



**Annual Report**  
of the  
**Independent Monitoring Board**  
at

**HMP Peterborough Women**

for reporting Year  
April 2018 to March 2019

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*Monitoring fairness and respect for people in custody*

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## A Sections 1 - 3

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### 1 STATUTORY ROLE OF THE IMB

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The Prison Act 1952 requires every prison to be monitored by an independent Board appointed by the Secretary of State 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 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.

## **2 EXECUTIVE SUMMARY**

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### **Main judgements**

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#### **Are prisoners treated fairly?**

The Board believes that overall residents are treated fairly and with respect. The Board is concerned that the prison holds a high number of women with complex needs (4.10, 6.2). The Complex Needs group carefully considers their needs but there are often limited opportunities for rehabilitation, and some remain in the healthcare or segregation unit (6.2, 8.12) for long periods. Most prison complaints are handled within time limits (5.2). The Board is concerned that handling of residents' property continues to be problematic, both within the prison and on transfer (7.6). The prison regime is good, and time out of cell was more than 11 hours (7.5).

#### **Are prisoners treated humanely?**

The Board believes that overall, residents are treated humanely and with decency. The increased focus on safety has had positive results, with self-harm falling by approximately 10% (4.5). The standard of accommodation is good, but it is a concern that in-cell toilets are not screened for privacy (7.8). Improvements to the healthcare provision are ongoing, and mental health and social care provision is good (Section 8). There remains a reliance on agency nurses and locum doctors (8.3). The Board is pleased the weekly well-woman clinic continues (8.11).

#### **Are prisoners prepared well for their release?**

Preparation for release is very important in the prison, evidenced by the good learning and skills provision (section 9), the focus on maintaining family ties (5.3, 5.6, 11.5), and the Outside Links service (11.4). Short sentences, however, make it difficult to deliver effective interventions (11.4). Accommodation on release remains an issue but the Board is pleased additional accommodation has been secured with two new charitable providers, one in a joint project with the Sodexo CRC (11.3).

### **Main Areas for Development**

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#### **TO THE MINISTER**

The Board remains concerned about the lack of suitable accommodation for women on release (11.3), as proper resourcing of accommodation could be cost-effective in reducing reoffending.

## **TO THE PRISON SERVICE**

The Board is concerned that some very complex women have been segregated for long periods with very limited regime (6.2). The prison does not have provision for appropriate interventions for some of these cases, and the Board considers that the national complex needs team should be more proactive in considering transfers to other secure establishments with suitable programmes.

## **TO THE DIRECTOR**

The Board notes that improvements to the governance and delivery of healthcare were implemented following the action plan prepared in response to the Care Quality Commission (CQC) (8.1). The prison should continue to embed these improvements into normal practice.

## **Improvements**

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The Board welcomes the reduction in self harm achieved during the reporting year (4.5). There should be a continuing focus on the safety of residents.

## **DESCRIPTION OF THE PRISON**

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Her Majesty's Prison (HMP) and Young Offenders Institution (YOI) Peterborough is a private prison on a brownfield site in the city centre, made up of two separate establishments, one for women and one for men, which share the same staff and management. It opened in March 2005 and is run by Sodexo Justice Services under contract to the Ministry of Justice. There is a performance delivery unit headed by a manager reporting to the Director, which tracks the contractor's adherence to the terms of the contract and also the actions arising from HMIP inspections, Prisons and Probation Ombudsman investigations, audits and reviews. There is also a controller team on site employed by HMPPS, which monitors the contractor's performance on behalf of the MoJ.

HMP/YOI Peterborough women's prison serves the East Midlands, East of England and Essex. The operating capacity is 372 including 12 additional prisoner places (APP) places. There are two modern house blocks containing 10 wings including a young offenders and young adults unit for women aged 18 – 25, a life and long sentence unit and a foreign national unit for residents awaiting deportation. There is also a 12 bed, 13 cot mother and baby unit (MBU). Facilities include classrooms, workshops, a gym and associated dance studio, a chapel, library and gardens. The restricted status provision was introduced at the beginning of the year.

Each wing has an electronic kiosk on which residents may for example order their meals, book visits and appointments, communicate with prison departments and review their finances.

