



**Annual Report of the
Independent Monitoring Board at HMP / YO1
Downview**

**For reporting year
1 May 2020 to 30 April 2021**

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Contents

	Page
Introductory sections 1 - 3	
1. Statutory role of the IMB	3
2. Description of establishment	4
3. Executive summary	5
Evidence sections 4 – 7	
4. Safety	10
5. Fair and humane treatment	13
6. Health and wellbeing	20
7. Progression and resettlement	28
The work of the IMB	37
Applications to the IMB	38

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.

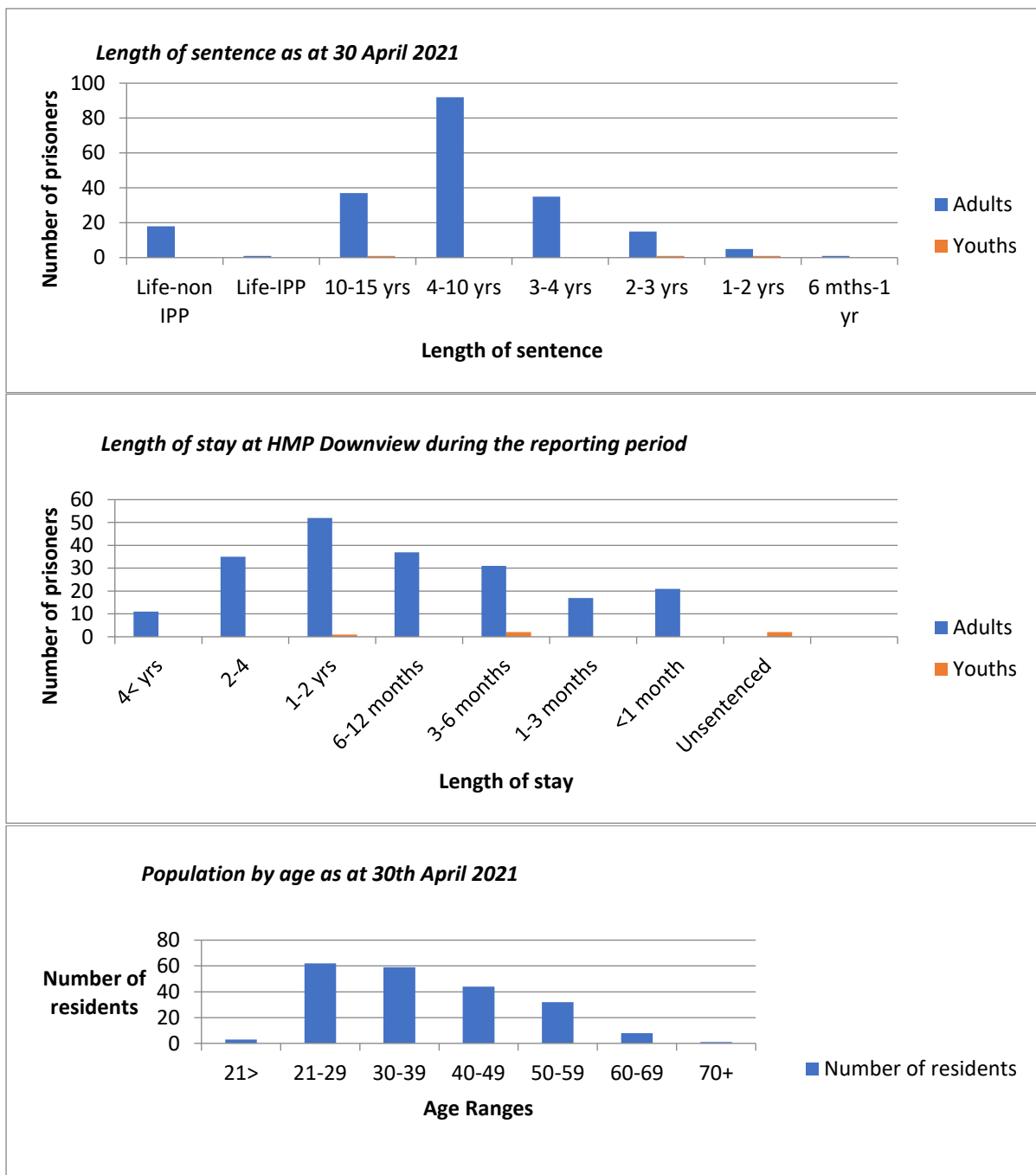
To enable the Board to carry out these duties effectively, its members have right of access to every prisoner and every part of the prison and also to the prison's records.

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 Downview is a closed prison which does not serve the courts and houses sentenced adult women and young offenders. The prison had an operational capacity of 302 for the first four months and 264 for the last eight months of the reporting period (adjusted for the Covid-19 regime and refurbishment), plus 16 on E wing. Over the reporting period, there was an average of 167 sentenced prisoners, 19 recalled prisoners, 27 foreign nationals and three immigration detainees.

The following tables show the demographic of prisoners as of the end of the reporting period:



Works and maintenance at the prison are carried out by Government Facility Services Limited. Healthcare services are provided by Central and North West London NHS Foundation Trust (CNWL), with substance misuse support provided by the Forward Trust. Education facilities are provided by Weston College. Resettlement support was provided during the reporting year through the London community rehabilitation company (CRC), and the local Jobcentre Plus provided support and guidance relating to benefits claims. A number of providers offer services within Downview, including the Prison Advice and Care Trust (PACT), CXK, the Forward Trust, Women in Prison, Working Chance, the Shannon Trust, the Samaritans (Listener scheme), ID Essence, the Koestler Trust, Hibiscus, London College of Fashion, Clink kitchens, Max Spielmann, Fine Cell Work, the Shaw Trust and St Mungo's.

3. Executive summary

3.1 Background to the report

Since the end of March 2020, the prison has been significantly impacted by the measures taken in response to the Covid-19 pandemic. There were three phases over the course of the reporting year: the initial lockdown in March 2020 (prior to the start of the reporting year), in which all prisoners were locked in their cells for around 23 hours a day; some minor relaxations to the regime over the summer as 2020 progressed (then halted in November by the prison being in community tier 4); and then the return to tight restrictions during the national lockdown in early 2021. During these periods of lockdown, the regime has been severely restricted, with many activities and functions suspended: many women have remained in their cells for 22.5 hours a day throughout the reporting period (their time out of cell taking into account time for meals and medication distribution, where necessary). At various stages in the reporting period, the population dipped to below 200 (as fewer admissions took place from the courts and, consequently, from other prisons during the pandemic). There was a population average over the reporting period of 219 (compared to 287 in the previous reporting period). It may be helpful to review certain information in this report against the backdrop of this lower population for the period.

There appeared to be minimal local flexibility granted in terms of managing progression through the various stages of the HMPPS exceptional delivery models (EDMs). Senior staff spent considerable amounts of time in often '*unrealistically*'¹ short timescales, drafting and agreeing local operating procedures which were submitted for central HMPPS approval and redrafting in various iterations (referred to as '*going around the houses with the wording*' by one staff member). Trade union input sometimes appeared to stymie progress. The regime was further impacted by certain contractors and support agencies (e.g., PACT, Weston College, Max Spielmann, the Clink kitchens, Hibiscus, CXK, Shaw Trust, Jobcentre Plus, Home Office Immigration Enforcement) either choosing not to attend or being instructed by their own central management not to attend the prison; for example, staff from the Department of Work and Pensions (DWP) had still not returned to the prison as of May 2021. We observed this to be a source of frustration to prison staff who felt it created additional operational challenges and decreased opportunities for prisoners,

¹ Throughout the report, all italics are direct quotes from staff or prisoners.

as well as being unfair that prison staff should be put at risk from Covid-19 when partners did not attend in person.

Downview was declared an outbreak site in late January 2021, leading to full lockdown on A Wing (following the discovery that all prisoners on the wing were contacts for track and trace purposes). By way of a snapshot to illustrate the extraordinary pressure which the prison was under at times: on 28 January 2021 (at a time when over 80 other prisons were also facing an outbreak situation), Downview had 40 women on isolation in the protective isolation unit (PIU) and reverse cohorting unit (RCU) and five women shielding; 56 staff absent (46 for Covid-related reasons) and eight staff on restricted duties; two women on bed-watch in a local hospital (one seriously ill in ICU with Covid-19, involving the full-time equivalent of nine staff absent from the prison daily), and many WAMITAB deep-cleaning workers unavailable. As of mid-April 2021, Downview was no longer a designated outbreak site: local operating procedures moving to level 3 were awaiting sign off at the end of the reporting period (after a significant number of other prisons had been permitted to move to level 3).

Against this backdrop, whilst the prison in recent years was on the verge of becoming a level 1 prison and placed on a performance improvement plan, progress was made with regard to many of the HMPPS performance measures and the prison moved up to a level 3. Between April and November 2020, Downview was one of only two prisons in the women's estate to achieve a level 4 in performance measures for both self-harm and assaults.

