Report on an unannounced inspection of

HMP/YOI Peterborough (Women)

by HM Chief Inspector of Prisons

6–16 November 2023

Contents

Introduction

HMP YOI Peterborough opened in 2005 and since that time, has operated under contract managed by the private company, Sodexo. Following a modern and spacious design, the site houses a large men's prison and a separate women's facility, holding up to 392 women from a large catchment area across the eastern counties and southern Midlands. At the time of our inspection, the prison held 350 women.

We inspected the prison at a time of transition following several changes in the senior leadership, including the departure of the longstanding Director. We were impressed by the interim Director, who evidenced a clear understanding of the challenges faced by the prison, and some clear ideas about what needed to be prioritised. This understanding, however, needed to be developed further and evidenced more formally in the prison's self-assessment.

Overall, Peterborough women's prison continued to be a competent and capable institution. It was generally safe, and outcomes in that healthy prison test were now 'good', a significant improvement since we last inspected in 2017. In the area of respect, outcomes remained 'reasonably good', but there had been deterioration in both purposeful activity and release planning.

Relationships between staff and prisoners were supportive. Most women had a staff member they could turn to, although the quality of formal key work was disappointing. Women were treated particularly well on reception and the prison provided some excellent support to women with complex needs that often led to self-harming behaviours. Levels of violence and most other safety outcome indicators were similar to other women's prisons. A key challenge for leaders was to make sure that operational practices which were appropriate in the men's prison were not adopted in an unthinking way for women, and that their specific needs were addressed.

Many women were held a long way from home, but there was support to maintain family connections. Although living conditions were good, the food was not popular, and the lack of self-catering facilities was a missed opportunity. Arrangements for redress and consultation were satisfactory, but work to promote equality had, despite the backdrop of a respectful and inclusive culture in the prison, drifted until the recent appointment of a manager who had begun to take charge of the issue and lead improvements. Health care was satisfactory overall, although mental health services which had been limited by staff vacancies.

The prison had struggled to maintain a purposeful regime. Few women thought that their experiences at Peterborough would equip them usefully or meet their training or employment needs. Over a third were allocated to menial domestic work and few were acquiring useful skills in vocational training or education. Our colleagues in Ofsted judged provision to be 'inadequate', their lowest score. During spot checks we typically found about a quarter of the population locked up during the working day, while general enrichment and recreational activity was similarly limited.

The population profile of women at Peterborough was complex, ranging from nearly a quarter serving long sentences of over four years, to more than 70% serving short sentences or still on remand. This placed great pressures on the offender management unit and resettlement staff. There were shortcomings in the prison's approach to offender management, caused principally by the very high caseloads and weaknesses in public protection arrangements, but psychological services had been improved. Work to prepare women for release was generally very good.

Overall, this was a satisfactory inspection. Many of the weaknesses we identified were already known to local leaders and there was a broad agreement between us about the prison's priorities and how to drive improvement. Stable leadership and improving the number and availability of specialist and supervisory staff will assist greatly.

Charlie Taylor
HM Chief Inspector of Prisons
January 2024

What needs to improve at HMP/YOI Peterborough (Women)

During this inspection we identified nine key concerns, of which four should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders 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. **Not all services and support were sufficiently focused on addressing the specific needs of women in prison.** One exception to this was the work to promote contact with children and families which had benefited from the expertise of an external advisor.

2. **Mental health support was limited and did not meet the high level of need.** There were delays in assessments being completed and care being provided.

3. **Support for some protected and minority groups was too limited.** There were too few adapted cells for women with physical disabilities and foreign national prisoners could not access some key progression opportunities.

4. **The education, training and work curriculum did not meet women's needs.** It did not help them develop the knowledge, skills or behaviour they needed to prepare them for release.

Key concerns

5. **Patient safety was being undermined by weaknesses in health care.** For example, record keeping was poor, incident reporting was not embedded, and some aspects of medicines management did not meet national guidance.

6. **Women did not receive effective careers education, information, advice and guidance.** This meant they could not make informed decisions about the opportunities available in the prison.

7. **Leaders had not implemented a reading strategy to improve women's skills or widen their reading interests.**

8. **Women serving long sentences received too little support from their offender manager.**

9. **Some public protection measures were not robust or fully effective.** For example, not all high risk of harm cases were reviewed before

release, which meant important information might have been missed. Restrictions on contact with children were not always applied robustly.

About HMP/YOI Peterborough (Women)

Task of the prison
A women's reception and resettlement prison.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Women held at the time of inspection: 350
Baseline certified normal capacity: 372
In-use certified normal capacity: 350
Operational capacity: 396

Population of the prison
- 1,058 new prisoners had been received in the previous year (about 88 per month).
- On average, 58 women were released into the community each month.
- 161 prisoners were receiving support for drug and alcohol misuse.
- About 45 women a month had been referred to the mental health team for assessment.
- There were 52 foreign national prisoners.
- 28% of women were from black and minority ethnic backgrounds.

Prison status and key providers
Private – Sodexo

Physical and mental health and substance misuse treatment provider:
Northamptonshire Healthcare NHS Foundation Trust
Dental health provider: Time for Teeth
Prison education framework provider: Sodexo
Escort contractor: Serco

Prison group/department
Private prisons – custodial contracts directorate

Prison group director
Neil Richards – head of custodial contracts directorate

Brief history
The prison opened in March 2005 and is subcontracted to Sodexo to operate under a 25-year contract. It is the only prison to hold men and women on the same site and is also a designated foreign national centre.

Short description of residential units
The main residential accommodation consists of two houseblocks, each with five wings. Each wing is self-contained, with a food service area, showers and baths and an association area. There is also a mother and baby unit with 12 rooms.

Houseblock 1
A1 – young adults (18-25 years)

B1 – early days in custody unit for detoxing women
C1– early days in custody unit
D1 – unit for long-term prisoners and pregnant women
E1 – enhanced level unit.

Houseblock 2
A2 – general population
B2 – general population
C2 – women with neurodiversity and complex needs
D2 – general population
E2 – unit for foreign national prisoners.

Name of governor/director and date in post
Mark Bennett (interim director), 16 October 2023

Changes of governor/director since the last inspection
Ian Whiteside, 2022–2023
Damian Evans, 2016–2022

Independent Monitoring Board chair
Tani Nath

Date of last inspection
11–21 September 2017

Section 1 Summary of key findings

Outcomes for women in prison

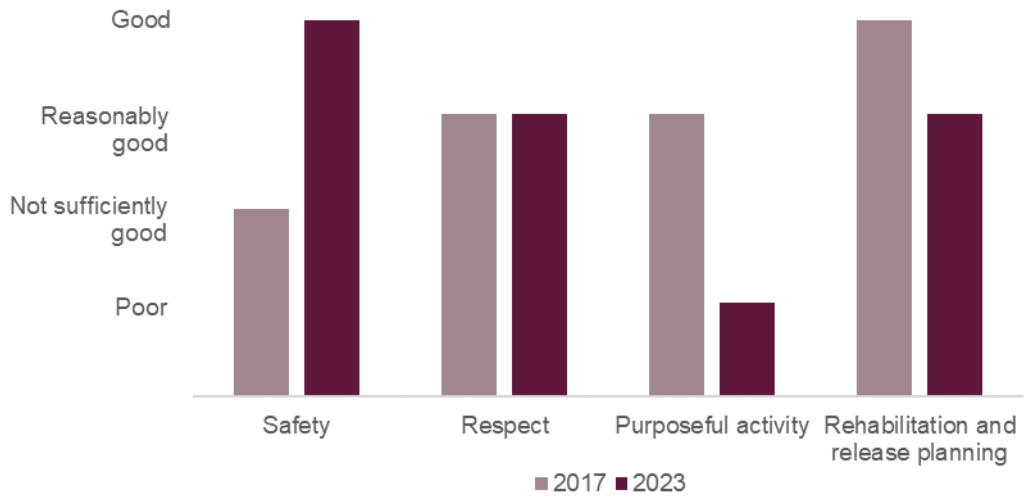
1.1 We assess outcomes for women in prison against four healthy prison tests: safety, respect, purposeful activity, and rehabilitation and release planning (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of HMP/YOI Peterborough (Women), we found that outcomes for women were:

- good for safety
- reasonably good for respect
- poor for purposeful activity
- reasonably good for rehabilitation and release planning.

1.3 1.3 We last inspected HMP/YOI Peterborough (Women) in 2017. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP/YOI Peterborough (Women) prisoner outcomes by healthy prison area, 2017 and 2023



Progress on key concerns and recommendations from the full inspection

1.4 At our last full inspection in 2017 we made 40 recommendations, six of which were about areas of key concern. The prison fully accepted 32 of the recommendations and partially (or subject to resources) accepted six. It rejected two of the recommendations.

1.5 At this inspection we found that three of our recommendations about areas of key concern had been achieved, two had been partially achieved and one had not been achieved. Two of the three

recommendations made in the area of safety had been achieved and one had been partially achieved. One of the two recommendations made in the area of respect had been achieved and one had not been achieved. The one recommendation made in the area of rehabilitation and release planning had been partially achieved. For a full list of the progress against the recommendations, please see Section 7.

Progress on recommendations from the scrutiny visit

1.6 In March 2021, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based Expectations. For more information on SVs, visit https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/.

