Report on an unannounced inspection of

HMP & YOI Foston Hall

by HM Chief Inspector of Prisons

13–30 January 2025

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Introduction

Foston Hall opened as a women’s prison in 1997. It is set in the grounds of an old country house but contains a mix of accommodation types with a capacity of just over 300 prisoners. At this inspection 295 women were resident, and the prison was fulfilling many functions, from the management of unconvicted and unsentenced individuals, to holding a significant minority serving very long sentences, including life. The nature and profile of those being held was changing, with a recent surge in the number of women subject to very short-term licence recall. This was impacting the number arriving and leaving, with consequences for the stability of the prison and prioritisation of resources.

When we last inspected in 2021, outcomes in safety were poor, which was unusual for a women’s prison. At this inspection, while safety outcomes were still not good enough, there had been some improvement with, for example, reasonable reception and induction arrangements, despite the rising number of new arrivals. Relationships between staff and prisoners remained inconsistent and women could not yet fully rely on staff, some of whom were uncaring and dismissive. We were, however, confident that leaders were attuned to this problem and were seeking to address it. Leaders also had a better focus on the risks of self-harm and there had been an encouraging fall in incidents, although the rate remained the third highest in the women’s estate. Staff were less likely to use restrictive measures against women in crisis, and there had been a welcome fall in the use of force and anti-rip clothing when responding to incidents.

Incidents of violence among prisoners were the highest in the women’s estate, but little was serious and violence against staff was falling. Use of force and segregation were also on an encouraging downward trajectory, although the segregation unit needed refurbishment or, better still, replacement. Drugs were too readily available, and the prison lacked vital tools to tackle their ingress.

Foston Hall continued to be a reasonably respectful prison. Work to support the maintenance of family ties was adequate, though lacking creativity or impetus. Partnership working between the prison and the health care provider was supporting reasonable health outcomes, while leaders had a better focus on promoting fair treatment, although this needed further development. The quality of accommodation varied greatly, and prisoner access to some basic amenities and services which supported daily living needed to be better. Weaknesses in systems to support redress, such as the applications process or the complaints procedure, were particularly concerning. Neither was working well, which, combined with the sometimes-indifferent staff-prisoner relationships, meant that women were too often frustrated at their inability to get basic things done.

The prison’s overall effectiveness was undermined further by the poor regime. Not enough purposeful activity was available, and the curriculum lacked ambition and was failing to meet need. Our colleagues in Ofsted judged overall provision to be ‘inadequate’, their lowest assessment. There had been some increase in the amount of time women spent unlocked and we saw some good outcomes in the gym and the library, but during the working day only about a third of women were doing anything purposeful off the wings. In contrast, work

to support the reduction of reoffending, public protection and preparation for release was more effective, although the prison was having to pivot its priorities towards supporting the needs of remanded and recalled women.

Overall, this is a mixed report about a prison that has a way to go before it can realise its full potential, but we did see some evidence of improvement. A new governor and deputy understood the challenges faced by the prison and had brought stability, notably to daily routines, while focusing on improving outcomes in key areas of delivery. Although staff were very inexperienced and needed more training and more consistent support from middle managers, the prison was much more accountable and capable than when we last inspected. Priorities included the need to re-energise the regime and ensure a more caring and attentive ethos.

Charlie Taylor
HM Chief Inspector of Prisons
April 2025

What needs to improve at HMP & YOI Foston Hall

During this inspection we identified six priority concerns and eight key concerns. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

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

Priority concerns

1. **Relationships between staff and women were too inconsistent, a feature of the considerable inexperience among the staff group.**

2. **Drugs were too easily available and the prison lacked a body scanner and enhanced gate security to prevent illicit substances from being smuggled into the prison.**

3. **The paper-based applications system did not work.** It was needlessly difficult for women to get simple things done.

4. **Clinical governance arrangements had not identified weaknesses in primary health care and medicines management, which created a risk to patient safety.**

5. **The curriculum for education, skills and work did not meet the needs of the population.** It did not align with local and national employment opportunities to ensure clear and appropriate pathways into employment or education.

6. **There was not enough support for the increasing number of women who were remanded or recalled.** They often had nothing constructive to do.

Key concerns

7. **Outcomes in segregation, health care and education were all affected by poor standards in, and the general age and decay of, the built environment.**

8. **The rate of violence and anti-social behaviour was high.**

9. **More than half of patients requiring transfer to hospital under the Mental Health Act waited over 28 days.** These acutely unwell women were usually held in the segregation unit, which was not fair on them or the staff. A few experienced degrading conditions.

10. **Some prisoners with protected characteristics experienced worse outcomes, and this was not always properly explored or rectified.** Some needs, particularly among disabled women and foreign national prisoners, went unmet.

11. **Women did not get effective, ongoing information, advice and guidance to direct them to the most appropriate learning and work activities.** They did not receive appropriate careers advice and guidance to help them make informed choices and succeed on release.

12. **The reading strategy did not meet the needs of emerging readers.**

13. **There was not a personal development curriculum that ensured women could keep themselves mentally and physically healthy and protect themselves from radicalisation and extremist views.**

14. **Support on the day of release was weak.** The departure lounge was underdeveloped, and Through the Gate support was inconsistent. Women were directed to a bus stop on the dual carriageway, which was uncaring.

About HMP & YOI Foston Hall

Task of the prison/establishment
Women's resettlement and local prison

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Women held at the time of inspection: 295
Baseline certified normal capacity: 290
In-use certified normal capacity: 290
Operational capacity: 314

Population of the prison
- There had been 1,172 new arrivals in the last 12 months.
- In 2024, 260 women had arrived at the prison on a 14-day fixed-term recall, nearly a quarter of all new receptions.
- About 70 women were referred for a mental health assessment each month.
- Around 55 women were released from the gate each month.

Prison status (public or private) and key providers
Public

Physical health provider: Practice Plus Group
Mental health provider: Practice Plus Group
Substance misuse treatment provider: NHS Inclusion
Dental health provider: Time for Teeth
Prison education framework provider: PeoplePlus
Escort contractor: GEOAmey

Prison group/Department
Women's estate

Prison Group Director
Carlene Dixon

Brief history
Foston Hall has been a women's prison since 1997. Two new wings had replaced older accommodation since the last inspection.

Short description of residential units
A Wing – a new wing consisting of 40 single cells on two storeys. It is the incentivised substance free living (ISFL) unit.
B Wing – a new wing consisting of 24 single cells on one storey.
C Wing – consists of 40 single cells.
D Wing – consists of 14 single and double cells.
E Wing – a small, enhanced unit with space for 11 women, contained within the walls of the main house.
F Wing – holds 63 women.
First night centre – holds 63 women.

T Wing – holds 54 women. Some cells have been adapted to meet social care needs.
Segregation unit

Name of governor and date in post
Michelle Quirke, October 2023

Changes of governor/director since the last inspection
Helen Clayton-Hoar, October 2020 to October 2023

Independent Monitoring Board chair
Julia Jackson

Date of last inspection
Independent review of progress, August 2022
Full unannounced inspection, October to November 2021

Section 1 Summary of key findings

Outcomes for women in prison

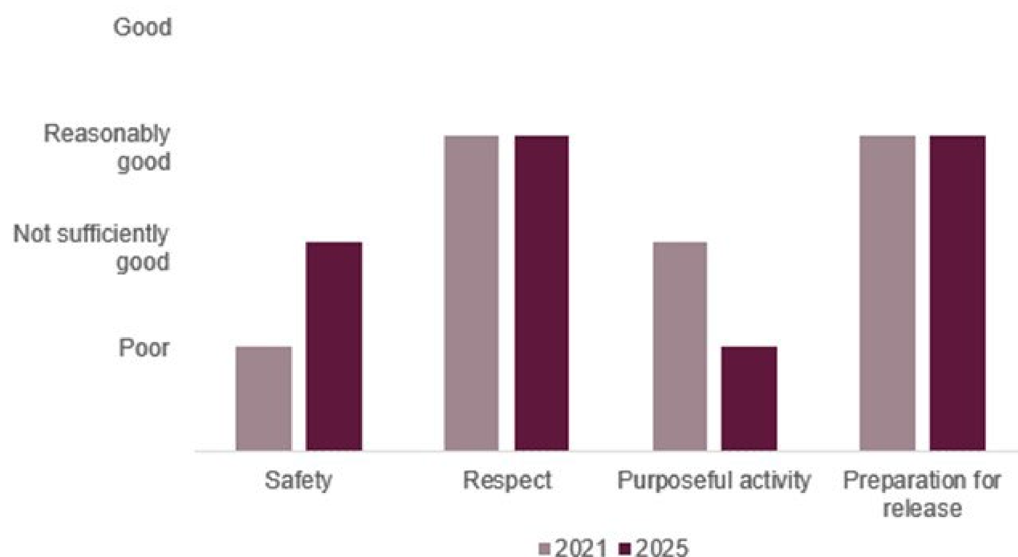
1.1 We assess outcomes for women in prison against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of HMP & YOI Foston Hall, we found that outcomes for women were:

- Not sufficiently good for safety
- Reasonably good for respect
- Poor for purposeful activity
- Reasonably good for preparation for release.

1.3 We last inspected HMP & YOI Foston Hall in 2021. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP & YOI Foston Hall healthy prison outcomes 2021 and 2025



Progress on key concerns and recommendations from the full inspection

1.4 At our last full inspection in 2021 we made 22 recommendations. The prison fully accepted 18 of the recommendations and partially (or subject to resources) accepted four.

1.5 At this inspection we found that seven of our recommendations had been achieved, seven had been partially achieved and eight had not been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

> Evidence of our expectations being met to deliver particularly good outcomes for prisoners, and/or particularly original or creative approaches to problem solving.