The pandemic has had an impact on the Board's ability to gather information for this report. Since the end of March 2020, monitoring by the Board has been undertaken remotely, although for most of the reporting year, at least one member has visited in person regularly. Board engagement with the prison has, however, been extensive during this period, and we have sought creative ways to triangulate the information which we were receiving from the prison (see section 8 below). There was a short scrutiny visit by HMIP in July 2020, for which the outcomes were broadly positive: the report highlighted the need to move to a more purposeful regime at a time when the outside community was re-opening and how recovery planning was being hampered by HMPPS guidance.

Staff have worked extremely hard under extraordinary circumstances to keep prisoners and staff safe and should be highly commended for this. Whilst the introduction of a staff bonus scheme helped in the first lockdown and again in March 2021, there have been times when staff absences have been so high that the Governor, senior management and also non-operational staff have been required to work, for example, in the servery and carrying out accommodation fabric checks, and at times during allocated time off. Staff were drafted in on detached duty from other prisons (continuing as of the end of the reporting period, and which has been well-received by prisoners), and early in the reporting period some senior staff were seconded from central HMPPS. Many custodial managers and senior officers were redeployed to the wings and operational support grade (OSG) numbers were severely impacted. One staff communication from a governor in early 2021, thanking staff for their efforts, gave an articulate insight into the extraordinary challenges faced: *'the [newly created protective isolation wing] was literally set up overnight in*

response to a large number of positive results and associated contact traces. We have all been learning as we go. Building new regimes. Finding new cleaners. Staff serving the meals on the wing and ferrying them up and down the stairs three meals at a time..... every time we blink there seems to be a new test result to deal with, or additional gaps in the detail'.

As the prison moves towards opening up the regime after lockdown, the view has been expressed that this will create its own difficulties for the women, with more noise, activity and attendant bullying / debt issues to which to become accustomed. To factor into this readjustment, many new officers who joined in lockdown (28 in total) may have not had experience of a pre-Covid regime. The low average unlock numbers over the reporting period have contributed to more flexibility in the regime. Pressures will increase as the courts and transfers revert to full capacity and planning continues for a new post-Covid regime.

3.2 Main judgements

How safe is the prison?

The Board considers that Downview is a safe prison, although it continues to receive a high number of challenging women, with complex backgrounds and specific needs.

How fairly and humanely are prisoners treated?

The impact of the regime imposed by HMPS on the mental and physical health of prisoners was of significant concern to the Board. However, given that this regime was largely unavoidable during the majority of the reporting period due to the pandemic, we are of the view that during the reporting period, Downview treated prisoners in a fair and humane way.

How well are prisoners' health and wellbeing needs met?

Despite healthcare staff's ongoing commitment to support prisoners, the restricted healthcare regime has inevitably had a significant effect on prisoners' healthcare needs. However, given the extraordinary constraints faced by healthcare during the reporting year, the Board is satisfied that prisoners' primary medical health needs have been met, with external hospital appointments continuing to be facilitated. There is, however, some concern about the degree to which mental health needs have been addressed, since empirically tested psychological therapies were (in the main) replaced with brief interventions, such as 20-minute wellbeing checks and in-cell distraction packs. Many psychological services were either fully suspended, including all group-based therapy activities, or cut back such as in the case of one-to-one services. The more recent loss of senior psychology and psychotherapy staff has further reduced capacity for one-to-one therapy towards the end of the reporting year.

How well are prisoners progressed towards successful resettlement?

During lockdown, CRC staff worked remotely, which created difficulties in maximising opportunities in the short window of engagement prior to release. Release on temporary licence (ROTL) was cancelled and education and offending behaviour interventions were less available because of the lockdown.

Accommodation options upon release were more available owing to extra Covid-19-funding.

3.3 Main areas for development

TO THE MINISTER

- We are concerned that the easing of the restricted regime may be delayed across the entire estate. What steps are being taken to end the current severe lockdown regime in prisons, taking into account its significant and long-term impact on the mental health of prisoners?
- It was disappointing that the Ministry did not support prisons receiving special vaccination status (given their recognised status as ‘epidemiological pumps’²), and contrary to SAGE’s recommendations. It was then contradictory to this position when families were not permitted to hug their loved ones in visits after the May 2021 unlock in the community, on the stated grounds that prisons are ‘*high risk, closed environments where the virus can spread quickly*’ (HMP Downview Notice to Residents, May 2021).
- The Board is concerned to hear of the programme to create an extra 500 prison places for women (equivalent to two and a half times the roll of Downview at the end of the reporting period). How does the Minister justify this in the context of the reassurances and support for women’s community sector services and supervision in the community outlined in Lucy Frazer’s response to our previous report (dated November 2020)?
- We are also concerned that, despite previous public assurances by the Minister and HMPPS to rectify this, there is still no data collated centrally regarding the numbers of dependent children of prisoners. It would seem to be virtually impossible to provide effective family engagement without having accurate data available (section 7.4).

TO THE PRISON SERVICE

- What steps will be taken to ensure that purposeful activity and opportunities for rehabilitation and progression can be built into the post-lockdown regime? And how will the input of trade unions be managed in a constructive fashion (section 7.1)?
- We are concerned about the centralised management of contracting processes (see, for example, the PACT contract, section 7.4). Certain contracts are negotiated centrally between HMPPS and third-party providers, with minimal input from local establishments. At Downview, operational information regarding the PACT contract was not provided (being retained at HMPPS level or otherwise remotely) which limits the ability of the establishment to performance manage operation of the contract effectively. Given the forthcoming procurement exercise regarding family engagement (albeit delayed due to Covid-19), will measures be taken to incorporate robust contract management processes?
- During lockdown, there appeared to be large numbers of third-party providers unable or unwilling to attend the prison (for example, Weston College, PACT, CRC, Jobcentre Plus, CXK, Shaw Trust, DWP, Home Office Immigration

² Expert Report on behalf of the Howard League and Prison Reform Trust: Covid-19 and prisons in England and Wales - Professor Richard Coker

Enforcement) – this left prison staff exposed and frustrated, and prisoners denied appropriate support. How can this be managed in a more consistent way in the future if required? (sections 7.2, 7.4, 7.5).

- The Board is extremely concerned about the reduced capacity and headcount for psychology interventions and subsequent waiting list (section 6.2) – particularly during a time of increased demand. What support can be provided to enable prompt recruitment to these critical roles?
- The pandemic has thrown into sharp relief the significant obstacles placed in prisoners' way regarding access to IT for education purposes (section 7.1). What progress has been made with plans for the Prison Service to develop an effective digital strategy for education, to ensure that digital devices are available within prisons and to ensure safe and secure access to the internet in the women's estate?
- Likewise, internal IT systems often appear out of date and challenging to work with, wasting significant amounts of staff time – what are the plans for updating these across the estate? (section 7.3)

TO THE GOVERNOR

- The Board is concerned about predictions of fewer opportunities for association in the future and, if this is to be the case, we hope that it can be replaced by purposeful activity. We will closely monitor this area – the fact remains that association managed well is a positive activity.
- We look forward to seeing a more family-centred approach. The Board will also welcome further proactive management of the contracted-out resource in the prison (section 7.4).
- The Board will look forward to monitoring the operation of the Weston College contract during the next reporting period as more face-to-face teaching takes place (section 7.1).
- The Board continues to be disappointed to find frequent inaccuracies in presented data (whether in daily operational records, or other prison-generated management information) - usually minor, but on occasions significant.
- Some healthcare complaints appear to be subjectively treated as concerns, and dealt with accordingly, on a more informal basis than a formal complaint would demand (section 6). How can this be more effectively managed in the future?
- The Board recognises and acknowledges the efforts to promote positive wellbeing amongst the prisoners and staff during this year. Although not entirely successful in the difficult circumstances, there was genuine effort in evidence and this is welcomed by the Board for the future.

3.4 Progress since the last report

- Following on from our previous report, significant changes have been made to prisoners' menus to provide healthier options and prisoner wellbeing features in menu design (although, obviously, selecting those healthier options remains a matter of individual choice).
- During the past year, efforts have continued to improve the standard of the prisoner environment with the refurbishment of several wing bathrooms and a comprehensive programme of painting and decoration on wings and other areas.

Evidence sections 4 – 7

4. Safety

A safer custody meeting takes place monthly. All functional heads of department are required to attend, as are the: head of healthcare; mental health; drug services; chaplaincy; use of force coordinator; members of the assessment, care in custody and teamwork (ACCT) team; Samaritans; peer group listeners (in part); and the IMB. In addition, a multi-disciplinary safety intervention meeting (SIM) is held weekly (with the same attendees as above), at which complex case prisoners and those who require close monitoring are discussed and assessed. Actions to reduce risk are allocated to relevant staff members, which are reviewed on an ongoing basis. Over the reporting period, the Board has witnessed significant efforts being taken to improve the overall quality and relevance of the safer custody and SIM minutes and records.

