



ANNUAL REPORT

HMP/YOI HOLLOWAY

2012

STATUTORY ROLE OF THE IMB

The Prisons Act 1952 and the Immigration and Asylum Act 1999 require every prison and IRC to be monitored by an Independent Board appointed by the Home Secretary from members of the community in which the prison or centre is situated.

The Board is specifically charged to:

(1) satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release.

2) inform promptly the Secretary of State, or any official to whom s/he has delegated authority as it judges appropriate, any concern it has.

(3) report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively its members have right of access to every prisoner and every part of the prison and also to the prison's records.

The Independent Monitoring Board of HMP/YOI Holloway is committed to being a diverse board and to carrying out its work in a way that recognises diversity.

Reporting Period

1st January 2012 to 31st December 2012

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1. DESCRIPTION OF HMP/YOI HOLLOWAY

Between 1971 and 1985 the old Holloway Castle buildings were demolished and a new prison built on the original site. The building was designed to meet the perceived needs of women prisoners, offering medical and psychiatric services for some women and a training regime for the majority. It was also intended that Holloway should be a local prison. The accommodation is split between five bedroom dormitories, double and single rooms, in a layout that is not ideal for staff supervision.

Holloway today acts as a local prison holding both adult and young women remanded or sentenced by the Inner London courts. The prison holds a significant number of foreign national women.

There are specialist wings for life sentenced prisoners, substance misuse treatment and mothers with babies in addition to a mental health inpatient assessment wing and a First Night in Custody wing.

Holloway holds some of the most vulnerable female prisoners in the prison system.

Healthcare provider is Central and North West London NHS Foundation Trust in partnership with NHS Camden Provider Services.

Learning and Skills provider was Kensington and Chelsea College until October 2012 at which point the contract was taken over by A4e.

Certified Normal Accommodation (CNA being the measure of uncrowded capacity): 591

Operational capacity: 591. In Use CNA: 533. Baseline CNA: 540.

Total population on 31.12.12 was 449 (unusually low)

Of these 302 were sentenced adults, 43 sentenced young offenders, 64 unconvicted adults, 9 unconvicted young women, 31 convicted, unsentenced adults.

Ethnic breakdown of prisoner population on 31.12.12:
BME:50 %, White 49%, Not declared: 1%

Ethnic and gender breakdown of staff on 31.12.12:
BME: 46%, White: 54%

60% of staff were female

2. EXECUTIVE SUMMARY

As noted in previous reports the Independent Monitoring Board is of the opinion that Holloway continues to be a decent prison where the majority of staff work effectively, doing their best to support prisoners in a caring and orderly environment where diversity is recognised. Strenuous efforts have been made by staff and women to ensure that the prison is clean and the gardens offer an attractive and calming setting for exercise.

2.1 Previous Year's Concerns which have been addressed.

- a. The high level of staff sickness has been robustly monitored by Holloway Management resulting in a significant improvement.
- b. The Board is pleased to note the development in liaison between mental health and CSRU staff to enable planned movement of women between the two areas. (Section 5, Page 10)
- c. In 2011 the Board expressed concern regarding the loss of the hugely successful HoST programme, for those with Borderline Personality Disorder. The new Options programme, replacing HoST started in 2012 and it is hoped that funding will be maintained. (Section 5, Page 10)

2.2 Previous Year's Concerns which remain of note.

It is significant that the concerns raised in this report are, in most cases, identical to those raised in previous reports. At the risk of appearing repetitive the Board wishes to raise these issues yet again.

- a. Facilities for those with disabilities remain a cause of concern and there are outstanding issues which still need to be addressed. (Section 3, Page 7)
- b. As reported in 2012 the Board questions the lack of life skills programmes for women, many of whom will be primary carers of young children when they return to the community. (Section 4, Page 9)
- c. There are still very long waiting lists for dentistry, chiropody and optician services. CNWL is aware of this but maintain that increased funding is not possible. The Board hopes that this situation will improve in the near future. (Section 5, Page 9)
- d. The board continues to be extremely concerned that the transfer to hospital of some women with severe and complex mental health needs can take a very long time, causing distress to the women in question and putting enormous pressure on both mental health and discipline staff in the prison. (Section 5, Page 12)
- e. The Board is also concerned by the lack of programmes for Life Sentenced prisoners which are necessary in helping them to move on from Holloway. (Section 11, Page 18)
- f. In the 2009/10 and 2011 Annual Reports the Board expressed major disquiet concerning women with serious mental health needs being held in custody. There has been no improvement in this situation during 2012.
- g. Similarly the board continues to be concerned about the ageing population of

2.3 Policy matters requesting a response from the Secretary of State

- a. The Board is very concerned about the purchase of prison beds by UKBA which has led to foreign national prisoners whose sentence is served remaining in prison rather than being transferred to an IRC. In the opinion of the Board this is simply unjust. The Board requests clarification regarding this situation and asks for how long it will continue? (Section 3, Page 7, Ref: 1)
- b. Is there any plan to recognise the particular educational needs of women in prison and provide appropriate courses? (Section 4, Page 9, Ref: 3)
- c. Will the Minister liaise with colleagues in the Department of Health to investigate the lack of beds for those with acute mental health issues, resulting in serious delays in their transfer to hospital? (Section 5, Page 12, Ref: 4)
- d. The Board urges the Minister to look again at issues surrounding the ageing population of women prisoners in order to avert a future crisis. (Section 11, Page 18, Ref: 5)
- e. Will the Minister consider the efficacy of schemes which should facilitate the diversion of women with serious mental health needs away from prison to appropriate mental health facilities after sentencing?
- f. The Board is concerned about the number of women, who pose no threat to society, being given custodial sentences often leading to the loss of their home and severing links with their family, thus increasing the likelihood of reoffending. Will the Minister reconsider the use of community sentences for such women?

2.4 Operational matters requesting a response from the Prison Service

- a. Will funding be made available to provide facilities for disabled prisoners, most importantly a lavatory with wheelchair access in Resettlement? (Section 3, Page 7, Ref. 2)
- b. The Board feels strongly that CNWL should be requested to fund improved dentistry, chiropody and optician services? (Section 5, Page 9, Ref: 6)
- c. The Board is concerned by the lack of programmes for Life Sentenced prisoners which are essential in enabling them to move on from Holloway. Why are there no developments in this area? (Section 11, Page 18, Ref: 7)
- d. The Visits Booking Line continues to be a major concern for the Board. What steps are planned to improve this vital service? Will a national or regional service be introduced as has been suggested on numerous occasions in the past? (Section 16, Page 23, Ref: 8)

3. Equality and Inclusion

The general welfare of Foreign National prisoners has improved markedly, particularly in the area of contact with families overseas, resolving of immigration problems and language issues.

