

Annual Report of the Independent Monitoring Board at HMP/ YOI Foston Hall

**For reporting year
1 December 2019 – 30 November 2020**

Published March 2021



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Introductory sections 1 – 3

1. Statutory role of the IMB

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 is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- 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
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- 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 Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that States designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The IMB is part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

HMP/YOI Foston Hall, situated in southern Derbyshire, was designated as a closed women's prison and young offender institution in 1997.

The prison accommodates both remand and sentenced prisoners. For most of this year it had a certified normal accommodation of 307 and an operational capacity of 349. At the end of November, the operational capacity was reduced to 298 because two wings, (A and B), failed fire safety checks and were decommissioned. During the year, additional temporary accommodation (G wing) was built, to accommodate population pressures arising from the need to provide more single rooms due to COVID-19. This was opened in November.

At the end of November, the population was 245; 61 (25%) were on remand and 184 (75%) were sentenced. The sentenced prisoners included 48 who had been recalled. Of the sentenced prisoners, 38 (21%) had sentences of less than 12 months, 48 (26%) were serving sentences of 12 months up to four years, and 98 (53%) were serving four years or more, or indeterminate sentences. The number of prisoners on remand and those serving short sentences means there is a high turnover in the population.

The prison is located on the site of a large house and its grounds. The house accommodates the Governor and support team, the education department, the library and some other functions, as well as housing the 11 enhanced prisoners (E wing).

The remaining prisoner accommodation and other functions are housed in a variety of buildings, spread throughout the grounds. The exterior environment is pleasant, with well-kept gardens. The first night induction unit and a residential wing used mainly for short-term prisoners are located in their own shared compound. C and F wings and the now decommissioned A and B wings are separate two-storey, ready-to-use wooden buildings, with mostly single-occupancy cells and a small number of double-occupancy cells. Another wing (T) is in its own compound. The recently constructed G wing is single-storey accommodation made up of individual pods. The care and separation unit (CSU), D wing and the main healthcare unit are located in one building. Separate buildings/portacabins house workshops, the animal shelter, resettlement and other functions.

3. Executive summary

3.1 Background to the report

3.1.1 For over two-thirds of this reporting year, HMP/YOI Foston Hall has been operating in the context of COVID-19. This has meant drastic changes to the operation of the prison. The regime has been severely restricted, with prisoners confined to their cells for most of the day and many activities and functions suspended.

3.1.2 Since March IMB monitoring has had to be undertaken remotely. Engagement with the prison has been extensive, using other means, (for example obtaining information from wings and other parts of the prison via phone and email more than 100 times per month. The Board has also conducted a number of surveys via questionnaires, to gather information on the experience and views of prisoners. The Board has therefore tried to cover as much ground as it can in the circumstances. Ministers are aware of these constraints. Regular information is being collected specifically on the prison's response to the pandemic, which is being collated nationally.

3.1.3 During this highly challenging year, Foston Hall has had, for reasons of sick leave, six changes of leadership, involving five appointed or temporary Governors. The Board has noted the considerable commitment of these managers during this particularly demanding time but hopes that the newly appointed Governor will provide much needed stability.

3.2 Main judgements

How safe is the prison?

3.2.1 It is evident to the IMB that there is a clear intention on the part of prison management and staff that all prisoners should be safe and that much effort is invested in pursuing this objective. However, the persistently high levels of self-harm, assaults on staff, and the rising level of use of force are serious concerns. The Board recognises the complex challenges involved and has observed some extremely caring and diligent practice. However, there appears to be scope for a clearer focus, strategy and action plan to address the issues. Whilst the response of the prison to the findings of the fire safety audit was swift, the failure of two wings to meet critical fire safety requirements, and having to be decommissioned, is concerning.

How fairly and humanely are prisoners treated?

3.2.2 The prison has a good policy and implementation framework for promoting equalities and monitoring fairness. Operational pressures resulted in the frequent diversion of the equalities officer to other duties. This had a negative impact on aspects of good practice, such as the support available to prisoners with protected characteristics. Towards the end of the year, this was addressed and a protected post has been created. The IMB considers that there is a strong commitment to treating prisoners humanely at Foston Hall. However, it is the Board's view that Prison Service-wide restrictions introduced to manage COVID-19, which resulted in women being confined to their cells, apart from 30 minutes' exercise a day, for several months is not humane, despite the sincere efforts of managers and staff to ameliorate the impact.

How well are prisoners' health and wellbeing needs met?

3.2.3 Faced with the challenges of COVID-19 and the restrictions in which they had to operate, the healthcare providers have worked extremely hard to ensure the delivery of priority services. These have included medication management, welfare checks for prisoners in isolation, mental health services for those most in need, attendance at reviews of prisoners at risk of self-harm, and midwifery. Ways of operating and communicating with prisoners have been adapted to the new situation. At the same time, many associated services such as dental treatment, optometry, podiatry, physiotherapy and substance misuse have been withdrawn or very reduced for much of the year. On a broader level, several steps have been taken to try and support prisoners and help them cope with the inevitably negative effects of the restricted regime.

How well are prisoners progressed towards successful resettlement?

3.2.4 Last year, the IMB noted the high priority given to preparing prisoners for release and whilst the commitment and infrastructure remain, the impact of COVID-19 has been profound. Education and training have been very limited, maintaining family ties severely constrained, and many links with community services have been suspended. Despite these difficulties, the providers of Through the Gate support have worked hard to maintain a service to help prisoners return to the community. As before, the short time many women are in prison limits what can be achieved. The additional funding provided to address homelessness during COVID-19 has led to a significant reduction in the number of women being released without an address. The fear is that the number will increase once this funding ends.

3.3 Main areas for development

TO THE MINISTER

3.3.1 There continue to be prisoners in Foston Hall subject to indeterminate sentences for public protection (IPP) who remain in custody several years beyond their tariff date (see paragraph 7.3.7).

3.3.2 The provision of additional resources to address homelessness during COVID-19 has reduced the number of prisoners being released without an address, but it seems inevitable that the problems will re-emerge when this additional support is withdrawn (see paragraph 7.5.5).

TO THE PRISON SERVICE

3.3.3 Accommodation in D wing and the healthcare unit requires considerable improvement (see paragraph 5.1.2).

3.3.4 Although the care and separation unit (CSU) is currently undergoing renovation, the underlying problems with its physical size and layout mean it is likely

to continue to have serious limitations which will impact on the experience of women held there (see paragraph 5.2.1).

3.3.5 There is a lack of suitable interview rooms across the prison, for use by healthcare staff, psychologists, chaplains and other service providers, which significantly undermines the delivery of positive rehabilitative work (see paragraphs 5.5.6, 6.1.10 and 7.5.2).

3.3.6 The cessation of the CARE (choices, actions, relationships, emotions) offending behaviour programme is a serious loss in provision for women prisoners (see paragraph 7.3.5).

3.3.7 There is a need for a specific sentence planning route, and intervention pathway for prisoners with autism (see paragraph 4.4.2).

TO THE GOVERNOR

3.3.8 The appointment of the new Governor, ending the temporary arrangements which have dominated the past year, is welcomed. The Board is aware that the Governor shares its concerns about aspects of provision at Foston Hall and is already taking forward work to address them. The Board's particular concerns are:

- The high level of self-harm (see paragraph 4.2.5) and the variable standard of assessment, care in custody and teamwork (ACCT) documents (see paragraph 4.2.6)
- The limited availability/number of Listeners (see paragraph 4.2.9)
- The high rate of violent incidents – in particular, the level of assaults on staff (see paragraph 4.3.2)
- The rise in the use of force (see paragraph 4.5.1)
- The need for further improvement in the use of body worn cameras during violent incidents (see paragraph 4.5.3)
- The induction pack is out-of-date and is not provided in other languages. (see paragraph 4.1.1)
- The very limited education and library provision for most of the year (see section 7.1)
- Intermittent backlogs /delays in processing prisoner property (see paragraph 5.8.1)
- The variable operation of the personal officer scheme (see paragraph 5.3.3)
- The lack of suitable interview rooms across the prison, to facilitate welfare and rehabilitative work with prisoners (see paragraphs 5.5.6, 6.1.10 and 7.5.2)
- The limiting of video calls with families to between 9am and 4.30pm (see paragraph 7.4.2)
- The expectations raised about, and investment made in, the planned retail park, which has not materialised (see paragraph 7.2.4).