1.7 Inspectors found six examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice		
a)	Women had the opportunity to cook a meal with their family or friends in the family bonding unit, which replicated life in the community.	See paragraph 4.1
b)	Women needing social care got exemplary support, characterised by strong partnership working, effective oversight, preparedness and compassionate care.	See paragraph 4.64
c)	Pregnant women had excellent multi-professional midwifery care plans that recognised the woman's previous experiences. This helped clinicians to plan carefully and avoid further trauma during pregnancy and birth.	See paragraph 4.41
d)	The Bereavement Journey, a six-session programme run by the chaplaincy, provided excellent support for women experiencing grief.	See paragraph 4.89 and 6.17
e)	Women could take part in a range of incentivised challenges in the gym to get fit, earn phone credit and have their achievement recognised with a certificate.	See paragraph 5.6
f)	The Great Foston Reading Challenge was an excellent incentive that encouraged readers at all levels to read several books and complete puzzles. On completing the challenge, women received a certificate, prize and positive case note on their prison record.	See paragraph 5.8

Section 2 Leadership

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

2.1 Good leadership helps to drive improvement and should result in better outcomes for women in prison. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 There had been progress in stabilising the prison since the last inspection. A new governor had started in 2023 and her deputy had joined only recently, but they were already very well aligned. Almost everybody we interviewed spoke highly of their personal qualities and positive impact. Both brought valuable experience of the women's estate and had sensibly taken time to observe day-to-day practice before making any significant changes.

2.3 Fresh faces, such as the head of safer custody, drug strategy lead and deputy governor, had helped focus a critical eye on some longstanding problems that had dogged Foston Hall. Since the last inspection, leaders, including the previous governor, had driven through some important but difficult changes to deliver a more reliable regime and better staffing. This included ending an unhelpful self-rostering system for uniformed colleagues. On paper, the prison was now fully staffed, and the rate of resignations had declined, but absence and sickness still affected the day-to-day regime.

2.4 The governor had identified key weaknesses and set appropriate priorities in her self-assessment report, for example reducing the high levels of violence. Realistic plans were in place in many areas, but there was still a long distance to travel. For instance, although leaders had identified critical weaknesses in purposeful activity and improved partnership working with the education provider, the outcomes remained poor. It was also disappointing to find that, despite a much firmer grip from leaders overall, nobody had, for example, devised a working applications process. Leaders had also failed to realise the full potential of some new and otherwise creative initiatives, such as the departure lounge, intended to better aid women at their release.

2.5 The governor had a clear vision to improve staff well-being, which, it was hoped, would then begin to translate into better outcomes for women. She led by example and recognised achievement. We heard numerous examples of her congratulating new officers at the end of their probationary periods, meeting women when they completed programmes and presenting her staff with thoughtful gifts. Staff morale was much better than in 2021.

2.6 There remained considerable inexperience among staff across all uniformed grades. Extra mentoring had been put in place to upskill and retain new officers, but gaps persisted. For example, only a quarter of staff had completed the prison's mental health awareness training. This was concerning, given the high levels of need among the population. A business case for help from the standards coaching team had yet to be approved, and Foston Hall had yet to benefit from the impressive psychologically-informed Behind the Behaviour training we recently saw at Styal.

2.7 There was not always enough support from middle managers on the busier wings and some middle management roles were filled temporarily or vacant. For example, F wing had no supervising officer or custodial manager on duty during the inspection, despite it being one of the busiest units. There were different, inconsistent approaches across the wings, something leaders had identified but which continued to frustrate women. Some negative attitudes persisted among staff, despite the strenuous efforts of the governor and her deputy to hold staff accountable and deal with any poor behaviour.

2.8 Some members of the senior leadership team also lacked experience. However, they were being supported to develop, and there was clearly more enthusiasm to deliver good outcomes than we found last time. Leaders evidently knew the women well and were working hard to develop their use of data.

2.9 The critical failings in safety that we found at the last inspection had received a concerted response, although this progress was yet to be reflected in improved outcomes. The new head of safer custody was impressive and had a much better grip on the issues. However, some wider problems, including the lack of purposeful activity or a functioning application system, were undermining her efforts.

2.10 Other leaders were equally impressive. For example, the senior probation officers were running one of the best offender management units (OMUs) we have visited recently. Nonetheless, the population had changed since the last inspection and the OMU only supported about 60% of the population. Leaders had not managed to put in place enough other support for the increased number of remanded and recalled women.

2.11 A residual issue facing leaders was the need for more investment at the prison. Two new residential units had been built, but the infrastructure needed improvement; especially facilities to support health, education and segregation. The lack of somewhere suitable to hold the most acutely mentally unwell women sent to the prison was a problem. Added to this was a lack of technology, either to support security or to better improve communication with women through a measure such as better in-cell IT.

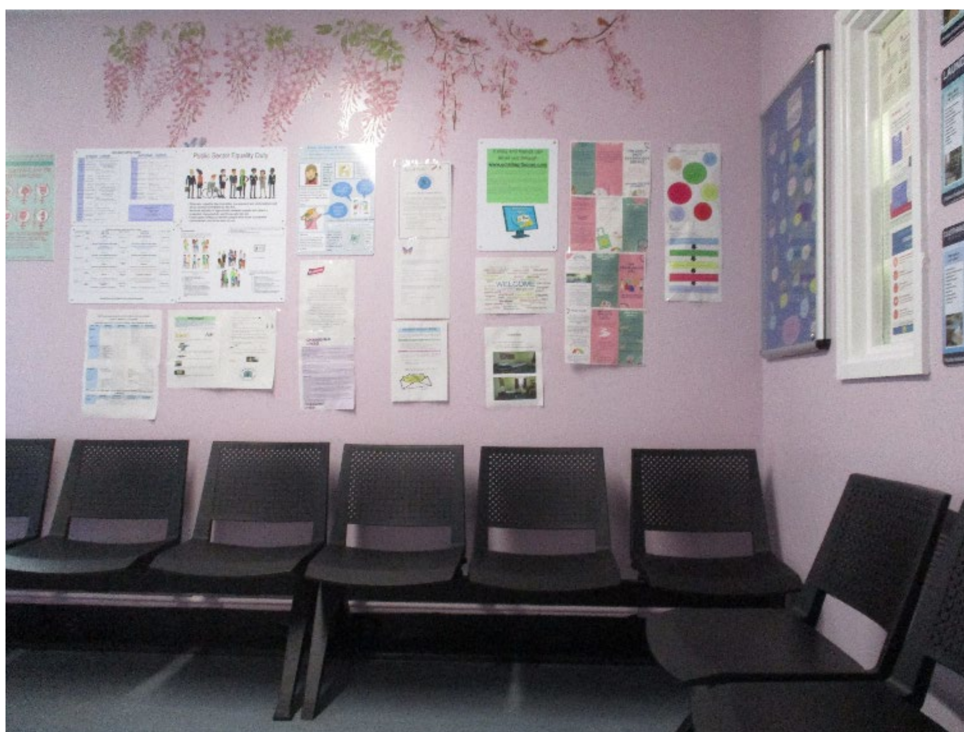
Section 3 Safety

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 arrivals had risen by about 50% since the last inspection, which presented a huge challenge. Reception, which was attached to the first night centre, was small and busy but the staff were approachable and reassuring. A small group of peer workers provided useful support for women throughout reception, first night and induction. Women were searched respectfully and saw a nurse in private for a health assessment. The holding room where women waited had useful information on the wall and the door was always left open.



Waiting room in reception

3.2 Some new arrivals arrived at the prison after 7pm, which was too late, as it reduced the time they had to settle in before being locked up. But peer workers remained in reception to provide reassurance and information until all women had completed the reception process.

3.3 Reception staff paid good attention to women's concerns during initial safety interviews. However, these interviews lacked privacy, which potentially discouraged women from disclosing important information. We saw evidence of staff responding promptly to concerns raised by new arrivals, for example checking that children were being cared for and that arrangements for pets had been made.

3.4 Supervising officers funded by the Early Days Service had been introduced since the last inspection. They focused on gathering information about women's risks and vulnerabilities from a range of sources. Their role also enabled better sharing of information within the prison and they made prompt referrals to relevant support services.

3.5 While in reception women were offered hot food and drinks and given clean clothes and credit for a phone call when they got to their cell. Women were offered repayable advances so that they could buy vapes and other items from the reception tuck shop. This sensible initiative had been introduced since the last inspection and aimed to stop women needing to borrow from their peers and getting into debt.

3.6 Cells at the first night centre were adequately furnished, equipped with the basics that new arrivals needed and had in-cell showers. Peer workers helped women to settle in, and a first night officer answered questions. Women were checked every 30 minutes during their first night.

First night centre cell prepared for a new arrival

3.7 The next day, new arrivals could attend a coffee morning led by peer workers with an officer present. The induction programme had been expanded since the last inspection and now included sessions with different prison departments. However, in our survey, only 48% of

women who had undergone induction said that it covered everything they needed to know. Some prisoners told us that they learned about prison life from other women instead.

3.8 Applications had not been collected from the post box at the first night centre for at least two weeks when we inspected (see also paragraphs 4.9 and 4.10). This was a critical oversight, given how many basic tasks need to be completed on arrival, such as approving the phone numbers of family and friends. When we asked staff to unlock the post box, which was overflowing, we found about 150 unanswered applications. Many women who had submitted these applications had already moved on to other wings. Frustrated by this breakdown in the system, women often congregated by the office door asking officers for help.

Pile of applications taken out of the post box on the first night centre during the inspection

3.9 The regime at the first night centre was not as good as the rest of the prison. For example, women did not have any evening association, the wing was often noisy and most women, including many recalled to custody for just 14 days, had very little to do. Professional interpreting services were not routinely used to make women who did not speak English as their first language feel safe and understood (see also paragraph 4.83).

3.10 New arrivals were referred to the Women's Estate Psychology Service (WEPS) for inclusion on the Hope programme (see Glossary), which helped women find ways to cope with life in custody and feel safer. The programme had been delivered jointly by a prison offender manager (POM) and a psychologist to over 130 women in the last 18 months.

The women we spoke to were extremely positive about it (see also paragraphs 3.13, 6.3 and 6.20).

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 Since our last inspection, staffing levels had improved and fewer women were locked up during the day (see also paragraphs 2.3 and 5.1). Morale was higher. Staff at all levels had a good knowledge of the women in their care and officers were more easily available to women. Survey results were very similar to comparator prisons: 83% of women said they had a member of staff they could turn to if they had a problem and 72% said that staff treated them with respect.