1.7 At the SV we made 12 recommendations about areas of key concern. At this inspection we found that three of the recommendations had been achieved, three had been partially achieved, two had not been achieved, and four were no longer relevant.

Notable positive practice

1.8 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.

1.9 Inspectors found four examples of notable positive practice during this inspection.

1.10 A new digital tool helped safer custody staff to identify women most at risk of self-isolation. All interactions that took place through the kiosk, such as booking a visit, buying phone credit and ordering shop items, were monitored to determine women's involvement in everyday prison life. This helped identify those who were potentially not accessing services or making requests. (See paragraph 3.32.)

1.11 Mothers in the mother and baby unit had access to a digital camera so they could take pictures of their children at key milestones. They could either print them out for themselves or send them to family members. (See paragraph 4.5.)

1.12 All women, including those on remand, could access help from staff in the resettlement centre, where a wide range of support workers was based. Support included help to maintain housing tenancies, cancel direct debits and draft CVs and disclosure letters for employers. There were excellent connections with a community centre in Peterborough,

which supported women with a range of health and well-being issues after release. (See paragraphs 6.2 and 6.21.)

1.13 The Most in Need project worked with women who repeatedly returned to prison or who were serving very short sentences. Staff formulated a care plan to help them establish better links with key services in the prison and the community, such as health and housing, and to make sure they had access to immediate supplies in prison, such as clothing and medication. (See paragraph 6.3.)

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for prisoners. (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 Over the previous 18 months, there had been several changes among key senior leaders, which had unsettled staff and prisoners. The previous director had left some months before and, although he had been replaced, the new director had spent prolonged periods of time away at other Sodexo prisons. The deputy director for the women's prison was similarly away covering work at another prison.

2.3 The site comprised a prison for women next to one for men and the interim director for both was developing a good understanding of the specific needs and challenges facing women in prison. He was committed to making sure that basic standards of safety and decency were being met.

2.4 Frequent changes in the leadership of education, skills and work, poor planning and staff shortages had led to a significant decline in the quality of provision. The newly appointed senior leadership team for education, skills and work were, however, beginning to establish themselves and had developed a clear strategic vision, with some early improvements evident.

2.5 Better outcomes were achieved where leaders were visible and proactive in setting and maintaining high standards. This included areas such as caring for women who self-harmed regularly and maintaining good standards of decency within the residential function.

2.6 Despite evidence nationally showing that women in prison have very different risks and life experiences compared with men, too few services were designed and delivered specifically for them. For example, the plan to develop diversity and inclusion was the same across both sites and a useful analysis of resettlement needs for women had not yet been used to develop services specifically for them. Contact with children and families was one exception, where leaders had developed provision specifically for women in partnership with an academic.

2.7 Some leaders, such as in health care, resettlement and education, skills and work did not make good use of data or other evidence to make improvements. Some others did not have rigorous oversight of

practice which was a particular concern in the use of force and offender management.

2.8 Leaders were proactive in increasing resources where needed. For example, funding for more forensic psychology support had been approved. Leaders had also increased the number of staff allocated to the safety team and separated it from the security function, which was sensible. However, the redeployment of officers from the team was affecting the pace of progress, which was also the case in some other functions, such as offender management.

2.9 Leaders' management of staff absences was not robust. About a third of all staff were unavailable for duties, including some officers who were redeployed to another Sodexo prison to cover absences there.

2.10 The women's group within HM Prison and Probation Service did not undertake onsite scrutiny or quality assurance visits that public sector leaders of women's prisons benefit from.

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 While some women arrived very late in the evening or had long journeys, once they had arrived at the prison they were greeted warmly, and efforts were made to put them at ease. The environment in reception was pleasant and relaxed and included a dedicated waiting area for mothers and babies.

3.2 The length of time needed to undertake reception processes was kept to a minimum and women were not locked in the holding rooms. They could have a drink and food, and peer workers, including a Listener (a prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners), were available to provide information and support. Searches carried out on new arrivals were proportionate with strip-searching rarely used (see paragraph 3.47).

Waiting area in reception

3.3 During the inspection, over a third of new arrivals were experiencing prison for the first time so it was good to see that support on arrival was well developed and appropriately focused on immediate needs. This was enhanced by staff who had a caring approach.

3.4 An officer conducted a private interview with each woman, and they also saw a nurse for an initial health assessment. Concerns were identified and, where possible, dealt with immediately. Women could phone a family member or friend from reception to let them know where they were and were given £5 of free telephone credit. They could have a shower, were given a change of clothing and toiletries if needed and could order other items from the prison shop.

3.5 Women were initially located on C1 wing, while those with drug and alcohol dependencies went to B1 for additional observations, treatment and support. Cells were clean and well-equipped, and staff checked on all women every hour during their first night, which further promoted their safety and well-being.

First night cell

3.6 In our survey, almost all women (90%) said they had completed the induction programme, which was much better than at similar prisons (76%). However, only 42% said it covered everything they needed to know. The reasons for this negative perception were unclear as the programme was comprehensive and its delivery reliable. For example, an induction officer explained life in the prison, what was expected of

women and the support on offer. The induction was delivered to women individually, enabling them to ask questions. Sessions also involved staff from a range of functions to make sure it covered everything. A tour of the prison and introductions to key staff, such as a chaplain and offender managers, were included. The gym and education departments completed separate inductions in addition to this.

3.7 For those who arrived on Friday or Saturday, Insiders (prisoners who introduce new arrivals to prison life) helpfully went through some of the most important aspects like ordering meals and adding numbers to telephone accounts, until the formal induction started the following Monday.

3.8 New arrivals were also visited by a range of other peer supporters in the first few days, including those promoting safer custody and helping others cope with previous trauma. All of this helped women to settle into prison life.

3.9 Women who were undergoing detoxification were not expected to start their induction for five days to give them a chance to settle in and stabilise first, but induction staff visited them and brought forward the full induction if it was considered appropriate.

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 Relationships between staff and women remained strong and supportive. Most officers working regularly on the women's site knew prisoners in their care well and showed a good level of compassion and respect when dealing with some complex emotional issues. However, officers were often redeployed from the men's prison to work on the women's site and some of them were less familiar with working with women. This meant they could not always deal with issues or answer simple requests and some women described how frustrating this was.

3.11 Most women had a key worker (see Glossary) and in our survey 65% described them as helpful. Key work session records were extremely variable, but this was mitigated by many women in our survey (76%) saying they had a member of staff to turn to if they needed help.

3.12 Peer workers fulfilled a range of supportive roles across a wide range of functions. They included Insiders for new arrivals, those who worked in the employment hub, others who supported women to cope with previous trauma and some who helped with safer custody work. While

few had formal training, they were clear about their role and were focused on helping women to settle into the prison, assisting them with issues that arose or directing them to staff where appropriate. This was reflected in our survey results where 77% described peer support as very or quite good.

Reducing self-harm and preventing suicide

3.13 Over recent months, excellent support had been given to a small number of women whose self-harming behaviour showed a real intent to commit suicide. The recorded levels of self-harm had decreased significantly in the six months before the inspection and was due, in part, to the transfer on of a few women who self-harmed regularly, often multiple times a day. However, during the inspection, it was clear that a few women continued to be responsible for most self-harm incidents.

3.14 A reasonable range of support was available to women who self-harmed, including the introduction of a forensic psychologist from the Women's Estate - Psychology Services (WEPS), which was developing good, individual care for women in addition to staff support and awareness raising. The WEPS resource was due to expand, but currently it could not meet all women's needs or undertake the breadth of work required.

3.15 The number of times women had been subject to restrictive measures to stop them from self-harming had declined significantly since our last inspection. Force to stop self-harm was not used as often as it had been at our last inspection and unfurnished cells had not been used in the previous year to hold those at risk of self-harming. Anti-ligature clothing was used less frequently than previously and had the correct level of authorisation and oversight from leaders.

3.16 It was appropriate that constant supervision took place in the designated cells in the inpatient unit rather than in the segregation unit. Some prisoners subject to assessment, care in custody and teamwork (ACCT) case management support for those at risk of suicide or self-harm were, however, segregated regularly, and we were not confident that this was always as a last resort or that other suitable locations had been considered (see paragraph 3.38).

3.17 Many prisoners we spoke to who had been managed through an ACCT were very positive about the support and care provided. We observed a review that was conducted very well - the case manager was empathetic, engaging and encouraging, which meant that the prisoner felt listened to and well supported.

3.18 ACCT case management was of a variable quality. Prisoners were concerned about having different case managers involved in their reviews as they had to repeatedly explain the reason for their current crisis. Review meetings were rarely multidisciplinary and care plans seldom reflected the range of support available with too few including allocations to purposeful activity to keep prisoners occupied. Incidents

of serious self-harm were investigated on time, but investigations were of a variable quality, and they did not always involve speaking to the prisoner to understand their triggers, which limited opportunities to make improvements.

3.19 All cells had a telephone with access to the Samaritans number, but at the time of the inspection there were too few Listeners. However, an additional four were being trained. They worked on a rota basis, but, in our survey, only 25% of women said it was easy to speak to them. We found that access was sometimes restricted by staff without good reason - for example, while there was a dedicated facility for Listeners to see prisoners, some staff were reluctant to allow them to use it, particularly at night.

