



Report on an unannounced inspection of

HMP & YOI Foston Hall

by HM Chief Inspector of Prisons

25–26 October and 1–5 November 2021



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Introduction

Foston Hall, in Derbyshire, is a women's prison which, at the time of our inspection, was holding 272 residents, just short of its capacity of 296. In common with other women's prisons, the establishment accommodates several categories of prisoner ranging from those recently remanded or at the beginning of their sentences, to women serving indeterminate sentences, including life, for very serious crimes. The prison itself comprises an old stately home surrounded by a mix of accommodation types that have been added over the years. Its rural setting and well-kept grounds provide an excellent external environment which supports individual well-being.

Foston Hall was last inspected in 2019 when we found outcomes to be reasonably good against all our tests of a healthy prison. This inspection, however, proved less positive and in common with many establishments emerging from the COVID-19 pandemic, we found a deterioration in the regime and the provision of purposeful activity. Of greater concern, however, were the safety outcomes which we judged to be poor, our lowest assessment. This is a rare and unexpected finding in a women's prison. While we accept that the issues in Foston Hall differ from those we might expect to see in an unsafe men's prison, the evidence for this judgement was compelling. Neither the prison's assessment of vulnerability, nor the support offered to newly arrived women were good enough. The unpredictability of the regime was contributing to tensions on the wings and, we suspected, increased violence, particularly against staff. Violence was now very high. The use of force had doubled since the last inspection and was the highest in the women's estate. There was now far more frequent use of the poor segregation unit.

Recorded levels of self-harm were also the highest in the women's estate and two women had taken their own lives since we last inspected. As an indicator of the level of distress, women were making 1,000 calls a month to the Samaritans. The prison had no strategy to reduce self-harm or improve the care for those in crisis. Recommendations made by the Prisons and Probation Ombudsman following their investigation into deaths in custody had still to be addressed and the relatively few women who accounted for most of the incidents did not have meaningful care plans. The response to women in crisis was too reactive, uncaring and often punitive. This, taken with other safety metrics and observation, meant it was no surprise that in our survey nearly a third of women told us they felt unsafe.

It was clear that since our last visit the prison had experienced considerable instability in its leadership, with many structures and arrangements for supervising delivery and monitoring performance operating ineffectively, if at all. A new governor had been appointed a year ago and had begun to address these weaknesses, most notably by developing the effectiveness of middle managers and overseeing improvements in the work to support rehabilitation and release planning. However, many deficiencies remained and despite the identification of a series of new priorities there was insufficient attention to the very obvious need to improve the safety of women or improve the quality and consistency of care they received.

Managers needed to be more visible to make sure the needs of women were being met by staff. We were told repeatedly by staff that morale was low and – although the prison was near to being fully staffed at the time of our visit – nearly a third of frontline officers were non-effective and non-deployable, which undermined work to improve the establishment.

Foston Hall needs to do much better. During our inspection there was a sense that decline had been arrested but we had less confidence about how improvements would be made going forward. It was clear to us that leaders needed to get staff back to work and determine how managers could better support staff to fulfil their duties and responsibilities. Leaders also needed to reconsider their priorities. One of those priorities must be new thinking followed by action, about how to make a women's prison safer, including new strategies and greater confidence in meeting the needs of the most intractable and vulnerable women.

Charlie Taylor

HM Chief Inspector of Prisons

November 2021

About HMP & YOI Foston Hall

Task of the prison/establishment

Women's resettlement and local prison

Certified normal accommodation and operational capacity (see Glossary of terms)

Women held at the time of inspection: 272

Baseline certified normal capacity: 254

In-use certified normal capacity: 254

Operational capacity: 296

Population of the prison

- 23 foreign national women
- 15% of women from black and minority ethnic backgrounds
- 57 women released into the community each month
- 134 women receiving support for substance misuse
- 51 women referred for mental health assessment each month

Prison status (public or private) and key providers

Public

Physical and mental health provider: Practice Plus Group

Substance misuse treatment provider: Inclusion

Prison education framework provider: People Plus

Resettlement provider: East Midlands transitional probation team

Escort contractor: GeoAmey

Prison group/Department

Women's estate

Brief history

Foston Hall near Uttoxeter was built in 1863 as a family home and was acquired by the Prison Service in 1953. Since then, it has been used as a detention centre, an immigration centre and a satellite prison for nearby HMP Sudbury. Shut in 1996, it reopened on 31 July 1997 as a closed women's prison following major refurbishment and building work. HMP Foston Hall is now a local women's resettlement prison serving courts in the Midlands. It holds a complex mix of women, from those recently remanded in custody to those with lengthy or indeterminate sentences.

Short description of residential units

First night and induction unit for 63 women

C wing – mainstream accommodation for 40 women

D wing – mainstream accommodation for 29 women

E wing – unit for 11 long-term and enhanced regime women

F wing – mainstream accommodation for 63 women

T wing – mainstream accommodation for 56 women.

G wing – temporary accommodation until holding 34 lower-risk women

Name of governor and date in post

Helen Clayton-Hoar, October 2020

Leadership changes since the last inspection

Andrea Black, governor to April 2020

Nicky Hargreaves, interim governor, April to October 2020

Prison Group Director

The postholder changed during the inspection from Steven Bradford to Pia Sinha

Independent Monitoring Board chair

Sue Wall

Date of last inspection

4–15 February 2019

Section 1 Summary of key findings

- 1.1 We last inspected HMP & YOI Foston Hall in 2019 and made 37 recommendations, one of which was about an area of key concern. The prison fully accepted 31 of the recommendations and partially (or subject to resources) accepted three. It rejected three of the recommendations.
- 1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress made against them.

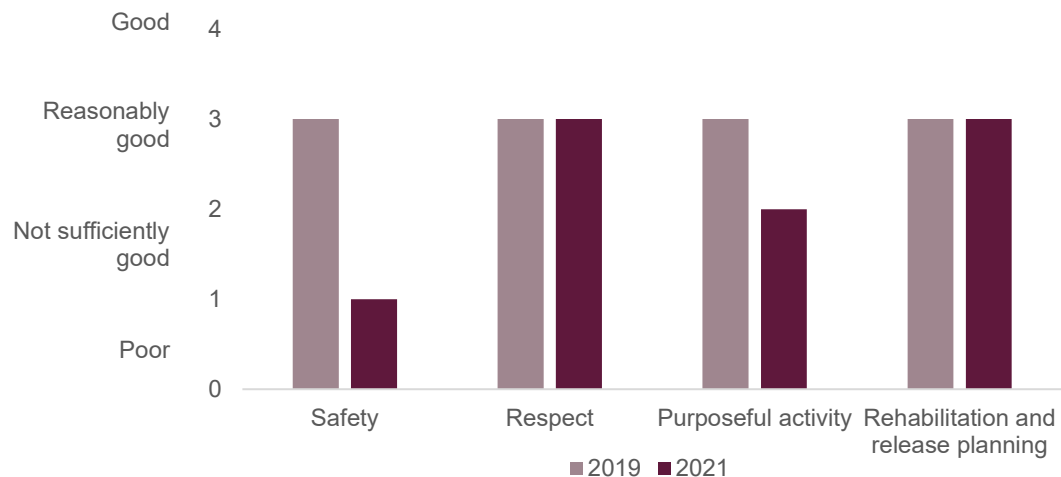
Progress on key concerns and recommendations from the full inspection

- 1.3 Our last inspection of HMP & YOI Foston Hall took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for women prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.
- 1.4 We made one recommendation about a key concern in the area of respect. At this inspection we found that this recommendation had not been achieved.

Outcomes for women in prison

- 1.5 We assess outcomes for women in prison against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.6 At this inspection of HMP & YOI Foston Hall, we found that outcomes for women had stayed the same in two healthy prison areas and declined in two.
- 1.7 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP & YOI Foston Hall healthy prison outcomes 2019 and 2021



Safety

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

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

- 1.8 Early days provision was weak. The reception process was slow and checks on the welfare of women were not prioritised. First night interviews lacked privacy and did not adequately explore concerns about suicide and self-harm. Cells on the first night unit were run down, and new arrivals had a very poor regime. Induction had deteriorated since the last inspection.
- 1.9 In our survey, 68% of women said that most staff treated them with respect and 78% said they could turn to staff if they had a problem. These results mirrored similar prisons. Most officers had a reasonable rapport with women but staffing shortfalls meant staff were often stressed and disengaged. Daily frustrations with the unreliable regime and basic procedures contributed to tension on the wings.
- 1.10 There had been two self-inflicted deaths since our previous inspection. Levels of recorded self-harm were consistently high, the highest in the women's estate and higher than at the last inspection. Women made about 1,000 calls each month to the Samaritans. There was no strategy to reduce self-harm and some critical recommendations from Prisons and Probation Ombudsman investigations had not been implemented. Serious attempts by women to take their own lives were not always investigated. Three women accounted for about half of all self-harm incidents. These very vulnerable women did not have plans to direct their care. The use of anti-ligature clothing and segregation had become routine and needed urgent review. The majority of women who harmed themselves did not have enough support or activity and faced daily frustration in getting the help they needed. Messages left on the prison's crisis hotline had not been checked for six weeks. Women had not had access to Listeners since March 2020 (see Glossary of terms).

- 1.11 In our survey, 30% of women said they felt unsafe at the time of our inspection. Violence against staff had increased significantly since the previous inspection and was very high. Much of this was caused by frustrations with the inconsistent regime and difficulties in getting things done. Assaults among women had reduced since our last inspection but remained higher than similar establishments. Incidents of violence were investigated but plans for challenging perpetrators and supporting victims were weak. Deficiencies in behaviour management had led to an increase in adjudications, many of which could have been dealt with more effectively on the wings through more informal and constructive interventions.
- 1.12 The use of segregation had increased and was very high. Oversight of segregation was inadequate and we were not confident that all instances were recorded. Many women were segregated while there were concerns about their self-harming behaviours. The segregation unit was a poor environment and the regime was limited. For those women segregated on the main wings a regime was often not delivered at all.
- 1.13 The rate of use of force had doubled since our last inspection and was the highest in the women's estate. Oversight arrangements, including better use of data and scrutiny, had improved. Incidents that we reviewed contained evidence of good de-escalation.

Respect

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

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

- 1.14 Good face-to-face family support work had resumed following the pandemic. Women had access to in-cell telephones, but the uptake of secure social video calls was lower than we have seen at other women's prisons. The uptake of social visits had declined significantly, and it was disappointing that there was no planned date for family days to restart. The family bonding unit (a house where visits could take place had a more relaxed environment) was due to re-open imminently which would be beneficial for women and their families.
- 1.15 Responses to complaints were polite and focused on the issues raised. However, not all were timely. There were some recent examples of consultation with women to influence change and the newly reinstated prisoner council meeting was welcomed. Women were frustrated by the applications system and struggled to get responses to legitimate requests.
- 1.16 External areas and gardens were attractive and well maintained. Living conditions were reasonable but older units were shabby and showing signs of wear. Accommodation was clean and adequately furnished,

but communal areas had been neglected. Emergency cell call bells were not always responded to promptly by staff and there was no system to monitor response times. Women continued to experience delays in gaining access to their stored property.

- 1.17 Health care services worked in a cramped space which led to inefficient practice and limited some services. In some areas, infection prevention and control standards were not met. The recently established local quality delivery board did not ensure effective joint oversight of the health services. Women's sexual and reproductive health services were good with links to specialist services in secondary care. Primary care services were good, but improvements were required in the management of patients with long-term conditions. Social care provision was very good. Pharmacy services were well managed, although access to a pharmacist was limited.
- 1.18 Mental health services were equivalent to those in the community. They were meeting the complex needs of the population when viewed in the context of other services including ACCESS, CAMEO (see Glossary of terms) and the chaplaincy.
- 1.19 Unequal outcomes for some prisoners with protected characteristics were evident in prison records and borne out by poor perceptions in our survey. These needed to be explored further and addressed. In recent months there had been an increased focus on, and resources for, equality work, yet there was little evidence to suggest improving outcomes for prisoners. Not all units had access to discrimination complaint forms. Forums on protected characteristics had only recently resumed and levels of engagement were low.

Purposeful activity

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

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

- 1.20 Ofsted carried out an inspection of education, skills and work in the prison alongside our full inspection and the purposeful activity judgement incorporates their assessment of progress. Ofsted's full findings and the recommendations arising from their visit are set out in Section 5.
- 1.21 Regular curtailments of the regime because of staff shortages were a source of frustration for staff and women, for example women were sometimes locked in their cells for 24 hours a day at weekends. Our roll checks found that 30% of women were locked up during the core working day. There was no indoor association and few opportunities for social activities. Access to the library and gym was poor.