The staff complement of prison custody officers (PCOs) has been increased as a consequence of changes to the prison provision requested by HMPPS. There is a programme of continuous recruitment to meet this need.

Key services are provided as follows:

Physical healthcare by Sodexo Justice Services, with the GP service contracted to Cimarron UK. Primary and secondary mental healthcare services are provided by Cambridge and Peterborough NHS Foundation Trust. Learning and skills provision is by Sodexo Justice Services. The prison also works closely with the community rehabilitation companies (CRCs) for Derbyshire, Leicestershire, Nottinghamshire and Rutland (DNLR), Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire (BeNCH) and Norfolk, Suffolk and Essex.

Additionally, the following are the principal organisations providing services to the prison:

MIND (mental health support)

St. Giles Trust (core resettlement to BeNCH, Norfolk . Suffolk and Essex and Unlock Banking)

Alcoholics Anonymous

Job Centre Plus

BASS (supported housing for those on HDC or bail)

Shaw Trust (skills and employability support)

There are also a number of third sector organisations providing specific services locally.

## **B Evidence sections 4 – 11**

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### **4 SAFETY**

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4.1 A senior manager for resident safety, reporting to the Director, was appointed across both prisons in May 2018, with a dedicated team of one manager and one PCO for the women's prison. A new strategy document was produced in February 2019, which aims to use the full set of available tools (incentives and earned privileges (IEP), challenge, support and intervention plan (CSIP), adjudications and segregation) to manage women's behaviour, with the principal focus on suicide and self-harm (SASH) prevention and violence reduction (VR).

4.2 Strategy and operations are overseen by regular meetings chaired by the Director/senior management/safer custody managers as appropriate, with detailed minutes and actions which are followed up.

4.3 Feedback from HMIP and the PPO has resulted in dedicated action plans, with progress tracked by the performance delivery manager.

4.4 Overall prisoner on prisoner violence has been almost unaltered since last year (116 incidents versus 117 in 2017-8), although serious assaults were down from 8 to 5. Serious assaults on staff however increased from 4 in 2017-8 to 10. This is partly attributable to a small number of difficult to manage residents.

4.5 There continues to be an emphasis on reducing SASH risk. The level of incidents overall fell from 1053 in 2017-8 to 937, but the monthly incidence varies significantly from under 60 to nearly 120. This is dependent on a small number of very complex cases. There is a continuing management emphasis on improvement and refresher training for the assessment, care in custody and teamwork (ACCT) process. There are six Listeners and plans to train four more.

4.6 The reception area is welcoming, with plenty of information available, and good use is made of trained peer support workers. Women may arrive quite late in the evening as reception lock out time is 20.00. Assessment processes are thorough.

4.7 Induction is delivered to new residents individually by wing staff on the induction wing. The Board does not generally find any instances of women missing any part of the induction process.

4.8 There is a weekly multidisciplinary complex needs group meeting. Quality of care plans has improved markedly through the reporting year and plans are better disseminated. The Board considers that there has been poor support from HMPPS for cases on the national complex needs agenda.

4.9 The national introduction of the CSIP intervention has been supplemented by use of a local CSIP “light”, which has proved a valuable early warning and intervention method.

4.10 Women with complex needs are typically housed on a single wing, with careful attention paid to the equipment and facilities available. The Board remains concerned that the healthcare unit is often full of such residents and is constantly under pressure.

4.11 Experienced PCOs are appointed as the wing in charge officer.

4.12 Use of force has increased markedly in the last six months to almost 60 incidents per month, although this is due to multiple occurrences for a small number of residents. Security measures are intelligence led and full searching must now be justified and authorised through a revised and more robust procedure. Substance misuse and availability remains a significant issue, although the result for mandatory drug testing (MDTs) (6.3%) only just exceeds the 6% target. During the year a scanner was installed to screen incoming mail for illicit substances.

4.13 The IEP system is monitored monthly in the decency meeting, which is chaired by the deputy director. While the Board receives occasional applications alleging unfair application in individual cases, there is no evidence of bias in the system.

4.14 There were no deaths in custody during the reporting period.

## **5 EQUALITY AND FAIRNESS**

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5.1 The Board monitors the prison management’s approach through reviewing the diversity and inclusion meeting. The Board observes that this meeting is less regular and less well attended than in previous years.