3.20 The monthly strategic safety meeting was poorly attended. However, the weekly multidisciplinary safety intervention meeting had better attendance and was effective in discussing prisoners with the most complex needs. Action taken as a result of the meeting was appropriate and focused on supporting prisoners including those who self-harmed.

3.21 Leaders collated and analysed data well and understood many of the reasons that had led prisoners to hurt themselves, including acute mental illness. However, there was no self-harm reduction strategy or action plan specific to women that maximised the impact of this learning.

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

3.22 There had been one self-inflicted death in the previous six years. Recommendations made by the Prisons and Probation Ombudsman were addressed when the report had first been received. However, there was no regular review to make sure that action was consistently reinforced or properly embedded.

Protecting women, including those at risk of abuse or neglect

3.23 The complex needs wing (C2) was intended for prisoners with the most challenging support needs. However, it lacked a clear purpose and did not have well defined criteria for admission. There was a lack of specialist therapeutic support dedicated to the unit, and some women with very complex needs were held there without a clear care plan or an understanding of the benefits to them.

3.24 Staff we spoke to were reasonably well sighted concerning the principles of safeguarding adults and they knew how to report concerns about abuse or neglect.

3.25 There was a local safeguarding adults strategy and links with the local authority safeguarding board were in place. Prisoners potentially at risk were identified and many were discussed at the weekly safety intervention meeting to establish a care plan.

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

3.26 In our survey, women's feelings about safety were similar to those in other women's prisons and compared with our last inspection with 17% saying they felt unsafe at the time of the inspection. Recorded levels of violence were also broadly similar to other women's prisons and our last inspection, but a few incidents noted in wing observation books had not been included in the prison's data. The number of assaults on staff had doubled compared to our last inspection, but most were not serious, and half were perpetrated by just eight women with very complex behavioural challenges.

3.27 Positive staff-prisoner relationships encouraged many women to behave well and there were some positive rewards for good behaviour. For example, women could win a meal with visiting family members or other women from the wing if they received enough positive comments in their case notes and those we spoke to valued the initiative. However, too few staff were making case note entries about positive behaviour to make the scheme fully effective and fair.

3.28 The enhanced unit (E1) delivered some benefits, principally, better time out of cell (see Glossary) and access to the garden throughout the day (see paragraphs 4.14 and 5.2). The lack of self-catering facilities was a missed opportunity to further improve the incentives available (see paragraph 4.18).

3.29 The automatic imposition of 28 days on the basic regime in response to a violent incident had been adopted from practice in the men's prison and had become routine for women despite much of their violence being far less serious and manageable through a less punitive approach. Some of the women awarded this penalty were vulnerable or had very complex needs. One consequence was that they were deprived of not only a television, but also a working radio to distract them.

3.30 Overall, case management for perpetrators of violence using challenge, support and intervention plans (CSIPs) (see Glossary) was too weak. We checked the 12 plans that were in place when we inspected and only two contained well thought out, individually tailored targets, which meant that other woman and staff were unsure about what needed to change. However, we liked the fact that staff would sometimes use the CSIP model when they spotted changes in a woman's behaviour to try and address low-level issues that might have led to further problems.

3.31 There were some interventions to address poor behaviour. Peer work was good, and a part-time worker offered mediation and trained staff

and prisoners in restorative justice approaches (where offenders consider the consequences of their offending for all parties and can offer an apology or reparation). The introduction of a forensic psychologist since the last inspection gave staff access to considerable expertise in the behaviour of some challenging women (see paragraph 3.14). However, support offered by the mental health team was too limited for a population with considerable histories of trauma (see paragraphs 4.52 and 4.53).

3.32 An impressive new digital tool could help staff identify women most at risk of isolation. All interactions that took place through the kiosk, such as booking a visit, buying phone credit and ordering shop items, could be analysed to determine if a woman was engaging with prison life, which, in turn, could alert staff to the need to provide more support. (See paragraph 1.10.)

3.33 As in other areas of safety, there was no violence reduction strategy or action plan to drive improvements that were specific to women in prison. (See paragraph 3.21.)

Adjudications

3.34 Prison data showed there had been 1289 charges in the previous year. Too many of them (38%) had either been dismissed or did not proceed often because of a lack of evidence from staff, such as not enough footage from body-worn video cameras (see paragraph 3.41). Governance to address deficiencies was not effective as senior leaders did not carry out routine quality assurance of hearings and there had only been one strategic meeting this year.

3.35 Adjudications were still held in the segregation unit, in a room that was stark - a pilot project using a more relaxed, comfortable hearing room had stalled. Similarly, the idea of issuing women with community payback awards (for example, litter picking, weeding gardens or painting fences) rather than cellular confinement or the loss of earnings, a television or association had been trialled but not implemented.

Segregation

3.36 The director had limited the use of the segregation unit to eight of the 12 available cells and leaders had recently made changes to the staffing group, which was starting to lead to improvements in the ethos and culture in the unit. The arrival of the forensic psychologist to advise on the support offered to women had added another positive dimension to the care provided.

3.37 Some acutely mentally unwell women who should have been in hospital or an alternative care setting continued to be held in the segregation unit. The care and support shown to these women had sometimes proved positive. For example, one woman with acute problems had received support to improve her behaviour and she had gradually been reintegrated onto one of the main residential wings. She

had taken up a job in the segregation unit to maintain ties to the staff she had responded so well to.

3.38 However, some other clearly unwell women were just serving short periods of cellular confinement in the unit, and it was hard to see how this benefited them or how it would change their behaviour. This included some women at risk of suicide and self-harm subject to ACCT monitoring (see paragraph 3.16). They were not involved in enough purposeful activity and did not receive sufficient support. Education staff did not visit the unit, and gym sessions that would have given them time away from the unit were often cancelled. The two yards were pleasant but did not have any exercise equipment.

Segregation exercise yard

3.39 Oversight and accountability for segregation had lapsed for most of the year and managers could not be confident that its use was always proportionate or fair as data collection was poor.

Use of force

3.40 In the previous six months, force had been used against prisoners 219 times. This was broadly similar to most other women's prisons but was almost double the number in the same period before our last inspection.

3.41 Oversight of the use of force was very limited. Until shortly before the inspection body-worn video cameras had not always been working, but new cameras were now in place and most officers carried them every day. The recording was rarely activated soon enough to capture the lead up to incidents and footage often filmed the surrounding area rather than what was happening to the prisoner at the time. Many

reports written by staff involved in force against a prisoner were either missing or lacked sufficient detail to support the action taken or techniques used. (See paragraph 3.34.)

3.42 Despite these weaknesses, the footage we reviewed showed that prisoners were generally given plenty of opportunity to comply with requests before physical force started. We saw compassionate and patient responses to some prisoners but once force had started, we saw some poor techniques and heard inflammatory and disrespectful language being used.

3.43 Footage we reviewed of force being used to prevent women from hurting themselves showed that it was managed sensitively and at the lowest level to keep them safe.

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.

3.44 In our survey, 27% of prisoners said it was easy to get hold of illicit drugs, which was in line with other women's prisons and the last inspection. Some important steps had been taken to reduce the supply of illicit items. For example, all social mail was now photocopied, CCTV had been upgraded across the prison and there was now a dedicated team of dog handlers. Enhanced gate security for all staff and visitors had been introduced, which we do not see in other women's prisons. Like all other women's prisons there was no body scanner to detect secreted items, which was a risk.

3.45 The proportion of drug test results proving positive was one of the lowest among women's prisons at 5.95%. All suspicion testing requested was completed and only a small number came back positive.

3.46 There were not enough analysts so there was a persistent backlog of intelligence reports waiting to be processed, with 69 waiting to be dealt with at the time of our inspection. There had been 1756 reports submitted in the previous year, which was far fewer than the year before. Staff were having problems accessing electronic terminals where they could submit reports. However, the recently introduced HM Prison and Probation Service (HMPPS) digital platform facility had begun to make it easier for staff to submit reports.

3.47 Some security measures were more proportionate than at the last inspection. For example, it was positive that strip-searching was now intelligence led and rarely took place. However, risk assessments for handcuffing some women while at hospital needed to be tailored to the individual risks presented. Too often, assessments identified women as presenting a low risk of escape, but routinely recommended the use of cuffs. In some instances, women had undergone an intimate procedure

while cuffed, without the decision being based on a defensible and individually tailored risk assessment.

3.48 The prison's drug supply action plan was the same across the men's and women's prisons and did not focus on supply and demand specific to the female population, such as the increased likelihood of prescribed medication being traded.

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 In our survey, over half of respondents (52%) said they had children under the age of 18 but many women were held great distances from home, impeding regular contact. In our survey, only 32% of women said they had seen their family or friends more than once in the previous month during a social visit. Social visits were available for two hours every afternoon from Monday to Thursday and also at weekends. In addition, themed family days were very popular and women valued them.

4.2 A strategy had been designed, in partnership with a leading academic adviser, aimed at meeting the specific needs of women. For example, there was a stronger focus on the needs of mothers through a charter that set out minimum standards, such as access to essential items during pregnancy and when in labour. A Mothering Justice course had been delivered to staff and prisoners to raise their awareness and understanding of mothers in custody. Workers from the family engagement team identified women's needs soon after their arrival and provided good follow-up support to those with children or grandchildren, as well as to those who were unlikely to receive social visits. They provided individual help to women, regularly communicated with children's services and had begun to work with schools so women could receive school reports and attend parents' evenings via video calls, which were all positive improvements.