There was a total of 407 adjudications over the reporting year, classified as follows: punishment awarded – 305; remanded/not heard – 12 (the hearing was out of time or the individual moved prison); not proceeded with – 49 (the wrong charge had been brought/the prisoner had been released or transferred); dismissed: – 41 (insufficient grounds/evidence existed to warrant a punishment). Of the 305 punishments awarded, the main three underlying offences (comprising 95% of the total adjudications given) were: disobeying a lawful order – 132; threatening, abusive, insulting words or behaviour – 114; endangering health and safety – 43. A view was expressed by staff that it was difficult to know what meaningful awards could be given due to the Covid-19 restrictions. There were nine independent adjudications during the reporting year, undertaken remotely (all resulting in the individual being found guilty of the charges brought against them).

4.1 Reception and induction

When new prisoners have arrived, they have been tested for Covid-19 on arrival, then temporarily assigned in an isolation unit and kept in specific cohort groups. We received reports of the early evening arrival of prisoners, particularly from HMP Peterborough, sometimes with vans having left that prison after 2pm. This leads to difficulties with processing and healthcare support (with Downview healthcare staff leaving at 6.15pm). Sometimes prisoners have arrived without medication or ACCT documentation. The warm and positive support provided by the peer reception team is noticeable.

During the reporting period the prison has undertaken a review of the induction process and as at the end of the reporting period is due to launch a comprehensive early days programme and to relocate the induction wing. The Board very much welcomes this after repeated concerns voiced in previous Board reports and will look forward to monitoring the process. Since March 2021, when inter-prison transfers started to increase, the Board issued a short questionnaire to new arrivals, asking for their views on their journey to the prison, their processing through reception and their first night. The responses indicated that the overwhelming majority of women felt safe on their first night in the prison.

4.2 Self-harm

There were 369 recorded incidents of self-harm in the reporting period, which is a decrease of 291 incidents (56%) on the previous reporting year (when 660 incidents

were recorded). Monthly figures are shown below for this reporting year and the previous one:

Month	2020/2021	2019/2020
May	25	95
June	21	36
July	24	79
August	19	77
September	26	61
October	30	103
November	33	50
December	34	56
January	37	17
February	22	33
March	46	36
April	52	17
TOTAL	369	660

The breakdown of methods of self-harm over the two reporting years were:

Method	2020/2021	2019/2020
Cutting/Scratching	228	345
Ligatures/Noose Making	75	152
Ingestion / Overdose	31	32
Head Banging / Wall Punching	26	29
Food Refusal	1	0
Hanging	0	12
Suffocation	0	4
Other / NA	8 ³	86
TOTAL	369	660

Whilst this significant reduction is encouraging, it should be caveated as follows:

- Of the 660 incidents in the previous reporting year, 176 related to three prolific self-harmers, which formed 26% of the incidents (and without whom the total number of recorded incidents would have been 484);
- The Board noted with concern that as of March 2020 across the entire estate, HMPPS had stopped recording ligature/noose-making as an act of self-harm. The 2019/2020 figure in this regard (152) versus the 2020/2021 figure (75) shows the potential impact of this decision, with a 49% apparent reduction in the reporting of self-harm in this category;
- The population at Downview in the reporting year was, on average, a third less than that in the previous reporting period.

Reasons reported by women for self-harming are varied: fear, loneliness, frustration, boredom and reminders of painful anniversaries. The number of self-harm incidents remains heavily influenced by those women who are prolific self-harmers. The 369 reported incidents of self-harm related to 81 prisoners. By way of example: July 2020 – 24 incidents (of which five related to one prisoner); October 2020 – 30 incidents (of

³ It is encouraging to see that the accuracy of recording the method of self-harm has increased significantly, to allow for this 91% decrease in the use of the "Other/NA" category.

which 17 related to two prisoners): November 2020 – 33 incidents (of which 13 related to one prisoner); December 2020 – 34 incidents (of which 13 related to one prisoner); March 2021 – 46 incidents (of which 22 related to four prisoners); April 2021 – 52 incidents (of which 16 related to two prisoners). Most of the self-harm incidents were minor enough to be treated by wing staff, but some required healthcare staff to attend. Twenty incidents of self-harm required hospital treatment. There was one ‘near miss’ in the reporting year. Reducing self-harm remains a key strategic priority for the prison for the forthcoming year.

There were 244 ACCT documents opened in the reporting period. There was a spike in May 2020 (35), with the numbers then remaining between 14 and 22 monthly (with the exception of December 2020 when 23 were opened). This is a marked notional increase on the previous year’s total of 236, due to the significantly lower average population. The new ACCT v6 was rolled out in April 2021 in the prison with the stated aim of adopting a more person-centred approach and reducing the stigma of the process.

199 calls were made to the Listener service in the reporting year (an average of 16 per month). This is compared to an average of 22 calls per month in the previous reporting year and 75 per month in the year before that. We have not been able to access further information regarding the year on year decrease in calls.

4.3 Violence and violence reduction

During the reporting period, there were ten applications to the Board in relation to staff/prisoner concerns, including bullying (a 45% decrease from the previous reporting period). There have been 21 prisoner-on-prisoner (52 in the previous reporting year) and 11 prisoner-on-staff (22 in the previous reporting year) assaults during the reporting period. The decreased numbers are likely to be the result of the smaller prison population and the lack of ability for prisoners to associate (due to the restricted regime prisoners have only been unlocked in small groups of up to six).

Staff have identified that whilst they are effective at identifying behaviour which is deemed worthy of a CSIP referral, often few cases proceed to full CSIP management. For example, in December 2020, none of the referrals proceeded and in April 2021 only 7%.

4.4 Vulnerable prisoners

Throughout the year, where particularly vulnerable prisoners have been moved to either a secure hospital or approved premises, the Board has observed that the prison has been sensitive to arrange appropriate escorts using staff who had a good rapport with the prisoner.

4.5 Use of force

There were 48 recorded incidents of use of force for the reporting period. This is a 63% decrease on the previous reporting year. Of the 48 incidents, 12 required the use of equipment (in all cases, ratchet cuffs). Three of the 48 incidents were planned, with the remaining 45 being spontaneous. During the 48 incidents, six resulted in injuries to prisoners, and three in injuries to staff. In all nine cases, the injuries sustained were minor. The Board understands that there are plans to bring rigid bar cuffs into the female estate; at the end of the reporting year, this had not yet

happened at the prison. Most of the use of force involves prisoners in the 22 – 40 age group; otherwise, there were no meaningful trends. A digital use of force reporting tool was introduced in February 2021.

4.6 Substance misuse

For the entire reporting period, mandatory drug tests were suspended; therefore, information regarding the number of drugs in circulation in the prison can only be anecdotal. There have been 14 reported drug finds in the prison in the reporting period, compared to 58 in the previous period. However, this significant reduction may be indicative of there being far fewer cell searches during the lockdown and certain potential access routes being limited in the period. A variety of actions have been taken by the prison to reduce the inflow of drugs, including mail testing via Rapiscan. There has been increased search dog resource during the reporting year. The total number of reported contaminated mail finds over the reporting year is 183 (a decrease of 8% from the previous reporting year). The predominant drugs found in contaminated mail have been cocaine, spice and ketamine. Based on anecdotal evidence, it appears that there has been less opportunity to trade prescribed medication due to the smaller groups in place because of the limited regime.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

Accommodation: all cells are single use with toilet facilities. Despite the difficulties imposed by the pandemic, work on a general refurbishment of bathrooms in three wings continued. Low occupancy has aided the allocation of residential areas for the RCU, PIU and the shielding unit (for clinically vulnerable prisoners) which have been in operation throughout this period. The specific requirements for the operation and cleaning of these separate units have been closely adhered to during this challenging time. This, together with the careful management of cohorts on normal location, kept Downview residents Covid-free throughout 2020. The outbreak which occurred in early 2021 highlighted how difficult it was to maintain social distancing between prisoners and indeed between staff in small offices and confined areas. Despite the ongoing efforts of staff and constant reminders from the Governor to enforce social distancing, there were continued reports of women breaching social distancing and connecting with women in other parts of the prison when escorted parties crossed over. Staff and prisoners were instructed to wear face masks in October 2020.

Prisoners have had access to showers every day apart from on one or two limited occasions: when the numbers increased in the RCU, the cleaning time required between showers meant that showers were offered on alternate days and the second occasion was during the installation of the temporary shower block mentioned below.

In-cell distraction materials and books were made available together with education packs and all women had a television. Evening in-cell activities such as quizzes and bingo were scheduled but depended on full staffing and the enthusiasm of the night staff to take place, so the outcome was a rather patchy programme of events.

