



**ANNUAL REPORT
HMP/YOI HOLLOWAY 2013**

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 2013 to 31st December 2013

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1. DESCRIPTION OF HMP/YOI HOLLOWAY

HMP/YOI Holloway (Holloway) opened in 1852 as a prison for men and women and became an all female establishment in 1903. Between 1971 and 1985 the original buildings were demolished and a new prison built designed to meet the perceived needs of women prisoners, offering medical and psychiatric services for some women and a training regime for the majority. In 2013 the accommodation was split between five bedroom and four bedroom dormitories, double and single rooms, in a layout that is not ideal for staff supervision although the well maintained gardens provide a pleasant environment for exercise and source of employment for a small team of women.

Holloway is primarily a local prison holding both adult and young women remanded or sentenced by the Inner London courts. During 2013 its remit extended to take on the role of a resettlement prison.

The population of Holloway is diverse and it looks after some of the most vulnerable female prisoners in the system. Many of the women have complex needs. Around 5% are young women aged between 18 and 20, while approximately 10% are over 50. 45% are from black or minority ethnic groups. At any one time, there are a significant number of foreign nationals who can comprise up to a third of the population.

There are specialist wings for life-sentenced prisoners, substance misuse treatment and a mental health inpatient assessment wing. An enhanced unit holds up to 36 women while the mother and baby wing (which finally closed following the review of the female estate) is now being used for up to 13 women with release on outside temporary licence (ROTL) status.

The healthcare provider is Central & North West London NHS Foundation Trust (CNWL) in partnership with NHS Camden Provider Services. The commissioners (NHS England) have decided that in view of their performance to date CNWL will continue as provider till 2016 without a 3 year review in 2014.

Learning and Skills provider is 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 31.12.13 was **514**

Ethnic breakdown of prisoner population on 31.12.12:

BME: **209**, White **300**, Not declared: **5%**

Ethnic and gender breakdown of staff on 31.12.12:

White - **152**; Asian - **15**; Black - **95**; Mixed - **9**; Other - **4** and not stated – **35**

Females = **60.3%** (187/310)

2. EXECUTIVE SUMMARY

In line with previous reports in recent years the Independent Monitoring Board (IMB) believes that HMP/YOI Holloway (Holloway) is a safe, decent prison where the majority of staff work effectively to manage, support and provide care for a wide range of female prisoners many of whom have complex needs and are extremely vulnerable.

In 2013 the pressures of policies like Fair and Sustainable and prison closures have had an impact on Holloway, leading to cuts to the staff profile in April and the transfer to Holloway of 60 women from HMP Downview in the course of a few weeks in September.

Despite these challenges the Governor and senior management team have worked hard and creatively to minimise their negative impact on the women and should be credited for their effort to maintain standards. They have also had to proactively look for opportunities which will provide women with skills that will be useful upon their release in order to position Holloway as a local resettlement prison in line with the current Governments' resettlement agenda for local prisons in the male estate.

One important measure of achievement – which the IMB endorses - is the latest report by HM Chief Inspector of Prisons (HMCIP) which noted after its inspection from 28 May to 7 June 2013 that *“this inspection was the most positive... yet made (as) despite the constraints of the physical environment and its size most women, particularly the most vulnerable were held safely and treated decently – although some significant shortcomings remained.”*

The IMB particularly agrees with the observation within the HMCIP report that the incentives and earned privileges (IEP) scheme was proactive in its management of problematic behaviour.

The IMB is therefore concerned that the introduction in November 2013 of the new national IEP system replaced one which was generally effective and that the new scheme fails to take adequate account of the different needs of women prisoners. It is too early to comment on actual impact but the IMB is keen to emphasise the large amount of work that was undertaken by senior management at the end of 2013 to explain the new IEP measures to women and prepare them for changes which staff realised would be upsetting and in many cases incomprehensible.

The IMB was particularly pleased that Custodial Manager Sharon Edmonds received the 2013 National Offender Management Services award for Officer of the Year as her contribution to managing the Care, Separation and Reintegration Unit is well deserved and a tribute both to her and the work of her team.

The IMB congratulates staff in the Education department and women for their impressive number of Koestler Awards which saw them secure 21 prizes including 1 Platinum, 3 Golds, 2 Silvers and 2 Bronzes – one from the Worshipful Company of weavers. It is however worried that this kind of activity – which does not fit clearly within the Offender Learning and Skills Service (OLASS) is at risk.

To conclude, the IMB is pleased that Holloway's strength in terms of its location and consequently its ability to draw on the support of a wide range of agencies which provide a number of valuable services to the women has been recognised both by the HMCIP report as well as within the Review of the Female Estate. Finally, the IMB commends Julia Killick, the Governor, for her determination to find ways to encourage new initiatives and build a team which has seen Holloway retain its Level 3 status, 'compete' effectively within the 'open market' of both Public and Private Sector providers and start to deliver the 2013-17 business plan during such a difficult time.

2.1 Previous Year's Concerns which have been addressed

2.1.1 The waiting lists for dentistry, chiropody and optician services improved throughout the year although the growth in population increased pressure towards the end of 2013.

2.1.2 The Board has been encouraged by the determined effort to encourage Life Sentenced prisoners to engage with programmes which enable them to transfer from Holloway to Lifer Stage 2 Prisons.

2.2 Previous Year's Concerns which remain of note

Frustratingly, many of the concerns raised in this report are similar to those highlighted in previous reports and reflect a wider lack of appreciation of the particular needs of women in prison. The Board believes that these issues need to be raised again and hopes they might be addressed in 2014.

- 2.2.1 The Board remains concerned about the prison beds purchased by UKBA which has led to foreign national prisoners whose sentence has expired remaining in prison rather than being transferred to an IRC. (Section 3, Page 4)
- 2.2.2 As reported in 2012 the Board questions the shortage 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 5)
- 2.2.3 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 and often deterioration to the women in question and putting enormous pressure on both mental health and discipline staff in the prison. (Section 5, Page 9)
- 2.2.4 In the 2009/10, 2011 and 2012 Annual Reports the Board expressed major disquiet concerning women with serious mental health needs being held in custody. There has been little improvement in this situation during 2013.
- 2.2.5 Similarly the Board continues to be concerned about the ageing population of women in prison and the lack of specialised units such as those available in the male estate. (Section 3, Page 5)

