



ANNUAL REPORT

HMP/YOI HOLLOWAY 2015

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 2015 to 31st December 2015

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1. DESCRIPTION OF HMP/YOI HOLLOWAY

HMP/YOI Holloway (Holloway) is not a Victorian prison. All that remains of the original buildings is a pair of decorative stone griffins. A prison was first opened on the current site in 1852 accommodating both men and women. It became an all-female establishment in 1903. Between 1971 and 1985 the original buildings were demolished and replaced by a new prison designed to meet the perceived needs of women prisoners, offering medical and psychiatric services for some women and a training regime for the majority. The accommodation was split between double and single rooms, and five bed and four bed dormitories; these sharing arrangements have frequently been criticised although many women prefer sharing with others, particularly foreign nationals with limited English. The layout, apparently designed to more of a hospital design, has often been seen as less than ideal for staff supervision with long corridors and many corners making it challenging to monitor women when they walk through together on main movement to education, gym or work. The buildings enclose well-maintained, often quite lovely gardens, which provide a pleasant environment for exercise and a source of employment for a team of up to 20 women.

The population of Holloway is diverse and includes some of the most vulnerable female prisoners in the UK. Many of the women have complex needs. Between 5 and 10% 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, comprising up to a third of the population. Specialist wings are designated for substance misuse treatment and a mental health inpatient assessment wing. An enhanced unit holds up to 36 women while two others are used for resettlement.

In 2014 Holloway extended its remit as a local prison (holding both adult and young women remanded or sentenced by the Inner London courts) to take on the role of a resettlement prison; and in 2015 it was building the resettlement agenda with a range of commercial contracts and agreements including an established one with the London College of Fashion and a new one with Pret A Manger. During the year the two resettlement landings with open conditions changed from a regime with unlock from 7.15 am through 8.30pm to no lock-in and a quiet time between 10pm and 6 am. Women released on outside temporary licence (ROTL) status are generally based in these wings. The women enjoy 24-hour access to an outside terrace thanks to an open stairwell connecting the two units.

The healthcare provider is Central & North West London NHS Foundation Trust (CNWL) in partnership with NHS Camden Provider Services. In 2015 the contract for healthcare was up for review and much of the year was spent preparing a bid to continue as provider. Following the announcement of Holloway's closure CNWL agreed to provide healthcare services and cover for the remaining months before closure. The Learning and Skills contract was secured by NOVUS in early 2015, after A4E gave notice mid-2014.

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

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

Total population on 31.12.15 was **521**

Ethnic breakdown of prisoner population on 31.12.14•:

64.2% - White

5.1% - Asian

22.8% - Black

6.8% - Mixed

0.9% - Other: Any other background

0.2% - Other: Arab

•Unfortunately the exact figures for 31.12.15 were unavailable but the population breakdown was likely to have been nearly identical

Total Staff in Post: 302

Ethnic and gender breakdown of staff on 31.12.15. Total Female Staff: 195 (61%) Total Male Staff: 107 (38%) Total Staff BME: 120 (40%)

2. EXECUTIVE SUMMARY

On 25 November 2015 the Chancellor of the Exchequer announced the closure of HMP/YOI Holloway. Because the announcement was part of the autumn statement advance notice of the news was limited to a handful of officials in the Ministry of Justice and the Treasury. Within Holloway itself the Senior Management Team were informed less than an hour before a full staff meeting. The IMB Chair who had been called earlier that morning was unable to attend at such short notice but the Vice Chair happened to be in the prison and witnessed the distress caused by the unexpected news.

Despite their personal shock staff informed the women of the decision in an orderly fashion designed to ensure that the news was relayed in a way least likely to upset a vulnerable population where in any one month up to 10% may be on ACCTs – the Open Assessment, Care in Custody and Teamwork measure designed to protect those at risk from self harm. For many women Holloway, however uncomfortable a finding, has been regarded as a second home and for some the only safe place they have known. Media reports at once seized on the closure and reflected what were in the main totally inaccurate accounts of the work, care and accommodation (there are no Victorian buildings) provided in Holloway in 2015. Given this press the IMB exceptionally wrote to The Guardian.

News of the closure means that this final IMB report is written within a different context to those that have gone before. The IMB is aware of, and shares, the significant disquiet felt across Holloway by many stakeholders about how its closure will affect female offenders.

The IMB agrees overall with the findings of the latest HMCIP report, based on an inspection of the prison in October 2015: *“After many years of being very critical of the treatment provided to women at Holloway at our last inspection in 2013 we reported a much improved picture. Despite the size of the population and the significant difficulties of the physical environment this inspection found a prison which had continued to improve in all but one of (the) healthy prison tests”.*

When the closure was announced there was concern and frustration about the lack of process, consultation or transparency, which added to the difficulties of managing the closure. More critical is the concern that while prison may not be the appropriate environment for many female offenders, and that smaller units could be a better solution, as suggested by the Corston report in 2007, there is no Corston-like provision in central London; nor has it been trialled.

In 2015 and as clearly emphasised in its last few reports the Independent Monitoring Board (IMB) believe that HMP/YOI Holloway was 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. The IMB commend the outstanding work carried out to ensure safer custody and endorse the HMCIP report which states that *“Support for vulnerable women, including those with very complex needs, (is) very good ... “* and that *“the proactive safer custody team (is) knowledgeable, able and effective ...”* The IMB also recognise how in Holloway there has been a whole prison approach to violence reduction and appreciates the way in which the Incentives and Earned Privileges (IEP) system has been used to support safer custody as quick and predictable punishments can help deter potentially dangerous behaviour such as bullying or violence.

An average of 500 women were held in Holloway at any one time throughout 2015. Of these over 60% had addiction related issues, often associated with adverse personal histories, including domestic abuse and violence, and leading to physical and mental health concerns, the removal of their children, insecure housing and “chaotic” lives. While ideally women (many who are serving only short sentences) with addiction problems would be treated in the community, the shortage of such provision has seen Holloway having to deliver an extensive detox and drug strategy. This has had a number of benefits. Primarily, that Holloway can provide a range of joined up services under one roof to meet the complex needs of the women. Ironically as access to community based services has decreased, women have been re-offending to return to prison for support. The IMB is concerned that after the closure of Holloway it will be harder to deliver these services outside central London. Organisations like Women In Prison and Choices for Change are funded by London local authorities as they are delivering services for London women.

A further worrying IMB observation, with which healthcare managers agree, is that increasing numbers of mentally ill women are coming into custody as funding for general mental health services in the community diminishes. The severe shortage of high and medium secure psychiatric beds in hospitals continues to make it very difficult for prisoners requiring hospital treatment for their mental illness to be transferred out of Holloway despite the best efforts of staff. Lengthy delays in accessing hospital accommodation were identified as a concern in previous IMB reports and also in the last HMCIP report. This continues to be a concern as does the loss of a team of discipline staff and healthcare professionals who have worked well

together with prison officers understanding and supporting a therapeutic approach; while therapists recognise and respect the role of the officers too. It is a concern that the therapeutic services which can greatly benefit offenders' lives and behaviour may be less likely to be available outside London but it is the loss of a team which has been built over years that is the greatest concern. One example of effective teamwork was the way in which Care, Separation and Rehabilitation Unit (CSRU) worked together with healthcare to manage and care for very troubled and difficult women which saw some women, who other prisons had only been able to manage in segregation, allowed the possibility of being managed outside the CSRU.

The effective transition of Holloway into a local resettlement prison that began in 2014 progressed with the number of women in work increasing to 230. The London College of Fashion workshop continued to thrive with 9 women working extended hours reflecting the reality of an ordinary working day and the delivery of their 11th commercial contract. Pret A Manger, which had had to secure the support of all its local Foundation offices before it could work in Holloway, had just installed barista machines in two locations and a training package was ready for trials in December 2015. This would have involved Pret A Manger staff coming into the prison to work with women with a view to offering them jobs on their release. Other positive and imaginative activities included the Painting Party that employed 13 women and saw some dramatic improvements to the wings including the renovation of a dining room into an association room.

The number of women with Release on Outside Temporary Licence (ROTL) rose to 17 in July and several were released into paid employment. In the first half of 2015 there were a number of problems facilitating ROTL, including changes brought in by the new PSI in March, and this was reflected in high levels of frustration from the women. The IMB noted that despite the lack of a specific Key Performance Indicator for ROTL from the MoJ there was an expansion of the number of opportunities available locally to women for both paid and unpaid work, although due to the closure women did not get to experience such opportunities. The concern with the closure of the prison is how much further women will be from their homes and the impact that this will have on Childcare Resettlement Release and Resettlement Day Release.

Unfortunately, despite promising beginnings, the impact of the change in education provider meant that while the resettlement work continued to improve, the provision of education, learning and skills did not improve; there was also no time to assess if the introduction of the CRC/London Women's Consortium was likely to be an effective way of managing resettlement.

Since its opening in 2014 the Hub, a suite of rooms located just outside the prison gate where women are able to spend a few hours preparing themselves, charging phones and meeting with representatives from different agencies on their release, has been acknowledged as a gold standard across the prison service. Many other establishments now hope to implement a similar facility recognising that shutting the gate upon release is not helpful and can be counterproductive. The primary needs for those just released were identified as housing, family and carer support, community engagement, education, training and employment. In 2015 70% of women released from Holloway used the Hub.