3.12 Nonetheless, relationships between staff and women were much too variable. While we observed numerous examples of very helpful and caring interactions between prisoners and some patient and compassionate staff, we also witnessed some stark and worrying examples of impatient staff being abrupt and rude, and reacting disproportionately. For example, inexperienced staff on one of the busiest wings slammed the office door on a woman asking for help for her friend, and in another instance a woman currently at risk of suicide and self-harm was taken away while she was calmly trying to speak to an inspector and locked in her cell for wearing bedclothes in the corridor.

3.13 There were inexperienced staff across all uniformed grades, and many officers had less than two years in service (see also paragraph 2.6). In the absence of a functioning applications system, the inability of some staff to respond sympathetically to women's behaviour and provide them with satisfactory answers to their questions was sometimes evident (see also paragraph 4.10). Leaders recognised some of these deficiencies, but more support was needed. Only a quarter of staff had received mental health awareness training at Foston Hall. A business case to bring in the standards coaching team had not yet been approved and the Behind the Behaviour package devised by WEPS that was working so well at Styal had yet to be introduced.

3.14 Key work arrangements were in place. The most complex women saw a POM and got very good support. Most other women saw an officer. These sessions were, however, not frequent enough and were often just basic welfare checks. Nonetheless, it was good to see that women met the same officer each time, as this ensured continuity and meant

that they did not have to repeat their concerns (see also paragraph 6.17).

3.15 In our survey, 81% of women said that the support offered by other prisoners was good. Peer workers were used well and able to move easily around the site (see also paragraph 3.52). However, there were some missed opportunities for more peer worker positions, such as health champions (see also paragraph 4.35).

Reducing self-harm and preventing suicide

3.16 Foston Hall held a very challenging population. The number of arrivals had increased by 50% since the 2021 inspection (see also paragraph 3.1), and in the past year, 19 women had been so acutely mentally unwell that they needed to be transferred to a secure hospital. At least 45% of new arrivals had a recorded history of self-harm and in our survey three-quarters of women said they had mental health problems.

3.17 The rate of self-harm had reduced compared to the last inspection but in 2024 it was still the third highest in the women's estate; there had been 1,450 incidents in 12 months.

3.18 Since the last inspection, leaders focused much more on reducing self-harm, and had appointed a very engaged head of safety. They had the right priorities and had established better processes for targeting care. For example, they had introduced the Hope programme for new arrivals, because a high proportion of self-harm happened in the early days (see also paragraph 3.10). However, some fundamental problems undermined the head of safety's efforts. There was currently too little purposeful activity to keep the population engaged and distracted. Women remained very frustrated about how hard it was to get simple things done, because the applications system did not work (see also paragraph 4.10 and 5.10).

3.19 Leaders had sought to develop their insight into the causes of self-harm and a recent safety summit had been useful. However, attendance at the monthly safety strategic meetings was sparse, which limited opportunities for joint working between departments.

3.20 In the past 12 months, 23 prisoners had contributed to 85% of all self-harm incidents. These complex women were given multidisciplinary support. Many were overseen by a member of the senior leadership team, and when we spoke to them, they were generally positive about their care.

3.21 However, 133 individuals in total had harmed themselves in the past year and proportionately this was the largest such group in the women's estate. The range of support available to this much larger group of other women was more limited, although the animal sanctuary, gym and library benefited those women who accessed them. The chaplaincy provided some excellent help, including a very good course to help bereaved women (see also paragraph 4.89).

3.22 The Listener scheme was not working well. At the time of the inspection, there were only two Listeners and women in crisis could only access them for a few hours, three times a week. Since the last inspection, leaders had continually struggled to run a full service, but there were firm plans in place to train a new cohort of volunteers. Safety peer workers were well supervised. They compensated slightly for this gap by providing support to women, particularly those in their early days.

3.23 The quality of support documented in Assessment, Care in Custody and Teamwork (ACCT) documents was reasonably good. However, in our survey only a third of women who thought about harming themselves said they felt cared for by staff. While mental health staff attended all case reviews, few staff from other departments in the prison ever attended. It was positive to see an example where prison leaders had enabled a woman's family to attend case reviews remotely.

3.24 Leaders had paid very good attention to reducing the use of force and anti-ligature clothing to prevent self-harm. These measures were now used less often, and governance had improved (see also paragraph 3.46). Anti-ligature clothing had been used 55 times but for just two prisoners in the previous year, a significant reduction compared with the last inspection.

3.25 Constant supervision facilities were very tired and did not promote recovery. Staff were not always provided with a sufficient handover so that they could fully understand a prisoner's risk to themselves.

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

3.26 There had been one self-inflicted death since the last inspection. This had happened just before our visit, so the Prison and Probation Ombudsman had yet to complete its independent investigation.

3.27 The prison's own investigations into attempts by women to take their own lives were not always thorough enough or supportive of learning. There had been four incidents in the past year where recommendations were made but it was not always clear how progress was reviewed.

Protecting women, including those at risk of abuse or neglect

3.28 Leaders focused on women's vulnerabilities. They paid particularly good attention to these issues when women arrived in custody. It was reassuring that 26 referrals had been received from staff across the prison in the last year. However, some staff we spoke to were not confident about what to look out for when considering potential risks and need for a referral. It was positive that leaders had begun to deliver face-to-face training.

3.29 Leaders had links with the local safeguarding adults board. Positively, a social worker attended an internal monthly safeguarding meeting where referrals were discussed.

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

3.30 In our survey, 21% of women said they currently felt unsafe. The rate of violence among prisoners was the highest in the female estate in 2024 and there was a considerable amount of antisocial behaviour, including bullying. However, little of the violence between women was serious and there were some encouraging signs of improvement towards the end of the year, when incidents had started to decrease. Violence against staff had reduced considerably.

3.31 Leaders recognised that reducing violence was a priority. They had held a safety summit with staff and women to better understand the causes and were developing a multidisciplinary action plan. Some of the reasons given for violent incidents were the easy availability of drugs (see also paragraph 3.50), debt, and poor mental health. Women also felt that processes were applied inconsistently, and it was much too hard to get simple things done (see applications). During the inspection, we also saw many women unlocked with nothing purposeful to do because workshops were closed and there were too few spaces in education (see also paragraph 5.2).

3.32 There was a clear drive to upskill staff to better deal with prisoners' concerns, deliver a consistent approach across all wings and meet women's needs without unnecessary delays, but it was early days and many officers lacked experience (see also paragraphs 3.12 and 3.13).

3.33 The newly energised safety team engaged well with other departments and women. They gathered a good range of data and were improving the way they analysed and used data to try to address the issues the prison faced. They led the monthly strategic safety meetings and weekly safety intervention meetings (SIM), which considered relevant issues. Discussions reflected a good knowledge of the individuals involved in violence and other challenging behaviour. However, these meetings were not always well attended, particularly by the staff and managers responsible for residential areas.

3.34 Challenge, support and intervention plans (CSIP) were used frequently. But they rarely included targets that would help women to change their behaviours and did not make use of the interventions offered by the prison. The quality of plans was hugely variable and most lacked multidisciplinary input. Most women who had been subject to a CSIP told us they got no benefit from it. Staff we spoke to were unaware of women's individual targets and could not say how they might support a prisoner to improve their behaviour. Leaders had recognised these

shortfalls and some very recent examples of CSIPs for both perpetrators and victims showed early signs of improvement.

3.35 Overall, a reasonable range of interventions were available to help women think about their behaviour (see also paragraphs 6.15 and 6.16). Women who had engaged with an intervention such as CAMEO (see Glossary) told us that it helped them to better understand and regulate their emotions and behaviour. The lack of a mediation service was, however, a notable barrier to reducing violence.

3.36 The overall approach to promoting positive behaviour on wings lacked creativity and relied heavily on a very traditional incentives scheme. Smaller, more imaginative schemes that encouraged good behaviour were available in the gym and library but were not used more widely (see paragraphs 5.5 to 5.8).

3.37 Women told us that the current incentives scheme provided little benefit. Some wings were better and more valued; for example, they offered self-catering opportunities for enhanced prisoners or those engaged with substance misuse services. But waiting lists were often long. New arrivals had to wait at least 12 weeks before they could access any of the perceived benefits of being an enhanced prisoner. This was far too long for the many who were recalled, on remand or serving very short sentences.

3.38 Women were only placed on the basic regime for a week, but it was punitive and involved the removal of television, less time unlocked and limited access to money, which could further exacerbate debt. Some women with particularly challenging behaviour experienced this regime multiple times without getting the support they needed to address the reasons for their repeated behaviours. Targets to gain more privileges were perfunctory and did little to help women behave better.

Adjudications

3.39 There were over 1,500 adjudications in 2024, which was high compared with similar prisons and higher than at the last inspection. A minority of women repeatedly faced charges for poor behaviour but received only limited support to help them change (see also paragraph 3.34). Staff were not always aware of, or encouraged to use, alternatives to formal adjudications.

3.40 Almost a quarter of charges were dismissed or not proceeded with, although this was generally for legitimate reasons, such as a lack of evidence. At the time of the inspection, relatively few cases were outstanding and none had been adjourned for excessive periods. A 'crime clinic' with the police had recently been introduced to provide better oversight of the more serious cases referred for investigation.

3.41 Hearings were timely and allowed for appropriate adjournments, including access to legal advice, but records showed that adjudicators did not always fully explore the reasons for a woman's behaviour before a finding of guilt. Some punishments appeared harsh. Women

were frequently confined to their cells, with hardly any use of less punitive measures, such as cautions. However, plans to introduce more constructive community payback awards were well advanced. It was also positive to see that the deputy governor had introduced robust quality assurance which should promote further improvement and proportionality.

Segregation

3.42 The use of segregation had reduced since the last inspection and the practice of segregating prisoners on wings had ceased. While most stays in the segregation unit were relatively short, a minority of women were segregated for much longer periods. The unit was not used as a location of last resort for women at risk of suicide or self-harm, and defensible decision logs did not always set out adequate justification.