2.3 Policy matters requiring a response from the Secretary of State

- 2.3.1 In 2013 foreign national women continue to be held in Prison beyond their sentences rather than being transferred to Immigration Removal Centres. Can the Minister reconsider the purchase of beds by UKBA and review this policy? (Section 3, page 4)
- 2.3.2 The ageing population of women in prison and the lack of specialised units such as those available in the male estate remain a concern. Might this issue be re-visited? (Section 3, Page 5)
- 2.3.3 Will the benchmarking process take into account the distinct needs of women leading to the recognition of the value of Personal and Social Development which could potentially have an impact on rehabilitation? (Section 4, page 6)
- 2.3.4 Given the ongoing delays in the transfer of women assessed under The Mental Health Act and the concerns over their needs (dating back to 2009) the Board requests the Minister to look at schemes which divert women with serious mental health needs away from prison and advise on a timeframe by when this need might be met and change implemented. (Section 5, page 9)
- 2.3.5 The lack of support provided in the Community (Hostel provision) remains a concern. Might the Minister look at increasing such provision? (Section 5, page 10)
- 2.3.6 When women are transported with men from court to prison they are disadvantaged as male prisons lock out early and prisoners are delivered there first. This has a detrimental effect and causes unnecessary stress for the women while Holloway has to extend its staff hours often till very late in the evening. Can the Minister see that there is an end to this unacceptable situation? (Section 14, page 17)
- 2.3.7 Can the Minister also consider whether women only vans might be used in order to prevent the risk of intimidation by men? (Section 14, page 17)

2.4 Operational matters requiring a response from the Prison Service

- 2.4.1 Given the importance of art, music and other creative options does the Education provider see how they might survive and flourish? (Section 4, page 6)
- 2.4.2 Can NVQ accreditation in PE be restored and accreditation in the other areas mentioned be introduced? (Section 4, page 6)
- 2.4.3 Healthcare Partnership Board meetings which provide a regular opportunity for the Governor and the Commissioners to monitor and discuss issues have lapsed since early 2013. Will they be reintroduced and if not will the Commissioner explain how its strategic oversight of Holloway healthcare is being met? (Section 5, page 6)
- 2.4.4 Is the Prison satisfied that frequently leaving just one member of discipline staff covering both the Mental Health Assessment Unit and the Substance Misuse Unit for periods of the night is safe? (Section 5, page 9)
- 2.4.5 The Board is concerned that in January 2014 there will be no learning disability specialist to assess and support women with learning disabilities, borderline learning disabilities and/or complex patterns of cognitive impairment. Given the complex needs of many women in Holloway is the position going to be reinstated? (Section 5, page 9)
- 2.4.6 When will the central heating in the Tilson Day Centre and the Mental Health Assessment Unit be fully operational? (Section 5, page 9)
- 2.4.7 Is the short time available for assessment sufficient to fully determine the acute needs of new prisoners? (Section 14, page 17)

3. EQUALITY AND INCLUSION

In Holloway Equality and Inclusion covers Foreign Nationals, older women and those with disabilities. A bi-monthly Equality Action Team meeting is chaired by the Governor and attended by the team, all heads of department as well as by representatives from other relevant services such as the UK Borders Agency (UKBA/immigration) and Hibiscus – a voluntary organisation that offers services to foreign nationals.

Foreign Nationals

The number of foreign nationals in Holloway is usually between 130 and 140 making up approximately a third of the population. Many of the issues faced by foreign nationals in 2013 have been caused by policy decisions which are beyond the control of the Prison. For example, the withdrawal of legal aid at the start of 2013 and the continued practice of holding women beyond their sentences.

On a practical level the biggest concern for Foreign National women is trying to maintain links with their families and, for many, telephone is the only form of contact. During 2013 they were entitled to as much pin credit as they could afford. However, a national prison service policy will come into effect in 2014 which will cut the amount to £10 a week - a substantial reduction which should be understood in the context of prisoners having to use the approved Prison service contractor and not having access to the numerous cheap international phone deals available. A 5 minute free phone call is made available for women who have not had a visit during the month.

Hibiscus has continued to work in Holloway despite a cut to their resources. Instead of 2 members of staff five days a week it now employs 1 person 2.5 days a week, resulting in longer waiting times. Despite the reduction in staff Hibiscus saw an average of just over 100 women every month. Most of the issues Hibiscus covers relate to help with family contact and social services but they also try to encourage women to attend courses in education courses and training.

The UKBA/Immigration provide 2 Officers for 3 days a week. They hold weekly sessions which focus on the induction of new foreign national women explaining UKBA processes and highlighting their presence and availability for assistance. They try to ensure that women are transferred to an Immigration Detention Centre when their sentence finishes although this depends on the individual circumstances of each prisoner. Throughout 2013 a number of women (IS91s) awaiting deportation have been held in Holloway beyond their sentence rather than being relocated to an Immigration Removal Centre due to the questionable practice of 'beds' being purchased by the UK Borders Agency.

Of concern

- As in its 2012 report the IMB continues to question the practice of 'beds' being purchased by the UK Borders Agency and ask why women who have served their sentence (IS91s) are not held in Immigration Removal Centres rather than Prison.

Older Women (Over 50)

The number of older women in Holloway varies but is generally between 40 and 50 totalling around 10% of the prison population. During 2013 a policy was written by Equalities staff in response to the 2010 Equalities Act which made age a protected characteristic.

Provision for older women has been good and included special arrangements in relation to healthcare and activities. Since December 2012 all women over 50 receive a standard Health Check with weekly sessions held on Thursdays where bloods, urine, mammogram, eating habits, flue jabs, exercise are checked.

Activities for the over 50s have included 'Words on Wednesdays' which offers a range of activities such as reading groups, author visits, creative writing and film appreciation. Unfortunately, these sessions have not been as popular as hoped and had an average attendance of between 4 and 9 women even after they were extended to include over 45s. The gym offers a special Club on Friday mornings and attracts a number of women including swimmers.

The Age UK phone number has been added to all older prisoners PIN numbers as a source of information and each woman receives a letter explaining this. Apart from the Health Checks and gym sessions, meetings are held with prisoner equality representatives and provide a forum for issues to be raised.

The main concern with this group is that women who are less fit and active physically and/or mentally are less well provided for. For instance, those with failing mobility require more support such as agreed actions to use lifts and more sedentary work opportunities are needed. Relying on the good will of staff and other prisoners will not always be sufficient.

Of concern

- The Board remains concerned about the ageing population of women in prison and the lack of specialised units such as those available in the male estate.

4. EDUCATION, LEARNING AND SKILLS

A4e eventually took on Learning and Skills provision for HMP Holloway in the autumn of 2012.

OLASS 4 demands that providers are paid only for educational programmes which result in a qualification. Staff feel that one constructive outcome of this is that more women have a positive attitude towards learning. However the IMB continues to be concerned that the needs of women in terms of Personal and Social Development are not adequately addressed even though there is provision for this.

It would seem that the challenges presented by OLASS 4 are reflected across the whole prison service. There appears to be a glimmer of hope that benchmarking for women's prisons may be starting to recognise the particular needs of women in prison and the IMB hopes that this will extend to Learning and Skills provision.

