responsible for implementing restrictions on calls, letters and visits did not have enough training.
- 6.19 Recommendations for re-categorisation did not always focus well enough on women's potential risks in open conditions. For example, they sometimes failed to obtain information from victim liaison officers or look into the presence of any restraining orders or exclusion zones. They also sometimes failed to examine the woman's previous compliance in the community. Managers were aware of these issues and were making improvements. (See also paragraph 6.11.)

Preparation for release

Expected outcomes: The specific reintegration needs of women are met through individualised multi-agency plans to maximise the likelihood of successful resettlement.

- 6.20 About 60 women were released every month so demand for resettlement support was high. Overall, support to prepare women for release was good. The CIT routinely identified women's resettlement needs and referred low- and medium-risk prisoners serving short sentences for further support. Other sentenced prisoners relied on their COMs to make referrals for help with housing and other pathways. We saw good evidence of communication between POMs and COMs to make sure the referrals were made.
- 6.21 A monthly 'resettlement market' had been running since the summer. This positive initiative allowed women approaching release to meet and have their needs assessed by housing providers and other agencies.
- 6.22 Support for sentenced women seeking housing on release was good. About 90% of women were released in Yorkshire and Humberside; they received help from two housing workers employed by Together Women. The provision had adapted and improved since the resettlement services were reorganised in mid-2021. Although services were stretched, staff were meeting the demand. Women who lived outside New Hall's release area had to rely on video calls with housing providers in their local area. Most women were housed on their first night, but there were no data to track the sustainability of accommodation in the subsequent three months. A strategic housing specialist further supported outcomes for women. She attended fortnightly meetings with nearby local authority housing teams to highlight the needs of women approaching release. Together Women ran a Tenancy Ready course and 32 women had completed it since April 2022.
- 6.23 A welcoming 'departure lounge' had opened in early October 2022 in the Hazel Green centre outside the gate and was already well used by women on the day of their release. The CIT staff who ran it knew women very well and were empathetic. They offered women tea and toast, a chance to charge their phones or wait if they were being collected. They also had access to a good selection of second-hand clothes. The lounge operated through donations so longer term investment was needed to sustain the service. (See paragraph 1.43.) The prison was very isolated, but managers routinely paid for taxis to take women to Wakefield station, keeping women safe. (See paragraph 1.43.)

Section 7 Summary of priority and key concerns

The following is a list of the priority and key concerns in this report.

Priority concerns

1. **Too many security measures were disproportionate and affected outcomes for prisoners needlessly.**
2. **The daily regime was inconsistent, unpredictable and a source of frustration among prisoners.** The regime often ran late and too many prisoners were locked up in the core day. Time out of cell was far too limited for those in the induction unit.
3. **Leaders and managers did not carry out a needs analysis and as a result did not have a coherent approach to planning the education skills and work curriculum.**
4. **The curriculum provided by Novus across education and vocational training was too narrow in most subject areas. Apart from in English and mathematics, there were insufficient progression routes.**
5. **Attendance was too low because other activities, such as medication administration, showers, gym and health care appointments often clashed with classes.**
6. **There was too little support to help women maintain or rebuild relationships with their children and families.**

Key concerns

7. **Use of body-worn video cameras was too limited, hampering assurance processes for the use of force.**
8. **Leaders had limited insight into the experiences of prisoners with protected characteristics. There was no strategy or needs analysis, consultation was limited and only a narrow set of data was reviewed.**
9. **Most prisoners were unable to access the inadequate library. Unless they attended education, women did not have ready access to reading materials.**
10. **Women's mathematics and English skills were not being developed sufficiently at work or on some vocational courses.**

11. **There was insufficient support for those with a learning difficulty or disability when at work.**
12. **There were not enough opportunities for women to address their offending behaviour and progress through their sentence plans.**
13. **Public protection arrangements had a number of weaknesses, and some risks were not managed well.**

Section 8 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2019, escort staff treated prisoners well, but cubicles in the secure vehicles were dirty and contained graffiti. The reception experience was helpful, and prisoners received reasonably good first night support. Most prisoners felt safe and, although levels of violence had increased, hardly any incidents were serious. Antisocial behaviour was managed well, but the incentives and earned privileges (IEP) scheme was not effective. Prisoners at risk of self-harm were positive about the support they received and those with complex personal needs were managed well. Some aspects of security were disproportionate and the use of force was high. The use of special accommodation needed better oversight and the regime in the segregation unit was limited. Illicit drugs were too easily available, but measures to address drug use had improved and were good. Outcomes for women were good against this healthy prison test.