The women are regularly supported by the Diversity Team, Hibiscus, the UKBA team and other outside women's organisations.

Five minutes free air time to enable woman to 'phone their country of origin is available monthly and more airtime may be purchased from their cash account. This has largely resolved the problem of lack of contact with families.

Hibiscus works closely with the women, facilitating early contact with families and assisting in communication with outside organisations. A monthly foreign national meeting is held where the women are able to air their views.

The UKBA (Immigration) Officers attend Holloway 3 days a week. A weekly session focuses on the induction of new foreign national women explaining UKBA processes and highlighting their presence and availability for assistance. UKBA liaises closely with the Diversity team and Hibiscus, referring prisoners to them on a regular basis and they also try to ensure that prisoners are transferred to an Immigration Detention Centre when their sentence finishes, although the success of this depends on each prisoner's circumstances, and spaces being available.

Of Concern

- In previous years any foreign national woman who finished her sentence but who then needed to be held under Immigration law as a detainee was usually transferred to a UKBA detention centre (unless the nature of her offence or her health meant a detention centre would not accept her). This presumption changed in 2012 as UKBA bought a number of bed spaces within prisons. The Board is concerned that this has resulted in a number of foreign national women being held under a prison regime which is far more restrictive than would normally be available in a detention centre. (Ref.1)

Discriminatory complaints average 10 monthly and 55% of these were prisoner on prisoner complaints. All are thoroughly investigated and closed during the month in question.

Of Concern

- There are self referral disability forms available to prisoners in Reception. These forms enable the diversity team to classify and assist the prisoners accordingly, however the Board has concerns that disabilities could be missed.
- Facilities for disabled prisoners are being pursued but the Board is concerned that there is still no lavatory with wheelchair access in Resettlement, an area heavily used by the women. (Ref: 2)

4. Education, Learning and Skills

It has been another successful year for Holloway's Educational Department in spite of the uncertainty of provider. The A4e handover from Kensington and Chelsea College was delayed, and was finally in place as late as the beginning of November.

Despite this uncertainty, together with a reduced budget as a result of incorrect data submitted in 2011 by the Skills Funding Agency, the Education Manager and his staff have done an excellent job. The number of qualifications gained by prisoners each month has remained high. Awarding Bodies have confirmed 1,916 passes.

A wide range of core courses (creative, personal developmental and vocational) is offered with excellent ESOL courses (English for Speakers of Other Languages) available to the foreign nationals. The number of vocational qualifications in both the Kitchens and the Gardens has increased. Women have also gained Cleaning Service accreditations. The Multi Skills course in basic plumbing, electrics, carpentry and decoration has been popular and accreditation awarded. Health and safety and food hygiene are offered as an additional short qualification with these vocational courses.

The hair salon has not been a success, as it was too often closed but a new Hair and Beauty Academy is planned with funding from the Vocational Training Charitable Trust. It is hoped that good opportunities for training will follow.

The Arts and Music Department and the Library continue to be the centre of many varied projects, appealing to all ages in the prison. There are monthly reading groups, learner forums, creative poetry workshops, Six Book Challenge and film discussion groups, and a strong focus on music, rap and poetry, which the women themselves compose and perform. There is an over-50s club, Baby Bounce for the Mother and Baby Unit, plus a Writers in Residence project, as well as Clean Break and English Pen. The mobile Library continues to visit those who cannot come to the Library.

The Library staff are an excellent team who deserve praise for delivering these imaginative courses on a tight budget.

With an average prison population this year of 540, there are between 130-140 education places offered per session. An increase in the available number would be welcome as there are insufficient activity opportunities in the prison. This often leaves 150 women in their cells each session with nothing to do.

Women with limited reading and writing skills could take more advantage of the classes offered but as the pay in the Education department is lower than that of a cleaner, the women will often follow the better paid work. The Board considers this a missed opportunity.

In September Holloway, Downview and Send formed an education cluster under the leadership of Holloway's Head of Learning and Skills. As the women first enter Holloway, it is intended that the education provided should dovetail seamlessly with Send and Downview, ensuring that they leave prison with accreditations.

Of Concern

- The Board is concerned about the impact on women prisoners of the government's requirement to focus on routes to employment and the development of working prisons. It is feared that the new OLASS4 will necessitate a reduction in the amount of personal development in place of more academic and educational programmes. The Board believes that women have particular needs which could be met with a

5. Healthcare and Mental Health

The Wellbeing Health Centre

There are three excellent administration staff managing appointments, data and running a risk register.

Four new doctors were appointed at the beginning of the year, in addition to a new lead nurse appointed in September. These new positions have greatly contributed to the improvement in primary healthcare at Holloway.

For the first time in many years Holloway's Primary Healthcare service has run with a fully staffed nursing team, with all the shifts covered.

Appointment Process

There are still concerns about women not turning up for their doctors' appointments. The DNA (did not attend) rates don't seem to have reduced and IEP warnings fail to be a deterrent. Women attending classes and those with paid jobs do not want to forfeit their pay in order to attend an appointment. Unfortunately many staff and women do not realise that they can claim pay for "specified activities" which includes such appointments and the Board hopes that this will be more widely publicised.

Women's Health.

This department has a consistently high reputation. Chlamydia and gonorrhoea screening, hepatitis immunisation, blood borne viruses and all aspects of safer sex are covered. Funding has been awarded for refurbishment and a second clinical room.

The Pharmacy

The Pharmacy refurbishment was completed in May and three new technicians are now supervising the medication management. They are looking at complaints, the safety of dispensing and the production of an audit trail. A procedure is now in place to review the more complex medication that some women are taking.

Women with long term conditions are being identified (on average just less than 40 this year) and are offered a care plan which is monitored regularly and is now a KPT.

Nurses are running specialist clinics for diabetes, asthma, insomnia, diet, smoking and allergies. The Kitchens and Gym staff are involved and attend meetings with the nurses to help the women take better care of themselves.