3.4 Progress since the last report

Progress has been made in the following areas:

- Installation of in-cell phones (see section 5.1.3)
- The commencement of refurbishment of the CSU (see paragraph 5.2.1)

- The creation of a non-operational safety and equalities hub manager post, which is protected from diversion to other duties (see paragraphs 4.2.8 and 5.4.8)
- The identification of a member of staff on each wing as a point of contact for equalities, who is supported by the equalities officer (see paragraph 5.4.9)
- The reduction in prisoner assaults and prisoner fights, acknowledging that the COVID-19 restrictions are likely to have had a role in this (see paragraph 4.3.3)
- The establishment of a weekly use of force meeting to monitor performance and identify good practice (see paragraph 4.5.2)
- The consolidation of the ACCESS team, which supports prisoners with complex needs, by the appointment of two additional staff (see paragraph 6.3.4)
- The appointment of a managing chaplain after an 18 month gap (see paragraph 5.5.1)
- The installation of two phone lines in healthcare, enabling direct contact with prisoners (see paragraph 6.1.5)
- The installation of “Technomed” electrocardiogram (ECG) interpretation service for rapid clinical diagnostic services, reducing the need for patients to travel to hospital (see paragraph 6.2.6)
- The improvement of arrangements dealing with newly received prisoners’ medication requirements (see paragraph 6.2.3)
- Sleeping pills are prescribed for prisoners to have in their own possession, (subject to a risk assessment) so they can take these at appropriate times. (see paragraph 6.2.4).

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

4.1.1 Since March the reception and induction processes have been significantly impacted by regime changes to manage the COVID-19 crisis. For reasons of safety, newly arrived prisoners initially bypassed reception and were isolated in their cells in the first night induction unit for 14 days. The induction process has been very limited. Group induction ceased from March, and was initially replaced by an induction booklet. Later, prisoner-led induction was introduced, with an induction orderly whose role included issuing an induction pack and answering prisoners' questions. Some of the content of the induction pack is out of date; it is only available in English and is of a level which is not user friendly for most prisoners.

4.1.2 The IMB has undertaken two surveys of prisoners in the first night induction unit, in August and November, to assess early experience of Foston Hall during the restricted regime. Overall, the findings were very mixed. In both surveys, almost all prisoners rated their experience on arrival as "good" or "OK". The experience of their first night was slightly less positive, with seven (70%) respondents in August and 10 (56%) respondents in November rating it as "good" or "OK". When asked if they had received induction information, three-quarters said they had in the August survey, compared to only half in the November survey. Information about how to keep safe during the COVID-19 crisis was valued by several prisoners. A small number of prisoners in both surveys said that "nothing was useful" in the induction experience.

4.1.3 When asked if they had received daily support conversations with staff, over half of those answering the question in both surveys said that they had not. Comments from the November survey included: "I feel I'm just getting ignored" while another prisoner said: "staff can't do enough". Very few prisoners reported problems in accessing property on arrival, and those who did recognised that this was due to COVID-19 restrictions. Almost all prisoners who responded said they received a health check on arrival. The majority of prisoners bringing medication with them said they had no problem getting it replaced. The number reporting a delay in making a first phone call increased from 22% in August to 53% of those responding by November. Comments included: "Still not managed to let family know where I am - no phone credit like I was told I could". Virtually all those who responded to both surveys said they were not informed about the MB or how to make an application during induction. Whilst the pack contained some information about the IMB it was clearly not an effective way of communicating with prisoners.

4.1.4 In May, the Governor introduced a requirement for staff to have a daily individual conversation with all newly received prisoners accommodated in the reverse cohort unit(RCU) in order to reduce the potential for isolation during early days in custody. The IMB understands that a monitoring and quality assurance system was introduced to ensure this was happening.

4.2 Suicide and self-harm, deaths in custody

4.2.1 Safety issues are coordinated by the safer custody team, which convenes a monthly meeting. This was suspended for two months only, April and May. Despite discussing several datasets relating to self-harm at its monthly meeting, and identifying actions to be taken, these have apparently had little impact on rates of self-harm.

4.2.2 In February, the Executive Director North in Her Majesty's Prison and Probation Service (HMPPS) commissioned a safety summit at Foston Hall, with the theme "Physically Safe, Psychologically Unsafe". Facilitated by HMPPS, it involved focus groups with prisoners, staff and stakeholders, including the IMB. Key findings were that theft and debt were significant contributing factors to self-harm and violence, as well as a perception that prison staff were not proactive in walking the wings and challenging prisoners. Culture and communication came up as issues to address.

4.2.3 The safer custody team consulted prisoners by way of a questionnaire in May, to gather their views about improving safety during lockdown. The most common concern (16 prisoners, 25% of the 64 respondents) was about poor access to mental health services. Other major issues raised were insufficient distraction in cells during lockdown, and the limited opportunities to take exercise.

4.2.4 At the June safer custody meeting, it was said that there would be additional welfare checks on prisoners immediately after self-harming, to find out the reasons for it. The practice, however, was discontinued within a matter of weeks because of safer custody staffing pressures.

4.2.5 Levels of self-harm have remained high. The monthly figure peaked at 217 in April, coinciding with the first full month of the COVID-19 lockdown. In the last six months, in excess of 1,000 incidents of self-harm were reported, higher than 900 incidents reported in a six-month period in 2019. The prison's self-harm figures have often been amongst the highest reported in the women's estate. The total number of ACCT documents opened has remained at approximately the same level over the past two reporting years, at around 500. Daily ACCT numbers are usually between 25 and 30.

4.2.6 An inspection by Her Majesty's Inspectorate of Prisons (HMIP) in 2019 found that the standard of ACCT documents was too variable. In response, ACCT assurance processes were introduced, and findings from these are reported to the monthly safer custody meeting. These show that documents still fall short of expected standards, and care planning requires improvement. Evidence of multidisciplinary decision making remains patchy and there are ongoing problems with the completion of the ACCT front page.

4.2.7 In October, the IMB sent questionnaires to 32 prisoners on an ACCT. Of the four respondents, three felt very well or reasonably supported, three understood the reason for being placed on an ACCT and two confirmed that other people were involved in reviews besides their case manager. Comments included; "it saved my life", "it has not made too much difference, lockdown got in the way".

4.2.8 The safer custody team has struggled with resources throughout the year. The creation in September of a non-operational band 5 manager for safety and equalities is welcomed.

4.2.9 At the start of the reporting year there were two trained Listeners. The small number of Listeners has been a concern raised by the IMB in the last eight annual reports. Early in the year, two potential Listeners were due to start training, but the Listener scheme was suspended with the lockdown. The IMB remains concerned about the lack of access to Listeners. Free telephone access to Samaritans continues, facilitated through in-cell telephony.

4.2.10 There has been one death this year, apparently from natural causes, but there has been no inquest verdict yet. Two Prisons and Probation Ombudsman (PPO) reports (one final report and one initial report) have been published this year, following investigations into two deaths in the prison in 2019. A prison action plan addressing some, but not all, of the recommendations from these and earlier investigations is in place and, at the time of this report, was awaiting review.

4.3 Violence and violence reduction, self-isolation

4.3.1 From April to October Foston Hall was one of the three women's prisons with the highest rates of all violent incidents. From July to October it had the highest rate.

4.3.2 Assaults on staff are of particular concern, reaching a peak of 15 assaults in July and remaining at between nine and 10 for the months from August to October. In the quarters June to September and August to October 2020 Foston Hall had the highest rate of staff assaults in the female estate. From March to November 2020, 72 incidents were recorded, compared with 60 for the same period in 2019. Prisoner non-compliance is the biggest factor leading to violent incidents.