Several major projects affecting residential areas have been running concurrently during this year. These are the installation of in-cell telephony, the replacement of the fire and general alarm system, bathroom refurbishment and asbestos removal. There have been some interruptions to working due, for example, to a shortage of escorts, from time to time. Several women had to be relocated to facilitate the works. The fire and general alarm system alone is estimated to have required over 200 relocations during the course of the project. Another upheaval has been the need for temporary showers for A & B wings, and the CSU. The removal of asbestos lagging meant that water temperatures could not be safely maintained, and so temporary showers had to be installed outside for a period of six months in the winter. All these various events on top of the restrictions imposed by the pandemic have been well-managed and efforts have been made to keep prisoners informed and advised of the reasons for the various moves and changes. In March 2021, the high number of false fire alarms was a cause of concern: at one or sometimes two a day, it was taking staff off their normal duty to investigate the source of the alarm. We were told this was due to the commissioning of the new system – the number of false alarms then reduced. (As an aside, a member of the Board was informed that the greenhouses have mainly been without heating during the winter of 2020/21 as the heating engineers had fitted new boilers to an 'illegal' (i.e., wrong size) gas supply and they had to be decommissioned).

A new decency strategy was issued in March 2021, with the following communication: *'decency means so many things, but essentially it is about respect, a decent standard of living for the residents, decency in leadership, and our working environment. Many of these things can be measured quite factually (i.e., through cleanliness and cell kit checks which will be published shortly) but some are a little more difficult to define'*. A decency committee was set up to monitor and create some planned actions. Most of the residential areas were repainted during the year and steps were taken to raise the standard of cleaning work on the wings. Towards the end of the reporting period, wing representatives began carrying out regular room checks against an inventory list to ensure that items such as curtains remain in place. The improved appearance of the wings was remarked upon by the HMPPS women's estate team during a visit towards the end of the reporting period.

Initiatives were launched on rehabilitative culture and induction, but then paused due to the pandemic. Towards the end of the reporting year these have been re-launched. Outcomes on these will be monitored, especially on induction (to be re-named early days), which has proved extremely difficult during the pandemic. Women who arrived some months previously still do not have a good overview of the establishment, although steps are being taken to correct this. The Downview residents' forum was paused in March 2020 and re-established in a reduced form in the summer months. Since then, meetings have been cancelled due to lockdown and the Covid-19 outbreak in February. An attempt was made to gather submissions in writing, but this was not successful. The forum is to be restarted as a face-to-face meeting in May 2021.

Clothing: prisoners can wear their own clothing, but prison clothing is available if required and is provided for specialist work such as in gardens and kitchens. Additional items of clothing, accessories and some toiletries can also be obtained

from donated and purchased supplies in Gladragz. Supply levels for Gladragz have fluctuated, but efforts have always been made to acquire items needed.

Food: several healthier food changes have been made since comments in our previous report. The menu enables women to eat gluten-free if they prefer or to follow a vegan diet, although choices are limited; there has been a marked increase in the number of women wishing to follow such diets. Coeliac diets and other diets required for medical reasons are catered for separately. Two lively kitchen forums have been held during the period. There is something of a disconnect between the kitchen run by the catering manager and the front-line serveries which are run by wing staff. This, together with lack of training of servery staff, gives rise to some issues, for example portion control. It is hoped that a forthcoming collaboration with the Clink kitchens to provide food handling training will improve food distribution at the serveries. Women have complained that sometimes food has not been exactly as expected from the menu description – this has been resolved by making the menu wording more descriptive. Women have been encouraged to put forward suggestions for the menu and, where possible, these have been taken up where this can be done within budget. The comfort packs provided were welcomed initially, but after a while they were seen as additional calories in chocolate, crisps and fizzy drinks that could not be expended. If some of the money spent on packs had been given to chefs in the kitchen, the outcome may have been healthier, more varied and interesting menus. The prison was under enormous staffing pressure in early 2021 when there was an outbreak in the kitchens (with 17 individuals contact traced), but they rose to the challenge extremely well. Non-catering staff stood in and also chefs were seconded from other prisons. As an HMPPS initiative, vitamin D was made available to prisoners free of charge from November 2020, to counter the lack of outdoor time.

5.2 Segregation

There is an eight-cell segregation unit, with one cell used as a safer cell if necessary. Two other safer cells are located within the prison but have been de-commissioned. There have been fewer prisoners in the unit this reporting year and we have often (unusually) observed periods when the unit was empty. Cellular confinement was carried out on the wings rather than the unit for much of the reporting year. Nevertheless, the unit has still at times been populated with some extremely challenging prisoners, with two women being eventually transferred to establishments more suited to dealing with their significant mental health needs. The staff have been observed as managing prisoners with continued calmness and professionalism, despite often being exposed to physical and verbal abuse.

One prisoner in the segregation unit was authorised for a stay in excess of 42 days. The average length of stay in the unit through the reporting year was nine days, with the main reasons for admission being: rule 55 (cellular confinement) – 38; rule 53 (awaiting adjudication) – 21; rule 45 (good order or discipline (GOoD)) – 11.⁴ During the reporting period, there were 62 admissions to the unit, with 19 prisoners who were on an open ACCT at the time of their admission and five who had an ACCT opened during their stay in the unit. The Board remains concerned about the

⁴ Some prisoners may have been admitted to segregation for more than one of the three classifications, therefore the total exceeds the overall number of admissions.

significant proportion of prisoners on ACCTs being housed on the unit (30% on admission). We have observed that for some women being housed in segregation is the only place in the prison that is safe for them, as their behaviour towards other prisoners has alienated them from the residential wings. Other prisoners have sometimes acknowledged to the Board that they actively welcome the opportunity to be in segregation for a period of respite from other areas of the prison which they might find challenging, for a variety of reasons.

The unit underwent a painting refresh during the reporting year, and CCTV was installed in certain areas. Whilst the unit looked brighter and cleaner as a result, the overriding impression is still austere, unwelcoming and cold. For a period during the latter part of the reporting year, the showers in the unit were out of order and a temporary shower unit was erected within the exercise yard.

Considerable efforts have been made by members to ensure that the Board is notified suitably in advance of reviews, although this does not always happen. Due to the restrictions required by Covid-19, reviews have often been undertaken via remote dial-in (although with varying success due to the limitations or whereabouts of the technology).

5.3 Staff-prisoner/detainee relationships, key workers

Our overall judgement is that relationships have been good during this period. On the short scrutiny visit in June 2020, HMIP reported that most prisoners they spoke to were positive about staff/prisoner relationships and that they observed good interactions during their visit. Although there have been adverse comments made to us by prisoners about staff not allowing access to telephones or having favourites on the wings, there have also been many comments about staff going out of their way to be helpful and supportive. It was heartening to see that here was a sense of staff and prisoners all pulling together in a positive way during the early months of Covid-19 – women were extremely grateful for the commitment and support of staff in challenging times. On Hidden Heroes Day in September 2020, prisoners were invited to write comments about the staff on postcards to be on show around the prison; some very positive comments were made. Two prisoners told us that Downview was the best prison out of the five they had been in, mentioning staff support and the mental health team specifically. Officers on detached duty at Downview told us of their surprise at how relaxed and positive the relationships were, quite unlike the male estate.

However, the wellbeing checks introduced in summer 2020 (described by staff as a '*blunt tool*') have not been positively received by prisoners, with prisoners often denying they happen at all or commenting that they are very basic. It may have not been the best use of resources for women to have a different officer asking them the same questions or a new officer interacting who has no prior knowledge. It is clear that some prison staff are better than others at this aspect of their work. However, the leadership has clearly demonstrated its intention to provide a safe and supportive environment during this period. Despite this, there were 13 complaints about staff bullying in the period, an increase of 11 on the previous year. Two of the more serious incidents of assaults on staff involved spitting and pulling hair out by the roots. The majority of incidents were described as dealing with built-up frustration or injuries sustained while getting between aggressive prisoners. Fatigue and

sometimes low staff numbers appear to have contributed to relationship breakdowns. A significant number of staff (28) are new joiners to the service during the reporting year.

Staff often have to deal with extremes of behaviour from certain prisoners on a daily basis, particularly in the segregation unit. It is noticeable that as the year progressed the extraordinary pressures created by adapting and preparing for the new regimes and firefighting in a break-out situation have taken their toll – many staff reported as tired and stressed.

Implementation of offender management in custody (OMiC) in the women's estate was paused during 2020. It launched in Downview on 30 April 2021 (originally intended to be by way of a soft launch, but due to last minute changes from HMPPS, fully launched as at that date). Expected caseloads were stated to be around three prisoners per officer, with a 45-minute meaningful interaction for each resident per month (which incorporated time taken to and from the session, preparation and write-up of the session). The sessions were originally intended to be once per week, but were changed at the very last moment to once per month – the reason for this last-minute change remains unclear.