The determined effort to help women stay in contact with their family and friends particularly at difficult times of year was maintained in 2015. Once again, Holloway staff should be recognised for the extra effort made to add extra visiting sessions so that women could spend more time with their children particularly at Christmas. While accepting that some are critical of one the hour daily visits the IMB is more concerned about how the more difficult transport links for the majority of women's families may see a reduction in the numbers being able to attend family visits and children's days. Not only are both Downview and Bronzefield harder to reach than central London, the cost of public transport is prohibitive and given the known importance of maintaining family ties as part of effective rehabilitation for women the IMB is anxious that measures are taken to mitigate such impacts.

In summary, the IMB agrees with the HMCIP report that in the two years since the 2013 report there has been considerable progress in achieving sustainability in relation to making the prison safer and that most staff have been "*placing decency and respect for the individual at the centre of their work (and that) crucial support around maintaining contact with children and families was much improved and good support offered to many women who had been abused*". The IMB also agree that "*staff and managers at Holloway should be proud of their recent successes*" and note "*that the report is undoubtedly one of its best*". The IMB applauds the recognition that the Governor, Julia Killick, has had for her work in proactively leading a staff team to drive change towards a resettlement prison along with the introduction of practical measures such as the Hub designed to help women on release; while ensuring increased safety and supporting work to help the most vulnerable.

While the IMB may, along with many others, question Holloway's size and more importantly whether many of the women on remand or convicted should be in custody at all, it is nevertheless concerned that there is no alternative in place for women in central London. The shortage of secure mental health beds and of suitable hostel accommodation puts vulnerable women who have regarded Holloway as a second home, or at least a place of safety, at increased risk. The work undertaken on so many fronts in terms of rehabilitation, care and provision of stability has been dismantled in a manner which lacks transparency and respect for staff and women alike. As has been emphasised many times before, while Holloway's design and the fabric of the buildings may be less than ideal, its strength in terms of its location, access to services and outside agencies which helped its transition into a resettlement prison and saw it deliver to budget at a time of dramatic government cuts did in the view of the IMB outweigh the concerns about its size or the dilapidation of the buildings. There is also a recognition that it is unlikely that smaller units could ever deliver the range of services that an institution the size of Holloway could provide.

To conclude, the IMB is grateful for the help and time provided by all staff, agencies and women while carrying out its duties and records its appreciation for the productive working relationship which has developed over many years. It recognises the huge improvements that have taken place since 2000; improvements which in the last 5 years saw Holloway in a position to deliver a radically different agenda for London women as well as helping some of the most troubled and vulnerable. Many have noted that there is a 'Holloway way of doing things'. The IMB hope that staff and managers will find they are able to take the 'Holloway way' to other establishments and continue to deliver the kind of care and professionalism of which they should feel justifiably proud. Under the leadership of Julia Killick Holloway became one of London's best-run prisons where placing women's needs and safety first were not just professional targets but values and aspirations that all staff strove to deliver.

Questions to the Minister in the light of Holloway's closure:

Rather than dwell on operational issues or matters which would ordinarily be addressed by the Governor, given Holloway's closure the IMB is only focussing on a few key points to be considered at Ministerial or policy level. These fall into four categories: *mental health; family contact; resettlement and housing.*

- **MENTAL HEALTH**

In the last five Annual Reports the Board expressed major disquiet regarding women with serious mental health needs being held in custody. Had Holloway not been closing it would once again have raised this issue. The IMB now draw the Minister's attention an associated issue:

Given the enormous need for C1 and work of Holloway mental health professionals in both caring for mentally ill women and arranging assessment and transfer where appropriate, the IMB is particularly concerned that there is uncertainty whether an equivalent service will be provided at Bronzefield and Downview. In the absence of an inpatient unit staffed by mental health professionals as well as discipline staff it is most likely that many of these women, who are unable to live in normal prison accommodation will end up in segregation units, which would be both inhumane and harmful to them.

Can the Minister give assurance that mentally ill women will not be held in segregation units and answer what provision will be made for mentally ill women?

- **FAMILY CONTACT**

The way in which Holloway has helped women to maintain family contact – including involving families to address addiction, working with the community engagement team or providing family and children's visits – has in part been helped by its location. Given widespread recognition that maintaining family ties is one of the most important factors in reducing reoffending and women's rehabilitation, the IMB is keen to learn if there are specific ways in which family contact will be encouraged at other prisons.

What practical measures are being put in place to encourage families to visit establishments which are more expensive to reach and geographically further away to visit?

- **SERVICES AVAILABLE**

A large number of women, particularly those serving long sentences, receive counselling or therapy, which is often essential for the personal progress required in their sentence plan. Holloway, being in central London, has therefore had access to a larger therapy department, offering a wider range of counselling/

therapy than is available in other women's prisons. The IMB is concerned that the women may be considerably disadvantaged in this respect when transferred.

How does the government anticipate providing the range of services which were available in Holloway as a Central London Prison? Will it provide grants for organisations like Women in Prison and Choice for Change which have, to date, been funded by the local authority?

- **RESETTLEMENT/HUB/HOUSING**

The Hub has been staffed by volunteers appointed by outside charities/organisations at no cost to the prison and been extremely resourceful with virtually no budget to provide women with the basics they need to equip them on leaving. The IMB wonder how it will be possible to replicate this facility in locations which are far removed from where the majority of women live and note that through the gate workers often guide women to stations or hostels which is the first step in helping change behaviour. A further related concern is the continued lack of housing and support provided in the community (specifically hostel provision) as while the opening of the Phoenix Futures 10 bed hostel is welcome it is barely sufficient to meet the need.

Are there plans to create an equivalent of the Hub in each of the establishments where women will be relocated? And, how will it operate if the agencies responsible for assisting with housing and resettlement needs are geographically far away?

Is there a strategy to address the lack of housing and suitable accommodation crisis for women upon release?

3. EQUALITY AND INCLUSION

The Equalities team is tasked with identifying women with protected characteristics and assessing whether any adjustments are required while they are in custody. Protected characteristics include age, race, sexual orientation, disability, religion, gender and pregnancy/maternity. During 2015 the population of Holloway comprised, on average, 6% young offenders (aged 18-21), 8% women over 50, 27% women with disabilities, 25% foreign nationals and 55% Black Minority and Ethnic (BME) women. Forums are held by senior managers with groups of prisoners with the protected characteristics of age, sexual orientation, pregnancy & maternity, disability, race, religion and gender. The Equalities team also investigates DIRFs i.e. complaints concerning alleged discrimination.

Equalities team meetings were held bi-monthly during 2015, usually chaired by the Governor and usually well attended. These meetings monitor the equalities function and women with protected characteristics across the prison. Prisoner representatives attend these meetings and generally offer very positive feedback on the management of these issues. In 2015 prisoner representatives were particularly appreciative of the arrangements made for women who were observing Ramadan.

Disability

Women are screened on reception, with any disabilities being self declared, they are then seen within 3 days and reasonable adjustments considered, including a PEEP (personal emergency evacuation plan) assessment. The board is aware that reception data concerning disability has been inconsistent. The Equalities meeting also noted inadequate healthcare attendance at PEEP assessments.

C3 is the unit adapted for women with physical disabilities. There was concern, not yet resolved, about evacuation plans if an emergency evacuation is required, with a number of severely disabled women on this unit and insufficient evacuation chairs, and staff trained to use them, available.

Age

Monitoring by the Equalities meeting showed that young women were over-represented on basic status and are less likely to reach enhanced status. They are more likely to be adjudicated. It was felt that this might be because discipline staff could be less tolerant of younger women and that age should, but is not, taken into account in the expectations and treatment of individual women.

Foreign Nationals

The Board is concerned that the introduction of a Community Rehabilitation Company (CRC), in Holloway provided by the London Women's Consortium, saw a corresponding reduction in the Hibiscus contract which had for many years provided invaluable support to foreign national women in Holloway from their admission to release or repatriation. The change meant Hibiscus only worked with women in their last 12

weeks in custody. A limited 'befriending' service was developed to fill some of the gaps, to help women with their immediate needs but this was not adequate and women with long sentences or immigration detainees, who have no fixed release date, have been left without support.

Translation services are now available through Applied Language Solutions and telephones with double receivers for this purpose were installed in CM's offices.

The previous allowance of a monthly 5-minute international phone call was scrapped except for foreign national women who had received no visits at all during that month. Phone calls which women fund themselves remain extremely expensive due to outdated prison telephone contractual arrangements. This causes great difficulty for women needing to remain in contact with families abroad.

Foreign national women have been under-represented on ROTL, perhaps because they do not apply, they may believe they are not eligible. There was an intention during the year to focus on promoting ROTL opportunities, including to foreign national women.

Care Act

The 2014 Care Act came in to effect in April 2015 imposing a duty on Local Authorities to provide care for individuals in need, including prisoners. This new legislation did not result in additional resources becoming available for women needing care in Holloway. By September 2015, four women in Holloway had been identified as requiring assistance with personal care: unfortunately this was not provided by Islington Council, who said they did not have the resources. Although CNWL, the healthcare provider, was not contracted to provide this service, nursing assistants provided care wherever possible.

The IMB was pleased to note that the number of detainees (i.e. women who continue to be held post sentence) continued to fall and remained at single figures from September onwards. The main foreign nationalities are usually Nigerian, Romanian and Bulgarian with between 12 to 25 women of each.