Dentistry, Chiropody, Optician.

Of Concern

- There are still very long waiting lists for these services. CNWL are aware of this but say that they are unable to increase funding. It will therefore be very difficult to improve the service. (Ref: 6)

Reception

The first basic screening, on arrival from court, is followed up within 48 hours by an assessment of the woman's general health, so that informed decisions can be made about the most suitable treatment.

Infection Control

The first case of chicken pox was diagnosed on August 2nd. This was followed by 4 child cases, 1 member of staff and 1 mother. All cases were quickly and successfully contained. The last case was dealt with on Sept 20th.

A mobile TB X-ray van with a team of staff came into Holloway on the 25th June. CNWL are considering offering breast screening.

Mental Health

Mental health provision has continued to be of good quality overall and well managed, with some very positive developments supported by the provider Central & North West London NHS Foundation Trust in partnership with NHS Camden Provider Services (CNWL). The new monthly half-day shutdown has enabled regular mental health training to be delivered to discipline staff, whilst a range of other training for clinical staff is provided in-house or by CNWL. An attempt to formalise patient feedback was undermined by the person responsible leaving, but formal complaints from women about mental health provision have been low, and between April and October only one was upheld.

Primary Mental Healthcare

Notable welcome developments have included the recent appointment of a principal clinical psychologist to develop for the first time brief interventions to address needs including those of women with short sentences: this will include group work helping women to understand and take more responsibility for managing their mental conditions. Also a psychologist from The Learning Disability Service has been allocated 1 day a week to assess women with mental health issues whose initial Reception screen suggested a possible learning disability: a full-time learning disability practitioner, starting in January 2013, will develop this work. Formerly the identification of and support for women with learning disabilities was haphazard so this is a very positive development.

Community Mental Health Team (CMHT)

This team has suffered from being short staffed for much of the year and without a manager for half of every week due to a secondment to Bronzefield. To meet the high demand the caseload for a full-time worker has increased steadily from about 20 to the current 30 making the total CMHT caseload around 90. The frequency of interventions with individual women often appears lower than formerly, with the timing of discharge to primary care more tightly managed. The board has no evidence of the effect of these on the outcome of the interventions.

In the first part of 2012 the Board had some concerns about the responsiveness of the team in specific cases. The newly appointed Consultant Psychiatrist introduced weekly meetings with the Head of Residence and Lead GP at which the management of women of concern on ordinary location is discussed, then this is shared at CMHT meetings: this appears to be having a positive effect on multi-disciplinary teamwork and the early identification of women who may need specialist mental health support.

CMHT are now referring some women for part-time attendance at The Tilson Day Centre. Though there are problems with this (see under Tilson Day Centre), the women who attend talk very positively about their sessions and appear supported by them.

The Mental Health Assessment Unit

This unit is well run by a committed group of clinical and discipline staff. There are several newly appointed managers who have led the involvement of a much closer multi-disciplinary team, with more inclusive formal and informal discussions of the work resulting in noticeably greater agreement and consistency in the management of the women. An Operational Policy for the unit is under discussion with attempts being made to reconcile prison systems with NHS ones, whilst acknowledging the particular needs of women with serious mental health issues. A new fortnightly minuted forum at which the women can raise practical issues affecting their life on the unit with the unit officers, nurses and doctors has enabled them to influence their regime.

An area of concern in the board's 2011 annual report was the regime experienced by women who, for staff and patient safety reasons, were permitted out of their locked room only if accompanied by 2 or 3 officers, and were spending most of their time locked in alone without much purposeful activity. These women are now reviewed daily, efforts made to minimise the period on this regime through compacts and other attempts to support them so that they can be managed safely, initially for short periods, in the day centre or unlocked on the unit. Day Centre staff visit them daily to provide activities. The Board acknowledges the improved regime for these challenging cases.

The Tilson Day Centre

The Day Centre continues to provide individual and group activities in a relaxed, caring and supportive environment. Women from The Mental Health Assessment Unit have priority, and this year some women from The Care Separation and Re-Integration Unit have been included. CMHT refers women to attend part-time but when the priority group is particularly challenging the CMHT women's sessions are cancelled – making their sessions unpredictable and thus undermining their value. The function and practices of the Day Centre are being reviewed so hopefully this issue will be addressed.

Mental Health and the Care, Separation and Re-integration Unit (CSRU)

The board's 2011 annual report expressed concern about the number of women with significant mental health issues who spent extended periods segregated in the CSRU, an environment where mental health assessment and intervention may be difficult. There is now much closer monitoring of these women, particularly by the consultant psychiatrist who liaises with CMHT, CSRU staff and the Head of Residence about their placement and management. In some cases women move in a planned way between the Mental Health Assessment Unit and CSRU and vice versa.

Psychological Therapies

Members of this team are part time and cover a range of approaches, importantly unified by the shared management of referrals, assessments and allocation of the work. Alongside staff additions the caseload has increased from about 60 to the December figure of 85 with a waiting list of 22.

The new Options program (DBT), funded for 1 year to replace the successful HoST programme for women with borderline personality disorders, has completed its first two 6 week group interventions. The outcome of the programme will be researched from February 2013. This is an important development as since HoST lost its funding there

have been no such programmes addressing the needs of this sizeable and concerning group.

The weekly Hearing Voices Group, supported by Camden Mind, has continued to be valued by the women and a second group for women on ordinary location has recently started. The new appointment of a principal clinical psychologist has extended the range of assessments and both individual and group work is envisaged. Links have been made with the London charity Women at The Well who now provide a therapy room 2 hours a day, enabling already established individual work to continue for a time during the vulnerable initial period after a woman is released.

Of Concern

- The MOJ's promised 14 day period between a woman being assessed as in need of a hospital bed and her transfer to hospital is still rarely met and there has been no improvement since the board's 2011 annual report which expressed concern about this. Urgent cases tend to transfer fairly quickly but delays in other cases appear to arise as a result of commissioners not imposing a 14 day deadline on trusts, as well as trusts' administrative and funding issues, with some trusts apparently not having clear forensic pathways. Delays save trusts money and there appear to be no incentives or systems to ensure trusts minimise delay. (Ref: 4)

Detoxification.