5.2 The Board notes that 91% of complaints were answered on time which is a fall in performance of 3% compared with last year. The Board is satisfied that residents have information about how to complain and how to escalate complaints to, for example, the Ombudsman and NHS England.

5.3 Visit numbers in the female prison ran at just over 7000 with only 511 cancelled showing an improvement on last year. The visits hall has a supervised children’s play area and family visits can be made in a separate room. In the mother and baby unit more frequent visits are facilitated in order to maintain family ties.

5.4 During the year a new head chaplain was appointed. Church services for Christian residents are held on Saturdays and Sundays with reasonable attendance. Muslim prayers on Fridays are very well attended and there is chaplaincy provision for other faiths in line with Prison Service Instructions. The facilities list includes specific entitlements to items required, and religious dietary requirements are met. The chaplaincy ensures that residents receive their entitlements.



5.5 The kiosk service is available in multiple languages and with pictorial symbols; however, the Board remains concerned that induction processes and materials are still only available in English.

5.6 The family matters department arranges to see every new resident soon after they arrive to discuss any issues they may have in this area. The establishment has used the restorative justice approach to assist with family relationship issues with some success. Family days are arranged for residents.

5.7 At the end of the reporting year there were 45 residents over the age of 50 in the establishment. There is an over 50s club, meeting in the library.

5.8 At the end of the reporting year there were 18 young offenders. Young offenders (18 to 21) and young adults (21 to 25) are housed together on one wing.

5.9 The foreign national team sees all overseas residents within three days of arrival to explain the available support. At the end of the reporting year there were 71 Foreign Nationals in the prison.

5.10 During the course of the year there have been four residents identifying as transgender held either on normal residence or in the separation and care unit. The Board considers these cases were handled with decency, and the needs of both the individuals and other residents were taken into account.

5.11 The Board has recently agreed to a flexible rota approach to encourage younger employed people to join. The success of this approach will be assessed at the end of the year.

## **6 SEGREGATION/CARE AND SEPARATION UNIT**

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6.1 The separation and care unit (SCU) contains 14 cells, now reduced to a maximum occupancy of eight, and maintains good levels of cleanliness, maintenance and tidiness. The Board is pleased the prison aims, where possible, to keep prisoners on normal location rather than in the SCU.

6.2 The unit has operated at varying levels of capacity from three to eight residents during the year. The Board is concerned that some very complex women have been segregated for long periods (seven for more than 42 days) with a very limited regime. The prison does not have provision for appropriate interventions for some of these cases, and the Board considers that the national complex needs team should be more proactive in considering transfers to other secure establishments with suitable programmes.

6.3 Residents usually received an appropriate regime including access to exercise yards and showers. A care plan is set up upon entering the unit with education, work and other activities such as library attendance allowed if considered appropriate. Residents were not regularly able to attend gym sessions at weekends because it was closed.

6.4 The units were visited by the chaplaincy and nursing teams daily with visits from the doctor three times a week.

6.5 Members of the Board visit the unit at least once every week and speak to all residents, accompanied by staff but in an unlocked condition, provided this is safe. Residents may also be seen on the exercise yard or in the holding room under staff observation should they wish to speak in confidence to a Board member.

6.6 In general the Board observes staff dealing appropriately with often demanding residents. There were 31 separate dirty protests during the year, although 75% were due to one resident. There was no use of special accommodation cells during the year.

6.7 The Board is usually informed of any new arrivals in the SCU by email or telephone and aims to speak to them within 72 hours of segregation.

6.8 The Board aims to attend all rule 45 or 49 reviews. Documents are reviewed afterwards for reviews not attended by the Board. During the year there were 100 rule 45 reviews of which the Board attended 90 (90%).

6.9 There were 15 residents on ACCT documentation held in the unit during the year. The Board continues to closely monitor this situation. ACCT reviews for these residents are included within rule 45 reviews, and when they are held at separate times the Board sometimes attends.