- 1.22 Education sessions were well planned and the women who attended education achieved their potential and progressed well. Individual coaching in workshops and vocational training was usually good. Written and practical work was of a good or high standard and achievement rates were high for the small number of women who were entered for qualifications. In education women's starting points were effectively identified and used by teachers to plan lessons and support. There was not enough accreditation in most prison work and industries. The curriculum was not ambitious enough for the population.
- 1.23 Staff had high expectations of the women's conduct. This contributed greatly to the creation of a calm and productive learning environment. Women were supportive of their peers and exhibited good teamwork. Most women were motivated to develop useful skills and knowledge. Attendance at sessions was high and punctuality was generally good. Women engaged in wing work were not always appropriately trained.
- 1.24 Women demonstrated respect and fairness to each other and staff. Prisoner mentors provided good help to encourage women to improve their well-being. Too few women had access to an effective careers programme. The potential of the virtual campus was under-exploited, and women received inadequate preparation before release.
- 1.25 There were enough places to occupy about 75% of the population. The pace of curriculum development had been too slow and did not meet the needs of all women. Allocation to activities was fair but not informed by sentence plans. The range and breadth of qualifications in workshops and work was insufficient. Quality assurance required improvement. Pay rates generally matched the demands of the roles and responsibilities undertaken. The IT strategy was ineffective.

Rehabilitation and release planning

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

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

- 1.26 The population was challenging with two-thirds of women assessed as a high risk of harm and a third of the population assessed as highly complex. The prison's analysis of need was good, but there was no strategy or appropriate action plan. The national changes in the provision of resettlement services had led to a loss of providers and fewer available services.
- 1.27 Three-quarters of eligible women had had an assessment of risk and need in the previous year, the majority of which were of a good standard. Sentence plans were based on outcome-focused objectives, which was appropriate. Women were aware of their targets but did not receive a copy of their plan. Support was available to obtain benefits and open bank accounts, but there was a sizeable gap in provision to

help women to manage debt. The CAMEO personality disorder service (see Glossary of terms) was a valued and well-used intervention. There were limited services for women with short sentences, those who had experienced domestic abuse and sex workers.

- 1.28 The rollout of offender management in custody (OMiC) including key work was progressing well. Contact between prison offender managers (POMs) and women was good. POMs were knowledgeable about women on their caseloads. In most cases that we examined, we found evidence of progression.
- 1.29 Public protection arrangements were good and a well-attended interdepartmental risk management team meeting ensured good management of high-risk women before their release. Systems for monitoring telephone calls were inadequate.
- 1.30 Most women had resettlement plans, but they received varying levels of support depending on their release area. Release planning was fragmented and poorly communicated to women. Arrangements for the day of release had deteriorated and on occasions lacked care. For example, we observed reception staff refusing to book a taxi to the train station for a woman about to be released. Almost a fifth of women left prison with no accommodation.

Key concerns and recommendations

- 1.31 Key concerns and recommendations identify the issues of most importance to improving outcomes for women in prison and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of women.
- 1.32 During this inspection we identified some areas of key concern and have made a number of recommendations for the prison to address those concerns.
- 1.33 Key concern: The establishment was fully staffed but only 68 of 110 front-line officers in post were deployable. Consequently, leaders were unable to run a consistent regime and women, for example, faced challenges getting a response to everyday needs and requests. The avoidable frustration and tensions these issues created among staff and women seemed to be a contributory factor in the very high levels of violence and self-harm at the establishment.

Recommendation: Leaders and managers should actively manage and reduce the very high numbers of non-effective staff in order to deliver a reliable and decent regime to women. (To the governor)

- 1.34 Key concern: Support for new arrivals was weak. They could not see a Listener in reception. The reception process did not prioritise checking women's welfare. We observed women waiting 2.5 hours before a member of staff spoke to them about how they were feeling. First night interviews lacked privacy and did not adequately explore concerns about vulnerabilities such as suicide and self-harm. Important

information contained in suicide and self-harm warning forms and person escort records did not always inform these interviews.

Recommendation: Women should have their risks and vulnerabilities assessed and addressed on arrival. (To the governor)

- 1.35 Key concern: Levels of self-harm were the highest in the women's estate and higher than at the last inspection. The number of recorded self-harm incidents was consistently high every month. Women made just over 1,000 calls each month to the Samaritans, an indicator of the level of need. There was no strategy to reduce self-harm and the most vulnerable women did not have care plans. Most women who harmed themselves lacked enough support or activity and faced daily frustration getting the help they needed. The use of anti-ligature clothing and segregation to manage some women who harmed themselves very frequently had become routine and needed urgent review. One woman had been placed into anti-ligature clothing 87 times in the previous 12 months. Nearly half of all women segregated were already at risk of suicide and self-harm.

Recommendation: Self-harm should be reduced by providing the most effective care for all women at risk of harming themselves. (To the governor)

- 1.36 Key concern: Women had poor perceptions of safety. Violence against staff had increased significantly since 2019 and was very high, the highest of all women's prisons. Much of the violence against staff was caused by frustrations with the inconsistent regime and difficulties getting things done. The overall rate of assaults against women remained higher than similar establishments. Behaviour management strategies were not functioning well and there were too few incentives to encourage positive behaviour.

Recommendation: Behaviour management processes should keep women safe from bullying, violence and other antisocial behaviour. (To the governor)

- 1.37 Key concern: The use of segregation had increased significantly and was very high. Leaders' oversight of segregation was inadequate and decisions to segregate women were rarely challenged by other professionals involved in the safeguarding of women in crisis. Many women were segregated while there were ongoing concerns about their self-harming behaviours. The segregation unit was a poor environment and the regime was too limited. For those women segregated on the main wings a regime was often not delivered at all.

Recommendation: The prison should revise its approach to the use of segregation. Segregation should be used only as a last resort and women should be held there safely and experience interventions that support their reintegration and progress. (To the governor)

- 1.38 Key concern: Significantly fewer women received social visits than before the pandemic and women's perceptions of social visits had greatly declined since our last inspection. The uptake of secure social video calls was unusually low compared to other women's prisons and some women experienced delays in trying to arrange a video-call because of problems with the general applications system. The visits hall was small and uninspiring and there was no planned date for the previously popular family days to restart.

Recommendation: Women should be able to maintain and develop positive relationships with children, family members and other people significant to them. (To the governor)

- 1.39 Key concern: The quality of accommodation was mixed. Older units were tired and showing signs of wear. The accommodation on D wing particularly needed investment. There were numerous outstanding repairs because the works contractor had staffing problems. Records showed more than 400 outstanding logged issues with some general repair requirements a year old. Prison leaders held a fortnightly meeting to manage this and prioritise which work needed to be completed but this remained an issue.

Recommendation: All residential accommodation should be decent and in a good state of repair. (To the governor)

- 1.40 Key concern: The health care and dental facilities were not fit for purpose for the delivery of efficient, confidential services that meet the necessary standards for clinical care and infection prevention standards.

Recommendation: The health care, pharmacy and dental environment should be reconfigured to enable the provision of an appropriate range of primary and secondary care services in the prison. (To the governor)

- 1.41 Key concern: The equality strategy was not based on a needs analysis and equality data were not fully analysed. National data were considered at the equality meetings, but this did not give a full picture of outcomes for women with protected characteristics. Focus groups for all protected groups were inconsistent and some prisoners with protected characteristic felt isolated and unheard.

Recommendation: Work should be undertaken to understand the negative perceptions of women with protected characteristics. Active measures should be introduced to promote equality among the prison's population. (To the governor)

- 1.42 Key concern: The daily regime remained too limited. Regime curtailments took place regularly because of a reduced number of staff available to be deployed to run the regime reliably. This sometimes resulted in women being locked in their cell for 24 hours a day at weekends which was a source of much frustration for staff and women.

Recommendation: Time out of cell should be improved and delivered consistently for all women, including at weekends. (To the governor)

- 1.43 Key concern: Leaders and managers had not established an ambitious curriculum that supported the development of all women and successful resettlement on release. Women in work and workshops did not routinely receive the help they needed to raise their English and mathematics skills levels or gain recognition for the other skills and knowledge they had acquired. Managers did not have a comprehensive oversight of the quality of training in workshops and work.

Recommendation: Leaders should swiftly review and develop the curriculum so that it meets the needs of the whole population. They should implement an effective literacy and numeracy strategy and arrangements to record and recognise the development of women's skills and knowledge. This should be subject to comprehensive quality assurance and improvement processes that raise the standard of all the provision. (To the governor)

- 1.44 Key concern: Leaders and managers had not ensured that women were adequately prepared to study or find work on release. They did not receive enough effective information, advice and guidance or support to allow them to apply for education, employment or training as part of their preparation for resettlement. Managers did not develop an appropriate curriculum using the data from women's destinations following release.

Recommendation: Leaders and managers should provide all women with suitable preparation before release, including effective information, advice and guidance so that they can make informed decisions about their futures. Information about women's destinations on release should be used to ensure that the curriculum is relevant to the needs of the population. (To the governor)

- 1.45 Key concern: Leaders and managers had not ensured that women had routine access to IT facilities and the virtual campus.

Recommendation: Leaders and managers should rapidly implement an appropriate IT strategy that allows all women to develop and practise their digital skills. (To the governor)

- 1.46 Key concern: A fifth of women were released from Foston Hall without accommodation. This was concerning, particularly given the risks and needs of so many of the women.

Recommendation: All women should be discharged into accommodation. (To HMPPS)

- 1.47 Key concern: Following recent changes to the national probation service, services to plan for women's release were much too

fragmented and poorly coordinated. Communication between departments and with the women was weak. Only limited support was available to women on the day of release.

Recommendation: Release planning arrangements should be well coordinated across all relevant departments and agencies to make sure that all women being released are offered good resettlement support. (To the governor)

Notable positive practice

- 1.48 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.
- 1.49 Inspectors found three examples of notable positive practice during this inspection.
- 1.50 A cell induction given by a peer worker, explaining how to use the phone and television, was practical and helped new arrivals to settle into their surroundings on their first night. (See paragraph 3.7)
- 1.51 Women were offered testing for hepatitis C and other blood-borne viruses. The health care team initiated contact and support for women who were hesitant about being tested, providing ongoing education to build understanding and participation. Results were followed up and treatment was promptly offered. (See paragraph 4.35)
- 1.52 The allocation of a duty triage worker in addition to a duty nurse ensured that new referrals to mental health services were seen promptly. (See paragraph 4.59)

Section 2 Leadership

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

- 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 Before the appointment of the current governor a year ago, there had been significant instability in leadership and many systems for monitoring outcomes and performance had ceased to function. The senior management team had been fractured and there had been considerable weaknesses in partnership working between disciplines, including education, health care, psychology and prison staff.
- 2.3 The governor had identified these leadership failings and started to address them by new appointments, including a deputy governor, and the commissioning of external support for senior and middle managers. There had been progress in some areas, including offender management and the oversight of use of force. Data integrity had been improved in some areas, but this was from a very low base and many deficiencies remained.
- 2.4 The governor had set six high-level priorities, but there was no plan to reduce levels of self-harm which were the highest of any prison in England and Wales. Oversight of most aspects of safety was inadequate and key weaknesses identified by investigations into self-inflicted deaths had not been addressed. In the absence of effective care planning, there was an over-reliance on the use of segregation and anti-ligature clothing for women in crisis.
- 2.5 The director of women's prisons changed during the inspection. The outgoing director and his team made regular visits to Foston Hall and had identified the very high levels of self-harm and violence against staff. However, it was concerning that fundamental failings in the care for women subject to ACCT case management or challenge, support and intervention plans had not been identified or addressed.
- 2.6 At the time of our inspection, morale was very low, particularly among front-line staff, many of whom spoke of feeling tired and unsupported. First-line managers were not visible around the prison.
- 2.7 The establishment was fully staffed but only 62 of the 110 front-line officers in post were deployable (see key concern and recommendation 1.33). Consequently, leaders were unable to run a consistent regime and women faced difficulties in getting a response to basic requests.

This was compounded by a very poor applications system and delays in responses to complaints. The avoidable frustration and tensions that these issues created between staff and women were a factor in the very high levels of violence and self-harm at the establishment. There was a clear need for leaders to focus on reducing the high numbers of non-effective staff in order to stabilise the prison, improve relationships and run a predictable regime.

- 2.8 Senior leaders were rolling out the offender management in custody (OMiC) model well and many women valued the regular key work sessions they were receiving.
- 2.9 The prison had faced four outbreaks of COVID-19 which had caused the deaths of two women. These outbreaks were effectively managed, and there were plans to move to stage one of the national recovery framework shortly after our inspection.

Section 3 Safety

Women, particularly the most vulnerable, are held safely.