Current Government policy for all prisoners to detox before they leave the prison is not easy to achieve. All staff encourage reduction not maintenance, but prisoners, particularly those on remand or short sentences, may be reluctant to detox before they leave. Those coming off maintenance medication are increasing but very slowly as few are interested. Several support groups are run jointly by the medical staff, the Intervention team and officers, with a view to engaging those with methadone, alcohol and smoking addictions. The numbers of women on methadone maintenance have varied between 65 and 88. The concealing and trafficking of illicit drugs is an ongoing problem but not a major concern. Mandatory drug testing is carried out weekly.

From 1st April the NDTMS (National Drug Treatment Monitoring System) started tracking the patients' journeys on leaving prison i.e. those who continue with treatment. All maintenance drug providers feed information into the system. The latest figures collected show 47% of the women continue treatment after leaving prison which is a 10% increase on the previous quarter's figures.

Medication

The Methasoft system for dispensing methadone started in March. After initial teething troubles it is now working very efficiently.

On entry to Holloway, every prisoner is checked, not only by the officers, but also medical staff. All those with a drug/alcohol history are prescribed appropriate medication on the first night with a comprehensive careplan in place within 48 hours. Reviews are carried out at 5 days, 28 days and 13 weeks. Prisoners are actively involved in their careplans.

Specialist dual diagnosis services are provided for prisoners who experience both mental health and substance-related problems.

The women are initially housed on Ivor Ward Unit (detox) and then moved to the Opiate Maintenance Recovery Unit. Often there are more women than spaces on the Recovery

Unit. The women are placed in a unit on the same level for ease of dispensing the medication.

Staffing remains a challenge. Other ways are being explored to maximise nursing time such as the introduction of medicines management technicians and Band 3 nurses acting as second signatories for the administration of controlled drugs (methadone). This will give an opportunity to re-profile the substance misuse clinical team towards a model where nursing staff are more focused on clinical interventions and psychosocial support to facilitate a more recovery focused service.

Of Concern

- The number of women (80-90%) who continue on maintenance.

Psychosocial Substance Misuse Services.

Intervention programmes

The following programmes were on offer from January to September: CARATS, Building Skills for Recovery, the Alcohol Intervention Service, the Safer Sex programme and the Thinking Skills programme.

Fellowships (AA and NA) meetings were held each week run by former addicts in liaison with CARATS and the Drug Strategy department. Meetings were held in Resettlement and on the wings.

Phoenix Futures employed the Family Support worker, based in the Visitors' Centre.

From October 2012 Psychosocial Substance Misuse Services were transferred to a new provider, Phoenix Futures. A temporary manager was recruited to recruit new staff and by the year end most vacancies were filled.

The service is called "Building Futures with Substance Misusers" and has a different focus from previously. The new model is flexible, with more emphasis on non-accredited programmes, and will concentrate on the needs of the women. There will be 2 teams running side by side – the Care Management Team (CARATS) will continue their work assessing the needs of all the new prisoners but will not be doing group work. The Interventions Team will deliver a set of modules based on individual needs.

The programme for Sex Workers will be offered when there are enough women to attend.

At the end of 2012 there were 200 women on the Phoenix Futures caseload, 12 of these were YOs.

6. Purposeful Activity

The Board believes that Purposeful Activity is covered in other areas of the report.

7. Resettlement

Reducing Re-Offending

Reducing reoffending work in Holloway has been structured round the 9 Pathways of accommodation, education, training and employment, health, drugs and alcohol, finance, benefits and debt, children and families, attitudes, thinking and behaviour, domestic violence and sex workers. Work began in 2012 to ensure that there was less overlap of provision, and to set up systems to monitor referrals and outcomes, but this will need further consolidation in 2013.

St. Mungo's staff and BASS (Bail Accommodation Support Services) have given advice on accommodation and contributed to the figure of 92% of women leaving Holloway who have settled accommodation on release.

Job Centre Plus have seen 90% of all women before release and helped them with claims for benefits where necessary. National Career Service advisors and Working Chance staff have given valuable advice and support to women for further education or jobs.

18 women have been able to open bank accounts with the Halifax. There remains little advice on finance and debt, although all the women have a PIN number and are able to phone the National Debt line.

There have been 4 Family Visits and 11 extended Children Visits in the year. The Board raised concerns towards the end of the year about Children's Visits and in particular how women accessed them and what activities were laid on at the visits. PACT Kinship Care services ended in December.

The Thinking Skills Programme has continued to meet its targets and is available for medium to high risk prisoners. Courses for Building Skills for Recovery have been available for prisoners with alcohol and drug dependency. The Nia Project has provided work on safe choices for young women who have experienced violent offending, gang culture, sexual exploitation or violence.

Advice and support on the two pathways of Domestic Violence and Sex Workers was given by prison run courses and by a number of organisations that visit Holloway - Women Ahead, Women at the Well and New Horizons.

Education, Health and Drugs and Alcohol pathways are covered elsewhere in this report.

The Board is pleased to note that there has been an increased emphasis on mentoring and Through the Gate services which has been provided by various organisations including Pecan, Women at the Well, St Mungo's and DIP teams. Arrangements were begun for mentors to accompany a woman from Reception as she leaves Holloway. Public Protection and sentence planning work for high risk cases, Lifers and IPPs has been well managed by a very able Probation team. Work for lower risk cases has been less well resourced and backlogs have occurred when staff have been cross deployed. At the end of the year there was a significant backlog in OASys (Offender Assessment System) work.

HDC has been well managed and was up to date by the year end. Only 4 women have been granted ROTL during the year. The Board believes that more women might have achieved ROTL status (particularly since the numbers of sentenced women in the prison has increased) had more been encouraged to apply.

The Resettlement department ably arranges for a large number of organisations to come into Holloway but faces limitations in what it can offer. There has been insufficient provision of computers, telephone lines and interview space in the Resettlement area. There is still no lavatory with wheelchair access in Resettlement.

8. Safer Custody

The main concern of the staff is to prevent self-inflicted death in the population, ensure co-operation across all departments in key matters, and also assure the Governor that the relevant departments are managing the risks of suicide, self-harm and violence appropriately. The safer custody committee provides a multi-disciplinary check on the work of the head of residence and safer custody team to ensure compliance with PSI 64/11.

Holloway receives a number of prisoners presenting significant self-harm risks. Staff work together and have good management plans to work with these women. Staff have at times needed to use force when cutting off ligatures when prisoners have resisted or attacked staff.