4.3 The visits hall was pleasant and a family room that provided a private area for supervised or final contact visits between a woman and her children. However, there were delays in confirming bookings for secure video calls and they were not available in an evening, which limited their usefulness, particularly to women with school-age children.

Visits hall

4.4 The pregnancy, mother and baby liaison officer (PMBLO) saw pregnant women and those who had recently had a baby soon after their arrival. Some of those we spoke to said they received help and guidance about being pregnant while in prison.

4.5 Living conditions in the mother and baby unit (MBU) were good, communal areas were clean, bedrooms were spacious and outside play areas were well maintained. It was excellent that mothers had access to a digital camera so they could take pictures of their children at key milestones. They could print them out and keep them or send them to family members. Mothers we spoke to valued the initiative. (See paragraphs 1.11 and 4.40.)

Mother and baby unit

4.6 The nursery was a good facility, but staff shortages over recent months meant it had been closed much of the time. This made it very difficult for mothers to attend activities away from the unit, such as work or education, as they did not have anybody to mind their child, which left them feeling isolated. (See paragraph 4.40.)

4.7 Mothers from the MBU mentored others who were expecting a baby, which was an excellent form of support, but no parenting or antenatal courses were available. (See paragraph 4.40.)

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 In our survey, 47% of women said they were consulted about living in the prison community but only 26% of them said that things changed as a result. However, both these perceptions were similar to other women's prisons and the last time we inspected Peterborough. Women could usually get help to deal with day-to-day requests or find out answers to their queries because, most days, they had a good amount of time out of cell (see Glossary), relationships with staff were positive and electronic kiosks were available on the wings. There was a good

and well-established range of peer working roles that also enabled women to seek additional support or have their views heard.

4.9 Wing consultation arrangements were limited and E2 was the only one to hold formal meetings. Wider prisoner council meetings had only very recently resumed after a gap of over a year. Most women we spoke to were not aware of the meetings and did not know who their wing representative was. Leaders recognised these weaknesses and had approved funding for an external organisation User Voice to support women and staff in creating a more effective prisoner-led council.

Applications and complaints

4.10 In our survey, only 56% of women said it was easy to submit an application compared with 74% at other similar prisons. During our inspection we could see some of the reasons for this. On days when the regime was curtailed or cancelled, more women were locked in cell for longer, which made it difficult for them to do everything they needed to do when they were allowed out of their cell. Women needing to use a wheelchair said they found it difficult to reach the height of the kiosk screen and could not use it. In addition, some departments could not be contacted via the kiosk and some information was not translated into languages other than English.

4.11 Two thirds of women in our survey said it was easy to make a complaint, which was similar to elsewhere and compared with our last inspection. The system for tracking complaints and their responses remained good, and most responses were on time. However, cover for the complaints clerk was not in place so any absence led to more replies being late.

4.12 In the sample of complaints we reviewed, responses were often curt or failed to provide sufficient explanation for not upholding the complaint. These issues had been identified during the quality assurance process, but action to address the problems had not yet been taken.

Legal rights

4.13 Support for women to exercise their legal rights was reasonable. Legal visits were available every week day either in person or via video calls. However, there was a lack of privacy in video call booths due to poor sound proofing, which deterred some women from using them.

Living conditions

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

4.14 Living conditions remained good, women took pride in their environment and communal areas remained clean and well-presented. Good oversight from residential leaders and managers made sure that standards were maintained and items needing repair were reported

and dealt with promptly. The exercise yards remained pleasant, and it was positive that those in the enhanced unit (E1) could access the garden at any time throughout the day (see paragraph 3.28). Decency boxes had been introduced on each wing to give women free and easy access to menstrual products, which was positive.

E1 (enhanced unit) garden

4.15 Some women shared cells originally designed for one person and some of them were cramped, with insufficient screening around the toilet, which was not decent. Cells we saw were clean, free of graffiti and many had been personalised well, which was positive. They were generally well-equipped, although many women, particularly those in shared cells still did not have lockable cabinets to keep medication and other personal items safe.

Single cell housing two women

4.16 Since our last visit in 2021, additional doors had been installed in the communal showers to improve privacy, which was good. However, in our survey, significantly fewer prisoners (79%) compared with last time (95%) said they could shower every day, and women we spoke to said this was because regime curtailments meant they were not always unlocked for long enough to do everything they needed to do.

4.17 In our survey, only 23% of women said the food was good, significantly fewer than last time (48%) and compared with those at similar prisons (41%). Those we spoke to said there was not enough variety in the four-week menu cycle and there were too many spicy foods and not enough lighter choices. Although some work had been undertaken to determine women's preferences, it had not led to a menu designed with them in mind and the provision was the same as on the men's site, apart from the addition of a small side salad available with the evening meal.

4.18 There was no self-catering equipment in any residential unit, which was unusual for a women's prison, and prisoners could not eat meals together. This meant women missed out on opportunities to socialise or to cook food that met their own individual needs and preferences. (See paragraph 3.28.)

4.19 The shop list was the same as the one used at the men's site and in our survey, only 32% of women said it sold the things they needed, lower than at similar prisons (59%). Peabee's, a shop where women could buy reasonably priced clothes and make-up using money they had earned in the prison, remained a popular initiative, despite long waiting lists for an appointment and some prisoners with very little money feeling excluded.

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.

4.20 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) (see Glossary) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC issued 'requirement to improve' notices following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

4.21 Partnership working between health service providers and prison leaders was effective. The health needs assessment had been published in 2021 and a key recommendation was directed at men rather than women which was not appropriate.

4.22 There were weaknesses in some aspects of clinical governance. Incident reporting was low, and a range of audits was undertaken but neither was used to identify issues or risks to patient safety.

4.23 Despite audits identifying shortcomings in clinical records, there had been no obvious improvement. Gaps in records made it difficult to determine if patients had received appropriate care or follow up.

4.24 Staff shortages meant health care managers were undertaking clinical duties, which distracted them from their leadership function. There were vacancies in primary care, mental health and substance misuse services, but frontline staff said they felt well supported. Regular bank and agency staff provided effective cover which, coupled with an experienced and skilled core team, meant the negative impact on patient care was mitigated.

4.25 Not all mandatory training had been completed, but staff had booked dates for completing outstanding elements. All staff received regular supervision and clinical leaders had identified further professional development, which was focused on the needs of women.

4.26 From our observations, health care practitioners knew their patients well and treated them with dignity and respect. Staff were committed to meeting the needs of the women, and patients told us they had received good care.

4.27 The treatment rooms were not compliant with infection prevention standards and there were some items, such as torn clinic couches, which needed to be replaced. The list of clinical equipment was up to date and all equipment had been tested to make sure it was safe to use.

4.28 All staff were trained in immediate life support and had good access to emergency equipment. Emergency bags were checked regularly, their contents were well maintained and included face masks used to deliver oxygen to new-borns, which was appropriate.

4.29 All health care staff we spoke to understood how to deal with safeguarding concerns and had received appropriate training, including on female genital mutilation.

4.30 Responses to complaints we reviewed were not always written in plain English and did not have enough detail to help the patient understand the reply.

Promoting health and well-being

4.31 There was no prison-wide strategy for health promotion, but primary care staff used the NHS national calendar of events to raise health awareness. Health care and kitchen staff worked well together to respond to patient-specific dietary needs and gym staff developed support packages as needed.

4.32 A range of information was displayed on health care centre notice boards, but only limited health promotion material was on display across the prison. Staff provided information during consultations, including in languages other than English, but there were no health care peer workers on the wings.

4.33 Systems were in place to manage communicable disease outbreaks and good partnerships had been established with the UK Health Security Agency. All women had access to age-appropriate immunisations and there was a plan to make sure that all patients could have any missing childhood vaccinations. Preventative screening programmes, including retinal screening, were available and offered to all women.

4.34 Blood-borne virus testing was offered at the secondary health care screening. Any patients needing treatment were seen and treated appropriately. A large number of patients failed to attend the screening, but staff flagged this on their patient records so that when they were seen in any clinic, nursing staff would offer testing.

Sexual and reproductive health (including mother and baby units)

4.35 On arrival women were offered an appropriate sexual and reproductive health screening, including pregnancy testing, which was followed up later if they declined. Further appointments and interventions were available, including cervical smear tests and breast screening.

4.36 A sexual health lead staff member ran a weekly clinic and referred patients to specialists when needed. Women had access to contraception and barrier protection on release, but they were not widely advertised.

4.37 Women could receive support for the menopause through the primary care team, but the service did not have a lead clinician and the availability of information was limited.

4.38 Antenatal and postnatal care, which reflected what was offered in the community, was provided. A multi-agency partnership worked well and delivered good quality care. This included a perinatal mental health service, a dedicated midwife, an obstetrician and health visitors. We were advised that pregnant women were given access to a 24-hour midwifery advice line telephone number but those we spoke to were not aware of it. A range of professionals' meetings, including a fortnightly pregnancy review meeting, provided oversight and a coordinated approach to the care of all women in custody with pregnancy-related issues. For example, there was a focus on pregnancy care plans, birthing plans, safeguarding, midwifery and clinical support.

4.39 Women who experienced loss through a termination, miscarriage or separation received appropriate multi-agency support, including practical, physical and emotional care.