Early days in custody

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

- 3.1 The number of new arrivals had increased sharply in recent months. The support offered during women's early days at Foston Hall was, however, weak. In our survey, 91% of women said they had problems when they first arrived, but only 33% of them said that staff had helped them to deal with these problems.
- 3.2 Women waited in vans inside the prison gate for about 20 or 30 minutes before being driven to the back of the prison where reception was located. They were not handcuffed when they were taken off the van and they received a routine rub-down search in reception.
- 3.3 The reception area was clean but too little basic information or support was available. There was no Listener (prisoners trained by the Samaritans to provide emotional support to fellow prisoners), no helpful, reassuring information displayed on the walls and no leaflet explaining what women could expect during their first few days. Only the reception peer worker was helpful, answering basic questions and providing a hot meal and drink.
- 3.4 The reception process was slow. The reception area was much too small for staff to complete the process effectively. Women were taken back and forth several times from the only holding room but were left unlocked.
- 3.5 Reception staff had a pleasant approach. However, checks on women's welfare were not prioritised and we observed women waiting two-and-a-half hours before a member of staff sat down to talk to them about how they were feeling. Staff split their interviews with women between the tiny interview room and the open area to minimise the risk of transmitting COVID-19. As a result, first night interviews were not sufficiently private (see key concern and recommendation 1.34).
- 3.6 Safety interviews did not adequately explore concerns about suicide and self-harm. Important information in person escort records and suicide and self-harm warning forms sent from court did not routinely inform safety interviews. We observed staff who did not always ask follow-up questions when a woman disclosed a history of self-harm. In

one case, we were sufficiently concerned about this to ask a manager to talk to the woman before she was taken to her first night cell. A mother and baby liaison officer who had recently been appointed addressed concerns promptly that women raised about childcare, which was positive.

- 3.7 First night cells were shabby and many had graffiti on the walls. Leaders had recognised that improvements were needed but progress had been too slow. A painting programme had been running since the summer but so far only one cell had been completed and this was not yet available to women. Some cells lacked essential equipment and furniture. A cell induction given by a peer worker, who explained how to use the phone and television, was very practical and helped women to settle into their surroundings (see notable positive practice paragraph 1.50).
- 3.8 New arrivals were checked on their first night and received regular well-being checks during their first 14 days. Some staff on the first night centre were very experienced and tried to offer good support. However, women had a very poor regime. They only came out of their cells for 30 to 45 minutes' exercise each day and on some days, particularly at weekends, exercise was cancelled and they had no time at all out of cell (see paragraph 5.1). The limited time out of cell meant it was difficult for them to see staff to ask basic questions and get things done.
- 3.9 Induction had deteriorated since the previous inspection and did not prepare women well for prison life. The induction programme was no longer attended by different prison teams such as the offender management unit and chaplaincy. Instead, women sat in the servery with a peer worker who talked them through rules and procedures for about 45 minutes. This was not overseen by staff.
- 3.10 Women sometimes remained on the first night centre beyond their induction period while they waited for a suitable cell on another wing. Some had waited there for months with the same very limited regime.

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

- 3.11 In our survey, 68% of women said that most staff treated them with respect and 78% said they could turn to staff if they had a problem. These results reflected findings in similar prisons.

- 3.12 Most women had regular contact with a member of staff. The key worker scheme (see Glossary of terms) had rolled out, but women on the first night centre were not yet included and received more perfunctory well-being checks instead (see paragraph 3.5). Women receiving more intensive support from a prison offender manager or the CAMEO personality disorder service (see Glossary of terms and paragraph 4.57) were not allocated a key worker which could prevent them from accessing practical help that a key worker could offer on the wings.
- 3.13 Most officers had a reasonable rapport with women and were trying to support them. However, daily staffing levels on the wings were inadequate and wing staff whom we met were often tired, stressed and disengaged with low morale. They too often shouted down corridors to alert women to exercise or medication or used the tannoy. Neither of these practices was helpful to the many women in the population who were dealing with previous trauma.
- 3.14 Women experienced daily frustrations with the unreliable regime (see paragraph 5.1), the ineffective applications process (see paragraph 4.9) and the slow response to cell call bells (see paragraph 4.17). All these issues contributed to noticeable tension on the wings.
- 3.15 Leaders had introduced a new strategy to develop a more rehabilitative culture. It was much too early to assess the effectiveness of this work and implementation was hampered by staffing difficulties at the time of the inspection.
- 3.16 The policy for managing intimate relationships was outdated and lacked sensitivity. At induction, the peer worker talked women through a policy which vetoed any kind of affection. The safe management of supportive relationships had not been properly considered.

Reducing self-harm and preventing suicide

- 3.17 Levels of self-harm were the highest in the women's estate and higher than at the previous inspection. The number of recorded self-harm incidents was consistently high every month and there had been 1,750 incidents during the 12 months to September 2021. Women made just over 1,000 calls each month to the Samaritans. In our survey, 63% of women said they had thought about harming themselves while at Foston Hall but only a third of this group felt cared for by staff (see key concern and recommendation 1.35).
- 3.18 A small group of about 10 women harmed themselves frequently. They accounted for about two-thirds of all self-harm incidents and required very high levels of support. Another much larger group of about 120 women harmed themselves less often but still accounted for more than 500 incidents over the previous year.
- 3.19 Managers analysed useful data and recognised the scale of the problem. However, the governor had not identified suicide and self-harm prevention as a key priority and the safer custody team had no

strategy to reduce self-harm. There was too little focus on identifying risk in reception and preventing self-harm among new arrivals, who had a very impoverished regime (see paragraph 3.1).

- 3.20 Three very vulnerable women accounted for about half of all self-harm incidents. It was remarkable that they did not have plans to manage their care. In one case, a care plan had been archived a year before our inspection. Staff took a reactive approach to managing behaviour which did nothing to reduce self-harm. The use of anti-ligature clothing, adjudications and segregation to manage some of these women had become routine and needed urgent review. One woman had been placed into anti-ligature clothing 87 times in the previous 12 months, even though the prison policy said that it should be used as a last resort (see key concern and recommendation 1.35). During the previous 12 months, 44% of all instances of segregation had involved women assessed as being at risk of self-harm or suicide and subject to ACCT support (assessment, care in custody and teamwork case management of prisoners at risk of suicide and self-harm) (see paragraph 3.39).
- 3.21 About 35 women who repeatedly harmed themselves had access to good support linked to the offender personality disorder pathway (see paragraph 6.8). The CAMEO service offered a two-year intervention, while the ACCESS service provided three months' enhanced support for women in acute crisis.
- 3.22 Most women who harmed themselves lacked sufficient support or activity and faced daily frustration in getting the help they needed (see paragraph 3.14). Foston Hall had an animal sanctuary which previously offered vulnerable women companionship and an opportunity to care for the animals as well as gain qualifications. There was no routine access to this potentially good therapeutic intervention at the time of our inspection. The prison lacked any trauma-informed environments to help women to reduce their self-harm.
- 3.23 Nearly 10% of the population were subject to ACCT support. Too many ACCT reviews were not multidisciplinary and often just consisted of the woman and her case manager. Care plans were often out of date and post-closure reviews were not always held promptly.
- 3.24 Facilities to conduct constant supervision needed improvement. The cell in the health care centre was particularly stark and unsuitable. A cell in the segregation unit was sometimes used for constant supervision, which was inappropriate.
- 3.25 A '24/7 crisis hotline' was advertised for families to call if they had concerns about a relative held in Foston Hall. Calls to this number were not always answered by staff in the communications room or forwarded to the safer custody team for action. Calls that were not answered went to voicemail and, at the time of the inspection, these messages had not been checked for six weeks.

- 3.26 Women had not had access to Listeners since March 2020 (see Glossary of terms). The scheme had been suspended at the start of the pandemic and only one trained Listener remained in the prison who no longer felt skilled enough to deliver the service. This serious deficiency had been recognised and a new cohort of volunteers were to start training shortly after our inspection.

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

- 3.27 There had been two self-inflicted deaths since the last inspection, both in 2019. One investigation by the Prisons and Probation Ombudsman had identified a number of significant deficiencies in safety procedures. Some critical recommendations from that report had still not been implemented. In particular, we were not confident that reception processes were good enough to identify the risk of suicide among new arrivals (see paragraph 3.6), and measures to segregate women on wings were still unsafe (see paragraph 3.41).
- 3.28 Serious attempts by women to take their own lives were not always followed up by safer custody staff. A recent very serious cell fire involving a woman who repeatedly self-harmed had not been investigated to determine how her care could be improved.

Protecting women, including those at risk of abuse or neglect

- 3.29 Adult safeguarding procedures had lapsed during the pandemic but had restarted in June 2021. Several multidisciplinary meetings had been held and initial work to identify and support women at risk of harm, abuse and neglect had been good. A responsible manager worked closely with a senior practitioner social worker who regularly visited the prison. A prison representative had recently started to attend the local safeguarding adults board.
- 3.30 A few safeguarding issues had so far been identified. Managers recognised the need to raise awareness of safeguarding procedures among staff and train them to identify the most vulnerable women, especially on arrival. A bespoke training package had been prepared which was planned for delivery in early 2022.

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

- 3.31 Women had poor perceptions of safety. In our survey, 30% said they felt unsafe at the time of our inspection and 62% of women said they had felt unsafe at some point during their stay at the prison.

- 3.32 Violence against staff had increased substantially since 2019 and was the highest of all women's prisons. During the previous 12 months, Foston Hall accounted for about 20% of the violence against staff in the female estate despite only holding around 8% of the population. There had been 103 assaults against staff in the last 12 months, three of which were serious with staff needing to attend hospital. Much of the violence against staff was caused by frustration with the unreliable regime and regular difficulty in getting things done (see key concern and recommendation 1.36).
- 3.33 Assaults on women by their peers had reduced by 30% since our last inspection but remained higher than similar establishments. During the previous 12 months, there had been 45 prisoner-on-prisoner assaults, one of which was serious and required a hospital visit. In our survey, 74% of women said they had been victimised by other women. Women told us that most assaults arose from bullying, debt from trading vapes and problems arising from sharing cells.
- 3.34 A new violence reduction strategy had been introduced in October 2021 but implementation required improvement. Although incidents of violence were investigated, plans for challenging perpetrators and supporting victims (CSIPs, see Glossary of terms) were weak. Most plans were opened for perpetrators of violence and contained generic targets. Frontline staff were not engaged in these plans and they had little impact on the day to day experience of women who were subject to them. Plans to support women who were victims of violence or bullying were weak and these women did not feel well supported (see key concern and recommendation 1.36).
- 3.35 The environment for enhanced women living on E wing afforded a reasonable range of incentives and rewards such as a bath as well as a shower, more time out of cell and communal living space. For most women located elsewhere in the prison, there were too few incentives to encourage positive behaviour. Case notes were more likely to contain negative rather than positive entries on behaviour.

Adjudications

- 3.36 Deficiencies in the management of behaviour had led to an increase in adjudications, many on matters which could perhaps have been more effectively and constructively dealt with on the wings. During the previous 12 months, there had been 1,333 adjudications, more than we see at other female prisons. Adjudications were held in the D wing association room and at the time of our inspection, there was a backlog of 16 cases waiting to be heard.
- 3.37 Adjudications were frequently heard for women who were self-harming on the segregation unit, which was concerning. Excessive and punitive awards were unhelpful to these women and did not change behaviour. One woman on the segregation unit had received more than 140 adjudications. Data recording and oversight of adjudications were inadequate.

Segregation

- 3.38 The use of segregation had increased significantly and was very high. We were not confident that all instances were recorded. We were told that there had been 65 instances of segregation in the previous 12 months, but closer analysis of the figures revealed that segregation had been used 362 times. Only one segregation monitoring and review group meeting had been held in the last six months to interrogate and monitor segregation data. Leaders did not have adequate oversight of the use of segregation.
- 3.39 Many women were segregated while concerns about their self-harming behaviour remained. Forty-four per cent of instances of segregation involved women who were already subject to ACCT support (see paragraph 3.20). Decisions to segregate women were rarely challenged by other professionals, including health care staff, and defensible decision logs were sometimes incomplete. Health care staff did not always attend segregation reviews and continued segregation was not always justified. One segregation review said that the woman was to 'remain in segregation for concerns regarding current presentation and ongoing self-harm.'
- 3.40 The segregation unit was a poor environment and the regime was too limited for women who were often in crisis. They only had about 45 minutes out of cell each day, including time for exercise, a shower and cell cleaning. Cells were austere and most had graffiti ingrained on the walls. The outside exercise yard was stark. There was not enough access to telephones on the unit and the availability of distraction materials and other activities was poor.



Segregation cell with anti-ligature clothing

- 3.41 The situation for women segregated on the main wings was even worse. Two women were segregated on the wing during our inspection, and one of them had been segregated while on an open ACCT, although documentation failed to record this risk. Statutory checks by health care, the governor and chaplaincy did not take place each day, and on most days women did not receive time out of cell. Poor oversight of segregation had failed to identify these risks to women's safety (see key concern and recommendation 1.37). The practice of segregating women on normal location was stopped in response to our feedback.