4.3.3 The number of prisoner assaults has seen a reduction to 31 incidents from January to November 2020 compared with 66 incidents for the same period the previous year. Prisoner fights also reduced this year, accounting for 32 incidents from January to November, compared with 47 for the same period in 2019. Though this is welcomed by the Board, it is recognised that restrictions in association due to COVID-19 may have been a factor in these trends.

4.3.4 The number of challenge, support and intervention plans (CSIPs) opened in the first seven months of 2020 was six, compared with 19 for the same period in 2019. For the last four months of the reporting year, the number of CSIPs opened increased to 29, compared with only five for the same period last year. The prison recognises that in the past the use of CSIPs to manage violent and antisocial behaviour has not been as effective as it could have been. In January 2020, the CSIP strategy was relaunched. COVID-19 meant that its implementation was delayed. Following the resumption of more normal working towards the end of the year, and some key staff changes, plans have been developing to drive this agenda forward.

4.3.5 Staff routinely draw body worn cameras and there is a commitment to training on when they should be activated. Although there is evidence of improvement in the

use of body worn cameras the safer custody meeting has indicated a need to continue to work on staff's de-escalation skills by encouraging greater use of the cameras and more use of conversations with prisoners, rather than using guiding holds straight away.

4.3.6 The Board would welcome a clearer set of actions designed to reduce violence which are regularly monitored and reviewed.

4.4 Vulnerable prisoners, safeguarding

4.4.1 Two social workers, seconded by Derbyshire County Council, are responsible for assessing the eligibility of prisoners for support within the Care Act 2014 criteria. At the end of the year, there were three very vulnerable prisoners with care packages managed by the team, with diagnosed conditions or disability. During lockdown assessments have been undertaken by phone, or face to face, with suitable precautions in place. Social workers work closely with healthcare and the equalities lead, and have good links with specialist services and community organisations. They undertake regular assessments for special aids and equipment. In June, four prisoners were using walking frames. There is a growing need for facilities for prisoners with long-term care needs and increasingly complex needs.

4.4.2 It is of concern that there is no screening and no route for prisoners to get a diagnosis of autism. There is provision in Derby to assess learning disability, but only for prisoners from that area. It appears that autism is a poorly recognised condition. There is no sentence planning route which addresses the specific issues for autistic prisoners. The social worker reports that some prisoners struggle to progress through the system, and may serve longer as a result.

4.4.3 The 2019 HMIP report noted: "A dedicated social worker led work to support adult safeguarding effectively, but needed better support from other staff. Support for those with needs was not sufficiently proactive or always in line with prisoner care plans." The senior social worker reports that this remains the case and cites a number of examples of practice falling short of required standards e.g. a profoundly deaf prisoner denied access to a British Sign Language interpreter, and carers unable to enter through the gate, thereby placing a prisoner with a skin condition at risk of harm. The safeguarding sub-board set up to address these issues was making progress, but this meeting was suspended due to COVID-19 and has not been reconvened.

4.4.4 The Board welcomes the issuing in November of the policy for conducting welfare checks. This identifies which groups of prisoners require daily or weekly welfare checks and provides clear guidance about how they should be conducted. At the end of November, approximately 70 prisoners were assessed as requiring daily checks.

4.5 Use of force

4.5.1 Levels of use of force have continued to increase over the past three years. For the six months to November 2020, 225 incidents were recorded, compared with 198 and 99 incidents for the same periods in 2019 and 2018. The highest monthly figures during the past three years were recorded in October and November 2020, with 45 and 44 incidents, respectively. Prison data shows that most use of force is

unplanned, and that the majority of prisoners are returned to their own room. Although it is recognised that use of force is mostly of a low level, typically linked to non-compliance, it continues to be of concern to the Board.

4.5.2 The quarterly use of force meeting was suspended from March, due to COVID-19. By September, however, a monthly meeting had resumed, together with a weekly use of force meeting, to monitor performance and to identify good practice and improvements. The Board welcomes the resumption of these meetings and the recently introduced use of force action plan to identify and review key actions to improve performance.

4.5.3 In September, 14 out of 35 violent incidents were recorded on video tape. There is scope for continued improvement in the use of body worn cameras during violent incidents.

4.5.4 Delays in completing paperwork linked to use of force incidents also continues to be an issue.

4.5.5 No random searches of prisoners have taken place since March under the COVID-19 regime. Intelligence-led searching has been completed on a risk basis, and consequently these are fewer in number than for the previous year. In the six months to October 2020, 24 were completed, compared with 123 for the same period last year.

4.5.6 The command suite has not been opened during 2020.

4.6 Substance misuse

4.6.1 On arrival, problem drug/alcohol users are assessed by a reception nurse and first night prescriber, to determine detoxification arrangements. Methadone dosage is continued at the same level where a community dose can be confirmed by a GP. If this cannot be confirmed, the level of dosage is gradually increased in line with recommended safety levels, bearing in mind recognised tolerance levels. For problem alcohol users, diazepam is prescribed, the level reducing gradually over a seven-day period.

4.6.2 Inclusion, providers of substance misuse service (SMS), report that during the six-month period from May to October, the number of newly-received prisoners commencing a drug detoxification and maintenance programme per month grew from 20 to 40. The figures for alcohol detoxification varied from two to 12 per month, with no obvious trend. In October, 45 prisoners commenced a detoxification programme, of whom seven were alcohol related.

4.6.3 Mandatory drug testing (MDT) was suspended when the pandemic took hold. The deployment of sniffer dogs was also suspended from March. Monthly finds of unauthorised items (mobile phone chargers, tobacco, hooch, medication, drug paraphernalia) averaged five per month from March onwards, compared to 17 finds in February, before the pandemic restrictions, with a spike of 13 finds reported in October.

4.6.4. The substance misuse team reports that in the three months before the restrictions, the underlying drug use focused on prescription medications, with several women seeking support in detoxification for illicit medication especially codeine, and psychoactive substances. Since the lockdown referrals relating to drug use have reduced. There has been an increase in referrals of women seeking support with alcohol problems arising from brewing hooch.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

5.1.1 In September, an audit identified a number of issues relating to requirements under the fire safety order. Work began promptly on a comprehensive action plan. A further audit in October assessed the risk of fire as low but found A and B wings were unable to comply with requirements regarded as critical. The decision was made that they must be decommissioned. Remedial work relating to other wings was scheduled to start in December, and a new fire main pipeline should be installed in January 2021.

5.1.2 Problems with the accommodation in D wing have been noted in the last 16 annual reports. The dormitory style accommodation in part of the wing needs improving, and some cells have inadequate toilet arrangements and poor shower facilities. There are problems providing sufficient heating in winter, and in summer, one cell, next to the boiler, is unsuitable for occupation in hot weather.

5.1.3 The installation of in-cell telephones in December has had a very positive benefit for prisoners, particularly with the COVID-19 restrictions.

5.1.4 There continue to be problems with the performance of Amey in relation to maintenance, repairs, and work requests. Delays in work being completed are very common. At the end of November, there were 412 jobs outstanding, some dating back to last year. One example is a problem with the water pressure for fire hydrants dating back to April 2019, which is still not resolved. The last IMB report noted classrooms being out of action due to leaks, attributed to delays in routine clearing of drains and gutters. One classroom is still out of action. There are ongoing problems with leaks and damp in F wing, which was refurbished last year.

5.1.5 There have been longstanding problems with the TV aerials for the wings, leading to a lot of frustration for prisoners. Work to replace the units for two wings is now planned for the new year.

5.1.6 Wing officers have reported that wing cleaners have been particularly vigilant because of COVID-19 and say that the level of cleanliness is good. In the past, there have been concerns about the cleaning undertaken by Amey, however two new cleaners have been recruited and the standard is reported to be much improved.

5.1.7 The numbers of applications and complaints about food are very small: three in the reporting year. From 1 January to 21 November, there were only five prison complaints about food with no theme. The kitchen has operated smoothly throughout, with no major supply problems. It employs seven prisoners. When some foods became available at lower cost the opportunity was taken to temporarily add some more interesting food to the menu. The kitchen has had an important role supporting prisoners, preparing weekly comfort packs of food, with supplies for

seven days. Wing staff report that prisoners appreciate and look forward to these. The catering manager continues to support specific events and festivals. For Ramadan, there was close liaison with the chaplaincy, and catering arrangements worked well. For the celebration of Eid, the kitchen provided special food packs and included a good wishes card. Each month, the kitchen provides a meal celebrating an event, so in Black History Month they supplied a meal with spicy food and jerk chicken.