Recommendations

Additional night-time welfare checks should be carried out on all new prisoners in the first night centre.

Achieved

Data about violence should be analysed thoroughly and used to develop the violence reduction strategy.

Achieved

Prisoners should have 24-hour access to Listeners.

Not achieved

Prisoners with the most complex needs living in Holly House should not be locked in their cells during the core day; they should be provided with a constructive range of therapeutic interventions to help them cope.

Achieved

Prisoners' movements to and from activities should be less restricted unless an individual risk assessment demonstrates the need for additional control.

Not achieved

Suspicion drug tests should be completed when supporting intelligence considers them appropriate.

Achieved

Use of force data should be evaluated fully so that recommendations can be identified and implemented.

Achieved

If special accommodation is used it should be accurately recorded and appropriately managed regardless of the location.

Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, living conditions and access to many basics amenities were good, and in-cell phones were being installed. Responses to applications were not monitored to ensure they were timely. Working relationships between staff and prisoners remained a strength, but some prisoners described their frustration at not being able to resolve simple requests with staff. Outcomes for those from minority groups remained good, despite insufficient strategic support and a lack of needs analysis and data monitoring. The mother and baby unit was excellent. Complaints were well managed. Many aspects of health care remained good, but staff shortages in the mental health team significantly undermined the provision. The food and shop provision were both good. Outcomes for women were reasonably good against this healthy prison test.

Key recommendation

The mental health service should be improved. There should be sufficient staff to ensure that all prisoners with mental health needs receive the range of support they need, including ongoing group work and regular reviews.

Achieved

Recommendations

The timeliness of responses to applications should be monitored to ensure they are answered promptly.

Achieved

The proportion of female prison officers should be increased to at least 60% and oversight of the shower areas should be improved.

Achieved

Equality and diversity work should be based on a thorough needs analysis and given a higher priority with clear strategic management that promotes equalities work across the prison.

Not achieved

All health care staff should receive regular clinical and managerial supervision.

Achieved

The non-attendance rates for all clinics should continue to be investigated and reduced, including a review of the applications process to see if this is hindering attendance.

Achieved

Immunisations and vaccinations should be available to eligible prisoners in line with national programmes. They should be implemented promptly to promote prisoners' health.

Achieved

Routine waiting times to see the GP should be reduced and should not exceed two weeks.

Achieved

The out of hours' medicines cupboard and drug refrigerators should be robustly monitored to ensure medication is appropriately and safely stored.

Partially achieved

The prison should ensure the process for transporting dental tools across the prison is safe.

Achieved

Transfers under the Mental Health Act should occur within current Department of Health transfer time guidelines.

Not achieved

Purposeful activity

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

At the last inspection, in 2019, time out of cell was reasonable for most prisoners. It included Friday evening association, which we rarely see in other prisons. Ofsted rated the learning and skills provision as good overall. There was a clear plan for a new curriculum, partnership working was strong and the number of prisoners withdrawing from activities was monitored. The self-assessment was accurate, but attendance was not high enough and we found too many prisoners in the units during the core working day instead of being at their allocated activity. Achievement levels were good. The library and physical education (PE) provision were positive. Outcomes for women were reasonably good against this healthy prison test.

Recommendations

An allocations system that allows for better attendance monitoring should be introduced and effective action should be taken to improve poor attendance.

Partially achieved

The number of prisoners who participate in accredited training in workshops and the prison kitchen should be increased.

Partially achieved

Employment portfolios should be fully embedded in all activity areas to ensure that prisoners record their skills development.