4.40 During the inspection, three mothers and their children were in the MBU, and prison staff told us they received additional training so they could work in the unit. Access to nursery nurses was limited, which meant women did not always feel well supported. (See also paragraphs 4.4-4.7.)

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

4.41 One health care team provided nurse-led cover across both prisons. There was a significant staffing shortage, with one new nurse due to start and vacancies for three more. The primary care team worked hard to provide a range of services to make sure patients' needs were met.

4.42 All new arrivals were seen at reception for an initial health care assessment and those with any immediate or ongoing health or substance misuse needs were appropriately referred. Nursing staff then saw the patient within five days to carry out a more comprehensive screening, undertaking physical examinations and screening tests. All women who did not wish to have the secondary assessment were rebooked three times and staff entered a prompt on clinical notes, which meant that at any future clinic patients were offered the missed screenings. Patients' clinical records were obtained from the community GP with their consent. Risk and other information was shared with professionals, including prison staff, to help develop care plans.

4.43 On arrival patient medicines were checked against their community prescription and prescribed promptly, including for any women needing substance misuse treatment. Those needing emergency medicine were managed through emergency or out-of-hours prescriptions.

4.44 There were six GP sessions a week from Monday to Friday. This meant that any patients at court during the week, had to wait to see a GP. There was about a two-week wait to see the GP for a routine appointment, but urgent referrals were seen within a day during the week or two days at the weekend, which was good.

4.45 Care for patients with long-term conditions had improved and all of them had a care plan that followed national guidance. Patients could access a full range of clinics within reasonable waiting times. This included physiotherapy, the optician and specialist hepatitis treatment.

4.46 National guidance had been followed for patients who needed palliative care but during the inspection no patients needed it.

4.47 Arrangements for patients needing to attend hospital appointments were robust and all appointments were overseen by a clinician. However, some women were handcuffed to staff during an intimate examination which was not decent.

4.48 There was a clearer admissions process for the inpatient unit based on clinical need, and few patients were admitted for non-clinical reasons. Patients were regularly reviewed by the GP and the mental health team.

4.49 The unit was staffed by prison officers who had had no extra training or regular, formal support to equip them for their role. Officers we spoke to knew their patients well and provided appropriate care, but with little or no guidance. Patients had access to a supportive regime with a range of activities. The environment was decent, but the shower room was old and worn which meant it was hard to keep clean.

4.50 Patients' ongoing needs were met after they were discharged from the unit, with the mental health team being involved in any updated care planning.

4.51 All patients received discharge letters on release. All records were shared with a GP and referrals to ongoing specialists were made in time for their release, which made sure they had access to prompt care.

Mental health

4.52 In our survey, 61% of respondents said it was very difficult to see a mental health worker. The mental health team was integrated and offered provision five days a week. A manager from the service provider was on call over the weekend for telephone advice. There were vacancies in nursing and psychological therapy roles, which, combined with high demand, placed the service under pressure and there were delays in patients accessing assessment and care.

4.53 Referrals were triaged by a mental health nurse and those whose cases were considered urgent were seen within 24 hours, while others were placed on a waiting list for an assessment. There were 40 women on the waiting list, with 15 weeks being the longest wait, which was too

long. Some patients might have been released before receiving an assessment and there was a risk that patients' mental health might decline while waiting.

4.54 A psychiatrist visited two days a week (covering both sites) and there was a non-medical prescriber. Arrangements for physical health checks and blood monitoring were robust. Clinical supervision for staff was well embedded and there were regular team meetings.

4.55 During the inspection, nobody was being managed under the care programme approach (CPA) framework (a specialist method of providing care for patients with complex mental health needs), even though those referred for a transfer under the Mental Health Act would have met the CPA level of need.

4.56 Clinical records for patients who were receiving care had comprehensive assessments, care plans and risk assessments in place and were regularly reviewed.

4.57 Patients requiring treatment in hospital under the Mental Health Act waited too long to be transferred. Since June, waiting times for transfers for seven patients had exceeded the recommended timeframes. The delay might have been detrimental to their health and was unacceptable.

4.58 Discharge planning was in place for patients on the caseload. Community referrals for continuing care were made and discharge summaries were available. Patients were referred to Reconnect services (which aim to improve continuity of care for those leaving prison) to help them access mental health care in the community.

4.59 New prison officers received mental health training as part of their induction, but all the staff we spoke to said they would have benefited from further training.

Social care

4.60 The memorandum of understanding for the provision of social care with Peterborough City Council (PCC) was out of date. There was no oversight of assessments or the outcomes.

4.61 The referral process was not advertised in the prison. Patients could self-refer, but prison staff we spoke to were not sure of the process. All referrals were triaged and assessed in a timely manner by a social worker from the city council who visited every week. An occupational therapist and advocates were available if required. The social worker was well integrated into the prison and attended the safety intervention meeting, which was good.

4.62 Four patients were receiving care packages, and all had a care plan. Plans were stored on the electronic clinical record system, but the social worker did not have access to the system, which would have assisted in reviews of patient care.

4.63 Staff from the health care provider delivered the social care packages (see Glossary), but the times and lengths of their visits varied every day, which patients said was frustrating. There were no social care peer workers (buddies) during the inspection. Effective joined-up planning made sure packages of care continued on transfer and release.

Substance misuse and dependency

4.64 Substance misuse services were well led and delivered by a skilled team who worked effectively with prison colleagues. Some officers had attended substance misuse and recovery training focused on the impact of personal trauma, but many told us this remained a gap in their knowledge, affecting their ability to support women.

4.65 All new arrivals were screened promptly for alcohol and drug issues and were referred, if needed, for a specialist assessment. Assessments were within target times and used evidence-based tools. The referral system was open to all.

4.66 During the inspection, 128 patients were on opiate substitution therapy (OST) and 161 patients were on the caseload of the psychosocial team. Staff had been trained and used a trauma-informed approach to assessment, care planning and recovery. In-cell workbooks and group work followed the approach and was highly valued by patients.

4.67 The administration of OST in the health care centre was exemplary, and officer supervision was good. Treatments were evidence based and well-integrated, and recovery workers provided support, which included carrying out joint reviews at regular intervals.

4.68 There were no peer support workers and access to mutual aid groups was limited to Alcoholics Anonymous, which meant there was no mutual support for those who misused a range of illicit drugs.

4.69 Reconnect workers identified clients ahead of their leaving the prison and linked them with community drug services, advised them about harm minimisation, and provided training and supplies of nasal naloxone (a drug to reverse the effects of an opiate overdose) as necessary.

Medicines and pharmacy services

4.70 Medicines were supplied by an external pharmacy in a timely manner, but internal issues meant some patients experienced delays in receiving their medicines.

4.71 Medicines administration was undertaken by nurses three times a day and recorded on the electronic record system. We noted that not all medicines were being administered at the most effective therapeutic time.

4.72 Systems to follow up non-attendance were insufficient. Staff said that a record of patients not attending for their medicines was printed out and

reviewed weekly. The delay might have put vulnerable patients, such as those on anti-psychotic or anti-depressant medicines, at risk.

4.73 The queues at the hatches were well managed and provided reasonable confidentiality. Not all patients had lockers to store their medicines safely and there were no routine cell checks to confirm compliance.

4.74 All patients had an in-possession medication risk assessment but only 46% of medicines were supplied in possession and 22% was supplied for 28 days, which was very low. In addition, the pharmacy ordered patients' regular in-possession medicines, which meant they did not have the opportunity to learn to manage their own medicines.

4.75 The pharmacy technicians supplied in-possession medicines and could give simple advice to patients attending the hatch.

4.76 There were no pharmacist-led clinics or opportunities for patients to speak to a pharmacist. The supply of medicines without the need to see a doctor was very limited, with only paracetamol and ibuprofen available. This increased the pressure on GP appointments.

4.77 Controlled drugs were managed appropriately, and medicines were transported and handled safely in the prison. Wing-based treatment rooms were small with very limited lockable storage space.

4.78 Oversight was through a medicines management meeting, which reviewed trends and prescribing effectiveness. There was higher than expected prescribing of some abusable medicines, such as mirtazapine (an antidepressant) and a review was being undertaken. The review of incidents was limited by IT issues, which meant it was difficult to record errors and the opportunity to learn from them was missed.

4.79 On release, patients received a month's supply of their medication or a prescription, if necessary.

Dental and oral health

4.80 Two dental sessions were held every week. However, the dentist also provided emergency appointments while they were based on the men's site. Waiting lists were reasonable with about an eight week wait for a routine appointment. The team provided a full range of NHS treatments, including oral hygiene and dental therapy.

4.81 Patients were given oral health advice during appointments and were prescribed pain relief and antibiotics as required. Dental staff received support through supervision, appraisal and a comprehensive package of training.

4.82 The dental suite was clean and well maintained and staff followed appropriate infection control and decontamination processes. The provider was responsible for making sure equipment was serviced and maintained, and routine servicing was scheduled.

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 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

4.83 The culture of the prison was generally inclusive and respectful, and women supported one another well, both informally and through an established range of peer worker roles (see paragraph 3.12). However, much of the formal work to promote equality and diversity had stalled since our last inspection, although a new manager, covering both the men's and women's prisons, had recently been appointed. This had led to some initiatives being reintroduced, such as celebrations for Diwali and Black History Month.