5.2 Segregation, special accommodation

5.2.1 Conditions in the CSU remain a major concern. The CSU has seven cells, two of which are observation cells. The wing office is cramped. Over recent years, the Board has viewed these facilities as being unfit for purpose. Planned refurbishment to enlarge the wing office, improve the cells and prevent flooding on the corridors was delayed during the year, but commenced in November. These improvements are welcomed by the Board. However, given the underlying problems with the physical size and layout of the CSU, it is likely that the serious limitations continue, impacting on the experience of women held there. The Board is of the view that the longer-term solution remains a new, purpose-built CSU.

5.2.2 The quarterly meeting that scrutinises the use of segregation and adjudications has not met since January 2020 and data has not been analysed by the prison since then, due to COVID-19 restrictions. The CSU has, however, provided the IMB with occupancy data and with data on the use of adjudications. This indicates a significant reduction in the use of segregation during 2020 compared with 2019 in the first three quarters of the respective years, as follows:

Numbers of prisoners segregated:

	Q1: Jan-March	Q2: April-June	Q3: July-Sept
2019	94	112	101
2020	44	49	37

5.2.3 Most prisoners had short stays. Two prisoners have been held for over 42 days in 2020, compared with four in 2019. Both prisoners refused to return to the wing. One prisoner, who is centrally managed by the HMPPS complex casework team, had been held in the CSU for 123 days by the end of November. There is a progression plan for her. There has been a slight reduction in the number of prisoners in segregation on an open ACCT, with 40 in the six-month period April to September 2020, compared with 49 for the same period in 2019. Prisoners have continued to have access to showers and 30 minutes exercise each day under COVID-19 restrictions. They have also had access to phones and distraction packs but TVs are not routinely available to prisoners in the CSU.

5.2.4 Under COVID-19 restrictions, segregation reviews have continued. Reviews and adjudications have moved to a larger room on D wing since March, to allow for social distancing. Prior to the lockdown the IMB observed seven segregation reviews between December and March. Reviews were taking place within required timescales, targets were being set and healthcare was consistently represented.

5.2.5 HMIP in February 2019 noted that the number of adjudications was much higher than normally seen in women's establishments. The Board notes that data

provided by the CSU shows a reduction in adjudications for the first three quarters of 2020, compared with the same periods in 2019, as follows:

Number of adjudications:

	Q1: Jan-March	Q2: April-June	Q3: July-Sept
2019	347	376	390
2020	305	290	325

5.2.6 The HMIP inspection in February 2019 noted that there was overuse of Rule 53(4) (segregating prisoners pending adjudication). The Board is pleased to note a reduction in the use of Rule 53(4), with 37 uses in the six months between April and September 2020 compared with 51 for the same period the previous year.

5.2.7 Most of the Board’s contact with the CSU since March has been by telephone, and staff have consistently been helpful in providing updates. They have informed the Board of most new arrivals although on a few occasions each month this information has not been received. The CSU deals with the most difficult prisoners, who are often suffering from severe physical and mental health conditions. It is the Board’s view that CSU staff treat prisoners in their care with respect, providing the best possible care in less than ideal circumstances.

5.3 Staff/prisoner relationships, key workers

5.3.1 Prior to the lockdown, IMB members observed some very positive interactions between staff and prisoners. Following a visit in May HMIP noted in their debrief that “the interactions we observed between staff and prisoners were positive and relaxed.”

5.3.2 In responses to an IMB survey in June about their experience of the COVID-19 restrictions, 67% (28) of prisoners who responded said they felt supported by staff. In October (when there was a lower response rate), 53% said they felt supported by staff.

5.3.3 In May, HMIP noted in their visit debrief “a level of personal officer contact had been maintained but the quality was inconsistent. In the June IMB survey, 63% of the 43 respondents knew the name of their personal officer whilst in October, with 19 respondents, the figure was higher, at 74%. In June, 41% said they had seen their personal officer in the previous two weeks, but in October this was only 26%. Asked how well they felt supported by their personal officer, on a scale of 1 (not very well) to 10 (extremely well), in June 40% gave scores of 6 or more. In October, the figure was lower, with 26% giving a score of 6 or more. Whilst there were some very positive comments about personal officers in both surveys, many said they were very busy, were on other wings or did not have time to see them.

5.3.4 In June, 89% (41) of respondents agreed that the restrictions were necessary to keep people safe; by October, this figure had reduced to 68%. Comments in the second survey indicated some frustration with the restrictions and not knowing when they would be eased.

5.3.5 Prisoners were generally positive about the amount of information they received about COVID-19 and the restrictions. In June, 87% of responses from 46

prisoners said the information they received was “good” or “OK”, in October 68% of responses from 19 prisoners said the information was “good” or “OK”.

5.3.6 Various measures were introduced to increase support for prisoners during lockdown, including provision of additional phone credit, allowing prisoners to write to each other and the supply of distraction packs. These arrangements were welcomed and had a very positive impact. All staff were very aware of the pressures for prisoners. From rota calls and surveys, there appeared to be a sense of “we are all in this together” with a recognition on the part of prisoners that the COVID-19 restrictions were imposed on everyone to some extent.

5.3.7 In October, the closure of two wings caused a major upheaval, requiring the transfer out of several prisoners and internal moves for the remainder. The disruption caused by the moves was major, for prisoners and staff. Many prisoners, already struggling to cope with the restrictions due to COVID-19, experienced a great deal of distress and difficulty adjusting. It was evident from rota calls that staff worked very hard to help prisoners through this process.

5.3.8 At times during the year, there have been particular pressures due to staff absences. The situation was particularly acute in November, when at one point, out of a total of 157.5 operational staff, 53 (34%) were absent for reasons related to COVID-19. Most of these absences came from the 96 prison officer posts. As a result, the regime was restricted further and staff drawn in from other establishments. The IMB is aware of the considerable challenges staff have had to face throughout the year. In regular rota calls to wing staff, the IMB has noted a high level of commitment to dealing effectively with an extremely difficult situation.

5.3.9 The percentage of officers with less than one year’s experience is 5.5%, and the percentage with less than two years is 11.7%. This is lower than the national average for all prisons (20.9%) and on a par with other women’s prisons.

5.3.10. Implementation of offender management in custody (OMiC) for the female estate was anticipated in 2019 but is now anticipated to be in April 2021.

5.4 Equality and diversity

5.4.1 Between 1 January and 30 October, there were 37 discrimination incident report forms (DIRFs) submitted by prisoners, compared to 36 for the same period last year. Seven proved not to be about discrimination or could not be proceeded with for various reasons. Of the remaining 30, half were upheld. The majority related to racist comments and many involved the behaviour and language of a small number of prisoners. Due to working remotely for most of the year, the IMB has not been able to review DIRFs as normal. There were eight applications relating to equalities, from six prisoners. There were no consistent themes.

5.4.2 Last year, the Board noted the strong commitment to equality at Foston Hall, and that progress had been made in a number of areas. Progress began to be undermined by the frequent diversion of the equalities officer to operational duties in response to staff pressures and this continued this year. The intermittent time available for the equalities officer reduced considerably the support available for prisoners with protected characteristics. Monthly support groups for prisoners (linked to age, older/younger, sexual orientation, gender reassignment, foreign nationals, members of Gypsy, Traveller and boat dweller communities and prisoners with

learning disability or autism) were cancelled. Many key tasks, such as arranging a regular supply of personal care products for black, Asian and minority ethnic prisoners were delayed for long periods. Additionally, the two “equalities” peer advisors, who were an invaluable resource for prisoners, particularly in reception, were limited in what they could do without the supervision of the equalities officer.