The decision to reduce the opening hours of the pottery workshop, a very popular area, is regrettable especially as some women are working to gain accreditation. It is also believed that art and music may be safe for the time being. The fact that Holloway did so well in the Koestler Awards is testament to the inspirational work of staff and students in these areas as well as the wonderful creative writing projects which have lead to women's work featuring in such magazines as 'Not Shut Up'.

Due to staffing changes no certified NVQ qualifications could be offered in PE although PE activities are very popular and other certified courses such as First Aid and Safe Handling were available. There continue to be successes at NVQ Levels 1 and 2 in Catering and Horticulture. The multi-skills workshop offers accreditation and ESOL (English for Speakers of Other Languages) classes are thriving. Plans are afoot to offer customer service accreditation to Listeners, library workers and induction workers.

The Library is well used but has suffered from staff changes during the year which resulted in reduced opening hours. It is hoped that the successful recruitment of new staff will resolve this problem. A new initiative was the piloting of "Yes We Can Read" a peer mentoring reading project.

The outcome of the Ofsted inspection in May was disappointing but placed Holloway alongside the majority of prisons. A post inspection action plan is underway and the SMT have started working on a change to the unlock list which will improve allocations to all activities with the aim that women will be in education, work, appointments etc. The Cluster Head of Learning and Skills is convinced that this, together with work on Sequencing, will result in definite improvements.

In December a Hair and Beauty Training salon opened, funded by the Working Men's College, which will offer vocational training for women as will the London College of Fashion project.

As in all areas of the prison there have been staff reductions. The influx of women from HMP Downview caused some temporary difficulties in terms of availability of places. However, this seems to have been short lived and by the year end the system had settled down.

Of concern

- Will Art, Music and other creative options survive?
- Will NVQ accreditation in PE be restored and accreditation in the other areas mentioned above be introduced?
- Will OLASS acknowledge the distinct needs of women leading to the recognition of the value of Personal and Social Development which could potentially have an impact on rehabilitation?

5. HEALTHCARE AND MENTAL HEALTH

The Board has been impressed overall by the quality of Holloway healthcare. The new manager, appointed in April, has led significant improvements to the efficiency and effectiveness of the service. The women generally receive healthcare which appears responsive to their often complex needs within a caring and positive culture where service improvements are under continual review. Relations between healthcare and discipline staff have also improved, with further positive effect for the women. The healthcare complaints system now guarantees women a response within a week (formerly 4 weeks) in acknowledgement of the urgency of some issues and the high turnover in a local prison.

The IMB regularly attend bi-monthly Clinical Governance Meetings where Holloway managers and CNWL monitor the compliance of healthcare provision with contractual obligations.

During 2013 capital funding enabled major improvements to medical administration infrastructure as well as refurbishment to NHS infection control standards of the Sexual Health Clinic and First Night Centre healthcare rooms: the refurbishment was carried out efficiently.

Of concern

- The Partnership Board meetings, providing a regular opportunity for the Governor of Holloway and the Commissioners to monitor and discuss issues have lapsed since April 2013 with neither formal explanation from the Commissioners nor alternative arrangements being made by them. The Commissioner's strategic oversight of Holloway healthcare is thus considerably reduced.

Primary Care

The Acting Head of Primary Care has worked hard to develop improved nursing habits. The Board acknowledges this improvement but agrees that there is more work to be done.

Five part time GPs spend on average one or two days at Holloway. All medical information is recorded on the NHS confidential medical programme – SystemOne. The data is updated overnight and by storing this vital health information, underperformance and areas that are not being followed up are highlighted

More work is being done on women's long term conditions.

Each woman, on leaving the prison is handed her 'discharge summary' which can be handed to her local GP or, in the case of moving to another prison, is communicated electronically.

Medical Administration

The complexity of prescribing to women with multiple needs in a local prison where many sentences are short is a challenge which everyone is aware of. An experienced Lead Primary Care Nurse with a good team of clinical pharmacists is looking at how to tighten up the procedures and ensure greater safety. An audit was carried towards the end of the year and the errors shown up tended to be administrative rather than prescribing.

Medical Complaints

A monthly breakdown of all medical complaints is produced by the head of Healthcare. This helps the team to improve their performance.

Quarterly Users' Meetings

A small informal meeting is held quarterly in Primary Healthcare. Women are invited to join a senior nurse, a clinical pharmacist and an experienced officer and a member of the IMB to discuss their concerns and complaints about their medical treatments. These are minuted and investigated and thus provide a good insight into the standard of care from the inmates' point of view

Dentistry

Dentistry is provided by the East Kent Dental Community Health Trust who come into Holloway for two sessions a week. Waiting lists build up regularly particularly this autumn when HMP Downview was rolled which initially proved a strain on medical resources, including the dentist.

Healthcare is looking at new ways of providing a more effective delivery without cost implications. Time set aside for women with acute/emergency need is being considered.

Clinics

2013 has seen the expansion of a wide variety of clinics run by the better qualified nurses and offering alternative therapies at minimum cost with excellent results. Of particular interest and value are Respiratory, Hypertension, Diabetic, Sleep and Shape Up clinics with an over 55 Club,

Women are asked to attend TB screening in the mobile clinic that visits Holloway regularly.

The Board has been impressed by the professionalism of the Primary Care team. The department has been transformed and the doctors and many of the nurses are feeling committed to providing the best service to Holloway's prison community

Mental Health

The Board's observation is that Mental Health provision is good. Complaints from women about their mental health healthcare are very low and in many months there are none. The development of systems providing patient feedback about the different services has been slow, but a form for women leaving the Mental Health Assessment Unit is being piloted. Women also have the opportunity to discuss issues about their day to day life at their Patients' Forum, held every two weeks, which the IMB attends periodically. Although the co-ordination of the various services within the monthly Mental Health Care Quality Meeting is undermined by poor attendance, the services do operate well together.

The weekly Complex Needs Meeting, attended by senior healthcare and discipline staff, appears to provide a very effective forum for identifying and discussing women of concern throughout Holloway, and agreeing on their management including possible referral within mental health. This has supported greater multi-disciplinary consistency and a faster response to women's mental health needs. Mental health awareness training for discipline staff was reduced over three months so that staff could focus on security training instead.

New women are now routinely screened for a history of abuse and for possible personality disorder, and both screens have generated self-referrals. A more thorough Holloway pathway for women with personality disorders is being developed.

The Community Mental Health Team (CMHT)

The team has suffered from staff turnover and its departing manager being seconded half-time to Bronzefield. A new manager, with time to conduct the long awaited review of the service, has recently been appointed. CMHT has a caseload of approximately 90 women at any one time. A Service Users Experience Survey in June recommended action to improve communication with women, notably informing them how to access the team and improving the quality of information given to women about their mental health. An action plan has been implemented.