Use of force

- 3.42 Use of force had doubled since our last inspection and was high. The levels were the highest of all women's prisons. During the previous 12 months, there had been 387 incidents involving force.
- 3.43 Oversight had improved. Monthly meetings had taken place and there had been significant improvements in data analysis since our last inspection. The introduction of weekly scrutiny meetings was positive. All available footage from the previous week's incidents was reviewed and a range of appropriate actions taken.
- 3.44 More than 90% of incidents were spontaneous, many arising from non-compliance which accounted for 51% of all incidents. Leaders were aware of this and had taken actions designed to reduce the use of force. This had led to a downward trend during the previous 12 months.
- 3.45 The use of body-worn video cameras had improved since our last inspection, but footage of all incidents was not retained for the required length of time. In the sample that we reviewed, the force was proportionate and we saw good examples of de-escalation.
- 3.46 There was no routine procedure for debriefing women and, in our survey, only 25% of women who had been restrained said they had been spoken to about it afterwards.
- 3.47 The use of anti-ligature clothing was very high for a small number of women who repeatedly harmed themselves (see paragraph 3.20). During the previous 12 months anti-ligature clothing had been used on 119 occasions, far higher than at other women's prisons. One woman had been placed in anti-ligature clothing 87 times. We were concerned that anti-ligature clothing was in effect being used as a routine control measure.
- 3.48 It was positive that there had been no use of unfurnished accommodation in the previous 12 months.

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.

- 3.49 Security arrangements were slowly improving and there was an appropriate focus on the risks of drugs and violence. Some work had been done to improve the physical security of the prison with the installation of CCTV cameras on the wings. A programme of covert testing was helping to identify internal security problems and appropriate action was taken to address these issues. Procedural security arrangements were proportionate and facilitated the unsupervised movement of most women around the establishment. A small number were on restricted moves which required supervision by staff. These women were reviewed regularly, and decisions to continue with restrictions on movements were appropriately based on security intelligence.
- 3.50 In our survey, 36% of women said illicit drugs were easy to get hold of. Only 7% said that alcohol was easy to get hold of, compared with 20% at the previous inspection. In common with other women's establishments, the limited technology could not identify items secreted on women arriving. There was no strategy for managing women who were suspected of carrying drugs. Unusually, there was no ion scanner to test mail for drugs, and mail had to be sent to a nearby prison for testing, which caused delays.
- 3.51 There was reasonable attendance by other departments at security committee meetings and data was considered to identify changes in risk. About 3,100 intelligence reports had been submitted by staff in the previous six months. At the time of the inspection, there was a small backlog of 41 reports awaiting review and action. Required actions did not always take place – for example in May and June 2021 only five suspicion drug tests had been carried out despite 26 requests for testing. Random mandatory drug testing had been suspended since the pandemic and had yet to restart.

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 Although most of the COVID-19 restrictions had been relaxed, women were still adversely affected in maintaining contact with children, families and friends. At the time of our inspection, considerably fewer women received social visits than before the pandemic and an average of only 27 visits were taking place each month compared to 224 before March 2020.
- 4.2 Women's perceptions of social visits had declined. In our survey, only 28% of women in the prison said that visits usually started and finished on time and only 41% felt their visitors were treated respectfully by staff, compared with 58% and 70% respectively in 2019. The visits hall was small and uninspiring and there was little space for women to play with their children. There was no planned date for the previously popular family days to restart, which was disappointing.
- 4.3 Good face-to-face family support work by PACT (Prison Advice and Care Trust) had resumed following the pandemic. Family engagement workers supported women through adoption procedures and other care proceedings in court. They also helped to arrange letterbox contact between women and their children where appropriate (a formal arrangement for birth parents, relatives and adoptive parents to share information about the child(ren)). In-cell workbooks on topics such as relationships and parenting had been available for women to complete during recent months, but they were very underused. Only nine had been issued and only one returned.
- 4.4 Women had access to in-cell telephones, but the take-up of video-calling was unusually low compared to other women's prisons. In our survey, only 7% of women said they had used a secure social video call during the previous month compared to 20% in other female establishments. Some women experienced delays in trying to arrange a video-call because of weaknesses in the applications system (see paragraph 4.9). The video-calling experience was poor because the area was noisy and the technology froze intermittently (see key concern and recommendation 1.39).

- 4.5 The chaplaincy made tablets available for women to dial into funerals remotely. Storybook Mums was now available which enabled women to read and record a story to be sent to their children in the community.
- 4.6 The family bonding unit was in a separate house consisting of two flats with fully equipped kitchen and lounge/play areas and an outdoor space. It was due to re-open shortly and families would be able to visit for extended times from 9.30am to 4.30pm on weekdays.



Family bonding unit

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

- 4.7 The prisoner council had recently been reinstated. This was chaired by residential governors and attended by prisoner representatives from each residential unit. Representatives welcomed the resumption of this meeting as an opportunity to share concerns, but many women were unaware of the prisoner council or the identity of their unit representative. Outcomes of the meetings were not discussed or disseminated widely. Good efforts were made to consult women outside the meetings before changes were implemented, for example

women had been consulted on changes to the regime and the expansion of the prison shop, which was encouraging.

- 4.8 Peer work was available in some key areas such as reception, induction and equality. Good thought had been given to which women carried out these roles, particularly in induction which involved peer workers from protected groups. Peer workers were able to work to have their mentoring skills recognised through accredited courses in education (see paragraph 5.24), which was positive.

Applications

- 4.9 Many women were frustrated by the applications system which was unreliable (see key concern and recommendation 1.33). Applications were logged by unit staff, but responses were not tracked and managers did not have enough oversight of the process. In the applications books that we checked, very few responses were recorded. In our survey, only 65% of respondents said it was easy to make an application and only 21% of these said they had received responses within seven days.

Complaints

- 4.10 The number of complaints had reduced by nearly half since our last inspection. Complaint forms were readily available on units but the delays in response times undermined women's confidence in the system. In our survey, only 17% of respondents who had made complaints said that they were dealt with within seven days.
- 4.11 The quality of responses to complaints that we looked at was reasonably good and, in most cases, staff also met the women face to face to discuss the response. A monthly assurance check was completed, and responses found to be inappropriate were challenged. However, analysis of complaints was limited. For example, not all protected characteristics were monitored and, where disproportionality had been identified, action had been limited.

Legal rights

- 4.12 In our survey, 53% of women said it was easy to communicate with their legal representative compared to 36% at the previous inspection. Good use was made of video link organised by prison offender managers to enable women to speak to their legal representatives remotely in addition to face-to-face legal visits. A dedicated bail officer in post since March 2021 delivered a good service to eligible women. Forty bail reports had been completed during this period compared to just six during the six months before the previous inspection. Fifty-six women had been released on bail.

Living conditions

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

- 4.13 The wings varied in style and contained single and double cells. Two wings had recently been demolished because of fire safety concerns. An additional wing, G wing, comprised temporary individual pods for women to live in.



G wing living accommodation

- 4.14 Living conditions were reasonable but the older units were showing signs of wear. The quality of accommodation on D wing was particularly poor. The works contractor had experienced staffing problems and there were numerous outstanding repairs. Records showed more than 400 logged repairs still to be addressed, some outstanding for a year. Prison leaders held a fortnightly meeting to prioritise the completion of work, but it remained a problem (see key concern and recommendation 1.39).



D wing showers

- 4.15 Monthly checks were carried out to ensure that women had appropriate furniture and that basic items such as kettles were not missing. Access to showers was good for most women who had showers in their cell. The women on D and E wings and the lower level of T wing shared shower facilities which the regime prevented them from using every day. Wings were clean and 71% of women in our survey said they had access to cleaning materials each week. The laundry service had reduced to once a week during the pandemic but women felt this was enough.
- 4.16 External areas and gardens were attractive and well maintained. However, communal association areas had been neglected and were principally used for storage rather than a space for women to use. Most women spent time in the open air walking around a small space outside the front of their unit which lacked equipment.
- 4.17 In our survey, only 21% of respondents said that their cell call bell was answered within five minutes compared with 39% at the previous

inspection. Many women raised this with us as a concern or complaint. Response times were not monitored, which was an omission.

- 4.18 Women experienced delays in accessing their stored property. We saw unanswered property applications in reception that had been outstanding for a month and bags of property ready to be issued but delayed by staffing issues.
- 4.19 In our survey, 44% of respondents said that the quality of the food was good. Only 37% said they had enough to eat, but women we spoke to were generally positive about the quality and quantity of food. Lunch and evening meals that we saw being served were of good quality and reasonable quantity and catered for a range of diets. Lunch and evening meals were served at an appropriate time but breakfast packs for the following day were given out with lunchtime meals. Communal eating and self-catering facilities were valued by women on E wing. They had not, however, been accessible to most women during the pandemic.



E wing communal eating area

- 4.20 The main kitchen was clean, and both kitchen and wing servery workers wore appropriate personal protective equipment and undertook basic food hygiene training.
- 4.21 A donated clothing shop service was in operation, which was good. A recent consultation focused on improving services for women had resulted in credible plans to expand the prison shop alongside some voluntary sector providers (see paragraph 4.7). Women were able to order from a good range of catalogues.

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.

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

Strategy, clinical governance and partnerships

- 4.23 Practice Plus Group (PPG) was the prime provider of health care, including mental health and clinical substance misuse services. PPG sub-contracted and coordinated Midland Partnership NHS Foundation Trust which delivered psychosocial interventions through the drug and alcohol team, Inclusion. Time for Teeth Dental Group delivered dental services.
- 4.24 Effective partnership working was evident among key stakeholders and supported by well-attended, quarterly partnership board meetings. The local quality delivery board had been suspended during the pandemic and had resumed in October 2021. There were no terms of reference for the board and it was not set up to ensure oversight of the health services.
- 4.25 The health and social care needs assessment had most recently been completed in March 2020 but remained relevant.
- 4.26 There had been four outbreaks of COVID-19 which were well managed. Staff were familiar with the procedures for safely managing women who reported symptoms of COVID-19.
- 4.27 Services were well led, and we observed conscientious and caring staff who knew the women well. Staff had continued to complete mandatory training and they all received appropriate supervision. There had been some gaps in staffing arising from staff sickness, but these had now reduced.
- 4.28 Health care facilities remained very cramped, which had a detrimental impact on the efficient delivery of services. There were no rooms for confidential mental health appointments and medication administration hatches were still located side by side with women queuing into the garden. The small dispensary in the health centre was too congested and some of the stock was stored in the remand centre administration room, which was inefficient. The dental suite was situated in a mobile cabin, with flooring and a chair that did not meet infection prevention standards. Rusting dental equipment was stored in the suite (see key concern and recommendation 1.40).

- 4.29 All staff used a single NHS standard electronic medical record for patients, SystmOne. The entries met the standards for record keeping. The specialist midwife recorded women's appointments on SystmOne and the patient's community midwifery care record to ensure continuity of information.
- 4.30 Emergency resuscitation equipment was in good order and monitored effectively. Staff had completed mandatory life support training, including the pharmacy technicians and health care assistants, which was good practice. Ambulances were called promptly when staff used an emergency code.
- 4.31 Health care complaints and applications were submitted in the same box. All boxes were emptied by health care administrators to maintain confidentiality. The responses to complaints were respectful and addressed specific concerns in plain English. The PPG quality assurance and improvement meeting monitored complaints effectively to identify trends and the quality of responses.

Recommendation

- 4.32 **The local delivery board should review its terms of reference to make sure there is adequate oversight of health risks, including accessibility to appointments.**

Promoting health and well-being

- 4.33 There was no local health promotion strategy, but health promotion material was visible across the prison. All the posters were in English only, but health services had access to a telephone interpreting service for appointments with non-English speakers.
- 4.34 A range of prevention screening programmes, including bowel cancer and retinal screening, had recently restarted. The specific screening needs of transgender patients were addressed which was good practice.
- 4.35 All new arrivals were offered a test for blood borne viruses including hepatitis B and C, and if women declined the offer was reiterated and supported by health education. Women who tested positive received coordinated care from the health care team with follow-up from specialist services. This ensured that treatment was prompt and had proven a highly effective approach. It had been maintained throughout the pandemic (see notable positive practice paragraph 1.51).
- 4.36 The COVID-19 vaccination clinics had started and included the Moderna vaccine for younger women. Seventy per cent of women had received the COVID-19 vaccination. Health promotion and education had been offered to women with concerns about the vaccine, and an open invitation to receive it. Influenza vaccine clinics were planned, but clinical priorities and lack of space prevented other vaccination clinics from being held.