Highlight

- Regular provision and attention paid to realising equality and tackling discrimination

Concern

- The care of foreign nationals was affected by the change in contract with Hibiscus as its management transferred from Holloway to the Community Rehabilitation Company

4. EDUCATION, LEARNING AND SKILLS

Despite the significant work undertaken by Resettlement (see Section 7) much of which includes elements of education, learning and skills in its broadest sense the disruption caused by the change of contract and delivery of education and training in Holloway from A4E to Manchester College that rebranded as Novus continued to have a heavy impact on learner, attendance, completion and achievements. The Training Needs Analysis for Holloway supplied by A4E was found to be inadequate and Manchester College conducted one when it took over however, as the HMCIP report details "*Learning and skills provision required improvement overall. While there were sufficient activity places, processes for allocating women to activities were ineffective and attendance was not sufficiently good. Some good planning had taken place to develop the provision and aspects of vocational training had improved. Some education was good but achievements in English and mathematics at higher levels needed to be improved. Library and physical education (PE) was reasonable overall.*"

Library: The library was attended 12 971 times in 2015 compared with 10 607 times in 2014 - 4407 places were offered with 2731 places being taken up in addition to 5052 drop ins. Library attendance continued to be affected by coming under the unlock list but a range of different sessions were designed to appeal to different groups including: an over 45 group on Wednesday mornings which regularly attracted between 10 or 12 attendees; book groups linked to particular ideas such as Myths and Legends; a monthly meeting run by Women in Prison to produce the Ready, Steady, Go magazine; and a monthly film-show where women discussed issues raised. The 6 book challenge was a particularly popular initiative which encouraged women to read up to 6 books and keep a diary which if successfully achieved saw them rewarded with a dictionary.

Of concern

- There was no real improvement in terms of learning provision and related delivery of purposeful activity even with the change in provider from A4E to Novus

5. HEALTHCARE AND MENTAL HEALTH

Primary Healthcare

Central and North West London NHS Foundation Trust (CNWL) provided all healthcare services at Holloway i.e. primary healthcare, substance misuse and mental health services throughout 2015 The only exception being the dentist. There are regular Partnership Board meetings (2 a year, April and October) chaired by the Healthcare Commissioner. Policy issues such as clarifying who is responsible for social care in prisons are discussed.

With the healthcare contract ending in December 2015 for much of the year CNWL managers within Holloway were occupied with the tender process. This was enormously time consuming and had a profound impact on staff morale during the year. It is to their great credit that the work was managed without a noticeable impact on the effective and caring healthcare services available to the women. The announcement that Holloway was to be closed, just at the time that the tender decision was due to be announced was understandably demoralizing although, again, any perceivable impact on the women was avoided.

2015 saw an improvement in staffing compared with the acute problems faced in 2014 and a Head of Primary Care was appointed mid 2015. At the end of the year and for much of the year, GP cover was the main concern - aside from planning to ensure the safe delivery of services during closure - which was being managed through bank or agency staff. This use of agency staff was also being deployed to backfill other vacancies within the service and it was intended that it would be used to cover positions caused by resignations resulting from the closure announcement CNWL was hopeful of being able to place all staff across other sites or services although unlike Prison staff there was no guarantee of a job.

Escorts and bed watches continued to put additional pressure on staffing which is particularly difficult to manage if women have conditions requiring numerous hospital visits. In December 2015 alone there were 7 bedwatches and 70 escorted outpatient appointments.

Complaints and clinical incidents were investigated in a timely and effective fashion and monthly reports produced and discussed with the IMB.

Highlight

- The easing of staffing issues in 2015 compared with the acute problems in 2014

Of concern

- Managing health services and delivery during the closure of Holloway as bank or agency staff, however skilled, may not have the experience of caring for this vulnerable population.

Maternal Healthcare

The Mother and Baby Unit closed in 2014 although the Maternal Health clinic continues to provide good services and midwife care for pregnant women who are mostly housed on one wing, C4. Regular meetings are held between Holloway, the Whittington Hospital and outside agencies including Choice for Change and Birth Companions which has long worked in Holloway providing support to vulnerable pregnant women and new mothers who are, have been or are at risk of being detained.

Choice for Change provides a one-to-one counselling service for women facing an unplanned pregnancy or experiencing any kind of pregnancy loss or child loss including child separation. Grief and guilt over their lost children is one of the biggest issues for women in prison many of whom have been abused themselves. Choice for Change offers a counseling programme which enables women to process painful

issues of grief and responsibility and in the case of unplanned pregnancy a non-judgmental, non-directive approach which in 2015 saw them work with 15 women – 7 of whom chose terminations. The team is staffed with a mixture of paid and volunteer staff who are either trained counselors or student counselors on placement. In 2015 Choice for Change worked with 124 women and provided 750 sessions.

73% of clients commenced counselling within one month of referral date, 43% within one week and 44% within one day. The vast majority (62%) of Choice for Change client referrals are for child separation issues including children lost to compulsory adoption. 35 of these were specifically for post adoption support. Of these, seven successfully re-established letterbox contact with their adopted children. Of the remainder, four already had good contact, one had not been granted contact, one declined and 21 were released before having time to make the connections.

The Choice for Change service is provided by Choices Islington, a local charity which operates a similar service in the community.

Of Concern

- Choice for Change is an Islington based charity and, while committed to continuing to work with female offenders, it anticipates difficulties as Downview is harder to access. On a practical level the funding may be an issue.

Optician and Pharmacy

Both these services operated with relative efficiency during the year although delays in receiving prescriptions has been noted. In-possession medication for about a fifth of the population is an important way of helping women manage their own healthcare but was compromised by an ongoing problem with lockers caused by the complications of ordering 'supplies' in the Prison service.

Dentist

During 2015 dental services were provided by Whittington NHS. Dental clinics and four clinical sessions are held on Mondays and Thursdays, which is preferable to the past arrangement of two consecutive days particularly if acute problems are being treated. The waiting list for appointments has once again lengthened which is unfortunate for those on short sentences who could benefit from a course of consistent treatment; and more seriously for those with severe complaints who need more urgent attention.

Mental Health

Mental health services in Holloway continue to be provided by Central and North West London NHS Foundation Trust (CNWL) and as with the rest of healthcare the tender process saw many of the staff preoccupied with preparing bids to continue their work which, as stated above, was a demoralising process.

The mental health needs of women in Holloway are complex, varied and often acute. Many have enduring mental health issues, poor and/or traumatic life experiences, substance abuse issues, and also have to cope with the shock of being imprisoned. The prison and healthcare contractors provide a wide range of services to respond to these needs. The managers, mental health professionals and prison officers working with these women are on the whole very experienced and provide a high standard of care.

A good relationship and good communication was developed and maintained between Inreach and the Care Separation and Rehabilitation Unit/CSRU (Segregation). Women residing on the CSRU who are also known to prison mental health services are discussed at a weekly Complex Cases meeting a multi-disciplinary meeting attended by senior prison and healthcare managers to coordinate concerns, decisions and planning for the more complex and concerning women in the prison.

Primary care

Primary care services have developed their effectiveness in managing some of the mental health issues prevalent in Holloway's population, e.g. prescribing anti-depressants, running groups within primary care focusing on mood and anger management and cognitive behaviour therapy groups. General practitioners are supported in this work by a GP Psychiatric Liaison Committee. There are also two weekly psychiatric

clinics held in the Wellbeing Centre for primary care patients.

Inreach Team (formerly Community Mental Health Team)

The Inreach team provides secondary mental health services, with a caseload averaging around 60 patients at any one time during 2015. Two Psychiatric Liaison Committee structures, for primary care and for substance misuse, have streamlined referral processes allowing more patients to be managed by GPs and psychiatrists, rather than under Inreach care coordinators.

A Mental Health Service Users Group run by Women in Prison and aiming to engage women using mental health services and to provide a forum for feedback met a couple of times during the year but this tailed off when the Women in Prison coordinator left.

Mental Health Assessment Unit (C1)

C1 is a 12-bed healthcare-led mental health assessment unit providing 24-hour care for mentally ill women. The unit provides psychiatric, nursing and therapeutic care for women and arranges assessments and transfers to hospital under the Mental Health Act. Holloway's mental health assessment unit has been a national resource and a centre of excellence for this extremely challenging work. Where other prisons in the women's estate have not had the expertise and resources to manage women with severe mental health issues safely and compassionately, they have been sent to Holloway. In addition the IMB is aware of prisoners who have been assessed at other establishments as fit for ordinary transfer only to arrive at Holloway on overcrowding drafts and to be assessed as mentally ill and subsequently transferred out to hospital. In addition to the focus on Mental health Act assessments, C1 provides an environment where women with severe mental health difficulties are managed and cared for before and after time spent residing on ordinary location or in the CSRU (segregation unit) and until they are well enough to return to ordinary location.

C1 has continued to be fully occupied almost throughout the year. The observation of the IMB, and of healthcare managers is that more and more mentally ill people are coming into custody as funding for general mental health services in the community diminishes. The severe shortage of high and medium secure psychiatric beds in hospitals continues to make it very difficult for prisoners requiring hospital treatment for their mental illness to be transferred out of Holloway. Lengthy delays in accessing hospital accommodation were identified as a concern in previous IMB reports and also in the last HMCIP report. This continues to be a concern.

The C1 spur is occupied as an enhanced wing. The CNWL contract does not allow for increased staffing which could see this area accommodate women undergoing mental health assessment, although pressure on C1 space required use of the spur on occasion during the year.

C1 was fully staffed throughout 2015. Discipline staff and healthcare professionals work well together and prison officers understand and support the therapeutic approach. Staff in both groups feel listened to and well supported including when difficult decisions need to be made. Officers are involved in unit activities to keep women occupied at weekends and when the day Centre is closed. Discipline staff use the IEP system on C1 while recognising the need to allow for women's mental health issues. Decisions about whether women on this unit are fit for adjudication are made jointly by discipline staff and mental health professionals. A patient forum on C1 provides a good opportunity for women on the unit to share ideas and voice concerns.