CNWL funded a learning disability practitioner for a year and are not extending the service because of the low number of women identified with learning disabilities: 11 in the year with an assessed IQ of below 70, though there are considerably more with fairly borderline scores and/or complex patterns of cognitive impairment, many of whom find prison regime very challenging and have difficulty accessing and benefiting from rehabilitation services and other provisions. This practitioner will be sorely missed. She assessed the women, had an average caseload of about 20 women who were variously supported to better manage the prison environment and prepare for release, and importantly provided specialist advice to officers and other staff working with them.

The Mental Health Assessment Unit

The unit is well run by a committed group of clinical and discipline staff. Nurses additionally provide some evening and weekend in reach on ordinary location with women causing concern. The women are well cared for and staff are very responsive to their concerns and needs.

There has been over a year's delay in the ratification of the C1 operational policy in relation to adjudications. The Board has raised with staff concern that some women from the unit attending adjudications seem unable to relate to the process and may be detrimentally effected by it.

The Tilson Day Centre

The centre continues to provide meaningful individual and group activities for women in The Mental Health Assessment Unit and for some part-time from ordinary location in a relaxed, caring and supportive environment. The sessions for women from ordinary location remain somewhat unreliable as they are subject to cancellation if the dynamics of the assessment unit group are too difficult. Women may decline to attend their allocated session and ordinary location staffing levels do not facilitate time to encourage them to go.

Other groups use the day centre rooms including Hearing Voices groups and increasingly Psychological Therapies groups. It is hoped that as the centre is more widely used the perceived stigma that the centre is primarily for women with extreme mental health illnesses deterring some women will diminish. The central heating in the centre is old and inadequate. A bid for capital to install new pumps has been submitted. Without the new system the potential for the rooms in the day centre to be a venue for a wide range of group work supporting improved mental health is unlikely to be realised. The heating system in The Mental Health Assessment Unit is also problematic.

Psychological Therapies

This is a committed team of part time staff and honoraries providing a wide range of interventions for individuals and groups. 487 women were referred in the year to Nov 30th 2013 and most were assessed

and allocated according to agreed guidelines. The team has a culture of evolving provision to meet needs not met elsewhere. Thus, for example, the art therapist now combines individual therapy with a new mentalisation-based art therapy group for women with dual diagnosis (mental health and substance misuse) jointly run with Phoenix Futures. The principal clinical psychologist runs a range of groups available to women with short sentences variously supporting women in understanding and managing their mental health issues.

Over the year 72 women received individual psychotherapy, 80 received counselling over pregnancy/ child loss from the charity Care Confidential and 146 women were supported by the charity Women in Prison. The Board is impressed with the high number of women receiving support from the team. A research assistant has been evaluating the six to eight week dialectical behaviour therapy (DBT) groups run by the Options team for women with borderline personality disorders, and it is hoped a positive outcome will result in continued funding.

Of Concern

- At least 1 of the 2 officers covering the Mental Health Assessment Unit and the Substance Misuse Unit at night (both paid for by CNWL) are regularly used elsewhere in the prison for periods (commonly 20.30-23.00) often leaving just 1 nurse on The Mental Health Assessment Unit to cover the many tasks to keep the women safe and cared for.
- Delays in the transfer of some women assessed under The Mental Health Act as in need of hospital: from Jan 2013 to Sept 2013 of the 26 women thus assessed 61% waited more than five weeks from acceptance as suitable for transfer to actual transfer. This concern has been raised repeatedly in recent IMB annual reports but no improvement has been observed. Several factors seem to contribute to these delays including delays in staff receiving the case summaries needed by MOJ before issuing a warrant, administrative delays by some trusts and resources. Delays can save trusts money and there do not appear to be adequate systems to ensure trusts minimise delay. It is concerning that Holloway's psychiatric and nursing staff spend considerable time explaining legal and other transfer procedures to non-prison NHS staff as well as chasing agencies that are delaying the process as this impacts on time available for patients.
- The lack from Jan 2014 of a learning disability specialist to assess and support women with learning disabilities, borderline learning disabilities and/or complex patterns of cognitive impairment. (see above under CMHT)
- The inadequate central heating in the Tilson Day Centre restricting its use in colder weather and problems with the Assessment Unit heating in general.

Substance Misuse Service

Drug Strategy

The Drug Strategy department is split into two sections:

- *Clinical Substance misuse (detox, medication) comes under the NHS and is provided by CNWL;*

and

- *Psychosocial interventions is commissioned by NHS England and is provided by Phoenix Futures.*

Both departments come under the umbrella of the Holloway Healthcare and Drug Strategy contracts Manager.

Clinical Substance misuse

The Holloway Substance Misuse Service is very well run by the clinical services manager and the Phoenix Futures Service manager. NHS care quality and Drug Strategy implementation meetings, held bi monthly, have a structured agenda and are well attended by both healthcare and prison staff. Complaints are few and are quickly dealt with by management.

Detoxification

The Government's aim for all prisoners to be totally drug free before they leave the prison is no easy task to achieve. Those prisoners who are either on remand or have short sentences may not wish to reduce

because of limited time to stabilise and commence reduction. All the staff encourage reduction, not maintenance, and progress is being made. 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 number of women on methadone maintenance has remained fairly constant, between 60-70%. Those on a reduction regime are slowly increasing.

The concealing and trafficking of illicit drugs remains an ongoing problem. However measures have been put in place to address this problem such as strict supervision by operational staff during medication rounds both in daytime as well as at night. "No officer No medication" has been implemented by the Governing Governor. All staff are aware of this and can be disciplined if they fail to adhere to this order. Mandatory drug testing is carried out weekly.

The National Drug Treatment Monitoring System (NDTMS) tracks the patients' journeys on leaving prison and collects data on who continues with treatment. All NHS drug providers feed information into the system.

Medication

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

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 (detox) and then moved to the Opiate Maintenance Recovery Unit (D3). Often there are more women than spaces on the Recovery unit so those in overflow are placed in a unit on the same level for ease of dispensing the medication.

Staffing continues to remain 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 provide 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 (60-70%) who continue on maintenance.
- The lack of support (Hostel provision) provided in the Community.
- Recruiting and retaining nursing staff.

Psychosocial Substance Misuse Services

Intervention programmes

The Phoenix Futures contract celebrated 12 months in Holloway on 1 October 2013. The service is called "Building Futures".

This new Interventions department has an excellent management team who provide leadership and new ideas which have revolutionised the way that interventions are viewed.

There are 3 teams running side by side:

- The Case management team
- The Interventions team
- The Family Support Service.

The Case Management team look at the needs of all the new prisoners but predominately focus on assessments, one to ones and through care. They tend not to complete group work. They work closely with Healthcare and prison staff and attend both clinical and ACCT reviews.

The Interventions Team deliver a set of modules based on individual needs.

At the beginning of the year the focus was on drugs, alcohol and relapse prevention. Now the focus is on a holistic treatment package tailored to individual needs.