5.4 Equality and diversity

The work of the equalities and diversity team has not surprisingly taken secondary priority over the past year as the governor and one administrator were seconded to Covid-19 issues. Meetings were often rescheduled at very short notice and the IMB was rarely notified. Discrimination incident report forms (DIRFs) were dealt with in a timely fashion through the greater part of the reporting period and at the end of the year were fully up to date. The number of complaints remains low, even allowing for the reduced population. Of the 36 DIRFs raised during the reporting period (compared to 52 in the previous reporting period), 23 related to race, six to religion, four to disability, two to gender or gender reassignment and one to age. One prisoner raised six complaints. Most DIRFs (22) were answered within time and most others were only marginally late. Responses to three DIRFs took somewhat longer, but it has not been possible to ascertain the reasons for this. The response period for DIRFs reduced considerably once outstanding (or almost due) responses were highlighted at morning management meetings.

With the easing of Covid-19 restrictions anticipated at the end of the reporting period, the department has begun work on the Lammy recommendations and the equalities forum is establishing a higher profile. There is a newly appointed prisoner peer representative. The department has collated a range of statistics covering the past four years, to identify any bias across the protected characteristics in respect of adjudications, the numbers proved or not, variations in the nature of charges, the numbers of formal complaints, the use of IEP, ROTL, days in segregation and use of force. After such a long period with little activity, there appears to be a drive to identify anomalies in statistics and to dig deeper to identify the causes – particularly in terms of drug testing (both random and on suspicion).

In August 2020, the first in a series of diversity and inclusion conversations focused on race equality was held for all staff, with the intention of these being regular

occurrences. Sadly, further lockdowns meant these did not happen, as staff could not easily meet up in lunch breaks and there were other more pressing duties.

E wing was the subject of a judicial review in early 2021 of HMPPS transgender prisoner policy and Downview E wing policy, initiated by a female prisoner no longer resident at Downview. As of the last day of the reporting period, E wing (with an operational capacity of 16) housed one transgender prisoner.

As at the end of the reporting period, almost twenty per cent of the population were over the age of 50 – however, there is no dedicated support or formal networks for this age group. The Board initiated a detailed survey of older prisoners at the start of 2020, but this was put on hold due to the pandemic; the Board plans to carry it out during the coming reporting period. There is only one wheelchair accessible cell in the prison, which has been sufficient to date, but the Board will continue to monitor.

5.5 Faith and pastoral support

The chaplaincy continued to play a highly valued role in the prison and made the conscious decision not to withdraw but to increase their presence on the wings during lockdown. Early in 2021, one of the chaplains reported working for eleven days straight without a day off. The team tried to make weekly contact, however briefly, with each and every woman. We were told that this was observed by inspectors in their short scrutiny visit who, in their verbal feedback, highlighted the fact that they had seen a strong presence of chaplaincy on the landings. The chaplaincy visited the landings every day and attended adjudications and GOoD reviews whenever possible. The team visited the segregation unit every day and endeavoured to attend ACCT reviews, especially before release or transfer. They also provided bereavement counselling through a volunteer team. We were enormously saddened to hear of the death in January 2021 due to Covid-19 of Father Paul (the popular volunteer Catholic chaplain).

The majority of prisoners (55%) identify as Christians (about 13% Church of England, 17% Catholic, and 24% from Eastern Orthodox and other denominations). Muslims make up about 17%, and 21% identify as no religion. There is a small number of Pagans, Sikhs, Jews, Buddhists and Hindus.

Lockdown led to more women connecting with their faith and asking to participate in faith-focused reflections, such as Bible and Koran study; so much so, that it was difficult to keep up with demand. During lockdown, the chaplaincy found new and innovative ways to connect with the prisoners as group worship in the chapel was cancelled (apart from a brief window in 2020). Written sermon sheets and prayers were put under cell doors. About 50% of the prisoners, roughly 120-130, received some sort of Christian information under their door every week with the 30 Muslim prisoners also receiving the same service; all faiths received something put under their door. Receiving written sermons highlighted the issue of comprehension. Many women could read the words but not understand their meaning. To address this, the chaplaincy produced CDs at Christmas and Easter so that women could listen to prayers and hymns. The prison TV channel, WayOut, also provided services across the faith groups: for example, two Christian services on Sundays, and one on Friday for Muslims. High-quality donations were distributed such as books, journals, CDs and crafts. Every woman, regardless of faith, received Christmas and Easter gifts.

Religious festivals were celebrated during the year despite lockdown. Each faith group can choose two celebrations a year that the prison will facilitate by providing food and other support.

Everyone is asked their faith at induction and the chaplaincy uses this opportunity to identify women who might need further support. Women are reassured that chaplaincy staff are not there to convert them or only talk about religion, but to care for them pastorally and to ensure their welfare and wellbeing, whether or not they have faith. Prisoners can change their faith. To ensure that there is no coercion or bullying, a relevant chaplain of the original faith visits the prisoner. Once this is established, the new faith chaplain visits. Only the chaplaincy manager can change the prisoner's religion on Nomis to ensure that the correct process and procedures have been followed.

5.6 Incentives and earned privileges

The incentives framework which was issued in January 2020 sets out the mechanism by which the framework operates and places emphasis on the positive reinforcement of good behaviour. A high proportion of prisoners (65%) at Downview are enhanced and the framework seeks to ensure that enhancement is earned by positive contribution to the community. Covid-19 measures have meant that basic has been temporarily removed across the estate (unless on an exceptional basis, supported by a defensible decision), with all prisoners being placed on standard or enhanced. Some women voiced their disagreement with this move as they see those individuals who behave poorly as getting away with it as they cannot be sanctioned. An under-the-door survey carried out by the prison indicated that some elements of the system were not working as they should (e.g., sometimes staff issuing adverse comments without discussing it with the prisoner). Any such comments which are found not to be procedurally just will be overturned. There remains a need to embed procedural justice in the operation of the incentives framework, but progress is being made.

5.7 Complaints

Complaint figures are collated from April 2020 to March 2021. The total number of complaints for this period (808) is 38% down on the previous period (1136), most likely due to the reduced roll. There are two categories of complaint that show a notable increase, despite the lower overall total:

- *medical/healthcare*, where the number increased from 14 in the previous reporting period to 24;
- *bullying – staff*, with an increase from 2 to 13.

The list of complaints due for a response is issued daily and those that are overdue, or are about to become overdue, are raised at the morning meeting. As a result of this regular scrutiny, 90% of complaints were answered within the prescribed time scale – an improvement on the previous reporting period (75%). The complaints that most often run over time are those relating to other prisons and the prison group directorate – despite being chased regularly, several such complaints became up to 50 days overdue. A random 10% of answered complaints are quality checked each month by the senior management team. A small batch reviewed towards the end of

the reporting period by a Board member showed that suggestions for possible improvement are made where needed and in one case a full investigation instigated.

5.8 Property

Property is generally handled efficiently at Downview, despite the outdated paper-based system of logging items on arrival. There was one notable exception when two watches belonging to a resident were lost; however, after some haggling, responsibility was agreed and compensation paid. Most property applications relate to items that fail to travel with the resident from another prison to Downview. Sometimes these items do arrive, but if not and the prisoner raises a complaint, most often the items cannot be found. Usually this happens when a resident is moved at short notice and is unable to pack up their belongings themselves – the inability to safeguard property in these circumstances indicates a regrettable lack of care of prisoners' belongings (some of them irreplaceable family mementos).

6. Health and wellbeing

Primary care and mental health services are provided by CNWL, with additional dental, optical, podiatry, sexual health, physiotherapy, ultrasound, and pain management services subcontracted. A specialist 'Options' psychotherapy service is also available for prisoners presenting with emotional or behavioural issues, related to a diagnosis of personality disorder.

Throughout the reporting year, healthcare service provision has been dominated by managing the Covid-19 pandemic, with a primary focus on the protection of prisoners via testing, transmission prevention and the management of all suspected asymptomatic and symptomatic infections. The enormity of this work necessitated the cancellation of non-essential services. This, when combined with the general impact of the pandemic on the prison regime and an absence of many subcontracted services, meant healthcare within the prison replicated the community model, operating in extraordinary circumstances for most of the reporting year. Despite the challenges brought by the pandemic, the Board observed some improved partnership working between CNWL staff and prison staff and external agencies, some new service developments including perinatal services, an extended hours mental health service, preparatory work on the provision of telemedicine services and, after a wait of nearly four years, significant progress towards the opening of a new health and wellbeing hub. In addition, during the first quarter of the reporting year, positive outcomes were received following HMIP short scrutiny and CQC visits. The Board is also pleased to report significantly improved monitoring opportunities (despite the strain on healthcare this year), which are welcomed.