3.43 In the absence of any other suitable location, the unit continued to be used to hold some acutely mentally unwell women, including those waiting for a secure hospital bed. This was unfair on the women and the staff required to support them. A small number of these women had experienced degrading conditions because they were so unwell and the help staff could offer was limited; for example, one woman had been naked for days at a time (see also paragraph 4.61).

3.44 The unit was cramped and unsuitable and needed replacing. Nonetheless, it was good to see that staff had made some improvements to the environment since the last inspection. Cells were now clean, thoughtfully decorated with attractive stencils, free from graffiti and well prepared. The communal environment was much brighter. However, the exercise yard remained austere.

Segregation unit cell (left) and the segregation exercise yard

3.45 The regime on the unit had improved slightly since 2021 but remained uninspiring. Most women were locked up for at least 22 hours a day. Access to showers and time in the fresh air was offered reliably. Prisoners were generally provided with a radio, books, and other distraction materials, but most complained that they were bored. We were told that some women could have a television, visit the animal sanctuary or go to the gym, but there was little evidence of this happening with any regularity. Despite weak reintegration planning, most prisoners returned to live on the wings.

Use of force

3.46 The rate of use of force had reduced since the last inspection and was now lower than most similar prisons. Force was mostly used when women refused to follow instructions but less so to prevent self-harm. In 2024, nine prisoners with complex needs had accounted for 44% of all incidents.

3.47 Oversight of the use of force was very good. Most staff carried body-worn video cameras and these were used well to capture events and the lead-up to them. All incidents were triaged, and a sample were reviewed at a weekly meeting attended by the deputy governor. The use of data was developing, and data was scrutinised at a monthly meeting.

3.48 In the incidents we reviewed, paperwork typically set out adequate justification for the use of force. In the footage we looked at, staff were very patient when trying to avoid restraint. Many incidents involved only low-level force and were de-escalated well. Very few incidents resulted in full and prolonged restraint. However, there was high use of rigid bar handcuffs, some of which appeared unnecessary.

3.49 It was very good to see that women were routinely subject to welfare checks following any use of force. They were also routinely debriefed by staff to help them consider how they might avoid restraint in future. This represented notable positive practice.

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.

3.50 The rate of random positive drug tests had averaged around 18% in 2024, which was the second highest in the women's estate. In our survey, 42% of respondents said it was easy to get hold of illicit drugs and 50% said it was easy to get hold of medication not prescribed for them. The availability of drugs was a recognised concern and was taken seriously by local leaders, but they needed more funding for a body scanner and enhanced gate security to help them tackle this threat. Reception was currently believed to be the main route for drugs to enter the prison.

3.51 A good range of drug testing was happening to both understand and better address the use of illicit substances, but suspicion testing only yielded a 38% positive rate, which was low. Frequent testing and risk testing were also in place, which we rarely see. A good range of support was offered to reduce demand and help women address their drug misuse. This included an excellent ISFL unit (see also paragraph 4.70).

3.52 Security arrangements were sensible and supported women's access to activities and other services around the site. It was positive that leaders were developing a better alternative to the current cumbersome system of issuing movement slips.

3.53 Appropriate security objectives were derived from over 10,000 intelligence reports submitted in 2024. However, it was disappointing that few staff we spoke to were aware of them. Intelligence reports were generally processed appropriately and most were acted on quickly. All searching, including strip searching, was intelligence-led, but finds of illicit items were relatively rare.

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 Some aspects of provision were excellent. Prisoners could apply for a six-hour visit in the family bonding unit, which had a kitchen, lounge, and outdoor space and where family and friends could cook a meal together. These visits were notable positive practice and modelled life in the community. Women told us they really valued the experience.

4.2 There were two pregnancy, mother, and baby liaison officers, who saw all women on arrival and worked closely with the midwife to provide excellent support for pregnant women and those who had recently had a baby (see also paragraph 4.40). Birth Companions, a charity, visited the prison regularly and provided both individual and group support.

4.3 PACT (Prison Advice and Care Trust) offered two family engagement workers, who gave good support to help women develop links with their children and families. They also worked closely with local authorities and social workers when needed. The team used video technology to give women the opportunity to take part in social services reviews and attend family courts. It was good to see that the private family bonding unit was used for upsetting events, such as adoption visits. A PACT family resettlement worker (part of a pilot scheme in women's prisons) helped women who were in the last 12 weeks of their sentence to prepare for release by connecting them with community services and giving them financial support through welfare grants (see also paragraph 6.25). They also stayed in touch with women after release for the first few weeks.

4.4 However, the prison lacked some of the more creative approaches we have seen elsewhere; for example, there were no parenting skills or relationship courses and no routine use of video calling to help women engage with their children's education or attend parents' evenings. Only 10 women had completed a Storybook Mums recording for their child in the last year, which was very disappointing. There was no use of release on temporary licence (ROTL) to help women serving longer sentences maintain family ties (see also paragraph 6.22).

4.5 Social visits needed much more attention. They were available on two weekday afternoons and in the morning and afternoon at weekends, but only about half of social visits and a third of video visits sessions were used regularly. Family and friends had to travel long distances but facilities in the visitor centre were poor. There was no running water and nowhere to buy a drink. The toilet area had been out of use for about six months. A temporary chemical toilet was in place, but we were told it was only cleaned once a week. For reasons nobody could explain, all visitors had to remove coats and other overgarments before entering the prison, and we saw some having to wait in the cold in just a T-shirt. The visits hall was small, with limited space for children to play, but it was good to see boxes of toys in the waiting area that children could take into the visit. During the inspection, visits started late. Both staff and prisoners told us that this often happened.

Boxes of toys in the visits hall waiting area

4.6 Themed family days were held regularly and were popular with women and their families. About 15% of women had not received any visits since arriving at the prison and leaders had introduced regular events for them in the visits hall, which was very good to see.

4.7 Women continued to benefit greatly from easy access to in-cell phones, but there were delays in distributing emails received from women's families and friends.

Living in the prison community

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

Consultation and support within the prison community

4.8 The prisoner council was attended by senior leaders and was well organised, enabling a constructive dialogue between women and those running the prison. However, women's confidence in the council to generate change was low. Follow-up actions were slow, and any outcomes resulting from consultation were not well promoted across the prison community. Not every wing was represented at meetings.

Applications

4.9 The paper-based applications system still did not function. At best, only about a quarter of women got a timely response to their applications. Boxes were not routinely emptied. During the inspection, we found a post box in the first night centre that had not been emptied for at least two weeks. It contained about 150 unread applications, which was totally unacceptable (see also paragraph 3.8).

4.10 The breakdown of the applications system caused women immense frustration and undermined outcomes in other areas, such as safety. It meant that many prisoners' basic needs were not being met and simple requests were not being dealt with. For example, many women told us they could not access their stored property. Throughout the inspection we saw women repeatedly approaching staff in wing offices seeking to resolve their issues.

Complaints

4.11 Throughout 2024, there had been an overall increase in the number of complaints submitted. In our survey, only 24% of women who had made a complaint said that it had been dealt with within seven days and only 40% said that it had been dealt with fairly.

4.12 Complaints data was monitored and analysed each month and reviewed by leaders. There was also an assurance process to review the quality of complaints, which reiterated guidance when standards weren't met. The new deputy governor was robustly addressing the rise in complaints against staff.

4.13 However, despite these efforts, the quality of responses we checked was much too variable. A considerable proportion did not investigate the complaint thoroughly or impartially, and some responses were not presented professionally or compassionately.

Legal rights

4.14 There were adequate facilities and sessions available for women to meet with their legal representatives in private, either face-to-face or through video calling. Up-to-date legal texts were available in the library. Guidance was in place for staff on handling legal mail appropriately, but in our survey, over two-thirds of women reported that their mail was opened without them being present. More work was needed to understand this perception.

Living conditions

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

4.15 It was not easy for women to care for themselves and their appearance. They could not book a haircut, as the salon had been closed for several years due to staffing issues. One woman serving life told us she had only had three haircuts in 12 years. Women were not always allowed to include their underwear in a weekly machine wash.

4.16 The standard and design of accommodation varied greatly. Two new wings had been built since the last inspection, which was a big improvement. A wing was used as the ISFL unit and included self-catering facilities and single ensuite rooms with prisoner-controlled heating and cooling systems. B wing consisted of modern single ensuite cells for enhanced prisoners. These wings were excellent, and both were highly valued by women.

A wing (left) and B wing

4.17 The rest of the wings, although clean, were tired. Positively, the number of single cells had been increased and three-person dormitories had been removed. Cells were generally well furnished, although some women complained of a lack of storage space. It was good to see that some longer-term prisoners were allowed to keep pet budgies in their cells, which supported good mental health.

Budgies belonging to a woman on E wing

4.18 There were far too many outstanding long-term repairs on the older wings, and progress was much too slow. For example, some refurbished showers had never been opened because of ongoing concerns about legionella. A tumble dryer was constantly out of action because parts repeatedly failed, and staff were not able to simply buy a new one.

4.19 The grounds and outdoor areas were well maintained, and the presence of roaming ducks and peacocks created a pleasant environment. Some attractive murals had been added, which also improved the way that the prison felt.

Mural on the first night centre

4.20 In our prisoner survey, only 40% of women said that their cell call bell was normally answered within five minutes, and women complained to us about response times, particularly on the busier wings. Our own test evidenced this. Data on response times was not being monitored and analysed by leaders to drive improvement.

4.21 In our survey, only 33% of women said that they got enough to eat. The combination of a cold evening meal at weekends and on Tuesdays and small breakfast packs sometimes left women hungry. Mealtimes were well managed and wing servery workers wore appropriate protective clothing, but the distribution of second helpings was sometimes unfair.

4.22 Although some wings had communal eating areas and A and E wings offered some self-catering facilities, in general there were not enough opportunities for women to cook for themselves or dine together. The main kitchen was clean and five hot meal options were provided daily, including a halal and vegetarian option. Food temperatures were not always recorded by servery workers.

4.23 Low wages, often of only about £10 per week, made high canteen prices increasingly unaffordable. For example, a vaping pack cost nearly £3. Women could access a weekly canteen order, a charity shop, and a range of catalogues, and these generally met their needs. Some beauty items for black and ethnic minority women were only available from a monthly catalogue, which disadvantaged these women. Canteen orders were sometimes handed out in the communal areas, increasing the risk of bullying.