4.84 We had concerns about the care of prisoners with physical disabilities. There was no formal peer carer or buddy system in place and there were far too few adapted cells. Some prisoners who used a wheelchair lived in very small cells with insufficient space to manoeuvre and a lack of appropriate equipment to meet their needs. It was also difficult for them to get into the communal showers because of the heavy swing doors and some said they found it hard to turn the shower on without assistance from another prisoner. We spoke to one woman who was not able to use the communal showers and had resorted to having a wash in her cell using a bowl of water and a flannel.

4.85 It was unfair that foreign national prisoners lacked access to some key progression opportunities. They were automatically excluded from being released on home detention curfew, undertaking release on temporary licence and being transferred to an open prison. Some foreign national prisoners lived together on a dedicated wing, which allowed them to support each other, and they could also book appointments with workers from Hibiscus, an external support organisation, whose staff visited weekly. However, there was too little translated material available and professional interpretation was still not used often enough, even for confidential discussions, such as assessment, care in custody and teamwork case management reviews.

4.86 Although many young adults lived on the same wing, there was little specific support and few activities for them, and many said they were bored. There were, however, credible plans to begin addressing this weakness, such as through the creation of a new outdoor area with exercise equipment and a new recreation space in the unit.

4.87 Leaders had not held regular consultation forums with prisoners from protected and minority groups they had a responsibility for. In addition,

the use of data was very limited, which meant managers were limited in their understanding of outcomes and potential inequalities. For example, our survey showed that prisoners with disabilities were more negative than non-disabled prisoners about safety and more said they had been bullied or victimised by staff and prisoners.

4.88 Complaints about experiences of discrimination were not managed well enough. Too many were re-routed to the general complaints process rather than being dealt with and addressed as examples of discrimination. Investigations into complaints about discrimination often lacked detailed evidence of findings and tended to minimise the issues raised. Responses took far too long to be issued.

Faith and religion

4.89 The chaplaincy was actively involved in supporting women and was well respected across the prison. In our survey, almost all (92%) of women said they could attend religious services if they wanted to, which was better than at similar prisons (69%) and almost all faiths at the prison were represented in the chaplaincy.

4.90 The chaplaincy ran several religious and secular programmes and activities, such as meditation sessions, classes for Roman Catholic, Muslim, Hindu and Sikh women, an in-house course encouraging women to reflect on their self-image, and a popular choir. The team also arranged video access to funerals when women could not attend in person, and was working with Angel Tree, a charity enabling parents in prison to send Christmas presents to their children.

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 In our roll checks, just under a quarter of women were locked up during the working day, twice as many as at our last inspection. This included some women who should have been allowed out of their cell, for example, retired women, those medically unfit for work, as well as others who could not attend activities because their sessions were cancelled.

5.2 Most workers were out of their cells for between five and 10 hours a day, and pregnant women and those in the enhanced unit were unlocked for most of the day, which was good (see paragraph 3.28). However, the day-to-day regime was sometimes curtailed due to the shortage of officers. There were far too few recreational or social activities to support women's well-being and to help them use their spare time constructively. Off-wing activities included a games club, a knitting club and the Jailbirds craft club, but they were only held once a week and limited spaces were available.

5.3 Time for exercise outside was far too limited at 35 minutes a day and it could only take place first thing in the morning for most women. We were told that on some days the time allowed was even shorter and the morning sessions deterred some women from taking part. Many women said they did not go outside to exercise because they did not have a coat, jumper or appropriate footwear.

5.4 Apart from the gym, PE facilities were too limited. There was no indoor court or outdoor pitch for team sports. The only other facility, the dance studio intended for aerobic activities, was closed because of structural problems with the building.

Gym

5.5 Three levels of vocational qualifications were available to women who wanted to work in roles, such as personal trainer on release, and there had been a recent focus on offering more sessions to unemployed women. However, these initiatives were undermined by gym sessions being frequently curtailed or cancelled because of the redeployment of PE staff to help run the day-to-day regime. In September and October, sessions had been curtailed 43 times and most weekend sessions had been cancelled altogether. Only about 30% of the population had accessed the gym each month since April.

5.6 The library stock was limited, and few women used the facility, with only about 20% visiting in recent months. The only way to access the library was by attending education or making an application through the kiosk. There were no regular scheduled visits from each wing, and it was closed at weekends. Until very recently, even weekday opening hours had been limited because it had been run by a prison officer who had other duties. However, a dedicated, enthusiastic librarian had just been appointed and there were some early signs of improvement.

5.7 The library organised some recreational activities, such as a games club, an over-50s session and the Storybook Mums scheme, which allowed women to record stories for their children. However, in the previous six months, while 107 stories had been recorded, only nine had been sent to families.

Library

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.

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

Overall effectiveness: Inadequate

Quality of education: Inadequate

Behaviour and attitudes: Requires improvement

Personal development: Inadequate

Leadership and management: Inadequate

5.9 Leaders and managers had not maintained the good standard of education found at the previous inspection nor had they addressed the weaknesses identified then. Frequent changes of key leaders, poor planning and staff shortages had led to a significant decline in the quality of provision and low staff morale. Too few women felt that education, vocational training or prison jobs would help them on release, which affected their motivation to learn. However, the newly appointed senior leadership team had a clear strategic vision and had started to make improvements that were beginning to have benefits, such as boosting the morale of staff and women.

5.10 Managers had not identified the education or training needs of the population accurately to inform their curriculum planning. They had not designed a diverse or relevant curriculum that offered a sufficient range of courses to enhance women's employment opportunities on release. They had not engaged enough with employers to make sure that skills training was best matched to local needs. Managers had not planned sufficient courses for women to develop relevant vocational skills. Other than in the gym (see paragraph 5.5), vocational training did not enable women to progress from basic levels to an acceptable standard for employment. Until very recently, staff were unsure about women's English and mathematics starting points. Consequently, they had not planned a curriculum to meet these needs, which resulted in long waiting lists for these subjects. Managers had not provided specialist courses to support or encourage women wishing to be self-employed.

5.11 Advice and guidance during induction did not adequately consider individuals' existing skills, experience or intended careers. As a result, staff did not routinely allocate women to activities that enhanced their skills, met their career choices or benefited them. Information gathered during induction was not consistently shared with work or training areas to help staff plan lessons or support women through their next steps. Too few women received a planned careers programme that enabled them to make informed choices about their education, skills and work pathways and future career plans.

5.12 Overall, managers had provided sufficient activity places for the prison population. Staff made sure these places were taken up. However, over a third of them consisted of domestic work in the residential units where the work was insufficiently challenging. These women developed

few new skills or knowledge to help them get employment on release. Many women in these roles had not received basic health and safety training. The local pay policy gave women a financial incentive to attend education or vocational training, which led to most courses being over-subscribed.

5.13 Managers did not provide sufficient training for the many women employed in peer support roles, for example as learning and skills mentors or orderlies working in the employment hub (see paragraph 3.12). For instance, women rightly felt that awareness training in mental health would have enabled them to fulfil their roles better. Women in these roles used their initiative well, developed confidence and supported their peers effectively, but these skills were not recorded or celebrated. As a consequence, they could not be demonstrated to a future employer.

5.14 Education and vocational training were provided directly by Sodexo. Teachers in vocational training and work areas too often failed to make sure that women embedded their learning and did not always support women to consolidate it through repetition. Moreover, teachers in these areas did not always correct spelling or grammatical errors, which limited improvement. On the other hand, teachers in English and mathematics checked women's understanding regularly, correcting any misunderstandings, which reinforced their learning and progress. Teachers did not use assessment effectively to plan individual learning or teach substantial new knowledge and skills. They set targets that were too general, which meant too much learning lacked focus and progress was not measured accurately enough. In vocational training many women developed new practical skills, for example, in the bistro women learnt how to bake biscuits and developed customer service skills. However, achievement rates in external examinations in education, skills and work were too low.

5.15 Although leaders and managers had intended to provide wide-ranging support for women with learning difficulties and disabilities (LDD), until recently they had not made sure that all women who required support received it. For example, in some vocational training areas, resources had been provided to benefit women with an additional learning need, but staff and peer mentors had received no training in their use. Staff and mentors had received little training in neurodiversity. In many vocational training areas, mentors themselves had not achieved the substantive qualification of the course, yet they were still expected to provide support for their peers working at the same level. In the bistro and in lessons in English for speakers of other languages, support was effective and women with LDD needs made similar progress to their peers.

5.16 Prison leaders did not have sufficient oversight of the quality of education, skills and work. They had not used the quality improvement group to prevent the decline in the quality of provision over a number of years. Although managers checked the standard of teaching in education and vocational training on a regular basis, they had not planned a comprehensive professional development programme to

tackle identified weaknesses. For example, teachers had not received sufficient training to help them plan individual learning that challenged all women to develop substantial new knowledge and skills. Managers had not put in place quality assurance arrangements for domestic wing work or other work activities, which together employed the majority of the population. As a result, these activities had few quality standards against which performance could be measured.

5.17 Managers had been too slow to develop and implement a prison-wide reading strategy. Leaders had a clear ambition to enable those with few or no reading skills to develop functional reading skills and for others to widen their reading habits for both pleasure and employability. However, they had not trained staff to support the development of reading skills, and, as a result, women did not get enough support to develop them during lessons. Prior to the inspection, induction staff had not assessed women's reading skills. As a result, leaders and managers did not know the extent of the deficit across the prison. Shannon Trust mentors did not receive sufficient expert guidance to help women with the most complex needs develop their reading skills. Leaders had not identified which manager was responsible for the implementation of the strategy. Although library staff actively encouraged women to read for pleasure, managers had not done enough to improve the reading skills and habits of most women.