ACCT Documents have been regularly checked by board members and found to have good comprehensive entries and completed care maps. It is clear that the ACCT process is not simply a form filling exercise but a real tool in aiding communication with very vulnerable women and offering them support.

Reception Staff continue to do an excellent job on cell share risk assessments for new admissions as Holloway receives a number of high risk women.

Listener recruitment and training is continuing with the successful pilot of evening training sessions in place of weekend sessions. The Listeners suite has been used to allow a woman to be with the listeners overnight, to the benefit of the prisoner involved.

In January a prisoner was who was taken to hospital by ambulance later died from natural causes. Such a tragedy has an enormous impact on other prisoners and officers and the Board was impressed by the sensitive way this was managed with admirable liaison between the Safer Custody Team, Listeners, staff and women.

The Board continues to be impressed by the dedication and concern shown by staff towards the large number of vulnerable women who are being cared for in Holloway, many of whom exhibit challenging or distressing behavior.

9. Segregation, Care & Separation, Close Supervision

Prisoners are held in CSRU under Prison Rule 45 [YO rule 49] either for the Good Order or Discipline [GOOD] of the prison, or less frequently for their Own Protection [OP] - or - whilst serving a period of Cellular Confinement [CC] awarded following an Adjudication for breach of a section of Prison Rule 55 [YO rule 60]. As CSRU is also used for Adjudications, it is where women are held, usually briefly, under Prison Rule 53 [YO rule 58] whilst awaiting Adjudication.

CSRU is therefore a busy Unit with staff managing women with challenging and often aggressive behaviour. Add to this the need to take account of the flow of people generated by Adjudications six days a week - usually on five or more women each day, so over 1000 per year - plus daily visits by the duty Governor, Healthcare, Chaplaincy, other departments and IMB, in addition to managing meal times, exercise, activities, applications and situations such as '3 unlock' and a picture is given of the demanding work patterns.

Within this complex framework staff manage the Unit consistently well, showing outstanding levels of professionalism, care and support to the residents.

The Board monitors the Unit every week and members attend Rule 45 [49] reviews wherever possible and observe Adjudications. There is a reliable system for advising the duty Board member of reviews. Segregation Monitoring and Review Group [SMARG] meetings are held to report on quarterly prisoner statistics and the IMB is invited and provided with copies of the analysis.

Prison Service Order 1700 covers the use of Segregation and the procedures for Review Boards. This procedure advises that particular care should be given to authorising continued segregation of a prisoner who is at risk of self harm – and on an open ACCT [Assessment, Care in Custody & Teamwork] document. Continued segregation should only occur in exceptional circumstances.

In Holloway many of the women held in CSRU are on open ACCT documents. These women are monitored regularly; their ACCT documents reviewed consistently and it could be argued because of higher staff/prisoner ratio, receive closer supervision than they might do on a normal wing. Nevertheless CSRU is by necessity a restricted regime for a prisoner with long periods of time alone in her cell and therefore not ideal for a woman who is prone to self harm.

During the year a small number of particularly difficult women were held in CSRU for significant periods of time e.g. 42 days, 61 days, 85 days and most recently over 90 days. In each of these cases the individual moved between Rule 45 [49] and CC and in some cases a spell in the mental health assessment unit C1. In these cases the Board feels it is essential that the Governor in charge of CSRU and her SO and staff get the full input and support from the other specialists and experts, including experience gained in the high security special hospital estate to manage these women in the most productive way. The Board also considers that the SO and her staff would benefit from a personal psychological support team or person with whom they could discuss the pressures of this demanding work in a non-managerial setting. It is understood that this will be introduced in 2013.

Adjudications

The Board monitored 198 Governor adjudications over the period of this report. Members take no part in the process but observe the proceedings and usually see the women before or after their adjudication. Members report positively on these proceedings and almost always praise the Adjudicator on his or her handling of the case and the fairness of the process.

The IMB are invited to quarterly adjudications review meetings chaired by the Deputy Governor. These meetings review trends and tariffs. One of the main issues re-occurring at these meetings is the increase in women located on C1, psychiatric assessment wing, who are placed on report and then subsequently being declared 'unfit' for adjudication. This subject is being reviewed with Healthcare management.

Special accommodation was used 3 times in 2012, on two women. All incidents were on CSRU and the longest lasted approximately 90 minutes.

10. Residential Services (includes accommodation, food, catering and kitchens)

Accommodation

Residential accommodation in Holloway comprises a mix of single rooms, doubles and five bed dormitories. Despite past criticism of this arrangement by HMCIP (and of course there is nothing whatsoever that can be done about it) many women like living in dormitories, for

example, foreign national women who can be placed with others who speak the same language and some vulnerable women who need re-assurance. The Board is satisfied that cell sharing risk assessments are carried out with great care and, where possible, women's opinions are taken into account.

The bathrooms and toilet facilities are basic but usually kept clean, however sometimes it is difficult for women to find privacy.

Each wing has a sitting room which many women use during periods of association. There are also private rooms which may be used by staff who come to the wing to discuss issues with women.

The Clean Holloway campaign has been very successful in encouraging women to take a pride in their unit and to help to keep it tidy and respectable.

Food, Catering and Kitchens

At the start of 2012 the amount to be spent daily on all meals offered to a woman was £2.10 and it was a shock to discover that in October, when the new catering contract started, this was reduced to £1.96 by the MoJ. How this is manageable when food prices are rising is a mystery.

There have been a number of small reductions in what is offered to the women and when board members taste the food and ask women their views the response is very varied. Of course board members recognise that aspects of life which would be of little consequence in the community can become the focus of prison life and food is one of them. However, it must be said that sometimes there are curious combinations on offer.

Women are offered four choices of hot food daily for their main meal, together with one salad choice. The PSI dictates that only one hot food choice needs to be available so this is commendable. There have been attempts to introduce variations in the food offered including special international menus. Menus are pictorial and there is respect for those who wish to order halal, kosher, vegan and other special diets, some of which may be agreed by medical staff.

One daily meal is a sandwich meal and the board suggested that soup might be an option in the winter but this was deemed too problematic. It is fair to say that although during the year members criticised the sandwich fillings for being far too small an improvement was noted towards the end of the year.

Unfortunately the book in which women can make comments regarding food is sometimes absent from a few units but the catering manager attends the monthly meetings of the Holloway Women's Council to listen to their concerns.