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.

4.24 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 a breach of regulations and issued a request for an action plan/s following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

4.25 The working relationship between the prison and health care had significantly improved since the last inspection. Strategic oversight was maintained at the quarterly partnership board meetings. However, weaknesses in primary care and medicines management had not been identified.

4.26 The local quality delivery board met regularly, and we were advised that its current terms of reference were being reviewed. This was to ensure that the meeting recognised the impact of the steep rise in the numbers of arrivals and releases and continued to provide oversight of the health services.

4.27 A rapid update to the health and social care needs assessment took place in March 2024. Leaders had addressed some of the recommendations; however, it was notable that no progress had been made on a review of mental health care.

4.28 Health care staff knew women well. Mandatory staff training was up-to-date, and all staff received appropriate supervision. There had been a period of significant recruitment to vacancies in primary care and regular agency staff had covered any gaps. There were vacancies in some leadership roles, which reduced clinical oversight of the service.

4.29 As at our last inspection, health care facilities were very cramped and unsuitable, which made it difficult for staff to deliver services efficiently. For example, there were no rooms for confidential mental health appointments in the health centre.

4.30 All staff used SystmOne, a single NHS standard electronic medical record for patients. Most entries met the standards for record keeping, but there was excessive use of acronyms, which posed a risk to patient safety. The specialist midwife made separate entries about women's appointments on SystmOne and in the Trust community midwifery care record, which was a potential risk.

4.31 Staff, including the pharmacy technicians and health care assistants, had completed mandatory life support training. This was good practice. Ambulances were called promptly when staff used an emergency code. Emergency resuscitation equipment checks were not fully effective. Some medications did not have an appropriate expiry date, and this had not been identified.

4.32 A recent infection prevention audit had identified a number of issues to be addressed. An action plan was in place but not all the necessary work had been completed.

4.33 On some wings, no health care complaints or application forms were available. Responses to health care complaints were respectful and addressed specific concerns, but were not always written in plain English.

Promoting health and well-being

4.34 Health promotion materials were visible across the prison and followed the national calendar. All the posters were in English only, but health services had access to a telephone interpreting service for appointments with non-English speakers.

4.35 There was no patient engagement lead and health forums had not taken place. Furthermore, there were no trained peer worker ‘health champions’.

4.36 Patients were offered the full range of NHS prevention screening programmes. The specific screening needs of transgender patients were addressed, which was good practice.

4.37 All new arrivals were offered a test for blood-borne viruses, including hepatitis B and C. 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 approach was highly effective and ensured that treatment was prompt.

4.38 Patients’ take-up of vaccines that were missed during childhood was good, but take-up of the COVID-19 and flu vaccines was poor. There were plans in place to promote the take-up of vaccines, but at the time of the inspection, this was a gap in provision.

Sexual and reproductive health (including mother and baby units)

4.39 Women were offered screening for their sexual health and reproductive needs on arrival. There was a sexual health lead, and women were offered treatments for sexually transmitted disease, together with confidential advice and contraception. Where necessary, women were referred to specialist local providers for assessment and treatment.

4.40 A rapid health needs assessment had identified an increase in the number of pregnant women in the prison, which had resulted in the midwife becoming a full-time role. Pregnant women received excellent

support from an enthusiastic and committed midwife, who was part of a specialist team of community midwives. The local midwifery team prepared mothers to give birth and provided birthing plans and separation packs. Women were accompanied to hospital antenatal appointments, as well as during the birth and through the post-natal period.

4.41 Multi-professional midwifery care plans were notable positive practice. The plans detailed the clinical care from each service and recognised the woman's previous experiences, which helped clinicians to plan carefully and avoid further trauma during pregnancy and birth.

4.42 There was no mother and baby unit (MBU). Women in labour were transferred to hospital for the birth, and where possible, the new mother and her baby were transferred to a prison with an MBU. Women who were separated from their baby were supported by the midwife and the prison pregnancy, mother, and baby liaison officers.

4.43 The midwife liaised with the lead GP and a local nurse specialist to ensure that pregnant women who misused substances were helped to detoxify. Two prison officers with appropriate training worked closely with the midwife to support these women.

4.44 The Birth Companions charity supported women during pregnancy and when they were separated from their babies. Women had access to support and counselling that reflected national guidance on support with miscarriage and bereavement.

4.45 There was no waiting list for cervical screening and women were encouraged to attend. If any abnormal changes were detected, the patient was referred to the hospital for colposcopy. Routine breast screening was on offer and waiting times were similar to those in the community.

4.46 An annual health check was offered to older women. Women experiencing the menopause received appropriate information, guidance and treatment. Women could use 'menopause passports' to gain support for their individual needs.

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

4.47 Practice Plus Group (PPG) provided 24-hour primary care services. The team had responded well to the increase in the number of arrivals and discharges from the prison. However, some key roles, including the primary care lead and practice nurse, had been vacant for several months. This had resulted in a significantly increased and unsustainable workload for other members of the team.

4.48 Despite staffing challenges, the primary care team worked hard to meet the needs of some very complex women. The team knew their patients well and women could access a nurse and GP in a timely manner for routine appointments, or on the same day for urgent concerns.

4.49 All new arrivals received an initial and secondary health screening and appropriate onward referrals by a qualified nurse. Patients' clinical records were obtained from the community GP with consent and a prescriber was available six days a week to see new arrivals where required. Women arriving late in the evening could be referred to the out-of-hours service if necessary.

4.50 The prison no longer had a practice nurse who managed long-term conditions. Care plans were now supposed to be completed by GPs and the advanced nurse practitioner, but we found that not all patients with a long-term condition had one.

4.51 Women completed paper-based health care applications to request an appointment with a GP or nurse. It was concerning that non-clinical staff had been reviewing applications and adding patients to waiting lists without procedural guidance or clinical oversight.

4.52 There was no clear process to monitor the timeliness of referrals to secondary care. Secondary care appointments were offered within community-equivalent waiting times, and a clinician undertook a risk assessment before women were escorted to hospital. Women who declined a hospital appointment were seen by a clinician and encouraged to attend.

4.53 Women being released were provided with a summary of care and supported to register with a community GP. They received an electronic prescription so that they could continue medications on release.

Mental health

4.54 Too few prison staff (a quarter in the last two years) had received training in mental health awareness or trauma-informed care at Foston Hall. The use of the mental health referral Threshold Assessment Grid was inconsistent.

4.55 Available services included several mental health nurses, limited psychology sessions and five psychiatry sessions over two weeks. Nurses had apposite special interests, such as neurodiversity, perinatal care and prescribing. However, the team's work was skewed towards supporting women in crisis. This reflected the steep increase in arrivals and short recalls.

4.56 The throughput of patients was large and there were about 70 referrals each month. Patients' needs had become more complex and many only stayed a short time. Virtually all referrals required triage and assessment. These were given priority, along with numerous ACCT case reviews each day. All of this absorbed the time of the two duty nurses. Because of the high workload around immediate crisis and triage, patients with mild to moderate illnesses such as anxiety, depression and sleep disturbance did not always get all the help they needed. A low number of patients received therapies.

4.57 Despite the limitations of the service caused by high workloads, all patients were offered some kind of support or referral to other services, such as addictions, CAMEO and the chaplaincy. Psychology-led therapy groups were going to become available from February 2025. Despite the gaps in therapy, only 20 patients were currently waiting for psychology groups and individual therapies, and none had waited longer than they would in the community.

4.58 CAMEO (see Glossary) gave about 20 of the most complex women with personality disorders very strong support. However, ACCESS, the sister service, had not been running for some time, due to staffing shortages (see also paragraph 6.16). Ten women on the perinatal mental health care pathway received valued support. The new learning disability and neurodiversity practitioner was beginning to take up a caseload.

4.59 Twenty patients were subject to the care programme approach, which prison staff deliver with community mental health teams. Delivery was undermined by short stays, geographical distance from the patient's home and patients having no fixed address.

4.60 In 2024, a high number of patients had needed to transfer to hospital under the Mental Health Act (MHA). Less than two-thirds had been transferred within the target of 28 days. The average wait for a bed was 36 days and the longest was 73 days, which was totally unacceptable. Two patients had been subject to detention under the MHA immediately on release from prison. Another had had to be taken to the local accident and emergency department by prison staff because their sentence had ended without a bed being found.

4.61 Before transfer to hospital, most of these patients had been held in the segregation unit. This was not fair on the women or the segregation staff, who were not equipped to deal with such high levels of need. Some patient behaviours included incontinence, extreme uncleanliness and inappropriate nakedness. Despite compassionate efforts by prison and health care staff to provide care, these situations were degrading for women (see also paragraph 3.43).

Social care

4.62 Derbyshire County Council (DCC) commissioned exemplary social care. Partnership working between DCC, the prison and PPG was very strong. Social care staff had a high profile; for example, the social care lead contributed to relevant ACCT case reviews and other relevant meetings on behalf of women.

4.63 DCC and PPG had established a rapidly accessible on-site equipment store. Unusually, this contained larger items such as hospital beds, which meant that women could be quickly provided with these items. The prison was well prepared to support highly dependent clients. It had six rooms equipped with hospital beds, hoists and accessible walk-in showers. The external terrain was difficult for wheelchairs in places, though three wheelchair buddies were available to help with mobility.

4.64 There were four assessments for social care per month, on average, which was a high number. The pathway for referral and assessment was extremely efficient, with care beginning immediately after a need was identified. Six clients had a package of care delivered by Carelink and their support workers visited four times per day to help with intimate care. The women appreciated these staff and PPG staff and prison officers described them as compassionate.

Substance misuse and dependency

4.65 A clinical substance misuse lead worked alongside the psychosocial team manager to deliver an integrated substance misuse service to patients. The team had a close working relationship with the prison drug strategy lead. They had contributed to the prison drug strategy and attended relevant meetings.

4.66 The team were fully staffed and in the process of adding a discharge coordinator role, based on a recommendation from the rapid health needs analysis. Staff received appropriate training and supervision and were on site five days a week.