Emphasis is on non accredited programmes. Hence the programmes are constantly changing.

During the year the number of packages available has risen from 8 to 33 with a new package being created and implemented every quarter.

The caseload has been consistently 45-55% of the population throughout the year. 38% of the caseload are BME clients engaging and completing programmes.

Contact is kept with the outside world through various organisations such as the Drug Intervention Programme, Alcoholics Anonymous and Narcotics Anonymous. In March, "Peer Supporters" were introduced to drug and alcohol services. This has been a resounding success. They have been fully trained in facilitating educational awareness interventions e.g. heroin and cocaine/crack, overdose, safer injecting and are able to deliver as peer led groups. They also provide support to new prisoners in Reception, assist with literacy skills, provide harm reduction advice and generic support. Many forums are held on the units. Feedback from both prison staff and service users has been very positive and they have been recognised as a fundamental asset of the Building Futures service.

The Family Support Service is located in the Visitors' Centre and provides information and support to families, carers and loved ones affected by prisoners' drug and alcohol misuse.

This service is led by 1 part time person who has had a caseload of between 25 and 30 clients. She has developed partnerships with relevant organisations e.g. Sure Start, Grandparents Association and continues to engage and support family members for up to 3 months. "Family Anonymous" has been started which meets twice a month in the Visitors Centre and is well attended.

During the past year, staff have been involved with the training of prison staff in drug awareness and have had access to mental health and personality disorders training.

All those who work in the Drug Strategy department Substance Misuse Service - the medical team, the prison officers, and the Psychosocial staff, are to be highly commended as due to their enthusiasm and dedication many of the women with drug and alcohol problems have been encouraged and offered help to change their lifestyles.

6. PURPOSEFUL ACTIVITY

The Board believes that Purposeful Activity is covered under Education (Section 4) and Resettlement (Section 7).

7. RESETTLEMENT

Despite the HM Chief Inspector of Prisons' report of May 2013 criticising Holloway for the absence of any clear reducing reoffending strategy based on a needs analysis, it did confirm that the Resettlement unit 'provided a range of good support to women'. The Board concurs with this view. A prisoner survey was completed in May. A new group (chaired by the Deputy Governor) started late in the year with the aim of obtaining a more effective whole-prison approach to purposeful activity. It has become clear that too many women remain on the wings during the day and that more work is needed to ensure that this changes.

Work to reduce reoffending has continued steadily and with commitment in 2013. It has centred on the 9 pathways of accommodation (1) education, training and employment (2) health (3) drugs and alcohol (4), finance, benefits and debt (5) children and families (6) attitudes, thinking and behaviour (7) domestic violence (8) and sex workers (9).

Accommodation (1)

St Mungo's have given a good service to ensure that women have accommodation on release. However, many go to hostel accommodation as there is a lack of social housing available, and a few have no recourse to public funds at all.

Education, training and employment (2)

Various organisations helped support women in these fields (in particular, National Career Service, Working Links, Working Chance, Clean Break). The new hair training salon was launched in December 2013 in association with the Working Men's College. BICS continued to provide teaching for qualifications in cleaning. Planning for the London Fashion College workshop is ongoing. The Garden workers have increased their work on waste management and recycling. ROTL numbers increased in the latter part of the year (11 at the year end) partly as a result of women transferring from the re-rolling of HMP Downview. A Women's Institute was launched in November.

Health (3) (see Health, section 5)

Drugs and alcohol (4) During 2013 the number of places for women to attend Alcoholics Anonymous and Narcotics Anonymous were doubled. (section 3 page 10).

Finance, benefits and debt (5)

Job Centre Plus staff have helped women before release to claim benefits if needed. They and Working Links staff have been trained to use the Virtual Campus which will be used to apply for benefits and jobs on-line. The opening of bank accounts has continued to be available with the Halifax. Islington People's Rights have been providing weekly sessions on debt issues.

Children and families (6)

There have been 6 Family Visits and monthly extended Children Visits in the year. The Board is pleased to report that access to these visits improved in 2013. A family support worker with Phoenix Futures has helped women with substance misuse issues, but there has been no such support for other women. Alone in London hoped to give support to 18-25 year olds and their families but this was contingent on funding which was not, in the end, available. Many women were able to send a card and present to their children at Christmas via The Angel Tree project. The Chaplaincy have also helped women to create links or keep in touch with faith communities outside Holloway. Care Confidential gave counselling for some pregnant women and support for women who had lost a child. Parents in Prison helped women make baby memory books, personalised CDs and cards to their children.

However, it has been generally recognised that there needs to be more emphasis on developing work to promote and maintain better family relationships.

Attitudes, thinking and behaviour (7)

The Thinking Skills Programme met its target – 36 women (including 7 Lifers) completed the course in 2013. The two Sycamore Tree courses were very successful. The Nia Project has continued to advise on safe choices for young women who have experienced violent offending, gang culture, sexual exploitation or violence.

Domestic violence (8), and Sex workers (9)

Advice and support in these areas has continued provided by the prison and outside organisations (Phoenix Futures, Women Ahead, New Horizons, Salvation Army, King's Cross Sisters).

Through the Gate services and mentoring of women leaving Holloway have been provided in particular by Pecan, St Mungo's, Women in Prison and the DIP teams.

Plans were well underway by the year end to establish a 'hub' where women just released might obtain information on buses and trains, obtain Oyster cards, charge their phones, and generally catch their breath before leaving the prison.

There is on-going research being undertaken by the University of Portsmouth on what factors would help women to avoid reoffending.

Of Concern

- Various points raised in the 2012 IMB report such as limitations on space in Resettlement, and insufficient provision of computers and telephone lines for outside agencies; and no lavatory in Resettlement for women with disabilities remain unchanged.

8. SAFER CUSTODY

The vulnerable nature of many of the women held in Holloway - many of whom self harm or are at risk of self harm - makes safer custody a critical issue for everyone involved in their care and one which the Governor, senior management, custodial and non-custodial staff prioritise at all times. Ensuring that self-inflicted death is prevented as well as managing self-harm and violence appropriately is particularly challenging but the work is rightly acknowledged by the HMCIP report which notes a drop from 143 to 63 self harm incidents per month (since its previous inspection) as well as to recommend the use of the timeline initiative where wing observation books are used identify risks to individual.

A monthly Safer Custody committee, chaired by the Head of Residence and Safety, provides a multi-disciplinary check on the work and discussion covers broad issues such as the management of on Assessment, Care in Custody and Teamwork documents (ACCTs) as well as specific detail linked to women who are believed to be especially vulnerable. This thoroughness is particularly appreciated as is the way women held on continuous observation are treated, with most observers making efforts to engage with women rather than just watch their movements.