Sexual and reproductive health (including mother and baby units)

- 4.37 Women were offered screening for sexual health and reproductive needs on their arrival. There was a sexual health lead and women were offered treatments for sexually transmitted disease, together with confidential advice and contraception.
- 4.38 There was no mother and baby unit. Women in labour were transferred to hospital for the birth, then returned to the establishment. Where possible, the new mother and her baby were transferred to a prison with a mother and baby unit. If this was not possible, the baby was either looked after by family when suitable arrangements could be agreed or the local authority arranged care under the Children Act 1989.
- 4.39 Pregnant women received care from the local Trust's midwife who supported mothers through their pregnancy and postnatal period. The local midwife services prepared mothers to give birth and provided birthing plans and separation packs.
- 4.40 The midwife visited the prison each week and discussed with the lead GP and a local nurse specialist the detoxification of pregnant women who misused substances. Two prison officers with appropriate training worked closely with the midwife to support these women. However, not all staff knew the expected date of delivery for women in their care which did not meet our expectations.
- 4.41 There was an established pathway to refer women to the Birth Companions charity which supported women during pregnancy and when they were separated from their babies. Women had access to support and counselling which reflected national guidance on support with miscarriage and bereavement.
- 4.42 Cervical screening had been maintained during the pandemic and women were encouraged to participate. If any abnormal changes were detected, the patient was referred to the hospital for colposcopy.
- 4.43 Routine breast screening had been paused during the pandemic but had now resumed. Waiting times reflected those in the community.
- 4.44 An annual health check was offered to older women. Women experiencing the menopause received appropriate information, guidance and treatment. Menopause awareness groups were being set up by primary care and prison staff to take a holistic approach to managing the menopause.

Recommendation

- 4.45 **Prison officers should be aware of the expected date of delivery for pregnant women in their care.**

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

- 4.46 The primary care nursing service operated 24 hours a day. The GPs offered routine clinics, a substance misuse clinic and attended new receptions. In an emergency, nursing staff called 111 or 999. There was no inpatient unit.
- 4.47 Reception and secondary health screening had continued throughout the pandemic with appropriate referrals to other services. Cohorting arrangements (see Glossary of terms) were made for new arrivals who were symptomatic and COVID-19 PCR tests were taken on arrival and on day five.
- 4.48 A qualified nurse assessed patients' risks and referred them where appropriate for support with neurodiversity issues, mental health and pain management. Clinical records were obtained from the community GP with the patient's consent and practitioners used the patient history to inform treatment.
- 4.49 Applications to see health care staff were triaged by an appropriate health care professional. Appointments were arranged efficiently, but women did not always receive appointment slips and were sometimes not unlocked for their appointments. This caused low attendance rates and frustration for women who did not know when they would have an appointment.
- 4.50 In our survey, only 13% of women said it was easy to see a GP. At the time of inspection there was an average of eight weeks' wait to see the GP. Urgent cases were seen on the same day or at the next clinic.
- 4.51 Medicines were reconciled and prescribed to deliver continuity of care. The needs of women arriving without their expected medicines were managed through emergency or out-of-hours prescriptions. Practitioners discussed complex patients and medications at multi-disciplinary meetings which ensured scrutiny of the care delivered.
- 4.52 Women with long-term conditions and complex health needs received appropriately coordinated care in line with national standards and annual reviews were carried out. However, not all patients had a care plan and these patients lacked the opportunity to be more involved with their own care and to monitor their conditions. The provider was planning to address this deficiency.
- 4.53 Women received secondary care services in the prison or at hospital with waiting times equivalent to those in the community. A clinician undertook a risk assessment before women were escorted to hospital. However, attendance at hospital was routinely disrupted by the lack of escort staff.
- 4.54 PPG had an appropriate pathway in place to support patients needing palliative and end-of-life care.
- 4.55 Women due for release were given a summary of care and help to register with a community GP. When women left for court, they were

given a small supply of medication, or a prescription which could be taken to a local chemist.

Recommendations

- 4.56 **Patients with long-term conditions should have a care plan specific to their needs.**
- 4.57 **All patients should have access to health care appointments in a timely manner. The protracted wait for a routine GP appointment should be resolved as a matter of urgency.**

Mental health

- 4.58 PPG integrated mental health services were equivalent to those in the community. With the addition of services delivered by the Samaritans, ACCESS (enhanced support service for women in crisis who have complex needs), CAMEO and the chaplaincy, women had access to an impressive range of services. Only 12 operational officers since 2020 had been trained to recognise when to refer women for mental health assessment.
- 4.59 The integrated mental health services received about 50 referrals each month. Women were screened for mental health conditions in reception and referred appropriately. Anybody in the prison could refer women for assessment with most using the threshold assessment grid to indicate the level of need, or women could refer themselves. A duty triage worker assessed applications or referrals and all urgent needs were assessed within a working day (see notable positive practice paragraph 1.52).
- 4.60 Recent staff shortages were abating, and the well-led team delivered a seven-day service comprising forensic psychiatry and psychology, learning disability and mental health nursing, and social work. The psychology component of the service was expanding to offer more therapy options for patients. The availability of forensic psychiatrists was unusually good. The manager of the team was a non-medical prescriber who was able to prescribe medication promptly and enhance the efficient care of patients.
- 4.61 The local NHS provider offered advice for women with perinatal mental health conditions and recruitment was in progress to establish an on-site joint service at HMPs Drake Hall and Foston Hall.
- 4.62 Joint working in the prison was notably strong. A duty nurse ensured that ACCT, complex case and other critical meetings were well supported.
- 4.63 In our survey, 84% of women said they had a mental health problem when they arrived at Foston Hall. Records showed that 86 women (35%) had complex presentations of personality and mental disorders, and dual diagnoses. Their clinical records and care plans were clear and professional. A suitable range of cognitive, psychological and

solution-based therapies was offered to patients and waiting times were short.

- 4.64 There was not enough space to deliver one-to-one therapy on the wings. Group therapies had yet to restart, although one room designated for group work lacked privacy and the other had poor climate control. There were no telephones in cells on G wing which affected the efficient delivery of care.
- 4.65 About six women at a time were monitored using the care programme approach. Close work with the offender management unit ensured that pre-release support for patients was effective. However, ensuring continuity for women with no fixed abode was challenging. Nine women had been transferred under the Mental Health Act in the previous year. At the time of the inspection, two women had been waiting for several months, which was unacceptable.

Recommendations

- 4.66 **All prison officers should be trained to identify when women should be referred for mental health assessment.**
- 4.67 **Patients requiring hospital care under the Mental Health Act should be transferred expeditiously.**

Social care

- 4.68 There was an up-to-date memorandum of understanding between the prison and Derbyshire County Council (DCC) adult social care. Social care procedures were good and reflected those in the community. Following assessment, a care package was drawn up to support women with physical care needs and to promote independence. This included referrals to community agencies such as Sight Support Derbyshire, Adult Autism Services or the Stroke Association.
- 4.69 Social workers were visible and initiated contact with women to explain their services. Women who were not referred by staff could complete a self-referral application through the prisoner application process.
- 4.70 The DCC contracted advocacy services for women who needed an advocate to support them through the care planning process. There were no trained buddies to help women with non-personal physical tasks.
- 4.71 The community equipment stores provided most specialist items on request from the assessing practitioner. DCC had delivered trusted assessor training to the practitioner to enable them to order small items of equipment.

Substance misuse and dependency

- 4.72 PPG delivered clinical substance misuse services in partnership with Inclusion which provided the psychosocial support component. An integrated substance use services action plan enabled teams to work

well together to deliver a coordinated service. The clinical and psychosocial leads both attended the prison drug strategy meetings.

- 4.73 All new arrivals were screened for alcohol and drugs and referred to a clinical prescriber and a recovery practitioner where appropriate. Clinical assessments were prompt and opiate substitution treatment was good. Health care staff carried out first night observations of women who were undertaking detoxification.
- 4.74 New referrals, allocations and emerging concerns were discussed at regular multidisciplinary meetings. Psychosocial practitioners visited all women reported to have used illicit substances to deliver harm reduction advice.
- 4.75 The team had developed a training package on substance abuse for newly recruited prison officers and were awaiting a date to start the training.
- 4.76 Alcoholics Anonymous groups had been suspended during the pandemic. Staff had continued to support women using in-cell phones, workbooks and face-to-face appointments, which was good. Recovery practitioners were due to restart harm minimisation group sessions.
- 4.77 Women were offered training in the use of Naloxone (to reverse the effects of opiates) which was provided on release. The team liaised with partners to make sure that care was available as women left the prison, including a prescription for medication.

Medicines and pharmacy services

- 4.78 In our survey, 55% of women said that the quality of the pharmacy service was very or quite good.
- 4.79 There was a secure supply chain for medicines, although there had been some delays in delivery. These had not affected the supply of critical medicines. We observed patients at medicine hatches expressing frustration over delays in receiving their medicines.
- 4.80 There was no pharmacist at the prison and therefore no medicine use reviews, pharmacist-led clinics or on-site oversight of the service. Patients did not have access to advice from a pharmacist, and clinicians did not have support in complex prescribing to meet the needs of the patients and optimise treatment. PPG had started recruitment for this post.
- 4.81 Pharmacy services were managed effectively by a senior pharmacy technician who supervised the team but only had remote access to a PPG pharmacist for her own supervision.
- 4.82 The two medicine hatches in the health centre dispensary were too close together which prevented confidentiality. Patient queues for medicines extended outside which some found demotivating in poor weather. The supervision of medicine queues by officers was appropriate although, on one occasion, we observed one officer trying

to watch the health centre hatches and the queue, which was inadequate.



Medicines hatch and D wing exercise yard

- 4.83 We observed an officer de-escalating a confrontational situation at the medicines hatch with sensitivity and skill.
- 4.84 Only 20% of patients held their medicines in possession, a low proportion. The drugs strategy team suspected that prescribed medicines were being diverted and the senior technician monitored in-possession risk assessments. Work was in progress to revise the risk assessment procedure so that more patients could take responsibility for their own medicines. Patients with medicines in their possession had lockable boxes fitted in their cells for secure storage. Other medicines were administered three times a day and at night as necessary.
- 4.85 Medicines were supplied on a named patient basis and occasionally from stock. There were separate stocks of over-the-counter remedies and an out-of-hours cupboard which enabled the effective auditing of stock. The range of medicines available via patient group directions was appropriate to the needs of the patients.
- 4.86 At the time of the inspection, there was no multidisciplinary medicines and therapeutics committee, although some of the associated functions were undertaken elsewhere, such as the drugs strategy meeting. Fridge temperatures were meticulously monitored and corrective actions documented, which was good.

- 4.87 Patients who were being released were given up to 14 days of prescribed medicines, and FP10 prescriptions were given to patients so that they could get their medicines if they were released by the court.

Recommendation

- 4.88 **A pharmacist should be on site regularly to advise patients and clinicians and oversee the pharmacy service.**

Dental and oral health

- 4.89 Time for Teeth offered a full range of NHS treatments. There were three dental sessions and one dental nurse triage session a week. The waiting time for a check-up was about eight weeks and for treatment about four weeks. Urgent appointments were prioritised for the same or next day clinic. The primary care team offered pain relief and contacted the dentist if a patient needed attention.
- 4.90 Women could ask to see the dental team through the health application process or were referred by other health care professionals through the SystemOne 'Task' function.
- 4.91 Women were referred to a community dentist for complicated extractions or surgery, although the lack of escort staff prevented some appointments from being met.
- 4.92 Good decontamination procedures were carried out which met the expected clinical standards. Governance arrangements were good, and staff felt supported by their employer.

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

- 4.93 Following the pandemic and a period of poor oversight, leaders had allocated a dedicated equality manager to promote equality and diversity. At the time of our inspection this role had been in place for only three months and, although positive steps had been taken, outcomes for most prisoners had not yet improved.
- 4.94 The equality strategy was not informed sufficiently on a needs analysis and was hindered by limited analysis of equality data. National data were considered at the well-attended equality meeting which took place every two months, but there was no effective action plan to implement the strategy locally (see key concern and recommendation 1.41).

- 4.95 There was one prisoner equality representative to promote equality across the prison and support prisoners with equality concerns on their wings. This representative did not attend the equality meeting and prisoners on some units were unaware of this role.
- 4.96 During the previous six months, 12 discrimination incident report forms (DIRFs) had been submitted. DIRFs were not available on every wing. Those that we reviewed had been dealt with appropriately within prescribed deadlines and quality assurance included some external scrutiny from the independent monitoring board (IMB).
- 4.97 Good work had been done to mark Black History Month. Ad hoc groups were held for black prisoners to discuss their feelings and experiences. Inspirational speakers included a domestic violence charity created by black prisoners in the community and black former prisoners who talked about their experiences. These were positive initiatives.