The Tilson Day Centre provides patient-centred meaningful activities for the women living on C1 and is also able to accommodate vulnerable women from ordinary location at times. It is recognized that attending the Day Centre can have positive affects on reducing self-harming behaviour. The facilities of the Day Centre were also used by for group activities such as Hearing Voices, Options and Drama Therapy.

Programmes and therapies

Approximately 90 women access therapy, either individually or in groups, with numerous programmes available. Weekly referral meetings assign women to programmes or therapists. Programmes available include Options Dialectical Behavioural Therapy, a programme run by Women in Prison dealing with domestic and sexual violence and a weekly psycho-educational group run by health psychology. A new counselling service specifically for 18 and 19 year olds who have been in the care system started in October 2015, run by MindConnect. Not many referrals fit the criteria for this service and about three women were seen.

Transfers to hospital

During 2015, 52 women were transferred to hospital under the Mental Health Act.

The number of severely mentally ill women in prison and the time taken to arrange transfer to hospital remains an ongoing concern. During the summer months there were several severely mentally disordered women waiting long periods for transfer to medium secure hospitals. The HMIP report criticized Holloway for the length of time taken to arrange these transfers. However the IMB is satisfied that the Holloway mental health team works with dedication and commitment to arrange timely transfers. The delays are due to the inadequate provision of medium secure beds and the considerable challenges of coordinating the various services responsible for receiving women from custody to hospitals. The IMB recognizes that mental health professionals within the prison work extremely hard and effectively to expedite assessment of women and transfer to hospital where appropriate, in the face of a fragmented and inadequate national system of allocation and provision.

Highlights

- Improvements in the regularity of Mental Health Care Quality meetings and staff mental health awareness training, both of which were held consistently;
- No mental health issues on the risk registers in 2015;
- Very few formal complaints about mental health services.

Of concern

- Given the enormous need for a healthcare-led mental health assessment unit providing 24-hour care for mentally ill women, such as Holloway's C1 unit, and the work of Holloway mental health professionals in both caring for mentally ill women and arranging assessment and transfer where appropriate, the IMB is particularly concerned that there is uncertainty whether an equivalent service will be provided at Bronzefield and Downview. In the absence of an inpatient unit staffed by mental health professionals as well as discipline staff it is most likely that many of these women, who are unable to live in normal prison accommodation, will end up in segregation units, which would be both inhumane and harmful.

Drug strategy

There are two main strands to the drug strategy: a medical side run by the NHS which deals with detoxing and maintenance; and the psychosocial interventions side, which deals with the underlying reasons for the substance misuse and rehabilitation which is delivered under contract by Phoenix Futures.

Over 60% of the women admitted to Holloway arrive with drug or addiction related issues while many others are involved with drugs in other ways such as supplying and selling. Most of the women have problems resulting from their addiction which may include physical and mental health concerns, the removal of their children, domestic violence and abuse, insecure housing and "chaotic" lives.

While ideally women (many who are serving only short sentences) with addiction problems would be treated in the community the lack of provision outside has seen Holloway having to deliver a detox and drug strategy which may have been more cost effective had it been available in the community.

Tackling addiction within Holloway through its drug strategy has had a number of benefits, the overriding one being that Holloway can provide a range of joined up services under one roof to meet the complex needs that the women face. An unfortunate consequence is that some women re-offend in order to get back into prison to access this package of support. Other benefits have included: the expansion of work by Phoenix Futures and creative multi-discipline initiatives; progress with involving families and re-building relationships; the development of the Hub (a secure environment outside the gate to help women readjust as they leave) and Through the Gate projects which tie in long-term follow-ups; a family Support Unit (family, woman & services); and a big push to get women off long-term prescribing of methadone.

In general Ivor Ward, the unit allocated for substance misuse services, provides a secure environment for the women although sometimes it has had to accommodate women whose behaviour has been more problematic which occasionally disrupted the regime.

Help for Families and in the Community

The Community Engagement Team comprising of an award winning Family Support Service located within the visitors centre provides advice, information and support to families, carers and loved ones who have

been affected by prisoners' drug and alcohol misuse. Many of the women in Holloway are mothers and a lot of work has been done around family contacts including facilitating children's visits and homework clubs.

A team of Through The Gate volunteers supports those leaving custody to ensure effective continuity of care. By meeting the women on release and taking them to appointments they can help change behaviour as often if the first appointment is missed, women don't go at all

A Young Persons' Through the Gate service (for 18 – 24 year olds) ran for six months as part of a regional pilot study which was helping to address young/early stage offenders with the primary aim of deterring them from becoming repeat offenders and helping them towards more positive lifestyles. The scheme has had a lot of publicity including the following example from Phoenix:

"X was referred to TTG support due to her vulnerability. X is partially blind, deaf and dumb with learning disability and poor mental health. She needed assistance in getting to her appointment with her social worker. X was gate arrested on release, which was very distressing for her as she did not fully understand the situation. I liaised with one of the officers and waited for her at the station. X was released from police custody a few hours later and was very distressed. I helped X with her bag as she uses a stick and was unstable. We communicated by writing and by X lip reading carefully. On route to the appointment X had several calls from an angry man whom the police said was her father. I refused to speak to him; part of our protocol and it later transpired that he was not her father but an older man who preys on X. I escorted X to her appointment, left her with her social worker and am following up. "

The Medical side

A dual diagnosis programme that examines drug use and mental health is used by healthcare staff. Staff recruitment continued to present challenges in 2015 with GP cover being the most specific problem.

Ivor Ward

Ivor Ward is a dedicated unit for women to detox from a range of substances – primarily drugs and alcohol and they remain on this unit until fit for ordinary location.

It has been noticed that some women deliberately re-offend to get back on the detox programmes as they cannot access them in the community and find it easier to manage with the prison environment. Despite rigorous efforts to prevent drugs entering the prison, this does happen and some dealing does occur; there are a few women who it is believed come in to trade although the figures are low.

An Intensive Alcohol Programme is available which is very effective but unfortunately (given the pressure on staff) it is time consuming to deliver. Alcoholics Anonymous and Narcotics Anonymous also run meetings.

New Psychoactive Substance (NPS)

New Psychoactive Substances, NPS, which include Spice or Black Mamba are a huge problem which increasingly affects female offenders. Sometimes described as herbal highs NPS can be perceived as less harmful than illegal drugs and are easily available and cheaper. Most are a chemical or synthetic alternative to known illegal drugs and can be disguised in many forms. For example, they can be sprayed onto paper which can be burned or smoked so they are particularly hard to detect and stop. Concern over these drugs has been such that the Chief Inspector has issued a report about their effects on debt and bullying which shows the impact is worse than illegal drugs.

Managing the behaviour of those taking NPS is very challenging for staff as those affected can become extremely unpredictable and psychotic. The numbers of women using them is rising and there have been incidents in Holloway where the behaviour of women whom staff have known over time suddenly changes dramatically. The effects of NPS can be sudden and NOMS is currently working with partners to develop methods for testing in order to prevent them from entering establishments – trained sniffer dogs have been brought back into Holloway. Work is also taking place to increase levels of understanding about the dangers that NPS present, with a view to providing offenders, and those who work with them both in custody and the community, with appropriate information, guidance and support. The real concern is that the effects of NPS are unknown.

In 2015 Phoenix Futures carried out dedicated NPS training for staff and how to detect its possible effects: users tend to be women aged 30 to 40 who are looking for new highs while younger women are so far less likely to be attracted to NPS.

Phoenix Peer Supporters

Phoenix Peer supporters are trained prisoners who are part of a concerted effort to try to help women get off – and stay off - drugs. They are allowed to move throughout the prison and talk to women at all stages of recovery. They enjoy their role and it helps motivate them to stay clean. In 2015 one woman secured a ROTL placement in Phoenix’s head office marking real progress and providing an inspiration to others.

Programmes

A variety of therapeutic programmes are available to women ranging from how to deal with cravings to a lack of self-esteem and sleeplessness. In 2015 the range of new Release programmes for short- term offenders included ones to deal with motivation and harm minimization. These varied from a one off session to a five-week programme. All were well attended and the feed back from the women which is monitored, analysed and available on request was excellent.

Continuity of care

At any one time approximately 50% of Holloway’s population are registered with the drugs unit. The substance misuse profiles of the women differ according to their ages with the majority of younger women taking cannabis and only a few on heroin compared with the older population who in the main use harder drugs and greater quantities of alcohol.

Women are assessed by Phoenix within 3 days – which then works out the best package of support (from the team who will then take on their responsibility) and the courses and treatments available. Phoenix attend most ACCT reviews in a coordinated service. Trials began in 2014 with 3 local boroughs who wanted to see a joined-up approach to help women on release and these continued to run in 2015. It is hoped that other boroughs will follow suit – and that this valuable work will not be lost with the closure of Holloway.

Initiatives in the past year

In 2015 Phoenix arranged a “big birthday” event with speakers from Alcoholics Anonymous, Families Anonymous and Narcotics Anonymous, the women wrote songs and a play “Smile” which was broadcast nationally. A project called “All about Mum” where the mothers produce a book (which is vetted) for their children explaining who they are, likes and dislikes and a profile of themselves has been an excellent vehicle for contact with children with whom it is easy for women to drift apart while in prison. .