The prison does not have 24-hour healthcare provision. Primary healthcare operates weekdays from 07.15am to 6.15pm and at weekends between 07.30am and 5.00pm. An out of hours GP service is provided by Care UK and hospital attendance, if required, is facilitated, either via the attending GP or the emergency services. Mental health services operate from 09.00am to 05.00pm Monday to Friday and, since November 2020, a weekend and bank holiday advice facility for prison staff to seek guidance on matters pertaining to prisoners can, via a generic email service, be accessed between 10.00am and 4.00pm. An absence of available data prevents any comment on how often this new service initiative has been utilised by prison staff, or how effective it has been when used.

Under normal operating conditions, primary care provides a wide range of medical services that includes screening programmes and chronic illness monitoring. During the reporting year, 26 breast screenings and 57 cervical smear screenings were conducted. At the end of the reporting year there were 37 prisoners with asthma, 22 with hypertension, 11 with diabetes, five with epilepsy, two with stroke and transient ischaemic attacks and one with heart failure. Upon a prisoner's arrival at the prison, a full health screen is provided, although it is noted that prisoners arriving late in the afternoon will have their healthcare assessment delayed until the following morning (at times resulting in lack of medication availability for the day of arrival). The Board continues to harbour concerns in relation to this practice – whilst we accept that the late arrival is outside of the control of Downview staff, the Board would like to see an improvement in this area following the implementation of the new early days programme.

Four prisoners were transferred on mental health grounds: one to a medium-secure hospital, one to a high secure hospital and two to psychiatric intensive care units. Delays in transfers have occurred because of the lockdown and awaiting gold command sign-off, as well as through difficulties in obtaining acceptance by the receiving establishment. On one such occasion, the obstacles faced in transferring a prisoner meant commissioner involvement was required.

Staffing has remained stable, with a new head of healthcare appointed in June 2020, a primary care lead in September 2020, and a Band 7 primary care nurse, all making positive contributions to the overall healthcare provision. The cost of agency staff reduced by 48%, from the previous year's spend of £166,000 to £84,600. The Board was informed that the reduction in spend was achieved through a combination of: 1) successful recruitment into vacant primary care posts (which in 2019 when the new head of healthcare started in post in an interim capacity was approximately 50%); and 2) work between healthcare and HMPPS, reviewing management of risk among prisoners and the process for implementing constant watches (with a consequential reduction in the number of constant watches and the need for agency staff to monitor them). Except for one shift, agency spend was entirely related to the supplying of nurses and health care assistants (34 staff) for constant watches. Despite severe constraints caused by Covid-19, with some inevitable staff-related absences due to sickness and also the secondment of the head of healthcare to another prison for five consecutive weeks at the start of 2021, the Board feels that the more permanent nature of staffing has had a stabilising influence amongst the prisoners.

During the reporting year, 109 concerns were logged by healthcare onto the Datix recording system, but no complaints (see table 1 below). The data below shows that the three most frequently raised concerns related to issues around medication, accessing care and care quality all of which (given the limited availability of healthcare services and issues related to medication documented below), is to be expected.

Table 1 Healthcare concerns by category

	(May 2020 – April 2021)	(May 2019 – April 2020)
Medication	47	40
Accessing Care	18	17
Clinical Treatment / Care Quality	17	12

GP	9	Not recorded
Dentist	6	Not specified
Miscellaneous / Other	5	1
Healthcare Staff	4	6
Mental Health	3	Not Specified
Other Providers	Not Specified	6
External Appointments	Not Specified	6

In contrast to no complaints logged by healthcare, there were 24 healthcare complaints recorded on the prison complaint tracker between April 2020 and March 2021, an increase of ten over the previous year's 14. Despite prison-received complaints being directed to healthcare for their management, they do not appear in CNWL contract report data. This absence highlights the general concern which the Board has about the way in which complaints have historically been recorded in contract performance figures and the general lack of transparency of the complaint reporting process. The Board has learnt that some complaints appear to be subjectively dealt with as concerns, on a more informal basis than a formal complaint would demand. However, the Board has been assured that repeated concerns and any issues relating to staff conduct would always be dealt with as complaints. The absence of clear record-keeping (reportedly caused through a lack of administrative staff to log issues accurately on the Datix recording system) has meant that complaints received from any route other than directly from prisoners to healthcare have not been correctly recorded. Given this situation, the Board's view is that the zero-figure quoted for healthcare complaints cannot be relied upon and that the way in which complaints are dealt with needs overhauling. The head of healthcare has advised the Board that they are working on this issue locally, and that there is also a more general piece of work ongoing (that of reviewing complaint handling across the women's estate with a view to standardising procedures).

Although Board members have at various times been made aware by prisoners of negative perceptions of healthcare and individual treatment received, only fifteen healthcare applications were received by the Board, from nine prisoners. The two main reasons for healthcare applications related to issues surrounding medication availability / changes to prescriptions and lack of subcontracted services. During 2020, we were able to get submissions relating to healthcare directly from prisoners in response to a Board questionnaire circulated. A view expressed by the Board is that improved communications may help with prisoner perception of healthcare: for example, re-instigating a user forum, thereby giving women the opportunity to voice their concerns to healthcare directly.

6.1 Physical healthcare

Despite the exceptional circumstances under which healthcare has operated, essential medical services have been available to all prisoners. However, as in the wider community, most routine services have been either severely limited or cancelled altogether. Since before the start of the pandemic, a nurse-led triage system has been in place, whereby prisoners identified as having a health need have been triaged by nurses acting as gatekeepers to most healthcare services (determining whether the presenting issue can be dealt with by a nurse, GPs on a remote basis (e.g., medication reviews / repeat prescribing), or whether issues are urgent enough to warrant a face-to-face clinic appointment). In partnership with

prison staff, healthcare staff continued, where necessary and available, to facilitate hospital appointments.

Table 2 below shows the overall number of appointments offered by nurses and GPs during the reporting year, with comparative data shown from the previous year. Whilst this data highlights the ongoing but reduced number of appointments provided by the nurses and GPs during the reporting year, it is unknown, through lack of data coding, how many of these appointments were taken up with accommodating Covid-19 related issues, rather than business as usual. As would be expected, the rate of appointments not attended by prisoners dropped considerably in the current reporting year, perhaps because of a lack of normal regime activities clashing with healthcare appointments.

Table 2 Primary care activity – appointments offered

	2020-2021		2019 - 2020	
	Attended	Did not attend	Attended	Did not attend
GP Appointments	1614	84 (5%)	2130	233 (9.8%)
Nurse Appointments	3376	113 (3.2%)	6954	925 (11.7%)

Table 3 shows the number of hospital attendances and cancellations during the reporting year with Table 4 detailing the reasons for those cancellations.

Table 3 External hospital appointments: May 2020 – April 2021

	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	April	Total
Face to face	14	16	16	28	33	30	23	14	21	25	30	19	269
Remote*	0	2	1	4	1	1	0	0	1	0	3	1	14
Cancelled	5	1	1	1	2	3	6	6	16	7	6	13	67

*Telephone based

Table 4 – Reasons for hospital appointment cancellations

	Count
Cancelled by hospital in advance	21
Cancelled by hospital on the day	7
Cancelled by prisoner in advance – refused	7
Cancelled by prisoner on the day – refused	3
Cancelled in advance – out of area	2
Cancelled by prison on the day - no escorts	3
Cancelled by prison on the day - lockdown/ late roll	2
Healthcare cancelled in advance - urgent appointment prioritisation	1
Healthcare cancelled on the day - morning appointment overrun	1
Cancelled in advance – two week rule priority	4
Cancelled – other	16
Total	67

The above data highlights that the majority of hospital appointments were facilitated on a face-to-face basis, with a few remote (telephone) appointments also provided as an alternative. Cancelled appointments mostly occurred at the request of the hospital rather than due to issues with in-prison facilitation, which suggests successful partnership working between healthcare and prison staff. Despite the prison having had access to Visionable telemedicine software to allow remote video appointments to be facilitated, it is unfortunate that (due to a lack of contracts negotiated with local hospital trusts) this technology could not be utilised.

Whilst essential primary care services have remained available to prisoners, in contrast most subcontracted services have not been and these providers also did not provide remote consultations. Table 5 below shows the availability of subcontracted services during the reporting year, with comparison data from the previous year.

Table 5 – Subcontracted Healthcare Service Provision

Subcontracted Services	Clinic* sessions provided 01.05.20 – 30.04.21	Clinic* sessions provided 01.05.19 – 30.04.20
Dentist	79	87
Optician	5	14
Physiotherapist	11	43
Ultrasound	4	8
Sexual Health	1	10

*1 clinic session = half a day.

Except for a few gaps in dental care provision and the unavailability of aerosol producing procedures, dental services continued operating. All other subcontracted services became suspended in March 2020, and then remained so for a period of approximately nine months. There was a particular issue with the ongoing lack of availability of optician services, although simple issues such as broken glasses were resolved either directly by healthcare staff or by posting them to the optician for fixing and returning. The Board noted however that once community opticians had resumed operating there seemed to be a reluctance on the part of the optician to return – this would suggest the commissioning of sole practitioners to provide clinical services needs to be carefully considered and fully risk assessed. Not unexpectedly, waiting times for subcontracted services had increased, with the wait for optical and podiatry interventions at the end of the reporting year being 41 weeks and 58 weeks respectively. Whilst the extended waiting times are acknowledged within CNWL’s restore and recovery plans submitted to Public Health England (PHE), it is not clear whether PHE will be providing additional resources to help clear this backlog in a speedier fashion than could otherwise be achieved with the currently commissioned staffing levels.