4.67 Women arriving at the prison with a substance misuse concern were seen promptly by the psychosocial substance misuse team for a full assessment. Where appropriate, a prescriber reviewed their care on the day of arrival to administer opiate substitution therapy (OST). Women received twice-daily observations during their first week in custody but were not routinely monitored overnight unless a nurse raised concerns and requested night-time welfare checks.

4.68 Women could self-refer to the psychosocial substance misuse team. New referrals were reviewed weekly and were allocated a key worker and assessed promptly. Psychosocial support was delivered through one-to-one and group interventions.

4.69 Clinical treatment of opiate addictions was evidence-based. Approximately a third of the prison population were receiving OST. Treatment plans were overseen by a non-medical prescriber. Plans were tailored to individual needs and prescribing was flexible, with Buvidal available to women as an alternative to methadone or buprenorphine. OST was administered alongside routine medicines.

4.70 Women could apply to live on the ISFL unit, which had recently relocated to a larger wing due to high demand. Women spoke positively of their support and experience and the service was among the best we have seen.

4.71 Recovery workers delivered short- and long-term structured group work to address substance misuse. Alcoholics Anonymous visited the prison weekly to provide mutual aid support, and offered extra sessions to help women work through the 12-step programme. Recovery workers were trained to deliver SMART self-help sessions. Five peer workers supported the substance misuse service, offering guided self-help packs and welfare checks for women on the caseload.

4.72 Women received a high level of pre-release support. This was challenging for the team, due to the increase in discharges. Recovery workers ensured that women had the appropriate onward referrals to community services. Non-medical prescribers supported release planning, and all women were offered Naloxone (a drug to reverse the effects of opiate overdose) before release and to take home.

Medicines and pharmacy services

4.73 A safe and effective service was led by a team of pharmacy assistants and technicians. Medicines were dispensed by an external pharmacy. A robust procedure enabled staff to access medicines out of hours. This included the use of emergency stock, which was routinely audited. However, although staff monitored the fridge temperature, we were not assured that they took action when the temperature was out of range.

4.74 Not-in-possession medicines were administered three times a day. Supervision of the medicine queues by prison officers was inconsistent, and we observed opportunities for medication to be diverted. ID cards were routinely checked when patients presented for their medicines. There were systems to record or refer people who did not attend to collect their medicines. Patients were able to access homely remedy medicines for simple conditions.

4.75 Risk assessments for in-possession medicines were completed when patients arrived at reception. These were routinely updated by the health care team. Just over half of the population were able to receive their medicines in-possession, and most were given a 28-day supply. The pharmacy technicians completed regular compliance cell checks and targeted those who had been identified as potentially concerning.

4.76 Patients who were being transferred were given a minimum of seven days' supply to ensure medicine continuity. Those being released were provided with an electronic prescription for collection from a community pharmacy.

4.77 There were daily staff huddles with the health care team to discuss patient care, taking a multidisciplinary approach. Incidents were recorded and investigated to identify any trends in or risks to patient care. There were regular medicine management meetings to discuss medicine policy and governance matters.

4.78 The team identified and referred patients receiving polypharmacy care or with complex needs for a review by a multidisciplinary prescribing panel. As at the last inspection, the health care team did not include a pharmacist to provide regular medication reviews or clinics. No strategic work had been undertaken to review prescribing patterns or tradeable medicines to ensure patients were on the optimum treatment for their conditions.

Dental and oral health

4.79 Time For Teeth delivered a full range of NHS dental treatments, and governance arrangements were robust. The dental suite and attached decontamination area met infection control standards, and all equipment was appropriately maintained. Emergency drugs, a defibrillator and oxygen were kept in the dental suite and checked regularly.

4.80 Initial assessments were timely and ongoing treatment plans were in place and monitored by the dentist. Waiting times were very good at around three weeks for a routine appointment. Emergencies were seen at the next clinic, where embargoed slots were available. An algorithm was in place for health care staff to manage pain or potential infection when there was no dentist on site.

Fair treatment and inclusion

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating discrimination and fostering good relationships. The distinct needs of prisoners with protected characteristics, or those who may be at risk of discrimination or unequal treatment, 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.

4.81 Leaders had a better focus on fair treatment than at the last inspection and a useful needs analysis was in place. However, the needs of some groups with protected characteristics, most obviously prisoners with limited mobility and those who did not speak English as their first language, were still not being met.

4.82 In our survey, 65% of women said they had a disability. Social care for women with the most extreme physical disabilities was exemplary and individual adaptations to cells were generally provided quickly. But there was no formal peer carer or ‘buddy’ scheme for those needing help with daily tasks. This type of support could have alleviated many of the issues they faced. The aging prison buildings were not all accessible to women with limited mobility and those using wheelchairs. For example, the education department upstairs in the main house was totally inaccessible, meaning these prisoners could not access the full range of courses available.

4.83 Foreign national prisoners did not routinely receive a free monthly phone call and leaders could not tell us how many could not speak English. In most areas of the prison, professional telephone interpreting services were rarely used. Staff told us that they relied on prisoners who spoke the same language to interpret. Prisoners we met who had arrived at the prison unable to speak English said that they felt extremely isolated, especially in their early days (see also paragraph 3.9).

4.84 The number of discrimination complaints had significantly increased since the last inspection and they were not well managed. While those submitted related to a variety of protected characteristics, leaders had not identified that about a third reported racial discrimination. Those we reviewed had usually not been investigated adequately. They often lacked detailed evidence of findings and tended to minimise the issues raised. Black and minority ethnic prisoners we talked to felt that the discrimination complaints they submitted were not taken seriously. They made up about a fifth of the population. An excellent black prisoner support group, run by a member of probation staff, was very popular and included outside speakers, but there had otherwise been no formal consultation to explore their experiences.

4.85 Analysis of data was too limited, and areas of inequality were not always identified or acted on. For example, leaders had identified that a disproportionate number of complaints came from young adults and that the use of force was higher among that group. But this had not led to any action. Support for most young adults was limited; apart from a weekly gym session, there were very few targeted activities to meet their needs. However, there was good support for care-experienced prisoners, including an identified lead who organised regular support meetings involving external speakers. Older prisoners also told us they were well supported.

4.86 Help for neurodivergent prisoners was good. The neurodiversity lead met all individuals who might qualify and provided a range of support aids, which included weighted blankets, noise-cancelling ear plugs, sleep masks and fidget aids. For those with higher needs, care and support documents known as My Experience were developed jointly between the neurodiversity lead and WEPS psychology team. These described the prisoner’s likely behaviour in response to certain scenarios and helped staff understand and relate to them in a more thoughtful and effective way.

4.87 Senior leaders each championed a protected characteristic. This meant that they were responsible for reviewing relevant data on these prisoners, answering discrimination complaints from them, and undertaking forums with them. However, not all leaders fully understood their roles, and forums were mostly late or cancelled and often did not adequately explore prisoners’ experiences.

Faith and religion

4.88 The chaplaincy team provided excellent support across the prison, and improved outcomes for many women. Faith facilities were used well; in our survey, 89% of women said they could attend religious services if they wanted to. Almost all prisoners had access to a chaplain of their own faith. Alongside regular services, festivals and study sessions, chaplains provided a wide range of activities that improved daily life, including meditation, a drama group, and a choir. These were impressive initiatives that we do not always see.

4.89 The chaplaincy also offered The Bereavement Journey, an excellent six-session programme for women experiencing grief. Demand was high and there was a waiting list to attend. In the previous year, 24 women had engaged with the programme and those we spoke to had found it very helpful (see also paragraph 6.17 and notable positive practice).

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 Better staffing had enabled leaders to improve the daily regime. Women spent considerably more time unlocked than we found at the last inspection. In our roll checks, 17% of women were locked up, compared with a third at the 2021 inspection and 45% at the 2022 IRP. During the week women had reliable daily domestic, association and exercise periods and most wings had an early evening association session on four days each week. Prisoners who worked full time could spend between eight and nine hours out of their cells.

5.2 However, most time unlocked was not purposeful (see also paragraph 5.10). During the inspection only a third of prisoners were engaged in work, education, or training off the wings. Many women were unlocked but did not go to work because of a lack of instructors in the workshops.

5.3 Staff shortages caused by absence and sickness still resulted in some regime curtailments at weekends. Leaders had a much better grip on delivering the regime than at the last inspection. They regularly reviewed resources and kept staff and prisoners informed about what they could expect.

5.4 During association, women could access board games and pool tables. There was little else on the wings to engage them in creative or recreational pastimes, although a craft club had recently been introduced on one wing.

5.5 The gym had improved. It was now fully staffed and open seven days a week. It offered a full programme of activities, including a walking and running club, chair-based sessions, age-specific activities for younger and older prisoners, and classes for pregnant women. Gym facilities were reasonably good but the lack of an outdoor pitch for team games was a big gap. As we often see in women's prisons, only about 30% of the population used the gym and not enough had been done to make the offer appealing to women who never accessed these types of facilities in the community.

Sports hall

5.6 Impressively, women could take part in a range of incentivised challenges in the gym to get fit, earn phone credit and have their achievement recognised with a certificate (see also notable positive practice). Staff had recently started delivering industry-recognised physical education qualifications.

5.7 Library access had greatly improved since the last inspection. In our survey, women reported better access to the library than at similar prisons. Most prisoners could attend twice a week, including some access at weekends. About 70% of the population visited the library. The library was small, with no room for study, but the range of books was good. Some books were also available on wings and in workshops.

Library

5.8 Library staff organised some good recreational activities, including a book group run by the governor, creative writing, and poetry groups. The Great Foston Reading Challenge was an excellent incentive that encouraged readers at all levels to read several books and complete puzzles. On completion, women received a certificate, prize and positive case note on their prison record.

Education, skills and work activities

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

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

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

Overall effectiveness: Inadequate

Quality of education: Inadequate

Behaviour and attitudes: Requires improvement

Personal development: Inadequate

Leadership and management: Inadequate

5.10 Leaders and managers did not provide women with enough education, training and work (ESW) opportunities to keep them meaningfully occupied. There were sufficient activity spaces for the prison population. However, staff shortages and sickness absence meant that the number of activity spaces available to women was considerably reduced. Approximately two-thirds of women were unoccupied for significant portions of the day.