Various other support programmes for families are being developed including play therapy for children of addicts. Families Anonymous meetings have been held in Holloway where families affected by drugs can explain to the women the devastating effect that their drug related behaviour has on others. This has been particularly effective as many drug users don’t appreciate the wider impact of their actions.

The Hub

The Hub is a suite of rooms that women can access upon release that is situated just outside the prison gate. Here they can gather their thoughts, check available services, charge phones and make calls regarding their biggest concerns, often accommodation.

As a facility the Hub has been held up as a gold standard across the prison service with many other establishments looking to implement a similar facility and recognising that shutting the gate upon release is not helpful and can even be counterproductive as ex-offenders need continuity and a process to follow. The primary needs for those just released are housing, family and carer support, community engagement, education, training and employment. In 2015, 70% of women who left Holloway used the Hub.

It is hard to appreciate the pressures that women are under upon release as there are drug dealers who hang around the vicinity of the prison. The women themselves are often scared but it seems that even the short time they spend in the Hub helps improve their demeanour and confidence.

The Hub is manned by volunteers appointed by outside charities and organisations at no cost to the prison. It has been hugely resourceful with virtually no budget in helping to provide women with the basics they need on their release. For example providing clothes as many women leave in winter with only the summer items they arrived in. Breakfast and a bit of space is provided. Even if women have family or somewhere to go many find the transition from life in prison to life outside very hard. Crucially, it gives Through the Gate and social workers the chance to meet women and provide clear details of what is on offer in the community.

Women who are released are given just under £47 and usually a travel warrant. Many are now being released with nowhere to go. They frequently lose their accommodation when they are sentenced and Housing Benefit stops after 13 weeks so they can, despite Holloway's efforts, be street homeless on release. The 'solutions' women may turn to, despite all the best endeavours of the prison service and providers are prostitution, drugs or returning to unsuitable relationships.

Even where accommodation is arranged Housing Benefit doesn't start until women are released so they can start ringing from the Hub to activate benefits at once. For others their own arrangements may have fallen through at the last minute and they come to the Hub with nowhere to go for the night – so the Hub volunteers have to start ringing round shelters.

Phoenix has this year opened a women's hostel with 10 beds in Camden which will take even the most difficult women and referrals from the prison. That is the extent of housing for these women. Housing or lack of it remains a major problem and women are undoubtedly reoffending to get back into prison where they have had a roof over their heads and a full range of support.

Julia Killick (Governor to December 2015) was instrumental in the set up and success of the Hub and was rightly recognised with an CBE for her work in this area as well as for other projects and for her determined care for the women with the overall objective of reducing reoffending.

6. PURPOSEFUL ACTIVITY

Labour Board and ROTL

It was hard for the Labour Board to maintain the constant drive and positive momentum of 2014 as its administrator had to move to the Offender Management Unit (OMU) in order to deliver government targets linked to admissions and sentence management.

The number of women with Release on Outside Temporary Licence (ROTL) rose to 17 in July and several were released into paid employment. In the first half of 2015 there were a number of problems facilitating ROTL, including changes brought in by the new PSI in March, and this was reflected in high levels of frustration from the women. This may have been caused by the requirements needed to 'activate' ROTL which can take between 2.5 and 3 months from an initial application to approval involving a process with Offender Managers outside Holloway who usually take 6 weeks to work through the application. The IMB noted that despite the lack of a specific Key Performance Indicator for ROTL from the MoJ there was an expansion of the number of opportunities available locally to women for both paid and unpaid work, although due to the closure women did not get to experience such opportunities. The concern with the closure of the prison is how much further women will be from their homes and the impact that this will have on Childcare Resettlement Release and Resettlement Day Release.

A new PSI 13/15 was issued limiting Resettlement Day Release (RDR) from weekly to once a fortnight and Resettlement Overnight Release (ROR) to the last 9 months of sentence served (reduced from 2 years).

LINKS workers who help with Level Information, Notices and Kitchen Support (i.e. LINKs) became fully operational in April 2015 and this was a popular and productive innovation which was widely appreciated by the women while also assisting landing staff with tasks such as completing Food Servery books.

Labour Board

The number of women in work increased from 213 in September 2014 to 230 in June 2015 but a lack of staff meant the Labour Board database was not updated and there were difficulties tracking actual job numbers. The Labour Board budget increased to £244,000, a rise of £26k (12%) although there was a shortfall of £2k due to an overspend in the previous year.

The introduction of LINKs workers who are easily recognisable wearing bright-embroidered T-shirts in Spring 2015 created 16 jobs. During unlock LINKS workers staff an information desk with all non-confidential application forms and assist women in completing them. They also deliver notices under doors and replace those on the notice boards.

Another positive development was the Paint Party that was delegated to the landing staff who manage local landing teams to maintain and decorate the landings. This provided 13 jobs and had a huge impact on the state of the landings. On H1 the dining room was renovated to make an association room.

In 2015 the fashion workshop continued to thrive with 9 women working extended hours through the lunchtime rather than returning to landing on main movement. The attendance rate is high for the 9 jobs and by the time of the closure announcement they were working on their 11th commercial contract. It is intended that the workshop will be self-funding to pay the women bonuses as paid contracts are secured. It seemed that more women wanted jobs than positions were available but this was difficult to verify due to the lack of up-to-date database information; there was some debate whether these jobs were necessarily the best option for many of the women who may have wanted to work, but perhaps might have been better served by attending education.

A final change related to women no longer automatically losing their jobs if they are on basic as a result of an IEP but this was reviewed on a case-by-case basis.

Highlights

- Establishment of LINKS workers providing information to other women;
- Introduction of Painting Party building skills and improving the environment of Holloway

Concerns

- Unless officers enter women working as wing cleaners or Links workers they do not get paid on time a problem which apparently increased following the announcement of closure

ROTL

The resettlement wings established in 2014 continued to work well in 2015 and achieved full occupancy with 31 women residents. In October D4 was reclassified to Open Conditions with no lock-in. Rooms are always open with quiet time between 10pm and 6am. Following consultation with the women and partly in response to their own requests ROTL women stopped going out on general exercise in the main gardens although individuals could ask to join general exercise which would be allowed if accompanied by staff. A roof garden means that ROTL women have constant access to fresh air. Dedicated officers on the D2 & D4 resettlement wings were reduced from two to one which has worked well.

The 4 types of temporary release licences are: Resettlement Day Release (RDR); Childcare Resettlement Leave (CRL); Resettlement Overnight Release licence (ROR) and Special Purpose Licence (SPL).

The ROTL board, chaired by the OMU Governor, were held on Wednesdays and the results of the boards are posted up on the notice board.

In response to abscondment risks (high profile in the press in summer 2013, although notably of men) a new PSI 13/15 was introduced in May to be implemented by July requiring:

- *A psychological assessment for high risk prisoners*
- *Boards to prove risk of abscondment is very low for those prisoners subject to deportation orders*

And reducing the amount of time that prisoners can be released to

- *RDR to once a fortnight (from weekly) and*
- *ROR to the last 9 months of sentence served, once every 28 days*

The latter affected one woman with a release date in August 2016. She started ROR in October and had built up to the maximum 4 nights 5 day ROR to care for her 3 children, 2 of whom were in care during the week. Under the new PSI she was not eligible for ROR until December.

Voluntary organisations where Holloway has established resettlement links include Deptford Reach Community Service, Phoenix Futures, Camley Wildlife Park, Alone in London, Liberty Café Tideway Tunnel, Praxis, Southbank, Provident Housing, Working Men's College, City and Islington College and the Rainbow Creche, Sue Ryder, Koestler Trust, St Giles, Working Chance and St Mungos. The Koestler Trust, National Grid and Sainsbury's were lined up for permanent paid positions but there were problems producing the licenses in time. These were in the main resolved when licences were signed off for a month rather than just a week; and by September all entitled to ROTL were generally going out and on time.

All women leaving Holloway were seen by Working Chance to try to find them jobs. Paid employment upon release included two jobs with Sue Ryder and one with the Koestler Trust. Liberty Café which is run by ex-offenders also helped provide jobs; while many of the organisations where women were placed offered voluntary positions for example Camley Wildlife Park.

Highlights

- A new manager joined the team giving ROTL a fresh focus as she championed women's needs and explained the processes involved;
- Open conditions introduced on the resettlement landings

Concerns

- The introduction of PSI 13/15 to deal with the problems caused by male offenders absconding is not necessarily applicable to women and did not reflect Holloway's experience;
- The lack of a performance target for ROTL which undermines its importance within the rehabilitation and resettlement agenda

7. RESETTLEMENT

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

In 2015 the introduction of a Community Rehabilitation Company, the London Women's Consortium (LWC), saw a dramatic change in the way resettlement would be delivered although many of the agencies were already working with Holloway. Members of LWC included Women in Prison (who were responsible for overall delivery), Working Chance, Advanced Minerva, St. Mungos, Hibiscus and Eaves. Work should have commenced on May 1st but it was far more complicated to administer than initially thought. For example, Eaves which specialised in support for trafficked women, sex workers and dealing with sexual violence had to withdraw which meant Women in Prison had to deliver this component of the contact. Other discrepancies saw St. Mungo's provide housing expertise and support independently of the consortia until the end of November 2015.

1) Accommodation – CRC responsibility

Accommodation remains a major issue for women leaving Holloway and the absence of social housing continues to have a major impact. As mentioned above St Mungo's was the main provider in 2015.