5.4.3 COVID-19 restrictions made the situation worse. Support groups were suspended and face to face contact was limited. When possible, the officer provided support to prisoners by letter, phone and sometimes by socially distanced one-to-one meetings. Alongside this, in response to the lockdown, various measures were introduced to increase support generally for all prisoners.

5.4.4 Although it was not possible to hold celebrations in the usual way, information has been provided to prisoners regarding all events, such as the international day against homophobia. Despite the difficulties, arrangements have been made for prisoners to practise their faith, for example in Ramadan. Prisoners were given a Ramadan day by day booklet; the Muslim Reflection was broadcast every Friday, and special programmes were provided on in-cell TV. Feedback from prisoners via a range of staff indicated that they were positive about, and appreciative of, the arrangements made. Throughout the year the chaplaincy and kitchen have been making arrangements for different faiths represented in the prison to have appropriate menu options and opportunities to celebrate or observe their traditions.

5.4.5 In response to COVID-19, the Prison Service has been locating more foreign national prisoners (FNPs) in one prison, HMP Peterborough, so the number in Foston Hall has reduced. On 25 November, there were nine FNPs in the prison. Before COVID-19 support was offered to FNPs via a monthly group incorporating a surgery with an immigration enforcement officer who could help prisoners entering the immigration process, offering general advice and guidance. The group was suspended in February. Contact with the immigration officer has been via video link or telephone conference. Monthly visits of bi-lingual volunteers from the St James Centre in Derby have also been suspended. They provided pastoral support and interpretation (mainly for Eastern European languages), advice and craft sessions. Contact with the centre has been maintained and it is hoped that visits will resume when external agencies are allowed to visit the prison again, dependant on how many FNPs remain at Foston Hall.

5.4.6 In the absence of group support, the specialist probation officer provides support to FNPs on a case-by-case basis. A recent example involved arranging for an external interpreter to attend to relay important information to a prisoner who received a life sentence.

5.4.7 Towards the end of summer, when the regime restrictions eased a little, there were three wing-based forums for young prisoners and two for black, Asian and minority ethnic prisoners.

5.4.8 As noted above, the Board welcomes the creation of a protected non-operational manager post for safety and equalities. The post began on a temporary basis at the end of September, and in November was being advertised as a permanent position.

5.4.9 The bi-monthly equalities meeting has a key role in monitoring and developing practice. Membership is broad and there are leads for each protected characteristic.

This important meeting was suspended from March until its resumption in September. A positive recent initiative has been the identification on each wing of a member of staff who is a contact point for equalities.

5.5 Faith and pastoral support

5.5.1 The IMB welcomed the arrival in December 2019 of a new managing chaplain. This followed a period of 18 months without either a managing chaplain or a full-time paid chaplain. The prison had relied on associate chaplains, supported by chaplains at neighbouring establishments. As the 2019 HMIP report found the chaplaincy worked hard to maintain the level of provision, but not all requirements were being met consistently.

5.5.2 The managing chaplain has systematically reviewed the operation of the chaplaincy in relation to its statutory duties and regular activities, alongside its resourcing. Staffing pressures have continued. For most of the year, there has been a vacancy, to which a full-time Christian Free Church chaplain has now been appointed, but is yet to start. A business case for additional resource has also been developed.

5.5.3 Meanwhile, staffing has consisted of the full-time managing chaplain, the part-time Muslim chaplain, who has been working additional hours to partly compensate for the short-fall created by the vacancy and three chaplains (Sikh, Jewish and Catholic) who work on a sessional basis. Whilst in normal times support is also provided by volunteers, this has ceased due to COVID-19.

5.5.4 Pressure on the chaplaincy has been acute. Whilst services, meetings and educational classes were suspended, the demand for pastoral support from prisoners, particularly those at risk of self-harm, increased considerably. With their limited staffing the chaplaincy continued to cover the statutory duties and provide seven-day cover. This reflects the commitment and hard work of the team, particularly the two contracted chaplains. Staff across the prison have reported to the IMB very positively about the ongoing presence and availability of the chaplains which has been much appreciated by prisoners and staff.

5.5.5 Chaplains have continued to support bereaved prisoners. In some cases where prisoners have not been able to attend funerals, the chaplaincy has been able to arrange a video livestream or recording, to enable them to observe the proceedings.

5.5.6 The chaplaincy, like other departments, has difficulty at times in finding suitable interview rooms for talking to prisoners.

5.6 Incentives and earned privileges (IEP)

5.6.1 Because of the restricted regime introduced for all prisoners in response to COVID-19 the basic level of the IEP scheme was suspended at the start of the first lockdown. Normally, data about its operation in relation to prisoners with different characteristics would be scrutinised regularly by the IEP forum. This meeting has also been suspended.

5.7 Complaints

5.7.1 Between January and November 2020 (inclusive), 388 complaints were submitted, far fewer than the 816 for the same period last year. Possibly prisoners

confined to their cells for long periods have sought to resolve issues with wing staff instead of raising complaints.

5.7.2 The number responded to within the time limit was 305 (79%), less than the 84% in 2019. Disruptions in administrative staffing led to problems in complaints being processed during the initial lockdown. Only 44% of complaints were responded to within the time limit in April, and 65% in May. The situation is improving. In October, of 45 complaints, 93% were responded to on time and in November, of 51 complaints, 92% were on time. The Board welcomes the priority now being given to addressing the timeliness and quality of responses to complaints.

5.8 Property

5.8.1 There were 17 applications to the IMB relating to property within the establishment, the same as last year. They were submitted by 11 prisoners and included four duplicates. Between 1 January and 30 October, there were 34 complaints relating to property within the establishment. Frequently, applications and complaints related to delays in processing property and parcels which had been handed or sent in. This led to delays in prisoners accessing their property, causing distress and inconvenience. Delays appear to be linked to intermittent backlogs in reception, due to various pressures.

5.8.2 Previous reports noted concerns about property being delayed or going missing when prisoners transfer between establishments, causing considerable anxiety and distress. This year, the number of prisoner transfers has been substantially reduced due to COVID-19, so it is not surprising that the number of applications to the IMB about this issue has dropped, from 13 to seven (about five instances). It is hoped that the new policy on volumetric control of property currently being implemented will reduce problems as transfers return to higher levels.

6. Health and wellbeing

6.1 Healthcare: general

6.1.1 Healthcare is provided by the Practice Plus Group (PPG) formerly known as Care UK, covering primary care and integrated mental health services. In addition to the PPG, clinicians in mental health are subcontracted from the Midlands Partnership Foundation Trust (MPFT) and Birmingham and Solihull NHS Trust (BSNHST), and by HMPPS.

6.1.2 Staffing remains an issue. A persistent recruitment drive has resulted in vacancies being filled in pharmacy and mental health services, but there remain four vacancies for primary care nurses. The learning disabilities nurse post remains unfilled; this vacancy is currently partially covered by a psychologist and a mental health nurse, in collaboration with the local authority social worker. Agency and bank staff have been used to good effect to cover for vacancies, annual leave, training and COVID-19-related sickness. Bank staff use has almost doubled, from 354 hours in May to 680 in October, but there has only been a minor increase in agency hours during that period. Training opportunities to increase the skill base of healthcare staff have been ongoing, and four staff are booked onto nurse prescribing (two) and university degree clinical (two) courses.

6.1.3 The healthcare service has benefited from proactive leadership and increased coordination across health and social care functions. During the pandemic period, healthcare effectively maintained baseline services under pressure. Collaborative working practices ensured prisoner safety when 10 members of the mental health team had to self-isolate for 14 days. Good relationships between the MPFT, the BSNHST and the local authority, together with nearby HMP Sudbury, were key. This cooperation ensured urgent and routine referral responses were maintained, ACCT processes were supported, those on caseloads were red, amber, green (RAG) rated, and welfare checks were facilitated.

6.1.4 Health priorities during the pandemic included medication management, daily welfare checks on prisoners in isolation and mental health provision for those most in need, and maintaining midwifery for pregnant prisoners.

6.1.5 In March, two telephone lines were installed in the healthcare office, enabling direct contact with prisoners via their in-cell phones. They are used for remote triage by GPs, SMS, dental and mental health services, avoiding missed appointments and reducing the strain on wing staff. Face to face visits have been arranged where necessary; there have been a small number of cancellations due to the non-availability of wing staff to unlock the prisoner.