Partially achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2019, the strategic coordination of resettlement work had improved and partnership working was now stronger. Offender management work was more meaningful and focused on risk. Home detention curfew (HDC) processes were undermined by external barriers. Release on temporary licence (ROTL) was still not used well enough to support resettlement. Public protection work had improved and was effective. Allocation work was sound. Pathway work was positive. However, too few prisoners were released into sustainable accommodation or went on to education, training and employment placements. The range of help for the large number of prisoners who had experienced abuse and trauma was very positive and the range of offending behaviour work was appropriate. Rivendell House was an efficiently run, well-equipped, self-contained residential unit, which catered for up to 16 prisoners who were participating in a personality disorder programme. Outcomes for women were good against this healthy prison test.

Recommendations

Visits should start and finish at the times specified in published material.

Achieved

Visitors should have access to an efficient booking system.

Not achieved

Appendix I About our inspections and reports

His Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. For women's prisons the tests are:

Safety

Women, particularly the most vulnerable, are held safely.

Respect

Women's relationships with children, family and their support networks are central to their care in custody. A positive community ethos is evident, and all needs are met.

Purposeful activity

Women are able and expected to engage in activity that is likely to benefit them, including a positive range of recreational and social activities.

Rehabilitation and release planning

Planning to address the rehabilitation needs of women starts on their arrival at the prison and they are actively engaged in the delivery and review of their own progression plan. The public are kept safe and release plans are thorough and well delivered.

Under each test, we make an assessment of outcomes for women and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by Her Majesty's Prison and Probation Service (HMPPS).

Outcomes for women are good.

There is no evidence that outcomes for women are being adversely affected in any significant areas.

Outcomes for women are reasonably good.

There is evidence of adverse outcomes for women in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

Outcomes for women are not sufficiently good.

There is evidence that outcomes for women are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of women. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for women are poor.

There is evidence that the outcomes for women are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for women. Immediate remedial action is required.

Our assessments might result in one of the following:

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for women in prison. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for women; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; prisoner and staff surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and the General Pharmaceutical Council (GPhC). Some are also conducted with HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report provides a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for women in prison* (Version 2, 2021) (available on our website at <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/womens-prison-expectations/>). Section 7 summarises the areas of concern from the inspection. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of women in the prison and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy chief inspector
Angus Jones	Team leader
Sumayyah Hassam	Inspector
Kellie Reeve	Inspector
Esra Sari	Inspector
Jonathan Tickner	Inspector
Dionne Walker	Inspector
Helen Downham	Researcher
Rachel Duncan	Researcher
Helen Ranns	Researcher
Maureen Jamieson	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Helen Jackson	Pharmacist
Matthew Tedstone	Care Quality Commission inspector
Maria Navarro	HM Inspector – Ofsted
Jonny Wright	HM Inspector – Ofsted
Nigel Bragg	Ofsted inspector
Chris Brooker	Ofsted inspector
Sheila Willis	Ofsted inspector

Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary, available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

Buscopan

An over-the-counter antispasmodic that reduces muscle movement, which can, if crushed and smoked, cause effects such as hallucinations, palpitations and irritability.

Care Quality Commission (CQC)

CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>

Certified normal accommodation (CNA) and operational capacity

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of women that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Challenge, support and intervention plan (CSIP)

Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

Leader

In this report the term 'leader' refers to anyone with leadership or management responsibility in the prison system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

Offender personality disorder pathway

Programme commissioned to meet the joint strategic aims of the Ministry of Justice (MoJ) and the Department of Health (DH), and their respective agencies. The overall aims of the OPD programme are to improve public protection and the psychological health of offenders through a comprehensive and effective pathway of services for this complex and difficult-to-manage offender population.

Protected characteristics

The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protection of adults at risk

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Time out of cell

Time out of cell, in addition to formal 'purposeful activity', includes any time women are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Appendix III Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

Prison population profile

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

Prisoner survey methodology and results

A representative survey of women in the prison is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Prison staff survey

Prison staff are invited to complete a staff survey. The results are published alongside the report on our website.

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