Working in the kitchen is popular, but because women spend such a short time in Holloway it does mean that staff must regularly train new workers.

In 2012 fifteen women gained a Level 1 Catering NVQ which can take up to three months to achieve and any woman who works in the kitchen for eight weeks must gain a Level 2 Food Hygiene Certificate. The women are very enthusiastic about these courses. Two members of staff are qualified assessors.

There are ongoing problems with the kitchen equipment. In some cases Works is able to carry out repairs, which is generally a speedy solution but unfortunately for major repairs Service Line must be used and it is not a simple process as this must be reported through Shared Services which apparently causes huge delays. Some equipment has been out of

order for weeks and when fixed fails again, meaning that certain foods cannot be prepared and catering staff must purchase more expensive alternatives whilst waiting for repairs.

11. Lifers and Indeterminate Sentenced Prisoners (IPPs)

The number of Life sentenced and Indeterminate Sentenced Prisoners has remained steady throughout 2012. There were 23 Life Sentenced and 7 IPP prisoners in December 2012, as compared to a total of 29 in January, despite movement in and out of the prison throughout the year. Of those currently in Holloway, 3 women arrived in 2012 and 6 in 2011. 4 women transferred to HMP Send in the period October-December: 2 IPP and 2 Lifer Sentenced. 6 other transfers for prisoners who have been in Holloway over 2 years are being discussed. There are still 6 prisoners over tariff, both Life Sentenced and IPP. Monthly "Indeterminate Sentence and Risk Management Meetings" changed to bi-monthly from August 2012.

The Governor's aim is to transfer more Lifers out of Holloway after they have stayed 2 years. Lifers should spend only 2 years in Holloway as the first stage of their sentence. However, 21 of the 30 have been in Holloway longer than 2 years, varying from 3 to 9 years (one arrived in 2003).

Of Concern - ongoing from 2011

- Prisoners remain Holloway for longer than is considered appropriate, both over tariff and others despite the best efforts of staff to move them.
- Older Lifer/IPP prisoners for whom there is no other accommodation in the prison system and for whom Holloway is increasingly unsuitable. (Ref: 5)
- Lack of appropriate programmes to help more women progress out of Holloway. (Ref: 7)

12. Mother and Baby and Maternal Health

Mother and Baby Unit

Numbers on the Mother and Baby Unit (MBU) fluctuated between 4 and 8 in 2012. At one point in September they were unusually low with just four babies but the drop in numbers appears to have been temporary, as six babies, including twins, were admitted in November and December. During the year 33 women applied for places and all of the 17 accepted spent some time on the unit. The contribution of a new team of social workers has been particularly helpful.

The women are entitled to up to 8 weeks maternity leave but they are encouraged to go off the unit and get back to work as soon as they feel ready. Facilities for mothers and babies are on the whole good with regular baby bounce session and 'extras' such as baby massage. A good relationship with the Mothers' Union sees baby walkers taking the babies out regularly: this has been complemented by an excellent new initiative where women who are not far off release accompany the baby walkers to a local centre which helps with their eventual readjustment to life outside. A revised service level agreement with health visitors has helped ensure that visits are more consistent with the service received by local children and mothers. Other inputs include those provided by birth companions, various therapists and healthcare as well as by the social workers mentioned above.

The Mother and Baby Unit saw long periods of quarantine, first with a chickenpox outbreak which lasted from August 15th to September 20th and then with the Parvovirus which meant quarantine was extended to mid October. The mood on the unit was fairly stable until the second quarantine, which coincided with transfers that had to be cancelled and, understandably, led to a drop in the women's spirits.

For a time there were concerns regarding a woman whose behaviour others found intimidating – the use of the IEP system in managing this individual seems to have been effective. Specific issues reported by women in 2012 related to ordering baby items online and not having enough pictures. However, officers on the unit are very helpful to the women. Women are allowed up to 5 photographs a month, and extra copies are only limited by the amount of paper available.

On leaving the MBU particular care is given to ensuring that the women and their babies have a supportive environment to go to. Staff on the unit work hard to maintain a positive culture, including during the extended periods of quarantine and disruptive behaviour, which could have been more 'easily' managed and diffused on a 'normal' wing.

Mother and Baby Boards took place throughout the year attended by two representatives from the social services (the social worker who knows the woman and writes the report along with a senior manager), an independent chair, the manager of MBU, one of the MBU officers and others, including a midwife, as appropriate. Probation is no longer able to attend but provides reports. The board makes a recommendation as to whether the woman should be accepted on the unit but it is ultimately the Governor who approves the place. In 2012 the care taken by the board when weighing up a decision which could be life changing both for the mother and baby; as well as for the other women on the unit, was of a consistently high standard; and in cases where there was any doubt extra effort was given to securing more information in order to help facilitate the fairest outcome.

On the occasions when women give birth before their due date, emergency boards to determine if women returning from hospital can have a place are convened on the phone, which are then confirmed (or not) at the next official board meeting.

Maternal Health

Pregnant women are, on the whole, well supported and the quarterly maternal and paediatric care provider meetings which bring together senior managers and medical staff from Holloway, the Whittington and voluntary agencies are a useful forum to discuss concerns regarding specific cases and issues over access to phones while on the labour ward, attendance by relatives at birth, pre and post natal nutrition etc....

At any one time there are usually between 13 and 20 pregnant women who usually opt to stay on a wing which is dedicated to their care. The main benefit of this wing is the more immediate access to midwives who come in three days each week. There are also special mattresses.

In November there was a still-birth on the pregnant women's wing. The Ombudsman was informed of the incident and a detailed internal investigation is being carried out by those responsible for the healthcare and operational functions. The woman who lost her baby has received regular consultations with Care Confidential (see below) and support from staff across Holloway.

Care Confidential provides a 'pregnancy and child loss support service' through Choices Islington. The majority of referrals are linked to post adoption issues or post miscarriage/stillbirth with the rest due to crisis pregnancy or post abortion. An increased

demand in for the services in 2011 led Care Confidential to recruit a seventh volunteer which meant that in 2012 the service increased from 2 days a week to 3. Occasionally women ask for through the gate support and they are then linked up with Care Confidential services outside.