ACCT documents are frequently checked by the IMB which has seen a marked improvement in the quality of entries and care maps following determined efforts to train staff across Holloway as well as on the insistence of daily checks by Supervising Officers. ACCT assessments have, whenever possible and appropriate, been monitored and these too have not only been comprehensive but carried out with sensitivity, skill and professionalism.

Cell Share Risk Assessments (CSRA) which are carried out by reception staff for new women were identified as a concern in mid 2013 as some prisoners were being located without complete documents. Realising the danger of poor assessments the Safer Custody team acted quickly to address this failing and additional training was identified and provided. By the end of the year the number of CSRA high risks had dropped.

The average number of Listeners in 2013 was 7. They frequently made over 90 contacts per month and spent more than 60 hours listening to women at risk. Occasionally, listeners spent the night in the care suite with women who were causing particular concern. Recruitment sessions take place when required and the Samaritans run training sessions accordingly. One problem raised by the Listeners was the need to be able to debrief each other after a session – a vital part of listening. Seeing the importance of such support Holloway developed a Listener Protocol which addressed this and other issues.

As in previous reports the Board remains impressed by the dedication and concern shown by staff towards the large number of vulnerable women many of whom exhibit challenging or distressing behaviour.

9. SEGREGATION, CARE AND SEPARATION, CLOSE SUPERVISION

The women held in the CSRU have complex needs, are difficult to manage and often vulnerable. The Board has continued to be impressed by the thoughtful way staff manage the challenging women held on the unit, and coming through for adjudications, and by the professional, compassionate care and support they offer the women on a daily basis even when under great pressure.

The IMB monitors the unit closely. A Board member tries to speak to all the women held in the CSRU at least once a week and attends the weekly GOOD reviews and the 72 hour reviews wherever possible.

Members recorded attending 69 reviews over the year. The Board were, on the whole, impressed by the thoroughness of the reviews and the number of professionals who attended.

The Segregation Monitoring and Review Group (SMARG) meetings were incorporated into the Safer Custody meetings this year. They take place monthly. The IMB is invited and provided with the prisoner statistics. A range of organisations working in the prison are represented as well as the relevant prison personnel. They include Health, CMHT, the Samaritans and Listeners, Phoenix Futures and the chaplaincy. The statistics are studied and particularly worrying cases discussed. A great deal of thoughtful and productive analysis and scrutiny takes place.

A number of women held on the CSRU over the year were on ACCT documents. The Board continues to comment on this as Prison Service Order 1700 which covers the use of Segregation advises that the reviewing governor, adjudicator and health professional "will take particular care over a decision regarding cellular confinement where the prisoner is on an open ACCT document". However the Board has also regularly commented on the rigorous care and monitoring of the women with open ACCT documents on the CSRU. It accepts that there is sometimes no alternative to the CSRU for the women because their challenging behaviour and non-compliance means that for a time they need to be removed from ordinary location and it may not be appropriate or possible for them to be located in the Mental Health Assessment Unit. There is no Close Supervision Centre provision in the Women's estate.

This year three women were held on the CSRU for long periods of time moving between rule 45/49 and cellular confinement (cc) but there were fewer women held than the previous year and for shorter periods. Again the Board was impressed by the thoughtful discussion and strategies used by prison and health staff to manage these women and to eventually move them on to ordinary location, the Mental Health Unit or to other facilities.

The Board monitored 144 Governor adjudications and observed 12 different Governors and 1 independent adjudicator. Board members mostly reported positively on the process praising the Governors for their handling of the cases and the fairness of the process. The IMB also attended the quarterly Adjudications meeting where prison staff analyse a random 10% sample of adjudications and all adjudications that have been appealed and look at ways the system can be improved.

10. RESIDENTIAL SERVICES (includes accommodation, food, catering and kitchens)

Accommodation

Accommodation in Holloway includes a mixture of single rooms, doubles and dormitories. Despite criticism of the dormitories in past HMCIP reports the IMB continues to point out that in some cases the dormitories provide comfort to women who might otherwise feel isolated. For example, foreign national women can be located with others who speak their language. Risk assessments continue to be carried out with care and where possible staff try to meet needs expressed by women themselves.

February 2013 saw the closure of D2 as a dedicated first night wing and the use of A3 as the location where women not requiring accommodation on the detox unit would be admitted. While the IMB expressed initial concern about this cost-cutting measure it seems that it has generally been welcomed by the women and worked well. Many said that they preferred going directly to an ordinary location as when 'cushioned' on D2 they were nervous about what to expect upon leaving. Another of the benefits has been their integration with serving prisoners who help with induction. A3 underwent refurbishment towards the end of 2013. This included re-decoration, new showers and flooring. The women have commented positively on the improvements.

Other changes to accommodation saw D4 change from a Mother and Baby Unit to a wing for women held on ROTL. D0 continues to work well as an enhanced wing where women are encouraged to take more responsibility and have less supervision.

The use of cleaning competitions initiated in 2012 continue to inspire the women to take pride in their units and make the environment clean and decent.

The introduction of new washing machines on each unit has been a great improvement and each room has a weekly washing day which has led to reports that items are returned more quickly.

The bi-monthly health and safety committee meetings look at a range of issues across the establishment including fire-related risks. Lack of in cell alarms and extractors has been noted.

Food

£1.96 is still the amount budgeted to feed each woman three times a day and the IMB remains surprised that the catering manager is able to provide reasonable food at such a low cost. Tasting the food is one of the IMB duties and on the whole members have reported that it is tasty although experiences vary.

Up to five choices of sandwich are available daily for lunch while there are four hot choices and one salad for the main meal offered in the evening. The IMB was pleased that management responded to the women's request for hot meals to be served in the evening at weekends, as well as to the introduction of soup in the autumn. Frustration at the use of packet soup rather than making it in the kitchens has been expressed but it is understood that this is linked to health and safety regulations which also mean that food has to be thrown away rather than stored and used again. Menus have illustrations to make it easier for women with reading difficulties while a red, amber, green system show which contain more fat.

While food is often criticised by the women who frequently compare the Holloway menus with those provided in other establishments there is no consistent opinion. For example, one of the Downview women commented that the portions were far smaller and she was hungry while others thought it was far better and had no complaints about the quantity. In one report an IMB mentions that a "Couple of women said they never eat fruit outside prison and were enjoying the experience!" These contrasting views are hardly surprising but it is important to point out and congratulate the effort made by the Catering Manager and her team to provide special menus to celebrate religious festivals (Easter and Christmas), provide Halal packs during Ramadan and vary the menu through the provision of themed evenings offering Caribbean or Indian choices.

Catering and Kitchens

Holloway – along with many other institutions – did not escape the scare over horsemeat and many women expressed their worries during this time. In fact, management acted at once. All pies were immediately withdrawn and ultimately destroyed. Throughout the year the IMB noted that the food books which provide records of temperature at the serveries were only erratically filled in (despite the provision of training) and that when tested at the serveries the food was frequently below the required 63 degrees. While the IMB have received few direct complaints from women about the temperature of the food it remains a concern.