6.10 There were no occasions when a Board member felt unable to confirm that proper review procedures were followed. Board members were also given full opportunity during reviews to question residents and medical staff present, as well as being informed by the review manager of all the relevant resident details prior to the review start. Post review was normally followed by full discussion on any behavioural and/or mental health issues of residents, and how quickly they could be returned to normal location.

6.11 All documentation, including daily log, segregation history sheets, initial segregation health screens, authority to segregate forms, ACCT forms etc, were in the main properly completed and up to date.

## **7 ACCOMMODATION (including communication)**

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7.1 The standard of accommodation of the prison has been consistently good as evidenced by ongoing IMB wing monitoring reports throughout the year. Cleanliness has been maintained on all wings including floors and showers. Displays and décor are generally good. There is extra input such as wing competitions at festive and celebratory times. Wings have tables and chairs and also sofas and armchairs where women can associate and eat meals. Many also have a collection of books, games and jigsaw puzzles.

7.2 Meal supervision is observed generally to operate without any issues. There were 15 applications to the IMB concerning food, mostly in the first six months of the year. Complaints are around the quantity and variety of food on offer. A new catering manager has been in place for the last six months, who is introducing more training for kitchen staff and holds meetings with residents on a regular basis to take feedback.

7.3 Room temperature was mentioned to be of concern in some rota reports (both too hot and too cold). Residents with medical conditions as certified by healthcare are

provided with fans and all residents may purchase them from the canteen. During the hot summer of 2018 additional fans were provided by the prison.

7.4 In-cell phones are available in all wings, although in the healthcare and separation and care units this is subject to risk assessment. Currently phone calls are limited to 10 minutes at one time; at residents' request the prison is looking into whether this policy should be changed.

7.5 Time out of cell met the 10-hour target 100% of the time during the reporting year with an average of 11.83 hours.

7.6 Concerns around missing property dominate applications relating to accommodation (31 regarding Peterborough and 16 regarding previous establishments). Both figures show an increase over last year (19 Peterborough, seven other establishments). The Board is concerned about the rise in complaints as unresolved property issues are a source of anxiety for residents. Goodwill payments for missing property have been made 18 times. In general cell clearance processes are effective.

7.7 Canteen issues are the second most frequent topic (22 applications). Meetings between managers, residents and the new logistics manager were held at regular intervals in the latter part of 2018 to establish residents' canteen needs. When space has been made for new stock, tailored stock will be available on the facilities list. Hopefully this will address the difference between what is currently offered and what residents wish to purchase. An up to date facilities list is available electronically on the kiosk. The prison holds a stock of new basic clothing which residents can purchase.

7.8 There is a lack of privacy around the in-cell toilets with poor screening. The Board feels this is not decent, particularly when residents share cells.

7.9 Relationships between staff and residents are generally good, as evidenced on each wing monitoring report. Wing in charge officers were introduced during the year to help mitigate the effect of inexperienced wing staff. The offender management in custody (OMiC) scheme will be rolled out in the next reporting year.

7.10 Residents' legal rights are generally respected. A solicitors' firm provides a free legal advice service in the Link once a fortnight. Wing letters are provided if needed when an adjudication is adjourned for legal advice.

7.11 Cell courtesy keys have been issued to all wings to allow residents to take responsibility for their own property.

7.12 The mother and baby unit (MBU) is a separate block with its own outside garden areas for the use of residents and their babies and dedicated staff including nursery staff. Internally residents have access to all parts of the block, and there are facilities for them to prepare meals for babies. Mothers may return to their prison jobs while the children are looked after.

## **8 HEALTHCARE (including mental health and social care)**

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8.1 Improvements to the governance and delivery of healthcare were implemented following the action plan prepared in response to the Care Quality Commission (CQC) and recommendations in PPO death in custody reports relating to two residents.

8.2 In January the CQC confirmed Sodexo was compliant with the warning notice issued in August 2018, but noted that some improvements were still in progress. Some new systems and procedures are still in their infancy and will be monitored by the Board for sustainability.

8.3 Staffing levels remain a concern and there continues to be a reliance on agency nurses and locum doctors. Towards the end of the year the healthcare assistant (HCA) team was strengthened and a new head of healthcare was appointed.

8.4 Healthcare applications to the Board increased (44 last year compared to 61 this year). Issues raised included changes to medication and poor rapport with doctors.