2) Education Training and Employment – CRC responsibility

As described earlier, in 2015 there was a disappointing lack of improvement in the OLASS 4 provision which became the responsibility of NOVUS following its successful bid to take the contract over from A4E who had been due to deliver education and training in Holloway until 2016.

3) Health

The main issues are described in the healthcare section of the report.

4) Drugs and Alcohol

See healthcare section.

5) Finance Benefits and Debt – CRC responsibility

Working Links and Islington Peoples Rights continue to work in this area as did contact with the Citizens Advisory Bureau.

6) Children and Families

An emphasis on maintaining links with families was a feature of work in Holloway in 2015 and could be observed in a range of interventions. This complemented 'traditional' activities such as the extended family visits which continued to be a great success along with other innovations highlighted in the visits section. Refurbishment of the family room saw it being regularly used and appreciated.

7) Attitudes thinking and behaviour

Thinking Skills courses continue to be well received and attended.

8) Domestic Violence – CRC responsibility

Women in Prison maintained responsibility for one-to-one individual sessions and weekly group sessions, having had to stand in when Eaves left the consortium.

9) Sex Workers – CRC responsibility

Responsibility for this area also fell to Women in Prison.

The Hub and its opening as part of the Through the Gate work was an important and significant development. The Hub is a service for prisoners about to be released. It provides practical services e.g. phone charging/travel cards etc. and offers women as they leave Holloway the opportunity to connect with services e.g. housing/employment. This is a well-used resource and feedback has been really positive.

8. SAFER CUSTODY

The Safer Custody team is very pro-active in anticipating which women are at risk of self-harm or suicide and need help. Women's records are perennially scanned for signs of risk using a timeline approach which includes looking at observation books as well as checking who has not had visits or made phone calls. There were no self-inflicted deaths in custody in Holloway in 2015 although there was a death from natural causes in March. A Next of Kin list became available on the prison computer system for over 90% of women in 2015.

The IMB agree with the HMCIP findings that "*Support for vulnerable women, including those with very complex needs, (is) very good ...*" and that "*the proactive safer custody team (is) knowledgeable, able and effective ...*" The IMB also recognise how in Holloway there has been a whole prison approach to violence reduction and appreciates the way in which the Incentives and Earned Privileges (IEP) system has been used to support safer custody as quick and predictable punishments can help deter potentially dangerous behaviour such as bullying or violence.

The IMB believes that the result linked to the Healthy Prison Test in relation to Safety properly reflects not just the work of the safer custody team but also of staff across the prison who have worked so hard to keep this vulnerable population safe – there is usually at least one incident of self harm a day; and a monthly average of 56 women on ACCTS (Assessment, Care in Custody and Teamwork) a measure to ensure that any woman at risk is carefully monitored.

Safer Custody covers three areas:

- Suicide prevention
- Self harm management
- Violence reduction.

Listeners (run by the Samaritans with whom Holloway has a contract) play a key role in supporting women. In addition, there are Samaritans phones on the units which women can use at any time, free of charge.

Suicide and self harm risk management. The Safer Custody team has a focussed pro-active approach to its work which is broken into time horizons:

Short-term: Each new reception is checked within the first 24 hours. The Safer Custody team look at all the woman's details including the warrant and charges, OASYS, ACCT history and any information from the police or personal escort. All relevant information on each woman is shared among staff.

Medium-term: The Safer Custody team supports the ACCT assessors and looks at the reasons for the ACCTS, examines observation books and maintains the self-harm statistics. It also supports the Listeners Team (along with the Samaritans). Recently sentenced women (especially those with long sentences) are monitored carefully.

Long-term: Monthly meetings where the statistics are examined and a wide range of prison staff are brought together to discuss individual cases are held. In addition, the team carries out long-term statistical research. Finally, the team is responsible for training all relevant Holloway 'stakeholders'/agencies in risk management and why it might be necessary to open an ACCT. They also train in the use of compacts (individual plans with incentives to help change behaviour) and how they are being implemented.

Violence Reduction. Reducing violence makes the women feel safer and has a great impact on managing suicide and self-harm as there are close inter-relationships. Zero Tolerance is a pro-active violence reduction strategy. It codifies behaviours and links IEPs with adjudications. The Cell Share Risk Assessment (CSRA) is an important part of this process which is managed carefully.

Listeners (supported by the Samaritans). Listeners - not to be confused with Peer Supporters - are passive, listen to women prisoners talk, and keep what they hear confidential. Peer supporters in contrast are active and play a more public role. There are usually 7 or 8 listeners (although the number is always fluctuating) so that the prison is perennially training more. Listeners are no longer locked in with women following a policy change in 2014.

Being a Listener is an unpaid job but women take pride in this role and apparently ex-listeners are less likely to reoffend. The Listeners gave an All Staff presentation in the autumn of 2015 which greatly raised awareness of their work. When the Listeners graduate from their training, there is an awards ceremony where the Governor awards a certificate and chocolates. Their families could also attend. Listeners play a particularly active role at Christmas as the women find it especially hard to be away from their families at this time of year. On Christmas morning they deliver a Christmas card under the door of each woman.

Highlights

- ACCT documents demanding considerable thought to complete, are consistently well written while the attendance of Phoenix Futures at ACCT reviews is another step forward;
- Holloway should be praised for identifying and supporting isolated women i.e. those women who receive neither visits or phone calls;
- The Head of Safer Custody Greater London attended most of the Safer Custody meetings held in Holloway in 2015 and recognised the strong cross-cutting senior management attention to safer custody issues

Concern

- Ensuring that listeners are maintained to help assuage worries across the population as the number of women reduces towards closure in 2016

9. SEGREGATION, CARE AND SEPARATION, CLOSE SUPERVISION

The majority of women held in the CSRU have complex needs, are hard to manage and vulnerable. The Board has continued to be impressed by the thoughtful and consistently compassionate care given to the women in segregation and the professional approach displayed the staff even in challenging circumstances such as being subjected to personal abuse, and difficult, threatening or violent behaviour.

This year was potentially a difficult year for the CSRU as there was a change of governor in charge of Safer Custody early in the year as well as a planned change of CSRU staff, as a number had worked on the unit for several years. The transition was managed very carefully and the women on the CSRU coped well. It is a testament to the commitment of the staff how many of them commented to the IMB on how much they were going to miss working on the CSRU and the special relationships they formed with the women held there. The positive side was that they also felt their work in the CSRU has benefitted them when taking on their new roles around the prison as so many of the women knew them from their time on the CSRU and regarded them positively.

The IMB monitors the unit closely and a Board member tries to speak to all the women held in the CSRU at least once a week and attend the weekly GOOD reviews and the 72-hour reviews wherever possible. The Board was, on the whole, impressed by the thoroughness of the reviews and the number of professionals who attended.

The Segregation Monitoring and Review Group (SMARG) form part of the monthly Safer Custody meeting and a Board member attends each month. All attendees are supplied with the detailed data on the women who have been segregated that month, including incidents of self harm. All are invited to scrutinise the statistics and encouraged to ask challenging questions. Concerns about individual women are highlighted. The IMB has been impressed by the reflective and rigorous quality of the discourse at these meetings and the staff's continuing quest to ensure that all the women on the CSRU are appropriately supported and cared for.

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, who check the ACCT documents on the CSRU each week, have continued to be impressed by thorough care and monitoring of the women with open ACCT documents on the CSRU and the creative ways CSRU have tried to support them. 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.

The Board notes that this year there was a continued reduction in the number of women being held on the CSRU for a long period of time. It is positive that one of the women held in segregation for much of 2014 spent only short periods of time there in 2015. There was one long term resident in 2015 that has extremely challenging and complex needs. Towards the end of the year she was assessed as suitable for a high security hospital bed but the waiting list for the right unit has prolonged her stay in Holloway.

There were an average of around 80 adjudications a month in 2015 and the IMB attended weekly, monitoring at least 3 per week. They observed adjudications by all of Holloway's governor team plus a number of proceedings carried out by an independent adjudicator. Comments on the process were almost always positive with remarks often including excellent and very good in relation to the way the process was conducted, cases handled and fairness of the award.

Highlights

- For the first time in many years (possibly ever) there were days when CSRU held no women. This was particularly noticeable on Christmas Day when managers, staff and healthcare professionals

worked with one of the most challenging inmates to locate her to healthcare rather than hold her in segregation. This is a woman who spent months in the segregation unit of her previous establishment.

Concern

- If the specialist mental health provision available at Holloway is not replicated at Downview or Bronzefield the IMB are concerned that there is the potential for more women to spend more time segregated than is currently the case.

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 the IMB continues to believe that quite often 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.

The use of D4 (formerly the Mother and Baby Unit) and D2 for women on ROTL and has continued to work well with the two units connected by a stairwell. D0 continues to operate as an enhanced wing where women are encouraged to take more responsibility and have less supervision. Overuse of A3 (the first night unit for women not requiring accommodation on the detox unit) to locate difficult women needing single cells has been a concern and is not ideal given that women entering Holloway for the first time are likely to be vulnerable but the IMB recognises the pressure to provide suitable accommodation across the prison.

While Holloway is situated within a dense residential part of London at its heart lies a large and beautifully kept garden space which is used for daily exercise and to train women in horticulture and garden maintenance. Poly tunnels and nurseries were all part of the resettlement and training agenda which Holloway had initiated in 2014; and which women had hoped would see them compete for a prize as a London Open Square garden.

Other facilities include a fully resourced gym; and swimming pool particularly valued by women during children's visits.