6.1.6 Bi-monthly quality assurance and information meetings have been held, alternating with incident review groups, to identify learning and changes required from previous serious incidents and deaths in custody. The head of healthcare is a member of the senior leadership team of the prison, which she has found useful.

6.1.7 The head of healthcare describes relationships at the level of wing officers and healthcare staff as improving, with a few exceptions. This improvement is also evidenced by weekly IMB rota phone calls. Wing staff generally report that healthcare arrangements are working well with few issues.

6.1.8 Prisoners wanting to raise issues can submit concern forms to healthcare. If a concern is not resolved, it can be escalated to the formal complaint procedure. Between January and November, 123 concerns were registered. Approximately half included queries about medication (the same proportion as in 2019), 12 of which questioned changes of medication from previous establishments or from community prescription services. No concerns were escalated to formal complaints. The log of concerns sets out clearly the responses by relevant clinicians to the prisoners. Response times were missing for January and February and from March to July, reflecting staffing pressures. The IMB experienced considerable difficulties in August getting responses to IMB applications.

6.1.9 The IMB has received 32 applications concerning healthcare this year, eight of which were from one individual. Applications covered a variety of concerns, with no particular pattern or correlation with the healthcare register of concerns.

6.1.10 The provision of healthcare services to prisoners is severely impeded by the lack of suitable accommodation. There are 20 staff competing for five clinical rooms each day. Association rooms on the wings can be used occasionally, but those

without alarms are unsuitable. Women are seen when exercising or working outside, which is totally unsatisfactory.

6.2 Physical healthcare

6.2.1 Since March, the year has been dominated by the pandemic and keeping prisoners safe. Many services were reduced or withdrawn during the initial lockdown in March, including substance misuse, dentistry, podiatry, physiotherapy and ophthalmology. By June, optometry services recommenced, with the waiting list triaged on site. In July, physiotherapy and podiatry restarted. Dental services offered triage and emergency care only. By November, service availability had improved but remained limited; monthly sessions included clinics for dental services (16), podiatry (one), physiotherapy (two), optician (one) plus remote triage from the healthcare offices by: substance misuse officers, GPs, dental and mental health services. Weekly midwifery clinics continue, plus scanning and screening services for disease groups. Hepatitis C clinics occur fortnightly. A full hepatitis C audit of all prisoners took place in late summer.

6.2.2 Due to the pandemic, the number of receptions has been lower. The overall figure from March to November 2020 was 670, compared to 1,118 in 2019. This has reduced the turnover of new cases for healthcare but has not resulted in increased clinical time for patient care due to the additional demands of ringing round patients, reliance on officer availability to unlock, and reduced waiting room capacity due to social distancing.

6.2.3 Last year, the Board noted concerns about delays in receiving information from community services about the medication of newly received prisoners. In response to this, healthcare staff in the first night induction unit are using prescriptions to provide opioid replacement medication. Additionally, a prescriber clinician is on duty on Saturdays. An emergency supply of critical medications and commonly used ones are held on site. It is also possible to get medication from a local pharmacy if necessary.

6.2.4 The Board's last report also noted concerns about weekend healthcare provision and medication. In response to an IMB survey, some prisoners reported that sleeping pills and other medications causing drowsiness were administered mid-afternoon at weekends, which meant that they were awake in the early hours of the morning. Currently, weekend final medication rounds start at 4pm and end by 5.30pm. Sleeping pills are prescribed in-possession, so prisoners can take these at appropriate times. Healthcare staff advise that the medication mirtazapine, although intended as an antidepressant is considered by some prisoners as a sedative, but the effect is only demonstrated for a short period of time, and only in the lower, 15 mg, dose. It is rarely prescribed in the prison. No IMB applications have raised the timing of dispensing medication as concern this year, nor is it evident from the concerns register.

6.2.5 Prisoners also reported last year that, at weekends, medication was given out twice daily, rather than three times a day. Healthcare state that medications at weekends are given as prescribed. Although mental health services had moved to a seven-day a week service, during the pandemic there have been one to two nurses at weekends to deal with a crisis or ACCT review; psychiatrists are on call but no psychologists are available.

6.2.6 From July to October, there were no breaches of the two-week wait for a referral for suspected cancer, nor breaches of the six-week diagnostic wait. There were several prisoners who were not seen by secondary care services within 18 weeks – five in July, three in August, four in September and three in October. The longest waiting times for secondary care appointments recorded were 26 weeks in August, 30 in September and 24 in October. Several hospital appointments were carried out by telephone, to maintain ongoing prisoner care where possible. Prisoner access to outside hospital appointments has been facilitated, as far as circumstances allowed by the prison regime. The installation of the Technomed electrocardiogram (ECG) interpretation service for rapid clinical diagnostic services has been very beneficial in reducing the need for patients to travel to hospital

6.2.7 One death occurred the day after a terminally ill prisoner was discharged; although not a requirement, a review is planned to identify any learning from the case.

6.2.8 A case of feigned pregnancy led to police involvement. The matter was reviewed by a multidisciplinary team, and all relevant safeguarding and maternity processes were found to be in place. Subsequently, a policy has been established that all maternity cases that present something outside of normal should be referred to the multi-professional complex case conference.

6.3 Mental healthcare

6.3.1 The mental health team is fully staffed, except for the appointment of a learning disabilities nurse, as indicated above. There is a commitment to training to increase service delivery to prisoners; two senior staff will undertake the nurse prescribing course in 2021, and one has started an MSc course on cognitive behavioural therapy (CBT).

6.3.2. Prisoners can self-refer for mental healthcare. Prison staff are required to complete a short assessment tool (TAG), which indicates the severity of the mental health condition. Referrals are reviewed at daily meetings, where current client issues and priorities are also considered. There is a daily duty professional to cover urgent referrals and attend ACCT reviews. Weekly multidisciplinary team meetings discuss complex cases; psychiatrists hold three clinics a week for medication or diagnostic reviews.

6.3.3 There is a range of specialist mental health provision. Staff from BSNHST, assisted by prison officers, provide the Cameo specialist mental health programme for prisoners with personality disorder serving a minimum two-year sentence. The programme was suspended in March. Its clinicians were withdrawn from the site but continued to work remotely, offering support. The three prison officers attached to

the Cameo unit remained available to the programme attendees. The IMB undertook a survey of the 20 prisoners who attend the programme, and received four replies. All were very positive about the communication and support from Cameo during the lockdown. They missed one-to-one sessions, working on Life Minus Violence, and Dialectical Behaviour Therapy (DBT) sessions. One response to the survey said: 'I really don't believe that the Cameo officers could have done any more for us, with the resources and time they had. I really feel they made the difference between managing through lockdown, and perhaps not doing so well. They helped with DBT skills practice, mindfulness, emotional regulation handouts and distraction resources'.

6.3.4 A positive development has been the appointment of two new members of staff to work with the psychologist, forming the intensive multidisciplinary case management team (ACCESS). The team's purpose is to support prisoners with complex needs which are causing them significant distress and negatively impacting on their ability to progress through their sentence.

6.3.5 There is increasing collaboration across different healthcare functions, including close effective work with the substance misuse services.

6.3.6 There are no statistical records kept of the incidence of different types of mental health conditions of prisoners. Anecdotal evidence suggest that mental health problems are present in a large proportion of the prison population. The mental health team regards post-traumatic stress disorder (PTSD) as a significant factor in the chaotic lives of most women prisoners at Foston Hall. Consequently, training for staff on a short intervention basic technique for PTSD is being led by a psychologist within the team, but this skillset would be further advanced with access to longer CBT training, followed by advanced PTSD intervention training, as well as training on personality disorder interventions.

6.3.7 Most transfer arrangements to outside mental health hospital provision have been timely, especially with two cases outside the region. One transfer to Wales breached the 28-day limit in July due to a wait for a free bed in the identified hospital ward. The use of mental health sections to transfer prisoners immediately on release has been organised at the prison gate, one with exceptional speed due to the sudden failure of discharge arrangements for a segregated suicidal prisoner.