5.11 There were too many interruptions to learning and work activities. Too often, scheduled activities such as gym and coffee mornings took women out of learning and work. As a result, women missed out on key learning opportunities.

5.12 Leaders did not consider local and national employment priorities carefully enough when designing the ESW curriculum. The options and qualifications provided to women did not align sufficiently with the employment opportunities available to them after release. Vocational study opportunities were restricted to catering, hairdressing, barista training, animal care and retail. Places on these courses were very limited, and too few women participated in and gained useful qualifications.

5.13 Leaders and managers did not offer a diverse curriculum that supported the career and personal goals of women. Most work available focused on essential maintenance of the prison, rather than on developing women's knowledge, skills and behaviours to help them on release. Managers had not provided specialist courses to support women interested in self-employment. There were limited opportunities for women to use their skills to benefit other women.

5.14 Information, advice and guidance processes were poor. Information about women's needs, prior attainment and career aspirations were not recorded adequately. Therefore, leaders and managers did not allocate women to education, skills or work effectively. Targets set in women's digital personal learning plans (DPLPs) were often generic and were not sufficiently linked to their starting points or employment pathway. DPLPs were not reviewed in a timely manner to ensure women's educational needs were met.

5.15 Leaders and managers ensured that the pay policy was fair and consistent across all activities within ESW. The policy was thorough

and clearly outlined pay rates for women in both education and job roles. Women were not disincentivised from participating in education, and the wages were equitable. Additionally, leaders incentivised the achievement of qualifications by offering a bonus for completion.

5.16 Leaders had been too slow to improve the quality of the curriculum. All the recommendations from the previous inspection were still applicable. Recently appointed prison and education leaders worked together closely to focus on improving the quality of the provision. Leaders and managers were aware of the strengths and weaknesses across the activities provision. However, they had not made improvements quickly enough.

5.17 The process for screening women with learning difficulties and disabilities (LDD) was thorough for those attending education. However, women attending mostly vocational training and work did not enjoy the same benefit. Specialist staff, with extensive experience in the sector, accurately identified individual support needs and created comprehensive support plans. However, teachers and instructors did not use these support plans well enough to ensure lessons met the specific needs of women.

5.18 In most cases, teachers and instructors were appropriately qualified for their roles and had extensive industry experience. They knew their subject very well. However, English teachers had not received the necessary training in phonics to effectively support women with reading. Additionally, managers in charge of LDD had not completed the appropriate qualifications.

5.19 Teachers and instructors did not plan ESW activities well enough. They did not pay close enough attention to women’s starting points. In too many cases, lessons and workshop activities were not well sequenced. They did not sufficiently build women’s knowledge and skills over time. Too often, teachers and instructors set broad tasks without ensuring women had the necessary prior knowledge and skills.

5.20 In a number of areas, such as barista training, mathematics, and gardening, teachers and instructors explained new topics well. They gave valuable feedback to women when they struggled with subjects and clearly outlined what needed to be done to improve. This helped women overcome frustrations with challenging tasks. The very small number of women completing these subjects made progress from their starting points, achieved their qualifications and developed appropriate employability skills.

5.21 Instructors did not provide work that was suitably challenging. Too often, staff did not plan opportunities for women to develop substantial new knowledge and skills. In textiles, women frequently moved on to new tasks before being taught the necessary skills. When they struggled with a new task, instructors often completed the work for them instead of helping them to develop and practise the required skills.

5.22 Leaders did not ensure wing workers completed work that was sufficiently demanding. Too often, wing workers did not have enough work to complete. As a result, they were unoccupied for too many of their working hours. Cleaners did not regularly use appropriate signage to warn of wet floors. The few women working in the staff café were well occupied and worked diligently and responsibly.

5.23 Leaders and managers were very slow to develop and implement a prison-wide reading strategy. Senior leaders fully accepted that the development of the strategy had been slow, and it only truly started within the last month. The reading strategy had not been adequately implemented across the prison. Staff did not promote the importance of reading, and too few women read for pleasure. Mentors were not sufficiently available to assist women with their reading. Reading corners were largely underused.

5.24 The education courses and vocational training provided by PeoplePlus did not adequately meet the needs of the prison population. Leaders did not offer enough training or education at advanced levels. Many women who required mathematics and/or English could only study up to entry level 3. Education and training opportunities for women serving long-term sentences or those with more advanced starting points were extremely limited. Most teachers did not plan activities to help women retain new knowledge and skills. Too many teachers did not use effective strategies to reinforce prior learning and assess whether new information could be recalled. Most women struggled to remember what they had been taught, and too few were able to complete tasks independently.

5.25 The virtual campus was not well used. It was not used during induction for assessment purposes or within the employment hub for job search activities and it was not available throughout most education.

5.26 Most women had positive attitudes towards their ESW activities. They felt safe at work and in lessons and developed positive relationships with their peers and staff. Even when they found situations frustrating, they remained calm and refrained from using aggressive language.

5.27 Attendance in education and vocational training was high. However, attendance to industries varied too much and was not consistently good. Women arrived punctually to ESW activities and quickly focused on their work or studies.

5.28 Leaders did not ensure the curriculum prepared women for life in modern Britain. They did not provide women with sufficient opportunities to develop their knowledge and skills beyond the curriculum. Staff failed to provide a personal development curriculum that adequately addressed key issues such as radicalisation and extremism.

5.29 Leaders did not ensure women received sufficient access to high-quality careers information, advice and guidance to support their release. Women on barista courses did not receive guidance on how to

apply their training to roles outside of prison or on complementary courses. As a result, women did not receive adequate support to help them transition successfully to their next steps.

5.30 Leaders' work with employers is underdeveloped. They do not work closely enough with employers to provide opportunities for women on release. Leaders have recently established an employer board; however, this is in its infancy.

5.31 Women's development of employability skills was not good enough. In too many workshops and work roles, instructors did not focus enough on the employment-related skills women needed to develop. They did not accurately record the very few basic skills women did develop. However, in education, vocational training and industries workshops, such as mathematics, barista and gardening, teachers and instructors paid more attention to women's development of employability skills. They helped women improve their teamwork skills and become more independent and organised.

Section 6 Preparation for release

Preparation for release is understood as a core function of the prison. Women are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Women are prepared for their release back into the community.

Reducing reoffending

> Expected outcomes: Women are helped to change behaviours that contribute to offending. Staff help them to demonstrate their progress.

6.1 The population had changed since the last inspection. Just over half of the women were now on remand or waiting to be sentenced or had been recalled to prison. There were significantly more arrivals from and releases into the community, increasing demand for resettlement services. Two-thirds of the population had been at the prison for less than six months. There remained, however, a smaller number of women serving long sentences, including about 30 women serving indeterminate sentences.

6.2 Work to reduce reoffending was developing well but was not yet meeting the needs of this changed population. There was no strategy or action plan to improve resettlement services. However, monthly reducing reoffending meetings were well attended by a wide range of partner agencies responsible for supporting women in custody and planning for release.

6.3 Support for remanded women was too limited. Over 150 referrals had been made for this group in the last three months, indicating a high level of need. Although these women were now eligible for help from commissioned rehabilitative services (CRS) providers, most of these companies had not yet provided any staff in the prison to give remanded women practical help with, for example, housing and finances. However, the introduction of a part-time specialist debt adviser who could work with all remanded women was promising. The excellent Hope programme also gave some support to this group (see also paragraphs 3.10, 3.18 and 3.20).

6.4 In 2024, 260 women had arrived at the prison on a 14-day fixed-term recall. This was nearly a quarter of all receptions. It was an extraordinary increase that the prison was not equipped to deal with. Outcomes for this group were poor. They typically stayed at the first night centre, had nothing to do and were ineligible for many forms of help. For example, they were not allowed to apply for bank accounts or identification and there were no short interventions or extra support for them. With only 10 working days available, it was very challenging to make release plans, particularly for high-risk women (see also

paragraphs 6.10 and 6.26). Concerningly, about 60% of these women had been released homeless in the last year.

6.5 Outcomes were much better for sentenced women. The experienced OMU team was well staffed, very well led by the senior probation officers and one of the best we have seen recently. All POMs received good, regular supervision and bi-monthly reflective practice sessions. This approach had helped to create a positive and competent team who provided excellent support. Contact between POMs and women was very good and manageable caseloads meant that POMs knew their prisoners very well. Most prisoners we interviewed spoke very positively about the help they received.

6.6 Sentence plans were good. They were well-tailored to the women and took account of their histories of trauma and mental health problems. We found many good examples of joint working between POMs and psychologists from the WEPS to deliver useful, individual interventions that helped sentenced women to achieve their targets and make progress.

6.7 Reasonably good key work helped women to progress through their sentence plans (see also paragraph 3.14). Most women received a monthly session and were supported by the same officer, which provided continuity. However, the quality of recorded entries was too variable.

6.8 There was too little provision for the approximately 30 women serving indeterminate sentences. They described how repetitive it was to keep doing the same courses and jobs. The education offer for long-staying prisoners was much too limited (see also paragraph 5.24). There was no dedicated residential unit for those serving life sentences and no regular consultation with this group.

Public protection

Expected outcomes: Women's risk of serious harm to others is managed effectively. Women are helped to reduce high risk of harm behaviours.

6.9 Around 50% of sentenced women presented a high risk of serious harm to others. Public protection arrangements were generally sound.

6.10 Leaders provided effective oversight of longer-sentenced high-risk women approaching release through the monthly interdepartmental risk management meeting (IRMM). This was supplemented by regular supervision sessions with POMs, which helped to identify emerging risks or changes in women's circumstances ahead of release. Risk management plans we reviewed were of a good standard and well considered. Handovers of cases to the community offender manager were generally timely. However, it was extremely challenging to review any risks presented by the increasing number of women returning on 14-day recalls and put support in place. Most of them left homeless (see also paragraph 6.4).