5.18 Women felt safe when attending purposeful activities. They behaved well and were polite and respectful of each other and staff. Education and skills areas were calm and orderly. However, a few women did not attend activities regularly enough and withdrew from courses before they had completed them. Leaders did not set high expectations for punctuality. Too often, delays in moving women from their residential units prevented them from learning the discipline of punctuality that employers require.

5.19 Managers had not planned a broad, rich personal development curriculum. The few activities that were available had limited capacity, which meant waiting lists were long. As a result, most women did not expand their interests or develop relevant skills to support their personal development or economic and social well-being. Many women felt bored during long hours in the residential units with little to occupy them.

5.20 The virtual campus (prisoner access to community education, training and employment opportunities via the internet) was not well used. It was not used during induction for assessment purposes or within the employment hub for job search activities and it was not available throughout most education. The few learners undertaking Open University courses benefited from accessing them.

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 Peterborough held women from a wide geographical area and the population changed frequently, which made the delivery of good resettlement outcomes challenging. For example, 40% were on remand, almost a third (31%) were serving sentences of less than one year and the average length of stay was short at about 98 days.

6.2 Despite this, access to resettlement help was good. Remanded women are often excluded from accessing resettlement help but this was not the case at Peterborough. They and any other woman had access to useful advice and help from Inside Links, a busy resettlement unit where providers such as the pre-release team, a bail information officer and prison employment lead staff members were based. Women could easily book appointments and help included maintaining housing tenancies, cancelling direct debits and drafting CVs and disclosure letters for future employers. Resettlement staff also interacted well with community offender managers (COMs) before release, which helped women plan and prepare for their return to the community. Many women said they appreciated the help they had received. (See paragraph 1.12.)

The 'Inside Links' department

6.3 Women serving very short sentences and those who had been recalled to prison regularly were identified promptly by a dedicated member of staff who ran a project known as Most in Need. It helped to establish links with key services in preparation for release, such as health and housing, as well as making sure they had access to immediate supplies in prison, such as clothing and medication. (See paragraph 1.13.)

6.4 A good range of interventions and other support were available to women who had experienced trauma in their lives. This included help for victims of domestic abuse through the Athena programme, which focused on the cycle of abuse and coercive control, as well as support for women who had worked in the sex industry. The programme was led by a dedicated member of staff and supported by peer workers. Despite the limited resources, the range of support provided by the forensic psychologist was good and her visibility around the prison was excellent.

6.5 Two offending behaviour programmes were available - Control of Violence in Angry, Impulsive Drinkers, which addresses alcohol-related violence and the Thinking Skills Programme. They were delivered regularly with 39 completions since April 2023 and more planned.

6.6 Data showed that just over a quarter of women left the prison without any accommodation to go to. It was impossible to find evidence for longer term outcomes, as data collected was limited to the first night only.

6.7 The quality of the analysis of women's needs was good - it was not only based on a comprehensive survey of women but also used data from prison information systems, including P-Nomis (a database used in

prisons for the management of offenders) and offender assessment system (OASys) reports. However, this evidence outlining needs had so far not been used to design a resettlement strategy specifically for women.

Motivation, engagement and progression

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

6.8 Just over a quarter of women (27%) were serving long sentences of four years or more. Leaders had maintained a good focus on making sure women progressed quickly to training prisons, with 117 moves in the previous year. During the inspection, 28 women were assessed as suitable for open conditions, but there had only been 26 transfers to open prisons in the previous year. Many women preferred to remain at Peterborough to stay closer to their friends and family. However, release on temporary licence (ROTL) was underused for these women and only five were accessing it at the time of our visit.

6.9 There had been significant staff shortages in the offender management unit. Some new staff had recently started in prison offender manager (POM) roles to fill some of the vacancies, but they were regularly redeployed to operational duties, which limited the support they could provide. Caseloads for each POM had been over 100 in recent months, which was much higher than we usually see at other women's prisons. This meant contact between offender managers and women was far too limited and many we spoke to were unsure about their sentence plan targets or what they needed to do to progress.

6.10 Most women who needed an OASys report had one, although some had been completed far too late to be helpful. For example, one was completed over 43 weeks after sentencing and women were not involved in the assessment.

6.11 Parole reports were up to date and completed on time. An adequate range of support was available for the small number of women serving indeterminate sentences, which included lifer family days, and the opportunity to live in a dedicated unit with more freedoms, including better access to outside space.

Protecting the public from harm

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

6.12 About 42% of the sentenced population was assessed as presenting a high risk of harm to others. However, not enough was done to make sure all necessary public protection measures were implemented effectively. For example, the interdepartmental risk management

meeting did not discuss all high-risk cases in sufficient time before their release and information shared by other departments was not always available. This meant that information critical to risk management could have been overlooked.

6.13 Restrictions on contact with victims and children were not well managed. Staff working at the prison gate or in the visits hall did not always have access to the systems with the most up-to-date information about which women posed a risk to children. In addition, staff who completed checks of prisoners who could have posed a potential risk to children did not always have access to the right documents or information systems to screen for these risks effectively. Information from the courts or police was sometimes delayed, which meant staff were not able to apply restrictions promptly.

6.14 The quality of risk management planning carried out by COMs and POMs before a woman's release was too variable. Case management handovers to the community generally took place, but some happened far too near the prisoner's release date to be fully effective. There were also problems with delays in the COM being allocated to a case and women frequently being reallocated to different practitioners, which led to disjointed release planning and confusion.

6.15 Telephone and mail monitoring was usually undertaken promptly when required, and there was evidence of it being used well to inform risk management. A small number of women were subject to monitoring at the time of the inspection, and in one example information staff had obtained from listening to their telephone calls had proven critical in informing multi-agency decisions about an individual's release plans. This demonstrated the value of undertaking this important work effectively.

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.

6.16 About 58 women were released each month, which was an increase since our last visit. Most were released to the East of England, but some travelled further to London or the Midlands.

6.17 The Inside Links resettlement centre provided excellent support to women due to be released (see paragraph 6.2). However, the commissioned resettlement services team was working less well. The team was small, and the contracted model was complex and confusing. For example, referrals for housing support relied on the COM's timely approval of the request before women could see the service provider in the prison. Approval did not always happen on time, which led to unnecessary delays before women could access help.

6.18 As part of the New Futures network (an HM Prison and Probation Service initiative aiming to connect prisons with employers), there was now a reasonable amount of support for women who needed help with finances and identification. Since April 2023, 67 bank accounts had been opened and 145 forms of identification, such as birth certificates or driving licences, had been issued.

6.19 Support from the employment hub was good and included a range of helpful courses to prepare women for work. Interviews and employment fairs were also organised to promote opportunities in a range of different industries. Despite this, data showed that only 14% of women were in employment six months after their release.

6.20 Arrangements to help women on the day of release were well developed and the practical assistance they received was useful. Women could charge their mobiles and there was a good range of clothing, including hats, scarves and coats as well as toiletries, if needed. Leaders had approved payment for taxis all the way home for some women or had funded a night or two in bed and breakfast accommodation if the woman was particularly vulnerable but had nowhere to live.

6.21 All women being released were met by peer workers from the prison as well as a member of staff who worked for the Outside Links organisation, which was based in Peterborough city centre. They provided help and support to anybody leaving HMP Peterborough as well as those living in the community to help reduce the likelihood of them reoffending and it was extremely well used. Women could access showers, clothing and food and there was additional support for those with substance misuse and other well-being needs once a week. (See paragraph 1.12.)

Section 7 Progress on recommendations from the last full inspection and scrutiny visit reports

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 2017, too many women arrived at the prison late in the day after delays at courts and waiting for transport. Early days support was generally good. Women in our survey were much more negative than previously or when compared to similar prisons about feeling safe. Levels of serious violence were relatively low, but antisocial behaviour and intimidation were not managed effectively enough. Support for those who self-harmed was generally good. The prison struggled to manage adequately some women with very complex needs. Strip-searching continued to be over-used and the governance of strip-clothing was poor. Most aspects of security were appropriate and the positive drug testing result was low. The adjudications process was well managed. Use of force was very high and de-escalation was not always evident. The segregation unit was clean and functional. Substance misuse support was reasonable overall. Outcomes for women were not sufficiently good against this healthy prison test.