6.4 Social care

6.4.1 At the start of the pandemic, the local authority reduced services to those receiving care, and only one prisoner continued to receive a care package. This improved, and by November there were four prisoners receiving care packages, ranging from four times per day to once a week. There has been a palliative care package, which was dealt with sensitively. Arrangements were made for the prisoner to return to the community the day before she died. Liaison with the local authority social worker regarding needs assessments, aid and support has been effective.

6.5 Exercise, time out of cell, gym

6.5.1 From the evidence of rota reports and accounts of wing staff and healthcare officers, the prisoners have adjusted very well to the strictures of the lockdown regime, and in the main have understood the reasons for the restricted regime. However, surveys and reports from staff indicate that, as time goes by, prisoners find the restrictions harder to cope with.

6.5.2 When the lockdown was introduced exercise time for prisoners was reduced from 60 to 30 minutes, with the sports hall and gym facilities closed. After the initial lockdown the exercise period increased to 60 minutes when sufficient officers were available. Some exercise sessions were provided in the open air. In November, the regime was placed on red/black alert due to the virus and high number of staff absences. This led to exercise periods returning to 30 minutes a day for a short period, until additional staffing could be arranged, including drawing on staff from other establishments. Ten minute exercise sessions every hour were made available on in-cell TV. Exercise periods returned to one hour by the end of the month.

6.5.3 During rota calls, staff have reported on the large number of distraction packs available to help prisoners occupy themselves in their cells. In an IMB survey in June, 61% of the 44 respondents said the distraction packs were helpful, and 48% said they had enough. In October, of 17 respondents, 47% said they were helpful and only 26% said they had enough. The more negative responses to these and other survey questions in October appeared to reflect the increased difficulty for prisoners coping with the limited regime.

6.5.4 No exploration has been undertaken to date to establish whether exercise limitations have contributed to an increase in weight gain or not. The longer term impact on the mental health of prisoners is yet to be assessed. Self-harm rates were expected to rise but this has not occurred, although rates remain high. Opportunities for bullying have decreased. As work opportunities opened up after the first lockdown, the primary healthcare clinic had a sudden influx of prisoners wanting a health exemption from work. This may indicate future problems for prisoners returning to a more normal regime of work and education activities.

6.6 Drug rehabilitation

6.6.1 Psychosocial groupwork was suspended due to COVID-19 restrictions. A limited service delivery model, comprising one-to-one care planning via in-cell telephony, release planning, harm minimisation, workbooks and distraction packs, has been delivered by Inclusion, the substance misuse service (SMS). The active caseload currently stands at 141 prisoners, slightly lower than earlier in the year.

6.7 Soft skills

6.7.1 The communication from healthcare to all prisoners regarding its services in the pandemic period has been sensitive and informative.

6.7.2 During May, in Mental Health Week a 'focus on kindness to self and others' pack, including many activities, was sent out to all prisoners.

6.7.3 Birth companions have continued to deliver craft/activity packs, maternity clothing and bras for pregnant prisoners. Phone, email and one-to-one virtual support is anticipated to start in December.

6.7.4 The Hepatitis C Trust visits once every two weeks, delivering one-to-one patient support and staff training.

6.7.5 A link has been established with the local Women's Institute, with the intention of supporting prisoners, particularly those with long sentences. Two meetings were held prior to the lockdown, and subsequently the WI has sent in books, jigsaws, magazines, newsletters and other distraction materials.

6.7.6 The charity Prison Advice and Care Trust (PACT) has continued to work remotely, and sent in distraction packs containing a wide range of activities to help prisoners cope. 180 distraction packs were sent in the first couple of months of lockdown, proving so popular that an additional 70 were requested in late summer.

6.7.7 Parenting courses were resumed in September as part of additional education provision under their exceptional delivery plan (EDP), but only five prisoners enrolled in the first two months.

7. Progression and resettlement

7.1 Education, library

7.1.1 The importance of education was shown by a needs analysis carried out by the head of reducing reoffending in April 2020. Returns from 179 prisoners found that 33% prisoners had no qualifications and 77% were unemployed when they entered the prison.

7.1.2 Staffing issues have impacted on education provision. The head of education employed by the provider, People Plus, resigned in February, and was not replaced for two months; in June, there were five tutor vacancies, although this number was reduced to one by November 2020.

7.1.3 A 'health check' of the provision took place in February 2020, when an external team from People Plus and the Ministry of Justice spent a day at Foston Hall, attending some classes, observing work provision and scrutinising materials from classes which were not running that day. It concluded that education provision was in need of improvement (Grade 3). This contrasted with the positive findings of the Ofsted inspection of provision by the previous provider in February 2019. The health check concluded that the curriculum should be reviewed, to emphasise employability, focusing on employment opportunities on release, and that there should be improved recording of employability skills. Concerns about classes being disrupted by healthcare or other appointments were also noted. These have largely been resolved by changes to the core day and arrangements for prisoners in education to receive medications before classes. The health check found that learners were well supported by peer advisors and class mentors.

7.1.4 The impact of COVID-19 has been severe. In March, classes were suspended and education providers withdrew. This left only in-cell learning opportunities, using the Ministry of Justice-approved Gateway qualifications. These are paper-based learning materials, aimed at teaching maths and English, and developing

employability skills. Initially, there was little interest, so, in May, learning packs were sent to every prisoner, including those on remand. In May and June, 490 packs were sent out. By the end of July, 170 had been completed. Of these, 109 were assessed as successful, while 51 packs needed additional work. Information on the remaining 10 is not available, probably because the prisoner had been released.

7.1.5 There were some problems and delays in results being transferred between Gateway, People Plus, and the prison system. In September all learner details and their assessment and enrolments were moved to CURIOUS, an MOJ system which is hoped will be more reliable.

7.1.6 People Plus staff returned to the site in July but provision remained limited. There was no face-to-face contact and staff were not able to contact prisoners via their in-cell phones. Communication was by internal post. Staff focused on preparing materials for prisoners to use in cells. As well as Gateway qualifications, they offered functional skills, NVQs, and vocational skills, such as cleaning, animal care and employability skills. People Plus accredited “Way to Learn” courses were used, facilitated by in cell TV and workbooks.

7.1.7 As the COVID-19 situation eased, an EDP was drawn up to provide some face-to-face teaching in small groups as well as in-cell work. Having completed the theory element, prisoners could progress to the practical part of a course, which has to be run face to face. An industrial cleaning qualification was started with three learners, covering four units. In-cell workbooks were used for functional skills such as English, maths and mentoring, catering, employability, parenting, and personal and social development. There were 35 enrolments in September and 87 in October, amounting to 79.9% of the EDP target. However, the return of restrictions due to COVID-19 meant that plans to progress to face-to-face teaching had to be put on hold. The exception is training in cleaning, which is seen as a priority and can be undertaken on a one-to-one basis with social distancing.

7.1.8. Two prisoners completed Open University courses. With no access to computers, all their work was handwritten. Foston Hall has now been accepted as the only women’s prison in a pilot project enabling prisoners to use laptops for their learning. These are supplied by Coracle Inside, a small technology company working with HMPPS and the MoJ; the laptops can be used to assist learners with any course, whether academic, vocational or self-improvement.

7.1.9 Library provision has been very limited for most of the year. People Plus became responsible for the library in April and contracted out delivery to Suffolk Libraries. A part-time library manager was not appointed until July, meaning that for several months, prisoners depended upon donated books for reading materials. Since July, a remote library ordering service has been in place, but limited by a lack of staffing. In November, two further part-time assistants were appointed, so the library is now fully staffed.

7.2 Vocational training, work

7.2.1 At the beginning of the year, there was a good range of work and training opportunities, including in horticulture, hairdressing, catering, waste management, textiles and animal care. From the beginning of the lockdown, work and training were severely restricted. In May, only 45 prisoners were working, mainly as wing cleaners,

or in laundries or serveries. A small number worked on waste management and in the animal sanctuary. By October, the number in work had increased to 107, and included some prisoners employed in the textile workshop. Plans to expand work further were suspended with the increased restrictions in November.