The prison did not have any Covid-19 deaths amongst prisoners and there were no issues identified with PPE availability. Procedures put in place at the start of the pandemic by the prison and CNWL proved effective in preventing Covid-19 from entering the prisoner population, with 13 January 2021 being when the first case was identified. All symptomatic or asymptomatic prisoners suspected of having Covid-19 were located in PIUs, where they had access to daily healthcare visits. New arrivals were isolated away from the main population in RCUs. At the end of the reporting year, 42 prisoners had tested positive for Covid-19, with all but one of these having been managed by healthcare staff. One woman became critically ill, requiring oxygen support and an extended stay in hospital. There were seven prisoners identified as being extremely clinically vulnerable and offered shielding within a designated spur of E-Wing, with all but one taking up this offer. None of the shielding population went on to contract Covid-19.

Covid-19 testing has been widely available and, whilst there were issues with the initial use and availability of tests provided and conducted by PHE, once PCR tests became available for local use, testing became more routine and efficient. Prisoners

were not prioritised for Covid-19 vaccinations ahead of the community population. A vaccination programme was put in place that mirrored the community model, with the eldest and most vulnerable prisoners prioritised. Vaccinations began in February 2021 and, by the end of the reporting period, of those prisoners eligible to receive vaccinations, 100% had been offered one and 85% had received at least their initial dose. The remaining 15% of prisoners refused to be vaccinated. As a way of further protecting prisoners from Covid-19, 100% of healthcare staff had received vaccinations (exceeding the community average).

A negative impact of the revised prison regime necessitated by the pandemic was a reported lack of available designated healthcare clinic officer time, which resulted in some delays in appointments being attended, some non-attendance at healthcare appointments, clinics starting late or over-running and, in some cases, entire clinics being cancelled, including those provided by subcontracted providers. The Board noted that communication between prison and CNWL staff relating to clinic officer provision could be improved as, when challenged, each places responsibility for this issue on the other party. However, moving forward, with two designated clinic officers being assigned (rather than one designated and one floating as previously happened), the introduction of movement officers and with the long-awaited opening of the health and wellbeing hub (bringing together most primary and mental health care services under one roof), this situation is expected to resolve. Whilst the Board ideally would like to report on the number of healthcare appointments missed because of the lack of clinic officers, as this data has not been collected by CNWL, it cannot. The Board is encouraged that, moving forwards, this data is to be collected daily, the outcome hopefully leading to greater transparency in the reasons behind clinic delays and cancellations.

Except for issues raised around overdosing and trading of prescribed medication, there have been few medication-related issues. Whilst medication is distributed three times a day, it is of some concern given healthcare's operating hours and the nature of the prison regime that the final medication dispensing takes place considerably before 6.15pm (weekdays) and 5.00pm (weekends). This means that prisoners not on independent prescribing medicines are expected to take hypnotics and / or sedating pain-relieving medication considerably earlier than they would within a community setting. Following two amitriptyline overdoses among Downview prisoners and a negative wider HMPPS response to this drug being permitted for independent prescribing, it was removed – similarly, because of illicit trading, the anti-psychotic quetiapine was also removed. The only other recorded issue concerning medication related to a process, early in the reporting year, whereby GPs, without informing prisoners that they were doing so, remotely reviewed and altered prescriptions. This lack of communication led, at times, to unnecessary stress.

6.2 Mental healthcare

An average of 58% of the prisoners were on mental health caseloads. Whilst the number of referrals to mental health fell during the reporting year, rather than this reflecting reduced distress levels or psychopathology, it was more a function of limited-service provision and CNWL taking a decision not to hold prisoners (within the establishment and as also seen in the wider community) on waiting lists for services that were not readily available. Reduced population numbers also reduced

referral numbers. During the reporting year, 285 (70%) prisoners out of the total of the 406 prisoners seen within the prison were prescribed antidepressants, 92 (22%) were prescribed anti-psychotic medications and 157 (38%) anxiolytics (although some of the anxiolytic category will also, given that antidepressants can be prescribed for their anxiolytic rather than anti-depressant effect, be counted within the antidepressant category). Regardless, these figures demonstrate the high level of emotional distress within the prison population.

Despite the high level of psychopathology among the prisoners, and the high agenda item of ameliorating mental health difficulties caused or exacerbated by the pandemic, (in all prisoners, not just those on mental health caseloads), it was of great concern to the Board that one of the main impacts of the revised prison regime (in March 2020) was a cessation of most routine psychological services. This, for most interventions, remained the case until the end of the reporting year (and beyond). Whilst healthcare state that they were under HMPPS guidance that mental health group work and all non-essential mental and primary care services (including those provided by subcontracted partners) were to be suspended at the start of the pandemic, towards the end of the reporting year the Governor informed the Board that such services should never have been suspended. It is unclear how such a divergence of views could have been held between the prison and CNWL. It is also unclear why the cessation of so many services (especially when mental health was deemed a major area of focus) was allowed to continue rather than being brought back on-line, as gaps in service provision were noticed.

Whilst urgent psychiatric appointments, art psychotherapy, repeat prescribing of psychotropic medication and a limited number of clinical psychology sessions continued, other mental health services (including all group-based interventions) were replaced with cell-based distraction packs and through the door twenty-minute mental health wellbeing checks. Due to lack of CNWL coding, accurate data on the number of mental health wellbeing checks conducted is not available.

Prisoners in the segregation unit were regularly seen by healthcare staff, who also routinely attended reviews and ACCT assessments and reviews (where they have taken place within healthcare operating hours). As statistics for the number of GOoD reviews attended are not collated by healthcare and as there has also been an issue with the accurate recording of attendances at ACCT assessments and reviews (for example, when two or more members of healthcare attend the same ACCT assessment or review, the data-capturing software reports this as two separate attendances, thereby skewing the overall figures), any commentary on any such figures would not be reliable.

One means of temperature-gauging the state of mental health within the establishment is by examining incidences of self-harm. Many self-harm incidents comprise superficial scratching, and at times by the same prisoners who (anecdotally) represent a group of prisoners who have found adjusting to the new regime and the limited freedom of movement most difficult to cope with. However, there have also been 77 incidents of self-harming requiring healthcare staff attention and 20 prisoners required hospital attendance for treatment of their injuries.

At the end of the reporting year, whilst recognising the absence of held waiting lists for prisoners requiring psychological therapy throughout most of the reporting year, there were 20 prisoners waiting for group-based psychological therapy interventions and 21 prisoners waiting for one-to-one clinical psychology input. This latter figure is especially worrying given that a senior clinical psychologist (who worked four days a week) left her post in January 2021 and an historic psychotherapy post has also been removed. As at the end of the reporting year, a clinical psychology replacement had not been found, leaving the prison with a greatly reduced capacity to treat those prisoners presenting with the most complex of mental health needs.

6.3 Social care

The Board has faced resistance when attempting to ascertain whether women entitled to social care have been receiving it. On occasions, the fact that a prisoner needs social care only becomes known by the Board during the course of a meeting concerning the prisoner's mental, safeguarding or security issues, and we have not been able to access all the meetings. When information has been requested from Surrey County Council regarding provision of social care in the prison, the Board was disconcerted to be asked to submit a freedom of information request. Upon further informal investigation, the Board has been assured that all social care needs have been met, even during periods of lockdown, albeit some of these being supplemented on an informal basis by other prisoners or staff.

6.4 Exercise, time out of cell, gym

Considering the challenges in allocating time for physical/open air activities during the reporting period, prisoners seem to have enjoyed at least some regular access to the outdoors. Each wing had its own outdoor exercise area where the women have gathered, and different bubbles of prisoners have had scheduled access during the year. There were, however, difficulties during the outbreak early in 2021 for women in the PIU or RCU being allocated exercise time, due to the severe staff shortages at the time. The gym has, necessarily, been closed for parts of the year; however, the astroturf has frequently been available for distanced exercising. We regularly observed positive interactions between gym staff and prisoners during outside exercise. Thirty pedometers were sourced by the prison and distributed to prisoners in early 2021. The system for recording the use of the gym was revamped during the reporting period: the figures available show that from September 2020 to the end of the reporting period, there was an average of 650 hours indoor activity per month.