6.11 Most high-risk women released to an approved premises (AP) were well prepared. A worker from one AP in Birmingham regularly attended the prison to meet with the women due to go there, so they knew what to expect.

6.12 POMs knew the women they were working with very well and were knowledgeable about individual public protection issues. Prisoners presenting a risk of harm to children were identified quickly on arrival and appropriate restrictions for social visits and other methods of communication were put in place.

6.13 Nine women were currently subject to phone monitoring, and it was good to see that information obtained from listening to calls was discussed at the IRMM to inform risk management planning. However, not all calls had been listened to in recent months and those made in languages other than English were not routinely translated.

6.14 POMs provided good and well-informed written contributions to multi-agency public protection arrangements meetings. It was also positive that prison leaders attended the meetings for the prisoners of most concern who would need additional risk management arrangements at the point of release.

Interventions and support

Expected outcomes: Women are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

6.15 A reasonably good range of interventions and support was available to help women improve their lives and develop coping skills.

6.16 The CAMEO (see Glossary) service gave excellent support to around 20 of the most complex high-risk women with personality disorders. Women completed psychologically informed therapy sessions, which were supplemented by enrichment activities designed to increase their independence and resilience and improve their communication skills. Women we spoke to were resoundingly positive about the intervention. One said, ‘the CAMEO course has changed my life, I was in very great pain before’. ACCESS, a sister service designed to support women with personality disorders in custody for shorter periods of time, was suspended at the time of the inspection because of short staffing. This was another gap in support for remanded women (see also paragraph 4.58).

6.17 The Bereavement Journey, a six-session programme run by the chaplaincy, provided excellent support for women experiencing grief and focused on different experiences of death, including suicide, miscarriage and neo-natal deaths. Around 35 women had completed the programme since it was introduced in March 2023 (see also paragraph 4.89).

6.18 Many women had experienced domestic abuse and there was not enough help in place to meet their needs. However, around 30 women were currently getting good support from a caseworker from Anawim (a Birmingham-based support service for women). Monthly group sessions were popular and focused on recognising coercive control and developing self-confidence.

6.19 Some reasonably good support was available for women who had experienced sexual violence. Referrals could be made to SV2 (a Derbyshire charity that supports victims of sexual violence), and women could meet alone with an independent sexual violence adviser, who supported them with planning for a safe release in the community and made referrals for counselling. Around 10 women were being supported by this service when we visited.

6.20 Apart from the Hope programme for those new to prison (see also paragraphs 3.10, 3.18 and 6.3), there were hardly any brief interventions in place for the large number of women serving short sentences. This was a significant oversight. Following a four-year gap in delivery, accredited programmes had just resumed. At the time of the inspection, only one group of five women had completed the Thinking Skills Programme (TSP). In the absence of a fully staffed programmes team, Working with Anger was being delivered by the WEPS psychology team, and 10 women had completed it in the last year.

6.21 No help had been available for women to open bank accounts or obtain identification for almost two years. A new worker had just been appointed, but the many women who were serving short sentences or recalls were ineligible for this help. There was emerging support for women with gambling problems; a POM was about to start delivering regular support sessions.

6.22 ROTL was not used very often. In the 12 months before the inspection, 10 women had accessed it 290 times, usually for paid work. However, it was impressive to see that one woman had been allowed to travel to her AP before her release to set her expectations. There was no use of ROTL to help longer-sentenced women develop family ties, which was very disappointing (see also paragraph 4.4).

6.23 ROTL risk assessments were robust and demonstrated POMs' excellent knowledge of the women they were working with. Information was gathered from a good range of sources, including an up-to-date OASys risk assessment in most cases.

Returning to the community

Expected outcomes: Women's specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

6.24 Around 55 women were released each month, usually to Birmingham, Nottinghamshire and Derbyshire. A very small number travelled long distances to places like London and Liverpool.

6.25 A useful weekly meeting was well attended by resettlement services in the prison and providers from the community. They reviewed all upcoming releases and discussed plans for the day of release. Women who were due to leave without housing were appropriately given priority. Joint working across the resettlement services was improving but some departments in the prison were unaware of the help available from CRS providers. It was good to see that the PACT family resettlement worker had helped 25 women to apply for around £4,000 worth of grants to spend on clothing, food and school uniforms for their families (see also paragraph 4.3).

6.26 Housing outcomes were poor. Despite hard work by staff, led by the strategic housing specialist, in the last year only 22% of women had been released to sustainable accommodation. As at the last inspection, around 20% of women were released homeless. A disproportionate number of women serving short 14-day recalls were released homeless (see also paragraphs 6.4 and 6.10).

6.27 On the day of release, inefficient processes meant that too many women were released as late as 11.30am. This reduced their chances of being able to attend probation or housing appointments on the same day, especially if they relied on public transport; the prison was geographically isolated.

6.28 The departure lounge, based just outside the prison gate and intended to better aid women at their release, was underdeveloped. It was difficult for staff to provide a welcoming space because there was no working toilet or place to make a hot drink. Without a stable internet connection, it was impossible for women to activate benefit claims or have a video call with their probation officer. Basic facilities like charging a mobile phone were sometimes unavailable.

6.29 Through the Gate support was much too inconsistent. It was good to see a minority of women being met at the gate by social workers or services such as Recycling Lives. However, most other women who were not being collected had to start their journeys using a bus stop on the busy, exposed dual carriageway next to the prison. The lack of routine transport to a main railway station for all women was uncaring and remained a significant gap in support.

Bus stop on the dual carriageway

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2021, we found that outcomes for women were poor against this healthy prison test.

Key recommendations

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.
Achieved

Women should have their risks and vulnerabilities assessed and addressed on arrival.
Achieved

Self-harm should be reduced by providing the most effective care for all women at risk of harming themselves.
Achieved

Behaviour management processes should keep women safe from bullying, violence and other antisocial behaviour.
Not achieved

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.
Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2021, we found that outcomes for women were reasonably good against this healthy prison test.

Key recommendations

Women should be able to maintain and develop positive relationships with children, family members and other people significant to them.
Achieved

All residential accommodation should be decent and in a good state of repair.
Partially achieved

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.
Not achieved

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.
Partially achieved

Recommendations

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

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

Patients with long-term conditions should have a care plan specific to their needs.
Partially achieved

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.
Achieved

All prison officers should be trained to identify when women should be referred for mental health assessment.
Partially achieved

Patients requiring hospital care under the Mental Health Act should be transferred expeditiously.
Not achieved

A pharmacist should be on site regularly to advise patients and clinicians and oversee the pharmacy service.
Not achieved

Purposeful activity

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

At the last inspection, in 2021, we found that outcomes for women were not sufficiently good against this healthy prison test.

Key recommendations

Time out of cell should be improved and delivered consistently for all women, including at weekends.
Partially achieved

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.
Not achieved

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.
Not achieved

Leaders and managers should rapidly implement an appropriate IT strategy that allows all women to develop and practise their digital skills.
Not achieved

Resettlement

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

At the last inspection, in 2021, we found that outcomes for women were reasonably good against this healthy prison test.

Key recommendations

All women should be discharged into accommodation.
Not achieved

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.
Partially achieved

Appendix I About our inspections and reports

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

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

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

Safety
Women, particularly the most vulnerable, are held safely.

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

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

Preparation for release
Preparation for release is understood as a core function of the prison. Women are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Women are prepared for their release back into the community.

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

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

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

Outcomes for women are not sufficiently good.
There is evidence that outcomes for women are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of women. Problems/concerns, if left unattended, are likely to become areas of serious concern.

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

Our assessments might result in one of the following:

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

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

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

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

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

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for women in prison* (Version 2, 2021) (available on our website at Expectations – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)). Section 7 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief inspector
Jonathan Tickner	Team leader
Kellie Reeve	Inspector
Sumayyah Hassam	Inspector
Rebecca Stanbury	Inspector
Angela Johnson	Inspector
Jessie Wilson	Inspector
Dawn Mauldon	Inspector
Martyn Griffiths	Inspector
Alicia Grassom	Researcher
Emma King	Researcher
Samantha Moses	Researcher
Adeoluwa Okufuwa	Researcher
Sarah Goodwin	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Craig Whitelock-Wainwright	Pharmacist
Dayni Johnson	Care Quality Commission inspector
Emily Hempstead	Care Quality Commission inspector
Nikki Brady	Ofsted inspector
Saul Pope	Ofsted inspector
Jemma Peacock	Ofsted inspector
Karen Carr	Ofsted inspector

Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find.

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.

Family days
Many prisons, in addition to social visits, arrange 'family days' throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

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.

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).

Secure video calls
A system commissioned by HM Prison and Probation Service (HMPPS) that requires users to download an app to their phone or computer. Before a call can be booked, users must upload valid ID.

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 Care Quality Commission action plan request

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

The inspection of health services at HMP & YOI Foston Hall was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see Working with partners – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)). The Care Quality Commission issued a request for an action plan following this inspection.

Regulation 17

Good governance

How the regulation was not being met:

Patients did not have access to an onsite pharmacist. This was a repeated recommendation from our last inspection in November 2021. Not all patients with long term conditions had a care plan in place. The audit in place to monitor care plan completion rates did not include all long-term conditions.

There was insufficient oversight of primary care services. The practice nurse and primary care lead roles had been vacant for several months which created an increased workload for the GP service, and the risk of tasks not being completed in a timely manner due to time constraints.

Fridge temperature monitoring documents did not evidence action taken or escalation where temperatures were out of range. This meant medicines were not always stored in line with PHE guidance.

Medicines in emergency bags were not always dated or stored appropriately which created a risk of medicine integrity being compromised. These issues had not been highlighted by the provider's internal audit systems.

There was no patient engagement activity at the time of inspection.

Applications were triaged by administrators with no clinical guidance or oversight, and this was not known to senior managers. This created a risk that patients may not be seen by the appropriate clinician and a risk of urgent need not being identified and addressed in a timely manner.

The provider’s risk register did not include all risks identified during the inspection including those issues highlighted above.

Patient records were not always accurate, complete and contemporaneous in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

Appendix IV Further resources

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

Prison population profile

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

Prisoner survey methodology and results

A representative survey of 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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