Protected and minority characteristics

- 4.98 The equality manager had recently restarted focus groups for prisoners from protected groups. Attendance was poor overall with only one prisoner attending one group and not all protected groups having the opportunity to participate. This had been a significant omission and women from protected groups spoke of feelings of isolation and not being listened to. This had been compounded since the start of the pandemic by the lack of community groups attending the prison to support prisoners from protected groups (see key concern and recommendation 1.41).
- 4.99 In our survey, 28% of prisoners identified themselves as homosexual, bisexual or of other sexual orientation. Prison records indicated that gay and bisexual prisoners were more likely to have thoughts of harming themselves and to have been physically restrained. These data had not been analysed adequately or used to prompt an action. Transgender prisoners spoke of reasonably good care and of staff using the correct pronoun when talking to them. Access to items such as boxer shorts and hair clippers was good. Two transgender prisoners said they had not had an initial multidisciplinary case board since they arrived.
- 4.100 Records showed that 23% of prisoners were from a non-white British background. Disproportionality for black and minority ethnic women had been identified in relation to complaints and over-representation on the standard level of the rewards and sanctions scheme. These issues had been discussed at a meeting, but too little action had been taken to address them. A forum had been set up for Gypsy, Roma and Traveller women but the only one who had attended said that awareness of her culture was poor.
- 4.101 At the time of our inspection, 23 foreign national prisoners were held but no prisoners were held as immigration detainees only. A foreign national champion in the offender management unit arranged video-link contact with the Home Office for women with immigration concerns and

acted as a point of contact for all foreign national queries. Professional telephone interpreting services were not well promoted and were rarely used on the wings. Before the pandemic, foreign national prisoners had been able to come together for activity sessions and pastoral support from a community group and this had left a gap in care when it ceased.

- 4.102 Care for pregnant women was good (see paragraph 4.39). Two dedicated members of staff acted as points of contact for these women to answer their queries. Appropriate numbers for health services were stored on their phones and they had access to extra food, clothing and safety checks.
- 4.103 In our survey, 55% of women said they had a disability. Reasonable adjustments were made where required and health care staff supported women with social care needs well. Staff were aware of women with personal emergency evacuation plans but some plans were awaiting an annual review.
- 4.104 The strategy for young women prisoners was not based on a needs analysis. The pandemic had prevented specific components of the regime, including targeted gym sessions, for this group, or for older women.

Faith and religion

- 4.105 The chaplaincy had been poorly resourced for a long period but this was gradually improving. When the managing Catholic chaplain had been appointed in December 2019, her post had been vacant for 18 months and she identified weaknesses in the service. During much of the pandemic, she and the part-time Muslim chaplain had delivered pastoral care. In April 2021, a full-time Free Church chaplain had joined them and a full-time Anglican chaplain had recently been recruited. The budget for sessional chaplains remained considerably lower than at similar prisons.
- 4.106 Study and meditation groups had resumed in September 2021 and corporate worship in mid-October 2021, which was slow progress. Attendance since then had been low. The chaplaincy did not always speak to women segregated on the wings or see women in the segregation unit with their doors unlocked (see paragraph 3.41). They saw women who were on ACCTs once a week but did not routinely attend ACCT case reviews.
- 4.107 Groups to help women cope with bereavement were to restart during the week of our inspection (see paragraph 6.6). There were no victim awareness courses such as the Sycamore Tree. The chaplaincy was not involved in release planning.

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 and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 Women who were unemployed could at best expect two hours out of their cell each day plus time to collect meals and medication. The regime was regularly curtailed because of a shortage of staff, which routinely resulted in women being locked in their cell for 24 hours a day at weekends. This was a source of much frustration for both staff and women (see key concern and recommendation 1.42).
- 5.2 About 15% of the population lived on E and G wings where they were never locked in their cells and had free access around their wing during the day. All other women were locked in their cells when they were not in activities. During our roll checks, about a third of women were locked up during the day, a third were unlocked on the wings and another third were in paid work or education off the wings.
- 5.3 There were too few opportunities for women to benefit from recreational and social activities. An enhanced structured activity programme was being planned in the evenings for more women, although staff shortages prevented the existing programme from being fulfilled and it was difficult to see how improvements would be realised in the near future.
- 5.4 Library services had deteriorated since the last inspection and were very limited. The library had been closed since the pandemic and library staff had still not been risk assessed to see women 20 months later. Women requested books by application and staff delivered them to wings during the lunch patrol. There were no firm plans to reopen the library.
- 5.5 Suffolk Libraries, commissioned by People Plus, now ran the library with an annual budget of £4,000 for new stock. The size of the library had halved since the last inspection to make way for a classroom and it was now very small with nowhere to study. Since the pandemic there had been no van service to deliver inter-library loans requested by women. The Reading Ahead scheme had restarted and a small number of women had recorded stories for their children using the Storybook Mums scheme. There were still no reading groups.

- 5.6 The importance of regular activity for women's well-being had not been recognised by leaders. Access to physical education had deteriorated and was very poor. There was only one qualified PE instructor and when she went on leave the gym closed. She was often cross-deployed to other roles and each woman could access an average of only one hour in the gym each month. Prison staff had volunteered to be trained to support the PE instructor, but this opportunity had not been taken up. A part-time instructor had been recruited to join at the end of 2021 at which time the department would still only be operating at half strength. There were no dedicated gym sessions for the large number of women who harmed themselves.

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 key concerns and recommendations 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.

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

Overall effectiveness:	Requires improvement
Quality of education:	Requires improvement
Behaviour and attitudes:	Good
Personal development:	Requires improvement
Leadership and management:	Requires improvement

- 5.8 Senior leaders had a clear vision of how the existing and future curriculum should support women's successful rehabilitation and resettlement. They acknowledged that the pace of curriculum development had been too slow to achieve this goal. Not all the recommendations from our previous inspection had been addressed fully.

- 5.9 The curriculum did not meet the needs of all women, including those with long sentences. Development and employment prospects were hampered by limited opportunity or support to study beyond level 2. Leaders and managers had not yet planned a curriculum which offered comprehensive career progression routes appropriate to the needs of all the population (see key concern and recommendation 1.43). For example, women could not undertake self-employment or building trades training. The curriculum did not offer creative art courses, despite women's favourable experience of these during the early stages of COVID-19. Accredited qualifications were not offered in the kitchens or stores. Women did not have regular access to information technology facilities and the virtual campus (prisoner access to community education, training and employment opportunities via the internet). This limited the development of digital skills needed to support successful resettlement on release (see key concern and recommendation 1.45). A comparatively small number of women participated in an adequate range and level of land-based and animal care training.
- 5.10 Following the prison's move to stage 2 of the HMPPS recovery road map (see Glossary of terms), sufficient activity places were available to occupy about 70% of women. An appropriately high number of women took up the option of combining work and education to achieve their personal goals. Young offenders and those women categorised as vulnerable participated in the same curriculum as the main population.
- 5.11 Managers responsible for purposeful activity allocations knew the women well and ensured that the procedure was fair and equitable. Sentence plans were not routinely used to inform the process. Waiting lists were short and managed effectively.
- 5.12 Pay rates matched the demands of the roles and responsibilities undertaken. They did not act as a disincentive to attend courses of study and more than half the women undertaking activities were participating in accredited learning.
- 5.13 Teachers and prison instructors used assessment well to identify the women's starting points, including previous learning and mental and physical health. Teachers were adept at providing support that met the women's needs and helped them to progress swiftly in their learning. Prison staff made effective adjustments so that women with learning difficulties and/or disabilities could participate fully in workshops and work. Women received good support from peer mentors who acted as inspirational role models.
- 5.14 Education staff participated in training opportunities that improved their professional practice. Prison leaders had been slow to introduce an appropriate development programme for prison instructors which limited how well they applied and improved their coaching and mentoring skills.
- 5.15 Teachers and instructors planned education learning and vocational training activities well. They sequenced themes logically so that women

developed the skills and knowledge needed to consolidate their learning and deal effectively with new topics. Teachers offered women detailed written and verbal feedback aimed at improving their performance, for example women used this feedback to increase yields of garden crops. Written and practical work was of a good or high standard. Tutors and instructors used effective teaching and individual coaching strategies to facilitate learning and most women achieved their potential and progressed well. Overall achievement rates were high for the relatively small number of women who were entered for examination.

- 5.16 Women enhanced their English and mathematics skills well in education courses. Teachers embedded functional skills English and mathematics effectively in vocational lessons. They were adept at reinforcing topics that enabled the women to apply their learning in practical activities such as correctly calculating and mixing chemicals in hairdressing. Women in workshops were able to improve their English and mathematics skills using the good support offered by instructors and peer mentors. Leaders and managers had not ensured that the curriculum was scheduled so that all women in work received the help they needed.
- 5.17 Prison managers had created working environments which closely matched industry standards and helped women to prepare for employment on release. Women in the textiles workshop, for example, worked to demanding commercial standards and deadlines. Most women in workshops and work were not studying for a qualification but did acquire useful skills and knowledge valued by employers. However, this development was not captured as part of a planned recognition and recording process. Not all women received enough training to undertake their work role.
- 5.18 Learning support coordinators were highly effective in providing individual support. Women were given tools such as fidget toys and a range of adaptive learning resources, including coloured overlays. This support contributed to their increased self-confidence and belief and they remained engaged in their learning and motivated to succeed.
- 5.19 Women enjoyed using the good quality in-cell learning packs designed to develop their vocational knowledge. Teachers identified and addressed women's gaps in learning effectively during cell visits and small group sessions. Women working towards vocational qualifications in hairdressing and catering made good gains in their theoretical knowledge. COVID-19 restrictions prevented them from acquiring the relevant competence in practical skills. Teachers had adjusted the curriculum so that women could develop skills such as dexterity and speed in hairdressing and knife handling in catering. However, not all women were able to catch up as their attendance at other appointments, such as legal visits, took priority over their training.
- 5.20 Women who spoke English as a second language did not participate in a well-planned curriculum which allowed them to develop their English language skills rapidly. Most did not acquire the skills they needed to

progress in education, skills and work and integrate with their peers. Managers' efforts to provide suitably qualified and experienced teachers for all lessons had not been successful.

- 5.21 Quality assurance procedures required improvement. Managers did not have adequate oversight of the quality of the whole curriculum and its impact on women's development. It was too early to judge the effectiveness of recent initiatives to improve monitoring of curriculum delivery and outcomes.
- 5.22 Teachers and instructors had high expectations of the women's conduct and ensured that they settled quickly into their activities. This contributed significantly to the creation of a calm and productive learning environment. Women's behaviour was good and they worked diligently in teams and as individuals.
- 5.23 Attendance rates at sessions were high. Punctuality was good, except when the regime stopped women from turning up on time. Staff quickly followed up cases of lateness and non-attendance to maximise the use of activity places. This gave women a sound appreciation of the importance that employers attached to good attendance and punctuality.
- 5.24 A minority of women were able to participate in activities that allowed them to take the initiative and make independent decisions. For example, in the animal sanctuary and staff canteen, women took on additional unsupervised roles to ensure the successful operation of the facilities. Women also worked as trained mentors and took responsibility for a wide variety of activities including the induction of new workers to workshops. These roles gave women the chance to acquire useful behaviours and attitudes in preparation for employment on release.
- 5.25 Most women demonstrated a good awareness of fundamental British values in their interaction with each other, members of staff and visitors. In conversations and debate, women considered each other's points of view and encouraged open and honest debate. Women worked well collaboratively, for example in the textile workshops they helped each other to set up machines and complete complex sewing activities.
- 5.26 Women spoke highly of how their participation in learning and skills activities had helped them improve their confidence and self-image. Women completing longer sentences understood how their participation in prison activities contributed to improving their mental and physical health.
- 5.27 Women approaching their release date received little or no preparation. Leaders and managers had not implemented an effective information, advice and guidance (IAG) process. As a result, few women received assistance to make informed and realistic career decisions. Women were given useful careers information by vocational training staff. For example, in hairdressing, they received advice on how to achieve

employment in a salon or as a sole trader. Women had very recently been able to access suitable IAG from an appropriately trained and experienced guidance worker. The impact of this initiative had yet to be fully demonstrated. Managers did not collect data on the destinations of women following release to inform curriculum development (see key concern and recommendation 1.44).