8.5 All residents are screened on arrival and the number completing secondary screening (which takes place within five days of arrival at Peterborough) improved during the year to almost 100%. A personalised care plan is drawn up for residents who have long-term conditions.

8.6 Measures have been put in place to increase staff awareness of residents with ongoing medical conditions. Residents in the SCU are seen daily by healthcare staff and officers are alerted to conditions of which they need to be aware. ACCT review attendance by nurses is good. Healthcare staff now examine residents after all use of force incidents.

8.7 An information notice to residents was issued in May, clarifying the internal healthcare complaints process and giving details of how to complain to the Parliamentary and Healthcare Service Ombudsman and NHS England. The Board gives copies of this notice to residents who are unaware of the process.

8.8 The health promotion action group, responsible for promoting health and activities linked to local and national campaigns, was reviewed and reformed in the second half of the year. The Board has, however, seen little evidence of systematic health promotion activity. There are, however, well maintained noticeboards on wings displaying healthcare information.

8.9 Consultation with residents improved towards the end of the year when the newly formed health and wellbeing board started its monthly meetings with wing representatives. A Healthwatch-trained resident works as a 'healthcare champion'. She liaises with the healthcare team to raise awareness, support residents and follow up non-attendance. Non-attendance (DNAs) across all clinics is approximately 18%.

8.10 Appointments can be booked and cancelled using the electronic kiosk. There are no wait lists for GP appointments. Waiting times for podiatry, dentistry and ophthalmology clinics are under three weeks.

8.11 The weekly nurse-led well-woman clinic is praised by residents. Services include cervical cancer screening and sexual health advice. An outreach programme for mammogram screening has been introduced. Bowel cancer screening is now available. There is no physiotherapy provision in the prison.

8.12 Occupancy of the 12-bed healthcare unit remains high. Most residents are referred by the mental health team. The unit is manned by officers with no healthcare expertise, but clinicians visit the unit daily. The Board is concerned about the number of residents with complex needs held in the unit (with limited regime), and the lack of therapeutic activities in the unit.

8.13 The mental health provision is good and waiting times compare well with those in the community. DNAs remain high, but there has been a general decrease as a result of efforts to chase up non-attendees. There were 44 referrals to transfer residents to secure hospitals, two of which were completed within two weeks. Mental health clinicians visit the in-patient unit daily, and deliver regular awareness raising sessions for staff. They attend ACCT and segregation reviews when relevant.

8.14 The social care provision continues to demonstrate good practice. The team has been strengthened by an additional part-time member of staff.

## **9 EDUCATION AND OTHER ACTIVITIES**

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9.1 Literacy and numeracy skills are assessed at induction and residents with skills below level 1 are allocated to classes. One to one skills development is also available. Skills for Life achievements were above target (2726 achievements during the year, many of them unit achievements).

9.2 The education provision runs throughout the year, and few classes are cancelled. There have been some difficulties in recruiting maths teachers.

9.3 Trained tutors support residents who have special educational needs, such as dyslexia.

9.4 In-cell learning packs are not available but residents can request work to complete in their cell.

9.5 Average attendance for the year was 83% which was above target. The prison continues to chase up non-attendance and uses strategies to engage residents. For example, there is a bonus for achievement and Turning Pages (Shannon Trust's reading plan) is offered on the wings with good engagement.

9.6 The move towards using the City and Guilds awarding body gives residents well-recognised qualifications and improves transferability to other prisons.

9.7 Distance learning opportunities (up to level 4 and Open University) are good and residents are well supported by the prison. At the end of the year 20 residents were undertaking distance learning. During the year the Skills Funding Agency withdrew funding for residents, which led to a reduction in numbers.

9.8 Library closures (resulting from staff cross-deployment) continue to be of concern, despite the appointment of an additional library officer. Closures restrict access to activities such as Storybook Mums and the over 50s club. The library is seen as a haven by some residents who are in custody for the first time. Efforts by the prison have led to an increase in use and the mobile library is popular with residents.

9.8 Gym closures, again as a result of staff cross deployment, have continued.

## **10 WORK, VOCATIONAL TRAINING and EMPLOYMENT**

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10.1 A range of vocational training programmes is offered in the prison, including: hospitality and catering in the Vita Nova café; customer service in the call centre; hair and beauty in the Sanctuary salon. The gardens are well maintained by residents, but training is not accredited.