The kitchens provide work for up to 22 women as well as the opportunity to gain National Vocational Qualifications (NVQs). All kitchen workers had training in basic food hygiene. The morale of kitchen workers was generally good. It is significant that two inspections by the area catering manager in February and May led to Holloway receiving a green certificate both times.

Problems with kitchen equipment have been remarked upon in IMB reports throughout the year and are perhaps symptomatic of a more general prison-wide difficulty linked to contracts rather than a Holloway specific issue. More troubling is how faulty equipment can lead to an increase in costs e.g. if food needs to be bought in rather than made on the premises.

Of concern

- Lack of data within food books to record temperatures on a regular basis.

11. LIFERS AND INDETERMINATE SENTENCED PRISONERS (IPPs)

Lifers/IPP

The numbers have reduced by a third in 2013, from 30 in December 2012 to 20 in December 2013. There are currently 11 Lifers and 9 IPP prisoners in Holloway.

There has been significant movement in and out this year moving the population on so that previous long term residents who felt stuck have left. However, of the current population, 6 are beyond tariff due to not having engaged with programmes and/or their behaviour.

Movement in and out has been steady both to Send and to open conditions (usually East Sutton Park) and several women are awaiting a move out in the near future, mostly to Send.

A5 is no longer really a Lifers wing as fewer than half are Lifers/IPP. Women on A5 are content to be there and comment on how supportive the staff are. Lifers/IPP prisoners on other wings were mostly content to be mixed in with the general population thus there is no strong rationale from the prisoners' point of view to call for putting all Lifer/IPP prisoners on A5. The current population are overall content with their locations.

Most women spoken to in December considered that their needs were being met by the programmes they were undertaking; others were working and some chose to do nothing.

12. PROBATION

The team continue to work effectively on risk assessments and one to one interventions. Women said that they felt that their needs were met by their probation officers.

Concern that increased release on temporary licence (ROTL) assessments would bring an excessive burden is something that may be more of a problem in 2014.

Ongoing uncertainty as to the future of the Probation Service is unsettling for the staff.

Psychology

The Forensic Psychology team of about 30 staff cover 11 prisons in the London area. The team consist of both qualified staff and trainees.

Referrals come from Offender Supervisors or Case Administrators and principally from Probation as they are dealing with the higher risk cases. They deal with parole risk assessments especially for Lifers and IPP prisoners, take on clinical cases and support trainees. There is a monthly review of cases to even out the service.

Psychology now deal with fewer cases at Holloway than previously but it is difficult to gauge or evidence if this is problematic or acceptable.

They have helped Holloway with a needs analysis project for services and programmes.

Some of the non-accredited courses have been discontinued e.g. anti-bullying as there was no evidence of benefit.

The transition to the new management structure under Fair and Sustainable has been managed so that prisoners' needs are still being met.

Helping women beyond tariff to engage with programmes is an ongoing concern.

Of Concern

- The planned expansion of ROTL applications may put undue pressure on the current Probation staff, especially given the uncertainty over the future of the Probation staff.

13. MATERNAL HEALTH

The numbers of women and children being held within the Mother and Baby unit (MBU) has often fluctuated and in 2012 the figures moved between 4 and 8. This did not compare with the situation in 2013 where for several months there was only 1 woman living on the unit. This trend corresponded with a national situation and was not unique to Holloway but rather the result of a change in sentencing policy.

Recognising how isolating it was for the woman being held alone on the unit it was decided that she should be moved to Bronzefield while the review of the women's estate was completed. Ultimately this saw the closure of the MBU although its work continues to draw on the skills of Officers and Staff who had provided good care to the mothers and babies over many years. While the MBU was not an ideal environment for women with children, the efforts to help women reintegrate post release were impressive. Arrangements were made with outside agencies which allowed women and babies to attend a local Children's Centre, while 8 baby walkers ensured the babies were taken out regularly.

Despite the MBU closure Mother and Baby Boards attended by representatives from the social services, an independent chair and senior managers from within Holloway were convened to assess whether pregnant women should be recommended for Mother and Baby Units in other establishments like Bronzefield or Peterborough.

The number of pregnant women has dropped to an average of 12. They are still housed on a wing dedicated to their care and have access to midwives several times a week while quarterly maternal and paediatric care provide meetings bring together senior managers and medical staff from Holloway, the Whittington and other voluntary agencies. Birth Companions continue to help prepare women for birth while Care Confidential provides a 'pregnancy and child loss support service' through Choices Islington. The majority of referrals to Care Confidential are linked to post adoption issues or post miscarriage/still birth with the rest due to crisis pregnancy or post adoption.

14. RECEPTION

The reduction in staff in April 2013 was handled well through staff training and current staff are managing this unpredictable area well, although transfers from other prisons can be problematic. The lean staffing, a close knit group of officers, is only just adequate but the staff coped admirably with the women arriving from HMP Downview and deal with difficult situations. The problem of late vans continues. Male prisons lock out at 19.00hrs and therefore women are kept on vans and are often last to arrive. This is particularly worrying in the case of women who are pregnant or who are withdrawing from substances.

At the end of the year there were serious concerns about the amount of stored property, but this has eased as women have become accustomed to the new regulations. Women attending court now take their property only if it is clear that they will be released.

There has been a determined effort to use the video link for more court appearances, especially short ones.

Misunderstandings between Reception and Healthcare staff were resolved after a meeting in April 2013 in which the IMB was involved. Better liaison resulted from this.

Peer supporters and wing cleaners provide valuable and cheerful support for both new prisoners and officers. Listeners now provide induction to new prisoners – a positive innovation as new prisoners feel more comfortable asking questions. Peer Supporters accompany those going to the First Night Centre.

On entry women are asked to disclose disability issues and the IMB is concerned that with all the other vital risk assessments taking place in a short meeting under pressure they may fail to report such issues accurately. There are also concerns regarding the induction of women whose first language is not English.

Of concern

- Late vans. Why are women disadvantaged because male prisons lock out early? This has a detrimental effect on both the women and means that Holloway has to extend staff hours as they wait for these late arrivals.
- Is it possible for women to be transported separately from men so they are not put at risk of intimidation in vans which lack privacy?
- Is the short time available for assessment sufficient to fully determine the acute needs of some new prisoners?

15. SECURITY

The Security department manages the physical security of the prison, including all buildings, doors and gates, as well as security issues including escape risks, drugs in the prison, violence, bullying and risks associated with extremism.