Section 6 Rehabilitation and release planning

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

Reducing reoffending

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

- 6.1 The population at Foston Hall was challenging: a quarter of women were on remand or unsentenced; almost a third were on recall or serving a sentence of less than a year; and in contrast almost 40% were serving sentences of more than four years. Two-thirds of women assessed posed a high risk of harm.
- 6.2 A comprehensive needs analysis included a prisoner survey, demographics and information on factors influencing offending. There was no up-to-date strategy which reflected the analysis. The action plan took account of the needs analysis but it was incomplete and poorly managed. Reducing reoffending meetings were held every two months but attendance was poor.
- 6.3 The recent re-unification of the Probation Service and withdrawal of the community rehabilitation companies had led to the loss of providers and some services at Foston Hall. There was still a resettlement team on site, which was positive, but its future existence or role was uncertain. The fragility of the team was compounded by its location: a portacabin some distance from the offender management unit (OMU), with no working telephone line or internet access.
- 6.4 Almost three-quarters of eligible women had had an OASys assessment in the last year, the majority of which were of a good standard. We reviewed some good examples where the analysis drew on factors that were relevant in the community and on the woman's behaviour and progress in prison. In some cases, there was a comprehensive analysis of the risk of harm, including a record of positive and negative entries. This gave a clear picture of the woman's progress and setbacks.
- 6.5 Services to support women who had experienced domestic abuse, sex working, trafficking or trauma had deteriorated. In our survey, 56% of women said they needed help in this area, but only 18% said they were receiving help. The pandemic and the reunification of probation services had had a negative impact on these services. The Freedom

Programme designed to help women to manage domestic violence had not been available since the pandemic, and at the time of our inspection there was no plan for its resumption. A range of other services and agencies which were provided before the pandemic were now only available through referrals in the last 12 weeks of a woman's sentence. Senior leaders were aware of these deficits and were working to address them.

- 6.6 The chaplaincy ran two programmes to support women with bereavement, grief and living with loss. These had restarted during the week of our inspection. Seven women were attending and demand was high with a further 30 women on the waiting list.
- 6.7 The thinking skills programme (TSP) had restarted late in 2020 with facilitators offering adapted one-to-one sessions. The programmes team had prioritised women effectively using a range of criteria, including release date and individual need. No women had missed this intervention during the pandemic, which was positive.
- 6.8 CAMEO was a valued and well-used intervention designed specifically to give women with complex needs on the personality disorder pathway a good opportunity to address their risks. The intervention had continued throughout the pandemic in an adapted form. One woman we spoke to said: 'if it hadn't been for the CAMEO officers we would have struggled; they were a lifeline' (see paragraph 3.21). The demand was high and, at the time of our inspection, 24 women were undertaking the intervention which took about two years. A further six women were due to start the initial phase of assessments.
- 6.9 Women's estate psychology services were co-located with the OMU which supported good, coordinated work. The team delivered a range of support including risk assessments and parole work, but also offered tailored one-to-one interventions for offences such as arson, sexual offending and extremism.
- 6.10 In our survey, 66% of women said they needed help with finances, although only 4% said they were receiving support compared with 40% at our previous inspection. There was not enough support for women who had outstanding debt. Jobcentre Plus were on site and helped women to set up benefits. The resettlement team continued to support women to open bank accounts before release.
- 6.11 Home detention curfew (HDC) procedures were well managed, but some women had been released late because of a lack of suitable accommodation. A pattern had developed of women choosing to stay at Foston Hall rather than be released early on HDC.
- 6.12 COVID-19 outbreaks and staff shortages had led to a slow resumption of release on temporary licence arrangements (ROTL). Three women had so far used the opportunity on four occasions.
- 6.13 Women with short sentences, including those on fixed recalls, were poorly served with limited services and interventions. We spoke to one

woman who had repeatedly breached her licence and had been recalled for 28 days. With limited help to prepare for re-release, it was difficult to see how this pattern would be broken.

Motivation, engagement and progression

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

- 6.14 We observed good levels of contact between women and prison offender managers (POMs), and in most of the cases that we examined there was evidence of progression.
- 6.15 The offender management in custody (OMIC) model (see Glossary of terms) had been rolled out in April 2021 and was progressing well. Women were given prescribed levels of contact based on several factors including risk, need and complexity, time left to serve and sentence type. This was managed by a tiering system and use of a screening tool. At the time of the inspection, 84 women were deemed highly complex under the tool. Leaders were aware that this was demanding for probation offender managers and were monitoring their caseloads.
- 6.16 Case records and discussions with women and staff indicated that contact between POMs and women were good in most cases that we examined. Most POMs were knowledgeable about the women on their caseloads. It was a source of frustration to some POMs that they were required under the OMIC model to maintain the specified level of contact with all women, regardless of their level of need. This approach made sure that women were not overlooked but did make it harder for staff to prioritise women who were in need or approaching significant points in their sentence.
- 6.17 Most women were seen regularly by their POM and/or key worker, but a number commented that communication with them was poor and they were often left not knowing what was happening. This triggered increased anxiety, particularly as they approached parole dates or preparation for release. Women on the CAMEO project had individual sessions with the project worker but did not have a separate key worker. One woman explained that she felt this put her at a disadvantage compared with other women.
- 6.18 Sentence plan targets tended to be based on high-level objectives such as 'improve self-confidence' and 'increase awareness of the impact of offending behaviour'. These were not always underpinned by specific activities to achieve these outcomes but, given the limited activities available during the pandemic, this could be rectified going forward.
- 6.19 Work to achieve targets had included in-cell workbooks and one-to-one sessions with POMs, key workers, psychologists and other staff. We saw good examples of the impact of this work. One woman, who was coming to the end of a long sentence, said that the work she had done

in prison had increased her self-esteem, confidence and assertiveness and that she had learned how to recognise and manage increasing anxiety – all skills that would assist her resettlement. These achievements were reflected in the way she engaged in discussion. She commented: ‘I have learned so much in prison. I have shocked myself how much I am now able to do’.

- 6.20 In our survey, only 38% of women said that they had a custody plan. Women whom we interviewed were aware of the behaviours they were required to work on, but only one remembered receiving a copy of her sentence plan.
- 6.21 Almost 20% of women were serving an indeterminate sentence. Group work with these prisoners had ceased during the pandemic. Contact had been made with the Prison Reform Trust and a series of focus groups had been started to establish the needs of this group. These were positive initiatives.

Protecting the public from harm

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

- 6.22 Public protection arrangements had been strengthened since our last inspection and were good. The monthly interdepartmental risk management team meeting (IRMT) was well attended, which ensured good management of high-risk women before their release.
- 6.23 A strategic public protection meeting had recently been introduced to provide assurance on public protection arrangements, which was good.
- 6.24 Risk management plans were prepared in most cases. Most plans were of a sufficient standard for the stage of the sentence. However, a few were not detailed enough or had not been updated in a timely way, for example following a recall.
- 6.25 MAPPA (multi-agency public protection arrangements) prisoners had been identified appropriately in cases that we examined. We saw a good example of a high-risk woman with learning difficulties who had been given help to understand her licence conditions and was able to explain these, including the requirement for registration and no contact conditions. She had also been able to meet her community offender manager by video link and to visit the approved premises for a day. Arrangements had been made for her to be met at the gate by Women in Prison on the day of release.
- 6.26 At the time of the inspection, 15 women were subject to MAPPA level two (which required the active involvement of one or more agency) and five at level three (the highest risk level). POMs provided timely contributions and the standard of these assessments was good.

- 6.27 Twenty-three women were subject to mail and phone monitoring. The monitoring of these women was not consistent which undermined decisions made at the IRMT meetings. Not all calls in other languages were translated.

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.

- 6.28 During the previous 12 months, 453 women had been released, averaging 38 a month. There had been a deterioration in release planning and arrangements since our last inspection.
- 6.29 Most women had resettlement plans. The resettlement team on site prepared the plans 12 weeks before release and helped community offender managers to complete referrals. Recent changes to probation services had affected resettlement provision in the prison. Services were spread across four providers which meant that women received different services dependent on their home area. This presented significant challenges.
- 6.30 Release planning was fragmented and poorly coordinated. Communication between departments and the women was not consistent (see key concern and recommendation 1.47).
- 6.31 A fifth of women were released from Foston Hall without accommodation. Given the risks and needs of so many of the women, this was concerning (see key concern and recommendation 1.46).
- 6.32 We saw some staff working hard to resolve imminent accommodation issues, but this too often happened at the last minute. We spoke to one young woman who was unaware that a housing referral had been made. She had managed to 'get clean' during her time in prison but expected to be released homeless and, as a result, return to drug use.
- 6.33 Arrangements on the day of release had deteriorated and no facilities or mentoring were available. Some women were picked up from the gate by Women in Prison (charity supporting women affected by the criminal justice system).
- 6.34 The discharge process lacked care and there was no systematic advice or support. Women were not always released in good time and there were many examples of women who had been released at lunch time, which placed additional pressure on attending appointments and making arrangements for the first day in the community. The prison was very isolated but no transport was provided to railway stations and women often had to wait at bus stops on a very busy dual carriageway. These women were easily identifiable as the bus stop only served the prison.

Section 7 Recommendations in this report

The following is a list of repeated and new concerns and recommendations in this report.

Key concerns and recommendations

- 7.1 Key concern (1.33): The establishment was fully staffed but only 62 of 110 front-line officers in post were deployable. Consequently, leaders were unable to run a consistent regime and women, for example, faced challenges getting a response to everyday needs and requests. The avoidable frustration and tensions these issues created among staff and women seemed to be a contributory factor in the very high levels of violence and self-harm at the establishment.

Recommendation: Leaders and managers should actively manage and reduce the very high numbers of non-effective staff in order to deliver a reliable and decent regime to women. (To the governor)

- 7.2 Key concern (1.34): Support for new arrivals was weak. They could not see a Listener in reception. The reception process did not prioritise checking women's welfare. We observed women waiting 2.5 hours before a member of staff spoke to them about how they were feeling. First night interviews lacked privacy and did not adequately explore concerns about vulnerabilities such as suicide and self-harm. Important information contained in suicide and self-harm warning forms and person escort records did not always inform these interviews.

Recommendation: Women should have their risks and vulnerabilities assessed and addressed on arrival. (To the governor)

- 7.3 Key concern (1.35): Levels of self-harm were the highest in the women's estate and higher than at the last inspection. The number of recorded self-harm incidents was consistently high every month. Women made just over 1,000 calls each month to the Samaritans, an indicator of the level of need. There was no strategy to reduce self-harm and the most vulnerable women did not have care plans. Most women who harmed themselves lacked enough support or activity and faced daily frustration getting the help they needed. The use of anti-ligature clothing and segregation to manage some women who harmed themselves very frequently had become routine and needed urgent review. One woman had been placed into anti-ligature clothing 87 times in the previous 12 months. Nearly half of all women segregated were already at risk of suicide and self-harm.

Recommendation: Self-harm should be reduced by providing the most effective care for all women at risk of harming themselves. (To the governor)

- 7.4 Key concern (1.36): Women had poor perceptions of safety. Violence against staff had increased significantly since 2019 and was very high, the highest of all women's prisons. Much of the violence against staff was caused by frustrations with the inconsistent regime and difficulties getting things done. The overall rate of assaults against women remained higher than similar establishments. Behaviour management strategies were not functioning well and there were too few incentives to encourage positive behaviour.

Recommendation: Behaviour management processes should keep women safe from bullying, violence and other antisocial behaviour. (To the governor)

- 7.5 Key concern (1.37): The use of segregation had increased significantly and was very high. Leaders' oversight of segregation was inadequate and decisions to segregate women were rarely challenged by other professionals involved in the safeguarding of women in crisis. Many women were segregated while there were ongoing concerns about their self-harming behaviours. The segregation unit was a poor environment and the regime was too limited. For those women segregated on the main wings a regime was often not delivered at all.

Recommendation: The prison should revise its approach to the use of segregation. Segregation should be used only as a last resort and women should be held there safely and experience interventions that support their reintegration and progress. (To the governor)

- 7.6 Key concern (1.38): Significantly fewer women received social visits than before the pandemic and women's perceptions of social visits had greatly declined since our last inspection. The uptake of secure social video calls was unusually low compared to other women's prisons and some women experienced delays in trying to arrange a video-call because of problems with the general applications system. The visits hall was small and uninspiring and there was no planned date for the previously popular family days to restart.

Recommendation: Women should be able to maintain and develop positive relationships with children, family members and other people significant to them. (To the governor)

- 7.7 Key concern (1.39): The quality of accommodation was mixed. Older units were tired and showing signs of wear. The accommodation on D wing particularly needed investment. There were numerous outstanding repairs because the works contractor had staffing problems. Records showed more than 400 outstanding logged issues with some general repair requirements a year old. Prison leaders held a fortnightly meeting to manage this and prioritise which work needed to be completed but this remained an issue.

Recommendation: All residential accommodation should be decent and in a good state of repair. (To the governor)

- 7.8 Key concern (1.40): The health care and dental facilities were not fit for purpose for the delivery of efficient, confidential services that meet the necessary standards for clinical care and infection prevention standards.

Recommendation: The health care, pharmacy and dental environment should be reconfigured to enable the provision of an appropriate range of primary and secondary care services in the prison. (To the governor)

- 7.9 Key concern (1.41): The equality strategy was not based on a needs analysis and equality data were not fully analysed. National data were considered at the equality meetings, but this did not give a full picture of outcomes for women with protected characteristics. Focus groups for all protected groups were inconsistent and some prisoners with protected characteristic felt isolated and unheard.