Buildings of note within the accommodation include the Tillson Day Centre a fully functional therapy unit where the most mentally ill women are able to participate in a range of activities. Two Hairdressing Salons – one which caters for women and another refitted for training.

Bi-monthly health and safety committee meetings look at a range of issues across the establishment including fire-related risks and attention is paid to the needs of disabled which have improved in the last two years.

Food

£2.02 was the amount budgeted to feed each woman three times a day and while the 6p increase must have been welcome, the IMB remains pleasantly surprised that the catering manager could manage to provide reasonable food at such a low cost; as well as to find ways to provide special menus during festive seasons. Tasting the food is one of the IMB duties and on the whole members report 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. Options for each meal include vegetarian, vegan and halal. The IMB appreciate the efforts of the Catering team to carry out surveys about the quality of food, standard of service offered, cleanliness and hygiene and menu options.

Catering and Kitchens

The kitchens provided work for up to 23 women in 2015 as well as the opportunity to gain National Vocational Qualifications (NVQs). Unfortunately in March the assessor left which affected NVQ training. In fact, 3 women achieved level 1 in March and a further 8 got the qualification in August. Level 2 was more severely affected with only 2 women (compared with 4 in 2014) qualifying. All kitchen workers are required to have training in basic food hygiene (i.e. Good Food Safety training) and 32 women completed this during the year. The morale of kitchen workers was generally good.

For the second year running two inspections were carried out by the area catering manager, in June and October. Both of these had good results. In the first assessment, of Food Safety Management, Holloway received green ratings in all but the fabric and structure section of the report; the second assessment which focussed on Menu Planning and Meal Provision, saw green ratings achieved throughout and notes that *“Attractive multi-choice pre-select menus are available from a four week cyclic menu. The menus offer the consumer the opportunity to choose from a variety of different meals ...(and) to follow a balanced diet as recommended by DOH. Menus reflect seasonal, calendar and procurement changes. There appears to be a good acceptance of the provision by the population”*.

In many previous reports the IMB have noted problems with kitchen equipment this no longer appeared to be a problem in 2015.

11. LIFERS AND PRISONERS WITH AN INDETERMINATE SENTENCE FOR PUBLIC PROTECTION (IPPS)

This group remained fairly stable at a historically low level of about 7 lifers and 9 IPP prisoners. They appear well supported by the various disciplines involved, and their wellbeing and progress is carefully monitored at the 2 monthly multi-disciplinary Offender Management Unit meeting.

There was considerable anxiety amongst this group arising from announcement of the planned closure in 2016 of Holloway and their unknown transfer destinations. Most of these women receive counselling or therapy, generally considered essential for the personal progress required in their sentence plan. Holloway, being in central London, has access to a large therapy department, offering a wider range of counselling/therapy (including from honorarias) than is available in other women's prisons, and the board is concerned that these women may be considerably disadvantaged in this respect when transferred.

12. PROBATION

Probation continue to provide a good service to women, as well as supporting Offender Management Unit (OMU) staff and multi-disciplinary decision-making in a range of settings, notably involving ROTL, HDC and Public Protection.

The team work closely and well with other disciplines in Holloway, and most women spoken to talk positively about their probation officer. The Senior Probation Officer has worked with the Cluster Lead Psychologist providing training to relevant staff in Holloway and other London prisons in Enhanced Behaviour Monitoring, a new policy aiming to identify and manage any risks posed by those transferring to open conditions.

During 2015 Probation has, under the government's Transforming Rehabilitation strategy, increased its former caseload of Lifers, IPP, high and very high risk women by taking over from OMU responsibility for all MAPPA cases and sentenced foreign nationals meeting eligibility criteria for deportation: Probation has also taken over from OMU responsibility for OASYs and ROTL risk assessments for their entire caseload which has increased from approximately 90 women to approximately 160. Three additional probation officers have been recruited to address the additional workload, and though each officer's caseload has remained at 2014's figure of around 25-30, the IMB is concerned that the time-consuming risk assessments may reduce their time for individual casework. The lack of full case administration support from OMU, together with the disproportionately high number of high or very high-risk women included in overcrowding drafts from other prisons has also added to the pressure.

Forensic Psychology

The Forensic Psychology team of about 30, including both qualified staff and trainees, cover 10 prisons in the London area: the Service Level Agreement with each prison is reviewed annually. They work predominantly with high and very high risk sentenced women, prioritising requests for reports from the parole board. A triage system operated by one psychologist provides a safeguard to ensure all those potentially requiring assessment and/or intervention are identified. Referrals from within the prison, mainly from Probation and OMU, are evaluated centrally.

At any one time approximately 10 assessments or interventions are being undertaken at Holloway. Assessments may be for the parole or ROTL boards or to inform/support other interventions within the prison and beyond, as with psychological assessments including IQ assessments. Women imprisoned under the Terrorist Act (TACT) are all assessed and specialist one-to-one intervention provided by a psychologist when appropriate. For example with sex-offenders.

Referrals to Forensic Psychology are rarely made by Holloway departments other than Probation and OMU. It appears that some Holloway managers from other areas are not aware of the range of skills and interventions that forensic psychology might provide.

Public Protection

The structure of multi-disciplinary meetings to monitor public protection issues seems very effective, though it has, on occasions, been undermined by lack of representation from key departments.

Safeguarding Children Awareness training has regularly been provided for staff. Public Protection Awareness training was provided early in 2015 but unfortunately lapsed. .

Of concern

- With its central London location Holloway, has access to a larger therapy department, offering a wider range of counselling/ therapy (including from honorarias) than is available in other women's prisons, and the board is concerned that the women may be considerably disadvantaged in this respect when transferred; particularly lifers for whom initial sentence planning is key.

13. MATERNAL HEALTH

See Healthcare.

14. RECEPTION

Reception plays a key role in setting the most appropriate conditions for women entering custody. Given this, the officers who manage reception require a specific set of skills as their job to risk assess women on arrival and making sure that they pose no danger to others or themselves is critical. Not only do they need to assess the women who may be in shock, intoxicated (or both) they need to check on the status of children or other dependents and whether they are being looked after. One reason why there is such concern over the late arrivals of vans is that it makes it harder to check on domestic issues which may have been overlooked.

Late arrivals remained a problem in 2015. When prisoners arrive towards the end, or beyond the end of a shift, staff struggle to complete all the necessary procedures. The announcement of the closure of Holloway exacerbated difficulties with Serco which took time to resolve.

In essence, there are two main tasks which result from assessment: making sure that women receive all they are entitled to on arrival; and placing women on suitable landings to meet their needs. The IMB have been impressed by the way in which reception staff are committed to reassuring the women on admission and do their best to answer questions thoroughly. Receiving foreign national women who lack English has long been a problem. To address this the reception team has engaged more staff with different language skills – in 2015 they included officers who could speak Polish, Bulgarian, French, Romanian and Spanish.

Women not requiring detox are located on A3, the First Night Centre. During 2015 this became the Seven Night Centre and new arrivals remained there for about a week to ensure that all induction processes were completed.

Unfortunately, the policy that A3 would be reserved for new women with permanent residents only being those most likely to help in their integration was changed due to the shortage of space throughout the prison. There are a number of single rooms on A3 which are, out of necessity, used for women who are not assessed as safe to share accommodation.

Reception has responsibility for looking after women's property and in 2015 a lot of effort was put into sorting out of the property room. A new racking system changed the way property was stored and the way property is recorded was simplified and standardized. For the first time it was easier to keep track of women's possessions (generally clothes) and the number of property related complaints dropped significantly as seen in the IMB statistics.

For 3 years running (2012 – 2014) the Holloway reception staff achieved most recognized team of the month; while in 2015 the SO was awarded Employee of the Month for work on visits management which also falls under reception.

Of Concern

- Late arrivals by Serco mean women still wait for many hours at the courts and subsequently result in reception problems for women and staff who lack the required time to go through procedures properly while often having to stay late.

15. SECURITY

Security in Holloway is managed by the Security Department which oversees a range of issues including escape risks, risks associated with extremism, drug and safety issues and making sure all incidents of assault are properly reported and thoroughly investigated.

The Intelligence Office works alongside the local Islington Police and Holloway's Police Intelligence Officer (PIO). The Office always refers crimes including the recovery of mobiles to the police for investigation and, if necessary, cases are taken to court.

Detection and prevention of illegal drug activity is an important focus particularly with the rise of NPS and spice; and it seems that there may be a correlation between trying to bring in NPS and the number of women smuggling phones into the prison. 2015 saw a number of random MDT tests and full searches, many resulting from staff suspicion; others from intelligence. The reintroduced dogs team was extremely active in carrying out searches of cells while they also attended social visits which are still likely to be the main way for the majority of drugs to enter the establishment. Visits are managed robustly with the use of Intelligence Report (IR) submission and any prisoners involved being placed on report. The number of IRs completed in 2015 was 3250 as against 3112 in 2014.

The Security Department holds a (monthly to quarterly) Pathfinder meeting to oversee the management of Terrorism Act Offenders (TACT) and Extremist Offenders in conjunction with partner agencies. At the end of December 2015, Holloway had 7 TACT offenders and 2 prisoners of interest. The Security Department continues to work closely with the labour board to ensure prisoners' risk levels do not negatively affect the ability to fill work placements.

Use of Force

The level of force continued to vary from personal protections to control and restraint including full relocation. All planned incidents involving use of force intervention were filmed. Staff training on use of force is ongoing and each incident is fully discussed at monthly meetings.