The value of Care Confidential's work is now recognised throughout Holloway and the service has been asked to provide other 'services' such as the 'I Am' project in Education which lasted from June to September. It explores identity and relationships and particularly domestic violence and abuse. Funding is a concern but Care Confidential has received a grant which will enable them to maintain their services in Holloway for the next 3 years.

Birth Companions (BC) have been working in Holloway since 1996 helping women before and after the birth of their children. This extends to assisting women who have been separated from their babies but are expressing milk to send to them, as well as with helping women on MBU with breastfeeding.

The prolonged quarantine did not affect BC's work and they were able to hold their regular group sessions. The issue which women raised repeatedly was food, or a lack of it, but a consultation with the midwives has confirmed that the food provided is adequate for pregnant women. One of the most important roles played by the Birth Companions is their presence at the births of women who have no family support. In 2012 they attended 5 births. Disposable cameras are provided to take photos of the new-born babies.

13. Probation

Holloway's Probation department is extremely well run by the Head of Offender Management and her dedicated team of 3 Probation officers and a PSO. 2012 was a very busy year due to additional responsibilities being added to their workload and the very high prisoner population.

Probation manages all the high risk prisoners as well as the Lifers, IPPs, PPOs and can be dealing with about 100 cases at any one time. They are also responsible for all risk assessments, interventions, reports and meetings for Parole Boards, Safeguarding Children, Recall Hearings, ROTL, HDC, Public Protection, the MAPPa (Multi Agency Public Protection) register, OASys, and reports for Mother and Baby boards. The department also chairs MARAP, the multi agency risk assessment panel and works with numerous outside agencies including the courts and 'outside' probation.

At the end of 2012 there were 18 very high risk prisoners on the MARAP register, 6 sex offenders requiring one to one work and 3 prisoners with terrorism related offences within the Probation remit. There has been a significant increase in the number of prisoners on the Public Protection/MAPPa register over recent years (at the end of 2012 there were 164 on the MAPPa register, 22 being monitored in relation to harassment offences and 31 for safeguarding children). Lists are updated daily and circulated to all relevant parties. All warrants relating to harassment, sexual and racial offences are checked daily. The pinphone clerk comes under probation and telephone calls and mail are monitored.

Of Concern

- Given the volume and importance of the work of the Probation department, the Board would be very concerned if its resources were to be further restricted.

14. Reception

Reception

Changes to the layout of Reception have improved the atmosphere. The processes seem to be working more smoothly for the individual women with the room arranged to suit its functions. Wing cleaners play an important role in Reception in supporting the women by making up reception packs for new prisoners and serving them dinner.

Prisoners initial healthcare assessment continues to take place in Reception and the doctor is there each evening as new prisoners arrive. The new setting works better for the doctors, as the women can be brought in efficiently and the doctor's time is better used. The nurses complain that the offices are poorly ventilated. Doctors prefer to remain in reception until they have finished processing all women because there was no EMIS system on A3, the First Night Centre.

Women arriving early at the prison go to the Well Being Centre and often wait for a long time to see the doctor. The Board continues to monitor this situation.

Women currently on drugs are taken directly from Reception to the Ivor Ward Unit. The handover process and this generally works well. However, busy Ivor Ward staff are not always on hand to receive new women and the handover can be somewhat chaotic. New women to Ivor Ward may be vulnerable to being approached by women already on the unit for drugs or information or possibly a chance to manipulate the newcomer. This issue has been raised by the Board and will continue to be monitored.

Women not requiring detox go straight to A3, which is now the First Night Centre, from Reception. They no longer have the first few nights of buffering in the slightly more comfortable First Night Centre. As A3 has a large number of single rooms, a number of high risk women were also accommodated there, making A3 a somewhat more volatile setting. It has been of concern to the Board and some officers that vulnerable women just entering prison are placed there, however, new women to the unit report a supportive atmosphere. Managers have addressed this with efforts to move listeners, peer supporters and other supportive women to live on A3, which will be helpful to women new to the prison.

Until the end of the year A3 was the responsibility of Reception but management will be taken over by the Residential function.

The Board was concerned at the closure of the First Night Centre and will continue to monitor A3 closely.

Of Concern

- The Board continues to be concerned that disabilities might be missed on Reception, with women self-identifying as disabled, together with further information from their medical records and the doctors' examinations.

Induction

Induction seems to be an ever-evolving process. The peer supporters have been engaged in revising the induction presentation which the IMB hope to see when it is finalised.

Parcels

Officers no longer go out to the Visitors' Centre and now remain in the prison to collect property from visitors on their way to the Visits Hall (inside the prison) and the women receive a slip that evening that allows them to go on main movement the next day to Reception to retrieve their property. All property is signed for by the women. While it is early days, this system seems to be running more smoothly than the old system. Visitors can only hand in parcels at the second afternoon visit. Booking Line staff usually remember to tell visitors these details but not always, sometimes causing problems.

15. Security

The Security department is a strong and well-motivated team. The monthly meetings are generally well attended and thoroughly cover the security of the physical environment, managing E-list prisoners (the most concerning of whom was transferred out of Holloway in July), searching, visits (including reviews of prisoners on closed visits and banned visitors), monitoring of suspected extremist prisoners (there have been three during this period), prevention of bullying and violence, preventing use and trafficking of drugs, staff conditioning and public protection. There is good sharing of information on all issues.

A large amount of data is collected each month, mostly through SIRs. This information is used to set objectives and target security resources. Individual women causing concern, usually because of intelligence concerning drugs or bullying, are identified and monitored. There was an increased concern during the year about physical and procedural security – searching, locking of doors and gates, reporting any broken locks, ID being properly checked on entering and leaving the gate. New CCTV cameras which have been installed are expected to help with security and anti-bullying work.

At times during the year the security department identified increased trading of medication. For a time the nurses felt they were not always adequately supported by officers in dispensing of medication, which could allow hoarding, trading and increase the danger of overdoses. Managers have taken steps to ensure that the support of officers is always available. Main movement, as a potential area when bullying or trading in drugs may take place, is constantly monitored, including with the trained dogs, and the newly installed CCTV.

Use of Force

There were 111 incidents of use of force in 2012 (compared with 142 in 2011). Apparently this reduction in the number of incidents is in line with other women's prisons. Most incidents where force was used were unplanned, and therefore not recorded on video.