Recommendation: Work should be undertaken to understand the negative perceptions of women with protected characteristics. Active measures should be introduced to promote equality among the prison's population. (To the governor)

- 7.10 Key concern (1.42): The daily regime remained too limited. Regime curtailments took place regularly because of a reduced number of staff available to be deployed to run the regime reliably. This routinely resulted in women being locked in their cell for 24 hours a day at weekends which was a source of much frustration for staff and women.

Recommendation: Time out of cell should be improved and delivered consistently for all women, including at weekends. (To the governor)

- 7.11 Key concern (1.43): Leaders and managers had not established an ambitious curriculum that supported the development of all women and successful resettlement on release. Women in work and workshops did not routinely receive the help they needed to raise their English and mathematics skills levels or gain recognition for the other skills and knowledge they had acquired. Managers did not have a comprehensive oversight of the quality of training in workshops and work.

Recommendation: Leaders should swiftly review and develop the curriculum so that it meets the needs of the whole population. They should implement an effective literacy and numeracy strategy and arrangements to record and recognise the development of women's skills and knowledge. This should be subject to comprehensive quality assurance and improvement processes that raise the standard of all the provision. (To the governor)

- 7.12 Key concern (1.44): Leaders and managers had not ensured that women were adequately prepared to study or find work on release. They did not receive enough effective information, advice and guidance or support to allow them to apply for education, employment or training

as part of their preparation for resettlement. Managers did not develop an appropriate curriculum using the data from women's destinations following release.

Recommendation: Leaders and managers should provide all women with suitable preparation before release, including effective information, advice and guidance so that they can make informed decisions about their futures. Information about women's destinations on release should be used to ensure that the curriculum is relevant to the needs of the population. (To the governor)

- 7.13 Key concern (1.45): Leaders and managers had not ensured that women had routine access to IT facilities and the virtual campus.

Recommendation: Leaders and managers should rapidly implement an appropriate IT strategy that allows all women to develop and practise their digital skills. (To the governor)

- 7.14 Key concern (1.46): A fifth of women were released from Foston Hall without accommodation. This was concerning, particularly given the risks and needs of so many of the women.

Recommendation: All women should be discharged into accommodation. (To HMPPS)

- 7.15 Key concern (1.47): Following recent changes to the national probation service, services to plan for women's release were much too fragmented and poorly coordinated. Communication between departments and with the women was weak. Only limited support was available to women on the day of release.

Recommendation: Release planning arrangements should be well coordinated across all relevant departments and agencies to make sure that all women being released are offered good resettlement support. (To the governor)

Recommendations

- 7.16 Recommendation (4.32): The local delivery board should review its terms of reference to make sure there is adequate oversight of health risks, including accessibility to appointments.
- 7.17 Recommendation (4.45): Prison officers should be aware of the expected date of delivery for pregnant women in their care. (Directed to the governor)
- 7.18 Recommendation (4.56): Patients with long-term conditions should have a care plan specific to their needs. (Directed to the governor)
- 7.19 Recommendation (4.57): All patients should have access to health care appointments in a timely manner. The protracted wait for a routine GP appointment should be resolved as a matter of urgency. (Directed to the governor)

- 7.20 Recommendation (4.66): All prison officers should be trained to identify when women should be referred for mental health assessment.
(Directed to the governor)
- 7.21 Recommendation (4.67): Patients requiring hospital care under the Mental Health Act should be transferred expeditiously. (Directed to the governor)
- 7.22 Recommendation (4.88): A pharmacist should be on site regularly to advise patients and clinicians and oversee the pharmacy service.
(Directed to the governor)

Section 8 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Women, particularly the most vulnerable, are held safely.

At the last inspection in 2019, support for new arrivals was reasonably good overall, but some further improvements were needed. In our survey, few women said they felt unsafe at the time of the inspection. Most violent incidents were minor, but formal support for victims was not sufficient. The incentives and earned privileges (IEP) scheme was not used effectively to manage poor behaviour. A small number of women with very complex needs received good support, but assessment, care in custody and teamwork (ACCT) case management for women at risk of suicide or self-harm was too variable. A dedicated senior practitioner social worker, employed by Derbyshire County Council, led the adult safeguarding provision, which was good. There was evidence to suggest that illicit drugs were available in the prison. The number of adjudications and incidents involving force was very high. Conditions in the segregation unit remained unsatisfactory. Services to help those with substance use problems were now good. Outcomes for women were reasonably good against this healthy prison test.

Recommendations

The initial reception interview for new women should be conducted in private so that sensitive matters are discussed confidentially. (1.11)

Not achieved

Investigations following a violent incident should be completed on time and effective support plans for victims and meaningful targets for perpetrators should be established. (1.19)

Not achieved

The IEP scheme should be reviewed and relaunched, and robust quality assurance processes implemented. (1.20)

Not achieved

A robust analysis of data should inform a strategic plan to reduce the large number of self-harm incidents. (1.28)

Not achieved

The prison's nominated safeguarding manager should attend the local adult safeguarding board. (1.34)

Achieved

Security objectives should be shared with the wider prison and monitored for effectiveness. (1.41)

Achieved

Women on external escorts should only have restraints applied if an individual assessment finds they pose a relevant risk. (1.42)

Not achieved

The prison should have more sophisticated drug detection equipment, such as X-ray machines. (1.43)

Not achieved

The prison should ensure all staff use body-worn cameras during any incidents involving force. (1.52)

Not achieved

The prison should use information gathered from reviews to inform individual handling plans for women with complex needs and only place such women in special accommodation in exceptional circumstances. (1.53)

Not achieved

Women should not be automatically segregated pending an adjudication. (1.58)

Not achieved

Respect

Women are treated with respect for their human dignity.

At the last inspection in 2019, the outside environment was excellent. Living conditions had improved but the application system was still poor. Staff-prisoner interactions remained positive and respectful. Equality and diversity work had been relaunched and looked promising. Faith provision was limited. The number of complaints was high, but analysis had improved. Health care had improved considerably, particularly the management of medication. The food and shop provision was reasonable overall. Outcomes for women were reasonably good against this healthy prison test.

Key recommendation

Management oversight, personal support and training should ensure that all wing staff provide women with day-to-day help that is proactive and effective, reflecting the principles of trauma-informed working. (S43)

Not achieved

Recommendations

The applications system should be confidential and responses and their timeliness should be monitored. (2.7)

Not achieved

Staff should apply wing rules consistently to ensure women are treated equitably. (2.11)

Not achieved

Diversity and equalities work should be given a higher priority across the prison, with each lead manager and department contributing to progress against the overall action plan. (2.14)

Not achieved

Interpretation services should always be used when required and usage should be recorded accurately. (2.25)

Not achieved

The chaplaincy provision should always meet the needs of the population in full. (2.30)

Not achieved

Cleaning schedules should be in place and monitored regularly to ensure the cleaning has been done and infection prevention standards are met. (2.49)

Achieved

All clinical staff should receive regular clinical supervision. (2.50)

Achieved

A prison-wide strategy should be established to support health and well-being, and it should include easy access to barrier protection. (2.51)

Not achieved

Health-related peer worker activities should not compromise patient confidentiality. (2.61)

Achieved

The environment in which medication is administered should ensure patient confidentiality. (2.71)

Not achieved

In-possession medication should not be provided in transparent bags. (2.72)

Achieved

Women should be able to cater for themselves. (2.95, repeated recommendation 2.101)

Not achieved

Purposeful activity

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

At the last inspection in 2019, time out of cell remained good for most and few women were locked in their cells during the working day. The overall effectiveness of learning and skills was good. The curriculum had been improved and now better met the needs of women. Teaching and learning were effective. There was an adequate number of activity places, but attendance required further improvement. Women's achievement of qualifications was high. The library was good, but access was too limited. Physical education (PE) provision was good and vocational qualifications were now offered. Outcomes for women were reasonably good against this healthy prison test.

Recommendations

Steps should be taken to ensure that education sessions are not routinely disrupted because of health or other appointments. (3.13)

Achieved

Tutors should provide all women with sufficiently challenging activities to keep them purposefully occupied during lessons. (3.27)

Achieved

Women should receive clear and constructive feedback to ensure that they know what they must do to improve their work. (3.28)

Achieved

Prison and college leaders should ensure that all women, including those with the most complex and challenging barriers to learning, participate in purposeful activity. (3.35)

Achieved

Prison managers should ensure that workshop staff record the range of employment skills that women develop during their time in custody. (3.40)

Not achieved

Library opening times should be increased to improve access. (3.45)

Not achieved

Resettlement

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

At the last inspection in 2019, strategic management of resettlement was adequate but the prison needed to explore the population's distinct needs. Offender management caseloads were reasonable. Offender supervisors' contact and involvement with higher-risk cases were good, but with lower-risk cases, this was less apparent. Support for the large proportion of indeterminate sentence women (ISPs) was limited. Public protection work was robust overall and the interdepartmental risk management team provided good oversight of higher-risk cases due for release. The community rehabilitation company provision had developed well and most resettlement pathway work was good. The planned introduction of digital technology to promote contact with family was impressive. Outcomes for women were reasonably good against this healthy prison test.

Recommendations

An updated needs analysis should be completed and should include OASys data. (4.5)

Achieved

ROTL should be promoted and used more extensively to support resettlement, including for employment. (4.6)

Not achieved

Pre-release risk management planning undertaken by the prison-based probation officer and the community-based offender manager should be more proactive and carried out more frequently. It should include a discussion about and agreement on required MAPPA management levels. (4.14)

Achieved

Indeterminate sentence women should receive better support through an up-to-date strategy based on their needs, including more opportunities to develop independent living skills. (4.20)

Not achieved

More women should have suitable and sustainable accommodation to go to and their housing situation should be monitored over the first three months following release. (4.38)

Not achieved

The number of women using the virtual campus to prepare for employment and training should be improved further. (4.41)

Not achieved

Data collection on women's destinations after release should be improved and used to measure and increase the effectiveness of the provision. (4.42)

Not achieved

Appendix I About our inspections and reports

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

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

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

Safety

Women, particularly the most vulnerable, are held safely.

Respect

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

Purposeful activity

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

Rehabilitation and release planning

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

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

Outcomes for women are good.

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

Outcomes for women are reasonably good.

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

Outcomes for women are not sufficiently good.

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

Outcomes for women are poor.

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

Our assessments might result in one of the following:

Key concerns and recommendations: identify the issues of most importance to improving outcomes for women and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of women.

Recommendations: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections.

Examples of notable positive practice: 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; surveys of women in prison and prison staff; discussions with women in prison; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

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

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

This report

This report provides a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for women in prison* (Version 2, 2021) (available on our website at <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/womens-prison-expectations/>). The reference numbers at the end of some recommendations indicate that they are repeated and provide the paragraph location of the previous recommendation in the last report. Section 7 lists all recommendations made in the report. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy chief inspector
Angus Jones	Team leader
Jonathan Tickner	Inspector
Caroline Wright	Inspector
Rebecca Stanbury	Inspector
Donna Ward	Inspector
Sumayyah Hassam	Inspector
Sally Lester	Offender management inspector
Alec Martin	Researcher
Joe Simmonds	Researcher
Helen Ranns	Researcher
Elenor Ben-Ari	Researcher
Sarah Goodwin	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Lynda Day	Care Quality Commission inspector
Nigel Bragg	Ofsted inspector
Steve Oliver-Watts	Ofsted inspector
Carolyn Punter	Ofsted inspector
Bev Ramsell	Ofsted inspector
Steve Hunsley	Ofsted inspector

Appendix II Glossary of terms

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/>

CAMEO

The CAMEO (Coping with complex needs, Aiming for a better understanding of self through Motivation to change, Engaging with others and Optimism for the future) personality disorder treatment service is designed for female offenders who have complex needs arising from pervasive psychological difficulties (which may meet the criteria for personality disorder), who have a high risk of re-offending, have at least two years remaining on their sentence and whose progression and safe release into the community is complicated by their personality difficulties.

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.

Listener

The Listener scheme is a peer-support scheme within prisons, which aims to reduce suicide and self-harm. Listeners are prisoners who provide confidential

emotional support to their peers who are struggling to cope or feeling suicidal. They are trained for the role by Samaritans volunteers.

Offender management in custody model

The offender management in custody (OMiC) model was rolled out across the women's estate on 30 April 2021. The model entails prison officers to undertake key work sessions and establish the role of prison offender manager (POM) to deliver case management.

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

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

Recovery plan

Recovery plans are published by HMPPS and aim to ensure consistency in decision-making by governors, by setting out the requirements that must be met for prisons to move from the most restricted regime (4) to the least (1) as they ease COVID-19 restrictions.

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).

Special purpose licence ROTL

Special purpose licence allows women to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

Time out of cell

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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