10.2 The art class was relocated to a larger room, providing more space and opportunities for residents.

10.3 At the end of the year there were three residents working on release on temporary licence (ROTLs). ROTL opportunities are good and developing, with Marriott and Argos keen to accept ROTL placements with a view to offering employment on release.

10.4 The prison continues to make links with local employers with a view to increasing employment opportunities. Employment on release is 5% and education or training on release is 5%. The Board feels the number of residents on short sentences restricts the impact of interventions.

## **11 RESETTLEMENT PREPARATION**

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11.1 The resettlement team works co-operatively with two community rehabilitation companies (CRCs). They share information at bi-monthly resettlement meetings.

11.2 St Giles Trust (BeNCH) has a full-time presence in the prison's Link resettlement centre. It provides a range of support including help with bank accounts and providing photo identification. Appointments with St Giles are made using the electronic kiosk, but it is disappointing there is high non-attendance.

11.3 Finding suitable accommodation on release continues to be challenging. 36% of women did not have sustainable accommodation on release. The Board, however, notes that the team has been proactive in securing accommodation with two new charitable providers (NACRO in Peterborough and The Next Chapter women's refuge in Colchester).

11.4 Accredited programmes offered in the prison are building skills for recovery (BSR), control of violence for angry impulsive drinkers (Covaid) and the thinking skills programme (TSP). Transferring residents to other prisons for other accredited programmes can create challenges for the OCA (population management) team.

11.5 The prison has developed successful non-accredited programmes including Road to Success (devised by residents which aims to help re-integration into society) and Most in Need (which targets repeat offenders).

11.6 Outside Links continues to provide effective support for residents on release and beyond. During January, February and March, 108 women dropped into their city centre provision for support. Regular wellbeing days are held for sex workers when sexual health screening is offered.

11.7 The family matters team helped residents maintain and develop family contact. All women are seen on arrival in the prison and family issues discussed. Referrals to the team (self-referral and referral by prison staff) averaged 100 per month in the last three months of the year.

11.8 Average length of stay on release (in the last six months of the year) was seven weeks. It is challenging for the prison to deliver effective interventions (relating, for example, to drug and medication issues, education and resettlement preparation) to residents serving short sentences.

11.9 There were 401 recalls to the prison during the year. One resident remained on an imprisonment for public protection (IPP) sentence; this is beyond tariff.

## The Work of the IMB

One Board monitors both the men's and women's prisons. Two members are on rota each week. They respond to IMB applications, monitor segregation and healthcare units, monitor a wing and other areas of the prison. They prepare a weekly rota report which is circulated to senior management.

The Director attends the Board's monthly meetings to discuss issues from rota reports and respond to questions from members.

Board members present information about the IMB to new officers during their initial training.

<b>BOARD STATISTICS</b>	
Recommended Complement of Board Members	20
Number of Board members at the start of the reporting period	11
Number of Board members at the end of the reporting period	12
Total number of visits to the Establishment	703*
Total number of segregation reviews attended	90

\*Visits covers both men's and women's establishments



## C Section - Applications

<b>Code</b>	<b>Subject</b>	<b>Current reporting year</b>	<b>Previous reporting year</b>
A	Accommodation including laundry, clothing, ablutions	17	10
B	Discipline including adjudications, IEP, sanctions	3	2
C	Equality	3	3
D	Purposeful Activity including education, work, training, library, regime, time out of cell	22	11
E 1	Letters, visits, phones, public protection restrictions	17	20
E 2	Finance including pay, private monies, spends	19	19
F	Food and kitchens	15	11
G	Health including physical, mental, social care	61	44
H 1	Property within this establishment	31	19
H 2	Property during transfer or in another establishment or location	16	7
H 3	Canteen, facility list, catalogue(s)	23	7
I	Sentence management including HDC, ROTL, parole, release dates, re-categorisation	17	28
J	Staff/prisoner concerns including bullying	85	62
K	Transfers	3	11
	<b>Total number of IMB applications</b>	<b>332</b>	<b>254</b>