There has, however, been ongoing concern about the prompt and proper completion of paperwork following incidents of Use of Force, and the video recording of planned interventions where force is used. There has also been concern at times about staff training in C & R being kept up to date. Managers have worked hard, and appear to have succeeded in improving these deficiencies. The focus on paperwork is not simply a bureaucratic exercise; officers' statements are examined to ensure that the reasons for the use of force are apparent, that alternatives were explored and that C & R techniques were properly employed. The Use of Force meetings review all incidents where force was used but no longer view any video recordings of incidents. Any videos are now viewed only by the Deputy Governor and managers in the department, and they will take up any issues with the staff involved. This is following two investigations into specific incidents, which were filmed.

Because of concern about the amount of force being used on CSRU, a review was conducted in the first half of the year into whether women on CSRU with mental health problems should have been accommodated on C1. Both the residential manager and the C1 manager were satisfied that women were being placed appropriately on CSRU and there was no issue to be addressed.

16. Visitors' Centre, Booking line, Visits

The number of visits was reduced during 2012. The main visits room can hold 20 women per session and each woman is allowed up to 6 guests. Babies and children can be brought in to spend time with their mothers in the family room.

There are usually 5 officers in attendance, 4 in the main room and 1 in the family room. Some have been involved in family visits for 4 to 5 years have a good rapport with the women and their visitors, balancing the need to be sensitive with the obvious need to ensure the environment is secure. Each 'table' /visiting group was allowed to spend up to £20 cash (notes aren't allowed) at the Tea Bar in 2012. Prices (which rose in October 2012) are a source of complaint as crisps are priced at 65p and coke at £1.20. Spurgeons, who have responsibility for managing it say they still don't break even.

The availability of women officers for searching and the small and dingy searching area are problematic and there are sometimes delays in collecting women for their visits, particularly when time is tight between visits.

Special Children's Visits are meant to take place on the first Saturday of every month. These run from 10 to 3pm and can accommodate a maximum of 20 women, regrettably few considering how many of the women in Holloway are mothers.

The Board has observed that Children's Visits are not well publicised on the wings or at induction and that applications for Children's Visits may not be easily available on the wings.

Provision of activities at Children's Visits is uneven and may depend on the availability of gym staff. When they are not available the gym equipment and swimming pool cannot be used. However, the August 'Mini-Olympics' was a highlight, showing just what is possible.

Holloway management responded immediately to these points and expressed disappointment at some of the findings, hoping that improvements would be made after the transfer of responsibility to Security.

Of Concern

- The biggest complaint about Visits remains how hard it is for callers to get through on the telephone booking line. Some have reported waits of up to four hours. Spurgeons and staff on the booking line acknowledge that callers waiting over half an hour would not be unusual and that calls may frequently be terminated before they are answered. The Board's monitoring of the booking line bears this out. It is of great concern that inadequate resourcing of the Visit's Booking Line continues to jeopardise the contact women in Holloway are able to have with their families during their imprisonment. (Ref: 8)

The work of the Independent Monitoring Board

Each week at least 3 or 4 board members visit the prison, one on rota (which changed from two after the ATPR), one dealing with Applications and one monitoring Adjudications. Every six weeks a Forum is held on a residential unit when two board members listen to general issues raised by the women. Each member has an area of special interest and attends relevant meetings as an observer. The Board has met monthly with the Governor and the Head of Healthcare or their representatives. A successful Annual Team Performance Review was held in October.

Three members attended the National Conference (one an NC member). The Board has held regular training sessions prior to Board meetings, usually conducted by a department from within the prison but sometimes led by board members with appropriate expertise or an outside agency. Board members have attended training with staff including Clinical Forums organised by the Healthcare Department and events organised by PeTAR (Prison Education Training and Research). HMP Pentonville IMB were invited to the Board's training session on the subject of Hearing Voices and some board members attended the Bronzefield IMB training day as well as training events organised by AMIMB. Members have been involved in the training of new staff, discipline and civilian, to inform them of the role of the IMB.

Board members hosted IMB visitors from Downview and Eastwood Park and visited Downview. Members visited two community women's centres, Women Ahead at Jagonari and Women at the Well, where the needs of female offenders in the community are addressed in order to reduce the likelihood of them re-offending.

The Chair or Vice-Chair met with the Governor monthly and attended quarterly meetings of the London Area IMB Chairs with the Regional Custodial Lead.

The board continues to appreciate the sound and professional working relationships which have been fostered with management and staff.

BOARD STATISTICS	
<i>Recommended Complement of Board Members</i>	20
<i>Number of Board members at the start of the reporting period</i>	16
<i>Number of Board members at the end of the reporting period</i>	15
<i>Number of new members joining within the reporting period</i>	1
<i>Number of members leaving within reporting period</i>	2
<i>Number Board meetings during reporting period</i>	12
<i>Total number of visits to the Establishment</i>	562
<i>Total number of segregation reviews held</i>	Not available
<i>Total Number of segregation reviews attended</i>	Weekly Attendance
<i>Date of Annual Team Performance Review</i>	12/09/2012

PRISONER APPLICATIONS TO THE BOARD

<i>Code</i>	<i>Subject</i>	2012	% of Apps. received	2011	% of Apps. received
<i>A</i>	<i>Accommodation</i>	20	3.9	25	4.0
<i>B</i>	<i>Adjudications</i>	17	3.3	13	2.1
<i>C</i>	<i>Diversity matters inc. Disability and Racial complaints</i>	7	1.4	14	2.3
<i>D</i>	<i>Education / Employment / Training and Resettlement</i>	17	3.3	28	4.5
<i>E</i>	<i>Family / Visits and Telephone matters</i>	38	7.5	34	5.5
<i>F</i>	<i>Food / Kitchen related matters</i>	24	4.7	30	4.8
<i>G</i>	<i>Health related matters</i>	78	15.3	114	18.4
<i>H</i>	<i>Properties / Mails and Money matters</i>	107	21.0	128	20.6
<i>I</i>	<i>Sentence / Immigration and Deportation matters</i>	28	5.5	41	6.6
<i>J</i>	<i>Staff / Prisoner / Detainee and Bullying related matters</i>	53	10.4	50	8.0
<i>K</i>	<i>Transfers</i>	24	4.7	33	5.3
<i>L</i>	<i>Miscellaneous</i>	97	19.0	111	17.9
	<i>Total number of applications</i>	510		621	