When reviewed over the last three years there has been an increase in the number of incidents of use of force and in the number of incidents relative to the population:

- In 2013 there were 107 incidents, an average of 1.68 per 100 population. 5 of these incidents were for prevention of self-harm.

- In 2014 there were 162 incidents, an average of 2.6 per 100 population. 24 of these incidents were for prevention of self-harm.

- In 2015 there were 173 incidents, an average of 2.8 per 100 population. 14 of these incidents were for prevention of self-harm.

The IMB has noted a view held by some Holloway staff working in this area that the increased use of force may be attributable to reduced officer numbers in the prison, allowing less time for good understanding and relationships to develop between officers and women and reducing the capacity of staff to defuse potentially conflictual situations without resort to force.

The IMB also note that despite the HMCIP report which sees that force was used almost “*twice as often*” as at the time of the previous inspection it saw its use as “*a last resort and that de-escalation was employed*”. Crucially, the IMB agree with the HMCIP conclusion that “*Oversight and governance of use of force (are) impressive. The quality of completed documentation ... very good ... and any concerns and lessons to be learned ... addressed promptly*”.

16. VISITOR CENTRE, BOOKING LINE, VISITS & CHAPLAINCY

The emphasis on helping women maintain contact with their families and friends and encouraging self – reliance continued in 2015. At Induction the women are provided with a clear guide on how to apply for a visit including the types available. Two new initiatives were established including: a Homework club on Thursday evenings regularly attended by up to 7 children aged between 7 and 15; and a Mother and Toddler Club on a Tuesday which involved up to 10 children.

Booking visits

There are four types of visit: social, extended children’s visits, family visits and legal visits. The visits’ booking lines are open Monday to Friday plus Saturday morning while an email system receives queries each week from legal firms and prisoners’ visitors. The visits’ booking line and switchboard moved into the Visitors Centre which proved to be popular as visitors can book further visits immediately after a visit.

Knowing that social visits have been one of the main entry points for drugs, significant efforts were undertaken to address this in 2015. These involved briefings for women before every visit, so that they could fully understand the consequences of receiving drugs and why practices such as open mouthed kissing are not allowed; and similar briefings for visitors as well as posters on the walls up to the visits room detailing the penalties of bringing in drugs.

Social Visits

Social Visits are held daily in the Visits Hall with an evening session on Thursdays between 6 and 7pm. Refreshments are run by Spurgeons and manned by 2 prisoners. The goods on offer are expensive e.g. Crisps 75p. The children’s corner is also run by Spurgeons but this is not staffed at every session. There is a baby changing area which is rarely used. If there are concerns over security, closed visits are organised for the woman and her visitors who are subject to close observation by the officers to prevent any illegal activity. The CCTV is not permanently manned but film can be used as evidence if needed. Lanyards were introduced in 2014 and the prisoner’s ID card attached for identification purposes.

Extended children’s visits and children and family visits

Extended children’s visits are held twice in each 3 month period. These are for mothers and grandmothers to spend quality time with their children/grandchildren in a relaxed sociable environment. Activities and lunch are provided. Usually 80 people attend and there is a 100% take - up on these visits.

Extended children’s and families’ visits are held once in the 3 month period. These are for adult family members to attend with the women’s children. The aim is to maintain family ties and to provide an opportunity for the child/children to spend quality time with both parents and family members. Social workers can also apply to attend so they can assess the rapport between the mother and her children. Activities and lunch are on offer. Healthy foods were introduced for children and family visits in 2015; although the most popular food remained burgers served as a one-off during the Summer.

In December, extra visits were once again held to enable the women to spend more time with their children and families over the festive season. For the first time a professional photographer was able to join a Christmas event which was extremely popular.

Following the total refurbishment of the family room in 2014, 2015 saw a broadening and increase of its use. In the past the room was mainly allocated to those suffering bereavement and dealing with family problems, with social services providing contacts with the child/children. In 2015 women who had other reasons for privacy could request its use which was agreed on a case by case basis

Legal visits

Legal visits are held Monday-Friday for an hour each morning and afternoon. Probation also have a booth in this area.

Video links

While the last report detailed an underuse of the video link. Holloway stepped up its efforts to promote the use of the video link with the courts and of the Centralised Booking System for Prison to Court. Thanks to these efforts the use of the link increased and it was used to capacity with staff deployed appropriately.

The Visitors Centre

Previously the IMB expressed concern about the state of the Visitors Centre but improvements at the end of 2014 were maintained by Spurgeons who had responsibility for its smooth running. The reception area where families wait before making their way into Holloway was welcoming and clean along with the bathrooms that have, in the past, been less than acceptable. The Staff who work in the Centre are helpful and do a good a job under quite difficult circumstances.

Highlights

- The reduction in the number of drugs entering Holloway via visits;
- The introduction of a homework club along with mother and toddler visits

Chaplaincy

The Chaplaincy is a vital part of the Holloway prison community and well respected. The chaplains and volunteers give comfort, help and advice to all who need it. A major focus of the work is helping women cope with bereavement. Often it is the Chaplains who will break the news directly to the women. They facilitate applications for attendance at funerals. If an application is refused they will provide support to the woman and if required may conduct a service or pray with the woman on the day. The Chaplaincy will also help facilitate visits to family members or loved ones who have life-threatening illnesses and have little time left to live. They may also provide phone-calls for women to their families at times of critical need.

The Chaplaincy try to accommodate all religions and by the end of the reporting period this included 9 faiths. Imams, clerics and priests visit and hold services and prayer meetings. The numbers vary from 3 Sikhs to 80 C of E / Pentecostal. The figures however are unimportant, as, regardless of size, someone will always visit the prisoner from their particular religion. Extra services are held at different times of year such as Easter and Christmas or for special days such as the Women's World Day of Prayer. Each Sunday a special service is held in the afternoon for the women on healthcare. Most days there is some activity in the Chapel, the Multifaith room or Resettlement department. The Mothers Union comes in once a month and is popular due to the crafts and prayer time.

The Chaplaincy has benefitted from a regular team of up to 10 volunteers who have helped deliver a range of mid-week activities including Bible Studies and Reflex, an accredited through-the-gate Resettlement Mentoring for young people and young adults serving a custodial sentence. Using a tried and tested methodology: 'creative reflection – positive expression', Reflex help young people reflect creatively on their lives and positively express their hopes for the future.

To date, the Chaplaincy have delivered 25 Sycamore Tree programmes which focus on victim awareness and restorative justice. The programmes, of which there are 3 a year, have been very well received by staff

and prisoners. Each programme caters for up to 20 women (i.e. 60 per annum) which are always oversubscribed and have a very high retention rate. Prison visitors are also the responsibility of the chaplaincy that in late 2014 undertook a survey during the autumn where they found that 75 women did not receive any visits at all. When asked if they would like an official prison visitor 61% said they would welcome this opportunity.

The Tarbujah course is a 12 week course for Muslim women on “Understanding Islam”. This course has been designed by the prison service to combat extremism through positive Islamic teaching.

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 Head of Healthcare or their representatives. The Annual Team Performance Review took place in January 2015.

Under new tenure rules for IMBs in 2013 members’ terms were restricted to 15 years of service. This continued to have a knock-on effect in 2015 as while the 7 new members rose to the challenge of monitoring it was not possible to carry out a further recruitment drive until early 2015 as members need sufficient experience before they can begin training or acting as mentors.

Unfortunately, recruitment was affected by the purdah imposed across government in the run up to the general election which meant that interviews and appointments were delayed until the autumn. Sadly, despite the excellent quality of those recommended to join the Board, the appointment process had to be suspended due to Holloway’s closure. This means that a much smaller team remains to monitor the last months of Holloway.

A number of general training sessions were provided within Board meetings and the agenda was adapted to accommodate this. The Chair or Vice-Chair met with the Governor monthly and attended, whenever possible, 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 and built with management, staff and other agencies working in Holloway and expresses its thanks to all for their help and assistance over many years.

BOARD STATISTICS	
<i>Recommended Complement of Board Members</i>	15
<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>	11
<i>Number of new members joining within the reporting period</i>	0
<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>	489
<i>Total number of segregation reviews held</i>	Not available
<i>Total Number of segregation reviews attended</i>	66
<i>Date of Annual Team Performance Review</i>	January 2015

PRISONER APPLICATIONS TO THE BOARD

Code	Subject	2015	% of Apps. received	2014	% of Apps. received	2013	% of Apps. received
A	<i>Accommodation</i>	12	3.1	13	2.7	11	2.3
B	<i>Adjudications</i>	16	4.2	13	2.7	12	2.4
C	<i>Diversity matters inc. Disability and Racial complaints</i>	6	1.6	4	1.0	9	1.8
D	<i>Education / Employment / Training and Resettlement</i>	14	3.6	17	3.4	22	4.5
E	<i>Family / Visits and Telephone matters</i>	21	5.5	19	3.9	27	5.5
F	<i>Food / Kitchen related matters</i>	3	0.8	17	3.4	15	3.1
G	<i>Health related matters</i>	66	17.2	104	21.2	87	17.9
H	<i>Properties / Mails and Money matters</i>	78	20.3	128	26.1	105	21.6
I	<i>Sentence / Immigration and Deportation matters</i>	15	3.9	25	5.1	38	7.8
J	<i>Staff / Prisoner / Detainee and Bullying related matters</i>	37	9.6	35	7.1	33	6.8
K	<i>Transfers</i>	24	6.3	17	3.4	32	6.6
L	<i>Miscellaneous</i>	92	23.9	98	20.0	96	19.7
	<i>Total number of applications</i>	384		490		487	