There continues to be concern about drugs being used and traded in the prison. Efforts are made to collect intelligence about key dealers and distribution networks. In preventing drugs coming into Holloway, the focus has been on visits, post and reception. Where there is good information to suggest that individual women are responsible for drugs in the prison, their mail may be monitored and visits may be restricted to closed visits, or certain visitors may be banned. A welcome innovation this year when prisoners' visits are restricted in this way, is that consideration is now given to whether any children visiting that woman will be affected by the restrictions. This is discussed and monitored at the monthly Security meeting.

New measures intended to reduce the risks of threats, assaults and drug dealing include unlock lists and the use of closed circuit television (CCTV) to control main movement. It is not clear whether these measures have had a significant positive effect.

There are a small number of prisoners whose offences are terrorism-related or who are believed to have extremist views or to be associated with extremist groups. These individuals are monitored by the Security department. Prisoners known to have connections with gangs are also monitored, in collaboration with the Metropolitan police and fortunately there seems to be very little gang activity in the prison.

The Security department ably managed the handover of women from Downview and ensured that relevant information was properly shared.

One woman, considered to be an escape risk was on the E-list protocol from June onwards. The IMB has closely monitored this and it has been of concern particularly as this individual is known to have both serious physical and mental health problems. The decision to keep her on the E-list has been reviewed at each monthly security meeting.

Use of Force

During 2013 there were 108 occasions on which force was used. The highest number of incidents in any single month was 13, and the lowest was 5. It is notable that the occasions of use of force against prisoners did not increase overall with the arrival of women from HMP Downview. This supports the IMB's view that in Holloway force is used carefully and appropriately, and only when necessary.

Use of force is closely monitored by managers at the monthly meeting. This meeting reviews incidents from the previous month and monitors the required completion of paperwork relating to each incident. Where force has been repeatedly used on one woman, there is often useful discussion at the monthly meeting covering the reasons for this, and reviewing how the situations have been managed.

Overall during the year there was an improvement in the completion of paperwork after use of force incidents. A small proportion of incidents of use of force are filmed. This was a cause of some concern in the first half of 2013, but there was an improvement after a number of members of staff attended specialised training in videoing incidents of use of force.

Review of video footage by managers takes place outside the use of force meetings. Where concerns have been raised, learning points are discussed with individual officers. On one occasion when an incident was not properly recorded either in the required written statements or in video, an investigation was conducted by the residential governor.

Staff training on use of force is also monitored at the monthly meeting and is kept up to date.

No special accommodation has been used this year.

16. VISITOR CENTRE, BOOKING LINE, VISITS

Visiting times are currently as follows: *Sunday (social only) 14-15.00 and 15.30 to 16.30; Monday social and legal 14.30-15.30; Tuesday and Wednesday social and legal 9.30-10.30 and 14.30 – 15.30; Thursday social and legal 9.30-10.30, 14.30 – 15.30 and 18.00 – 19.00; Friday social and legal 9.30-10.30; Saturday*

(social only) 14.00-15.00 and 15.30-16.30 (See section 7 page 12 for information on extended Children visits).

The Saturday social visits are usually full and hard to manage. Getting the detail right is complicated as seats need to be allocated with care while there are particular tasks – namely searching - which male officers cannot do and as one officer has to stay in the room with the women running the canteen while those attending the sessions are returned to their units.

The shop workers, and most of the women when asked, compliment the officers for creating a reasonable atmosphere during what, for many, is an emotional time. The main concern here is linked to the price of snacks and drinks with a can of coca cola costing £1.55 compared with local corner shops selling the same size can for 75p! The prices are however outside Holloway's control as the shop is managed by Spurgeons.

There has been some improvement to the visitor's booking line systems in 2013.

The work of the Independent Monitoring Board

Each week at least 3 Board members visit the prison, one on rota, one dealing with applications and one monitoring adjudications. Each member has an area of special interest and, when possible, attends relevant meetings as an observer. The Board meets monthly with the Governor and the Head of Healthcare or their representatives. The Annual Team Performance Review was scheduled for January 2014 as this seemed a more appropriate time for it to be held.

2013 saw the realisation of new tenure rules for IMB across the UK which meant terms were restricted to 15 years of service. Holloway, like many Boards, was particularly affected by these rules. 5 members, all of whom contributed greatly to monitoring the Prison during both difficult and better times, should be recognised for the amount of energy, time, commitment and insight which they provided over more than 20 years. Their dedication remained throughout 2013 when most became mentors to the 7 new members who were recruited at the end of 2012. This included taking each of the 7 round on rota, application, adjudication and review duties as well as to coaching them in the writing of reports.

The Board Development Officer who has served on the Board for 'just' 13 years kindly agreed to oversee training of the new members and held regular training sessions prior to Board meetings. By the end of the year all were pleased that the new members looked likely to live up to the committed service demonstrated by those leaving – a fitting tribute. All but one of the new members attended induction training in 2013.

A number of general training sessions were provided within Board meetings and the agenda adapted to accommodate this. Most of these sessions were given by key personnel within Holloway and the IMB were grateful that Officers stayed beyond hours to explain areas which included the CSRU and Drug Strategy.

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>	15
<i>Number of Board members at the start of the reporting period</i>	21
<i>Number of Board members at the end of the reporting period</i>	17
<i>Number of new members joining within the reporting period</i>	7
<i>Number of members leaving within reporting period</i>	5
<i>Number Board meetings during reporting period</i>	12

<i>Total number of visits to the Establishment</i>	660
<i>Total number of segregation reviews held</i>	<i>Not available</i>
<i>Total Number of segregation reviews attended</i>	69 recorded
<i>Date of Annual Team Performance Review</i>	7/01/2014

PRISONER APPLICATIONS TO THE BOARD

<i>Code</i>	<i>Subject</i>	2013	% of Apps. received	2012	% of Apps. received
<i>A</i>	<i>Accommodation</i>	11	2.3	20	3.9
<i>B</i>	<i>Adjudications</i>	12	2.4	17	3.3
<i>C</i>	<i>Diversity matters inc. Disability and Racial complaints</i>	9	1.8	7	1.4
<i>D</i>	<i>Education / Employment / Training and Resettlement</i>	22	4.5	17	3.3
<i>E</i>	<i>Family / Visits and Telephone matters</i>	27	5.5	38	7.5
<i>F</i>	<i>Food / Kitchen related matters</i>	15	3.1	24	4.7
<i>G</i>	<i>Health related matters</i>	87	17.9	78	15.3
<i>H</i>	<i>Properties / Mails and Money matters</i>	105	21.6	107	21.0
<i>I</i>	<i>Sentence / Immigration and Deportation matters</i>	38	7.8	28	5.5
<i>J</i>	<i>Staff / Prisoner / Detainee and Bullying related matters</i>	33	6.8	53	10.4
<i>K</i>	<i>Transfers</i>	32	6.6	24	4.7
<i>L</i>	<i>Miscellaneous</i>	96	19.7	97	19.0
	<i>Total number of applications</i>	487		510	