Key recommendations

Strip-searching should only be used when current intelligence indicates the need for it.
Achieved

Prison managers should understand the reasons for bullying and antisocial behaviour, and develop a range of interventions to address the perpetrators and support victims.
Partially achieved

HM Prison and Probation Service should develop more specialist provision in the women's prison estate so that intensive work can be undertaken with women who have complex needs and very challenging behaviour.
Achieved

Recommendations

Women should be transported separately from male prisoners and the time between their last court appearance and their arrival in reception should be substantially reduced. (Repeated recommendation.)
Not achieved

Women should not routinely be required to wear handcuffs during escorts. (Repeated recommendation.)
Not achieved

All women should have the opportunity to speak to a Listener on their first night in custody.
Achieved

The prison should monitor incidents involving behaviour such as abuse, threats and intimidation and women should be surveyed and consulted on safety at regular intervals. The prison should analyse the outcome of these measures and respond appropriately.
Partially achieved

ACCT care planning should be sufficiently focused on family contact and, where appropriate, referrals should be made to the Family Matters team.
Achieved

Women should not be located in special or unfurnished accommodation or placed in strip-clothing except as a last resort and for the shortest possible time after it has been authorised by a senior manager. Women held in these conditions should be monitored at frequent and irregular intervals and be reviewed by a multidisciplinary team every day.
Achieved

Information about vulnerabilities, such as learning disabilities, should be formally communicated to custodial staff and unit care plans should be used to ensure women's safeguarding needs are met.
Partially achieved

Force should only be used as a last resort and after de-escalation has been attempted.
Achieved

All incidents involving force should be video-recorded and recordings should be rigorously analysed.
Not achieved

Women should be able to provide input into their care plan and agree any behavioural targets.
Partially achieved

The drug strategy committee should develop and implement a women-specific recovery strategy, informed by a substance misuse needs analysis in consultation with women service users. It should ensure that sufficient interventions are available to meet the assessed needs of the population.
Not achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, living conditions were good and women were provided with what they needed to live decently. Staff-prisoner relationships were generally good, but there was some variability and women were less positive about relationships than at the last inspection. Equality and diversity work was sound and all those with protected characteristics received support. The mother and baby unit provided excellent support, and maternity care met women's needs. Faith provision was generally appropriate. Responses to complaints were mixed. Legal services were well developed. Some aspects of primary care were not good enough and health care governance needed to be strengthened. Oversight of the pharmacy was poor. Mental health provision was good and social care excellent. Food and the shop were both good. Outcomes for women were reasonably good against this healthy prison test.

Key recommendations

Leadership of health care should be strengthened, and governance arrangements improved so that the provision can be developed and reassurance provided about the care offered.
Not achieved

The primary health care provision should meet patients' needs.
Achieved

Recommendations

Women in shared cells should each have a lockable cabinet. (Repeated recommendation.)
Not achieved

Cells designed for one should not be shared. (Repeated recommendation.)
Not achieved

The DIAT should consider data for all protected characteristics.
Not achieved

There should be external support groups for all protected characteristics.
Not achieved

A quality assurance process should be established to monitor staff responses to complaints.
Achieved

Only women with clinical needs should be accommodated in the inpatient unit.
Achieved

Officers who work in the inpatient unit should receive regular, formal support and appropriate training.
Not achieved

The in-possession risk assessment should be updated and the in-possession agreement should be accurate.
Achieved

The medicines reconciliation process should be clearly defined.
Achieved

A system should be put in place to identify critical medicines so vital medication is continued appropriately.
Partially achieved

Purposeful activity

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

At the last inspection, in 2017, time out of cell was generally good. Ofsted rated learning, skills and work as good overall. Leaders had driven improvements since the last inspection and the provision had been enhanced. The range and quality of activities had been developed and all women could now be purposefully occupied. Teaching and learning were generally effective. Attendance and punctuality were both good. Achievements in most areas were high, but still not good enough for English and maths. The library and gym offered some good opportunities but usage was not high enough. Outcomes for women were reasonably good against this healthy prison test.

Recommendations

All women prisoners should have the opportunity to spend one hour a day in the open air. (Repeated recommendation.)
Not achieved

Teachers' written feedback should be clear and constructive and help learners to improve their work.
Not achieved

Achievement rates in English and maths at all levels should be improved.
Not achieved

Managers should provide all teachers with training and development to help them build learners' English and maths skills.
Not achieved

The prison should analyse data on library use by different groups to ensure all women can access the facilities regularly. (Repeated recommendation.)
Not achieved

Staff should monitor which groups of women attend the gym and promote the facilities to any underrepresented groups.
Not 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 2017, leadership of resettlement was very strong, which was reflected in the provision offered. Offender management arrangements were well developed and public protection was appropriate. A very wide range of support was offered to prepare women for release and provide 'through-the-gate' support, including the innovative Outside Link scheme. Support for women who had been victimised or abused was good, as was children and families work. Other resettlement pathway support was generally good, but too many women were released without accommodation. Outcomes for women were good against this healthy prison test.

Key recommendation

The Ministry of Justice and HMPPS should commission a review of accommodation outcomes for women being released from prison to gain a better understanding of the issues and develop solutions to improve outcomes.
Partially achieved

Recommendations

Offender supervisors, particularly those managing high risk of harm cases or those involving child protection issues, should have regular case management supervision.
Not achieved

Managers should ensure they receive confirmation of the MAPPA management level for all those subject to MAPPA six months before their release date.
Not achieved

Women should routinely be able to contribute to categorisation and allocation reviews.
Not achieved

Foreign national women should be considered for open conditions whether or not they face deportation. (Repeated recommendation.)
Not achieved

All women should have a review of their resettlement plan prior to release.
Partially achieved

The closed visits rooms should be improved. (Repeated recommendation.)
Achieved

Patients should be given a printed summary of care for their GP on release.
Achieved

Recommendations from the scrutiny visit

The following is a list of the recommendations made in the scrutiny visit report from 2021.

All practices and provision should be reviewed, to make sure that the environment, regime and culture across the prison support an approach that assists women to manage and overcome previous and current trauma.
Partially achieved

All women should have consistent and sufficient time out of cell each day. They should be able to spend one hour in the open air, participate in purposeful activity, complete domestic tasks, and interact with staff and their peers.
Partially achieved

Force should only be used against women in prison as a last resort. Written accounts should reflect that communication and de-escalation were attempted before force was used. Quality assurance of incidents should identify any shortfalls and action taken as a result.
Not achieved

Anti-ligature clothing should only be used as a last resort and for the shortest period possible.
Achieved

Welfare checks should be regular, face to face and provide women with a meaningful opportunity to talk about their well-being.
No longer relevant

As a matter of urgency, women should have ready access to menstrual care products, soap and hand sanitiser.
Achieved

All women with disabilities should have up-to-date care plans, which should ensure that reasonable adjustments are in place for them so that they are able to access the same provision within the prison as other prisoners.
Achieved

Recommendation: All women should receive timely assessment and support to meet their mental health needs.
Not achieved

Leaders and managers should ensure that the education offer during the restricted regime is broadened, so that women have more opportunities to learn new skills and gain new knowledge ahead of the full reopening of the regime. The offer should be informed by a training needs analysis of the prison population, to establish fully its needs in relation to education, skills and work.
No longer relevant

Leaders and managers should formally monitor the quality of in-cell learning. They should work with staff to improve their skills in remote teaching and in providing developmental feedback to learners.
No longer relevant

Leaders and managers should monitor how well women engage in the activities available to them, to assure themselves that women not allocated to education, skills and work activities are occupied and meaningfully engaged during their time in cells.
No longer relevant

Leaders and managers should ensure that support for women with special educational needs is appropriate, effectively coordinated and provided in a timely manner.
Partially achieved

Appendix I About our inspections and reports

HM 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, 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 HM 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 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 outlines the priority and key concerns from the inspection and our judgements 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 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
Sandra Fieldhouse	Team leader
Lindsay Jones	Inspector
Kellie Reeve	Inspector
Rebecca Stanbury	Inspector
Jonathan Tickner	Inspector
Dionne Walker	Inspector
Isabella Heney	Researcher
Emma King	Researcher
Samantha Moses	Researcher
Joe Simmonds	Researcher
Sarah Goodwin	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Richard Chapman	Pharmacist
Lynda Day	Care Quality Commission inspector
Nikki Brady	Ofsted inspector
David Everett	Ofsted inspector
Diane Koppit	Ofsted inspector
Allan Shaw	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/

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.

Social care package
A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

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 Care Quality Commission Requirement Notice

Care Quality Commission (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

The inspection of health services at HMP/YOI Peterborough (Women) was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see https://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/working-with-partners/). The Care Quality Commission issued 'requirement to improve' notice/s following this inspection.

Provider

Northamptonshire Healthcare NHS Foundation Trust.

Location

HMP Peterborough

Location ID

RP1Z2

Regulated activities

Treatment of disease, disorder, or injury.

Action we have told the provider to take

This notice shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 17 (2)(a)(c)(f)

Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to:

- assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity

- evaluate and improve their practice in respect of the processing of the information
- maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

How the regulation was not being met

There was limited oversight in the quality of the delivery of the services provided and the model that staff were working to. In particular:

- The mental health team were unable to complete assessments in line with the delivery model. We found of 347 patients only 22 were receiving care from the mental health team. There were long waits to be assessed with some patients being released before being seen by the team.

There was limited oversight of the pathways for patients who may have missed medication.

- Systems to follow up non-attendance were insufficient. A record of patients not attending for their medicines was printed off and reviewed weekly. This delay put vulnerable patients such as those on anti-psychotic or anti-depressant medicines at risk.

Managers and leads did not have adequate protected time to carry out their roles and responsibilities and review patient pathways.

- Audits carried out were not effective and did not provide sufficient detail to assess the quality of records or provide meaningful evidence for developing the service.
- There were gaps in some patient records, which did not show if patients had been seen, in line with care plans.
- No patients were on Care Programme Approach despite some patients requiring a transfer to mental health hospitals meeting the threshold for it. Managers were using the CPA 2019 policy for that establishment, but not following this.

Appendix IV 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 prisoners 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.

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

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