7.2.2 An action plan prepared in March 2020 highlighted the need to develop release on temporary licence (ROTL) and more community engagement, and one prisoner was about to start employment on ROTL. These plans and potential links into local businesses and industries, such as Balfour Beattie, Re-thinking Recycling and Reconomy, remain live but on hold during COVID-19 restrictions.

7.2.3 At the start of the reporting year, the Prisoner Work Coach (PWC) scheme for Staffordshire and Derbyshire District was working closely with a group of six prisoners, both one-to-one and in a group, to develop CVs and prepare for interviews. The prisoners attended a job fair in Burton, the first time such an initiative had taken place. However, the national lockdown meant all the Department of Work and Pensions staff were withdrawn and prison related work was handled by the national prison leaver telephone claims line. PWC staff have had to work remotely since then.

7.2.4 Last year expectations were raised with prisoners, groups in the community and in the media about the development of a retail park at the prison. Money was spent on erecting buildings, but these are now deemed unfit for use and the park has not materialised.

7.3 Offender management, progression

7.3.1 At the end of the year, the offender management unit (OMU) reported that there was no backlog of offender assessment system (OASys) assessments. Prison offender supervisors use in-cell phones and face to face contact, where possible, to complete assessments and reviews, and to maintain contact with their caseload. Their time in the OMU is sometimes restricted by operational pressures, which divert them to work on wings. Prison probation staff have completed OASys work either in the prison or remotely, working from home. Probation officers in the community have been able to maintain contact with prisoners via telephone.

7.3.2 Sentence planning reviews have continued to take place. Whilst social distancing has made meetings difficult, reviews have been achieved using phones and video links.

7.3.3 Work preparing parole dossiers continues, using in-cell phones and some socially distanced one-to-one meetings. Parole hearings take place by video link, though this is not ideal due to some technology problems. The OMU reports no significant delays.

7.3.4 Prisoner transfers were limited due to COVID-19. From March to the end of July, there were 74 transfers, compared to 251 for the same period last year. The number rose in November, due to the closure of A and B wings.

7.3.5 The CARE (choices, actions, relationships and emotions) offending behaviour programme was developed specifically for women, the only one of its type. Five

prisoners completed it before lockdown. However, the IMB has been informed that the programme will cease, as its accreditation has not been renewed. This will leave a major gap in provision. Prior to lockdown, there were 17 completions of the Thinking Skills Programme before its suspension. Later in the year, it was run on a small group and one-to-one basis, and there have been five completions. The Board is concerned about the absence or reduced provision of these programmes, and the impact on prisoners' progression and parole outcomes.

7.3.6 ROTL has not been used during the pandemic. Home detention curfew (HDC) has continued as normal, with 57 prisoners being released on HDC this year, compared to 47 last year.

7.3.7 There are six prisoners subject to indeterminate public protection IPP sentences, three of whom are nine years past their tariff date. While the number is lower than the nine last year, it is a serious concern.

7.4 Family contact

7.4.1 With the lockdown in March all visits were suspended. In cell phones, installed the previous December, clearly helped ameliorate the impact of loss of contact with family and friends. The decision to give prisoners an extra £5 PIN credit every week during lockdown was much appreciated.

7.4.2 In mid-July, video visits were introduced. Prisoners are allowed one free call a month, with 30 minute time slots available between 9am and 4pm, four days a week. Take up has been low. In September, of 256 slots, 69 were booked and 51 used. In October, 76 were booked and 68 used, and in November 77 were booked and 63 used. Security features can result in the technology freezing, making calls frustrating and disjointed. Statistics for September to November show the most popular time is 4pm to 4.30pm, and there appears to be a case to offer more visits after school hours, as in some other prisons.

7.4.3 In August, social visits were resumed. However, they were limited to 45 minutes, numbers were restricted and no contact was allowed. Take-up has been low. In September, of 294 visits available, only 47 were made. Anxiety about the risks of travelling, the cost, and the limitations to the visits, appear to be factors in the low take-up.

7.4.4 Use of the innovative family bonding unit, where families could visit for a few hours, undertaking normal activities such as cooking a meal, has been increasing. Because of COVID-19 this excellent facility has been closed for most of the year.

7.5 Resettlement planning

7.5.1 A through the gate resettlement service is provided by the Reducing Reoffending Partnership. This includes resettlement case workers, and housing and welfare staff from Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company, St Giles Trainer Assessors (who deliver the peer advisor qualification) and Change, Grow, Live (CGL) staff and volunteers, who deliver Foundations of Rehabilitation, and provide transportation and additional support on the day of release.

7.5.2 Since lockdown, the initial assessment of needs prior to release begins with a form which prisoners complete. Telephone support is available and some face-to-face work is carried out with prisoners who have complex problems. The shortage of suitable interview rooms is an ongoing problem.

7.5.3 There has been no group work since March, but in-cell workbooks have been provided on topics including money management, finance and debt advice, emotional wellbeing and CV writing. Prisoners are helped to open bank accounts, although numbers are low (only three in September) because of the time it takes.

7.5.4 Turnover of prisoners is high, with many serving very short sentences, or periods of recall. Between January and September, around 50 prisoners were released each month, 80% of whom served 12 weeks or less. This means the time available to prepare prisoners for release is very limited. There are also number of “revolving door” prisoners. Between January and November, 12% (88) of releases were for prisoners who had been in and out of the prison four or more times during that period.

7.5.5 In January, 66.2 % of released prisoners had accommodation arranged for their first night. By June it was 93.8%, in July 98%, August 93%, September 87% and October 85%. Key to the increase was funding provided to local councils to help the homeless into accommodation during the COVID-19 outbreak. Homelessness Prevention Taskforces (HPTs) accepted referrals for prisoners without an address from the end of May, finding bed and breakfast or hotel accommodation. The funding ceased at the end of August, and the number of prisoners released without an address increased in September and October. The funding was reintroduced by mid-November, until the end of January. From May to August, 55 referrals were made to HPTs, resulting in 36 successful placements.

7.5.6 Due to COVID-19 CGL staff and volunteers could no longer collect women from the gate and drive them to their destination, consequently a discharge lounge has been established in the visitors centre. Prisoners can be given pre-paid bus tickets, mobile phones with some credit so they can call family or offender managers, start their benefit claim, or ring a taxi. Warm clothes, toiletries and face masks are also given. The aim is to provide all prisoners with an individualised release pack containing key information such as COVID-19 regulations, safety plans, support services, food banks and key contact numbers. Volunteers are available to help prisoners go through these.

7.5.7 Delays in proceedings due to COVID-19 mean that some remand prisoners will have served their sentence and be released at court. Forward Steps does not usually work with remand prisoners because of uncertainties about release dates. Now, however, where court dates are known and release seems likely they prepare packs containing key information and contacts which accompany the prisoner to court.

8. The work of the IMB

Board statistics

Recommended complement of Board members	12
Number of Board members at the start of the reporting period	8
Number of Board members at the end of the reporting period	6
Total number of visits to the establishment	72*
Total number of segregation reviews attended	7

* Visits: 16 in December, 23 in January, 16 in February, 10 in March, one in September and six in October.

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	4	7
B	Discipline, including adjudications, IEP, sanctions	7	2
C	Equality	2	8
D	Purposeful activity, including education, work, training, library, regime, time out of cell	12	10
E1	Letters, visits, telephones, public protection restrictions	11	9
E2	Finance, including pay, private monies, spends	20	7
F	Food and kitchens	7	3
G	Health, including physical, mental, social care	35	32
H1	Property within this establishment	17	17
H2	Property during transfer or in another establishment or location	13	7
H3	Canteen, facility list, catalogue(s)	7	4
I	Sentence management, including HDC, ROTL, parole, release dates, recategorisation	5	11
J	Staff/prisoner concerns, including bullying	39	26
K	Transfers	24	3
L	Miscellaneous, including complaints system	30	6
	Total number of applications	233	152

64 prisoners submitted a total of 152 applications.

48 (32%) were made via the 0800 telephone line.



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