6.5 Drug rehabilitation

The Forward Trust provided drug rehabilitation services to the prison and are part of the team implementing the prison's drug strategy. They adapted well to the challenges of the period and provided a smooth, continual service, remaining in the prison throughout the whole period (unlike certain other contractors). This was due to clear communication and a good relationship with the prison, who set out clearly what was expected of them. Overall staffing levels have been good. During the period, the Forward Trust implemented a staff rota to conform to social distancing in the prison, and to provide as normal a service as possible. Their caseload is usually about 50% of the prison population but, as the roll was low over the reporting period, this has averaged around 90 clients. A view expressed by the Forward Trust is that because the prisoners had more time for self-reflection and there was less peer

pressure and bullying, many tried to abstain from taking drugs for the first time in their lives, which enabled meaningful work to take place and progress to be made.

The Forward Trust's contract was expanded at the end of 2019 to provide a more holistic, end-to-end service, addressing the trauma behind the addiction, not just the presenting addiction. For example, family liaison work started during lockdown and appeared to be going well (with a 20+ client case load) doing one-to-one work with the women, supporting them in relation to their rights regarding their adopted children, as well as helping them work with their estranged families and make contact with their children in care (sometimes via establishing letterbox contact). Group workshops ceased during lockdown, but one-to-ones continued. The focus was on women being released and those in crisis. The Forward Trust attended ACCT reviews and carried out regular welfare checks as well as distributing in-cell welfare packs. The Forward Trust felt that although shyer prisoners preferred one-to-ones, some learning was lost as peer group work plays an important part in the healing process. In-cell packs targeted each woman individually to address her specific addiction and issues – be it alcohol, cocaine, heroin, coping skills, honesty, or resilience. One-to-one work with the women took place on these topics and in-cell homework was given to bed down the learning and in preparation for the next one-to-one session. Education focused on issues such as harm reduction, blood-borne viruses, and the dangers of spice, especially to mental health. The usual dual diagnosis group with mental health was also cancelled, due to social distancing. The Forward Trust provide aftercare support: all their clients get a lifelong membership and 75% of their clients sign up to this, which means that the women will always have access to someone to speak to if they feel vulnerable. Their clients are released with a care package which includes a list of useful community contacts such as their local council, AA, NA, CC etc. They also hold two annual events for graduates of their programme to celebrate their recovery.

7. Progression and resettlement

7.1 Education, library

Education: in April 2020, Weston College (awarded the education contract for the prison in March 2019) was issued with a notice of improvement, the main concerns being the success rates in functional skills, particularly entry level maths. (As an aside, the Board was informed that Weston College was on notice of improvement in all prisons within the Kent, Sussex & Surrey region). The contract was then subject to ongoing monitoring and reporting by the learning skills manager. The education department was closed from 24 March 2020 until 4 May 2021, covering the duration of the reporting year. Weston College staff left the Downview site in March 2020 until three staff returned on 2nd June 2020, albeit with a limited operational ability as mandated by Weston College (being unable to move their own folders or access the CURIOUS database, for example). The opportunity was taken in this period to refresh, repaint and deep-clean the education block. The loss of opportunities for classroom education and skills training for an entire year obviously raised concerns about the reduction of opportunities for rehabilitation and the effective progression of prisoners through the system.

From April 2020, Weston College remotely arranged delivery of in-cell education packs. By May 2020, on average 80 packs were being delivered weekly. These were marked and feedback given (although the Board received reports about delays with the delivery and marking of the packs in the early weeks of the scheme). All the women had individual learning plans and their packs took these into account. There was some face-to-face support when Covid-19 rules allowed. Initially, this was with wing-based peer mentors and, between October and December 2020, with Weston College tutors. It became more difficult for women to engage with education as the months of lockdown progressed for a variety of reasons (lethargy with the regime, perceived lack of active feedback and a preference for face-to-face teaching): in October 2020, 52 education packs were sent out weekly, compared to over 200 per week in the previous few months. From February 2021, bonuses (subject to quality checks, of £2.60 for each completed workbook) were offered as incentives for satisfactory completion of the packs. Education courses were programmed on WayOut TV (construction, painting, decorating). In March 2021, twenty DVD players were acquired, and trials were ongoing of art, DIY, basic maths and ESOL delivered via DVD. Despite these initiatives, progress with education slowed or was reversed during the year by a combination of Covid-19 outbreaks, staff absences and regime restrictions.

Remote learning continued, with eight women enrolled on Open University courses and 20 on other remote learning courses. There was limited access to laptops and IT. Women were required to hand-write assignments and then engineer access to a laptop to type up the content. One woman told us that she had previously used home ROTL to type up her submissions (now impossible in lockdown). In the early months of the lockdown, the Open University contacted all learners, emphasising that there was no need to complete final assignments in the time initially required. One woman we spoke to was investigating the possibility of deferring her course for a year after having had limited access to a laptop. During lockdown, remote learners were given access to education on a Thursday only, to fit in around other commitments for the day. Nevertheless, one woman gained a first-class Open University degree in social sciences. This was despite enormous difficulties in procuring a laptop to complete her course. She was finally given an old laptop, the keyboard of which didn't work properly, so she had to source another '*dusty old keyboard*' via another department. We were told by staff that the prison was '*begging*' for more laptops via central IT procurement. We have seen how HMPPS can react swiftly to a technological need with its roll out of Purple Visits. It remains enormously disappointing to the Board that HMPPS is not able to provide more appropriate technology for women to progress their education.

The difficulties in recruitment caused by London weighting as highlighted in previous annual reports appear to have been resolved in that Weston College pays at a higher level than the previous contractor, Novus. We were told that all education positions were filled as at the end of the reporting year.

On the last day of April 2021, it was announced that education would initially be open for small groups for functional skills (English & maths), beauty therapy and art, by way of a gradual reopening with one session per wing per week. In addition, the hair salon offered a free haircut to all women upon reopening.

Library: despite difficult operating conditions, the library remains a source of positivity and creativity at Downview. After the initial lockdown in March 2020, the library staff (employed by Surrey County Council) returned part-time from the end of June 2020. The library was ready to be re-opened in mid-August 2020 (after a deep clean and refurbishment), for the safe attendance of women with social distancing, one-way systems and screens fully in place. However, the opening was delayed because of issues raised by the Prison Officers' Association (POA) in relation to escorts for prisoners. The impasse was finally resolved in December 2020. However, due to Covid-19 restrictions, the library remained closed until early May 2021. This prolonged closure and the reasons for the failure to open at all in 2020 due to POA issues was of great concern to the Board. The library is a popular and significant source of support to the women pre-lockdown, with as many as 100 women attending for an afternoon session. An observation from library staff was that it was difficult to get some new arrivals during lockdown to engage with the library remotely without the team's face-to-face '*chivvying, just to give it a go*'. During the period of closure, books and DVDs were distributed to the wings by library staff as from June 2020, and before then by other staff when time allowed. Numbers of loans increased significantly, despite the logistical challenges: at the end of the year, for example, from October 2020 to January 2021, from 189 to 276 for fiction and 143 to 219 for DVDs.

A number of initiatives were put in place by library staff: e.g., a remote book group, a lively newsletter ('Off the Shelf') and, in conjunction with education, circulation of a range of literature not usually available to those women who were unable to access education in lockdown. This aimed to stimulate creativity outside formal education. Throughout the reporting year, the library staff remained positive and went '*the extra mile*' coming up with many creative initiatives, some with partners (e.g., Costa, Koestler and Give A Book), to provide as full a service as possible whilst the library was closed.

7.2 Vocational training, work

Areas of employment within the prison were reduced considerably as a result of the regime and Covid-19 restrictions. Several work areas had to reduce the number of placements available or closed altogether: Max Spielmann furloughed their staff members from April to September 2020 (reducing the number of women being employed from 24 to one) and the Clink kitchens also furloughed all their staff (much of their pre-Covid-19 activity being centred on corporate hospitality) for the reporting period. The only area where partner activity remained was in the London College of Fashion workshop which produced medical scrubs and face masks for local hospitals. Prison estimates are that almost 1000 scrubs and over 1000 face masks were produced during the reporting period. Twelve to thirteen women at a time were employed in these sessions, selected based on their existing sewing skills.

As at the end of the reporting period, around 60% of women were allocated to work. Comparator figures for activity allocation for the period January to March 2020, compared to the same period in 2021 are as follows:

January – March 2021	Morning session	Afternoon session	January – March 2020	Morning session	Afternoon session
	1069 women	1013 women		1659 women	1489 women

New arrivals at the prison during the reduced regime faced a limited ability to work, with a wait list already in place and being required to isolate for ten days prior to being allocated. Pre-Covid, the results of the initial screening assessment would be linked to a careers plan – during the reporting period, the assessment became less instrumental, and it became more of an issue of women taking whatever jobs were available. Wait lists tended to open up only on release or transfer and were '*variable – two weeks or two months, depending*'. A weekly committee reviews the status of applications. Cleaning jobs are the most popular with their perceived freedom to be out of cell for periods of time. As of April 2021, all new arrivals were given the opportunity to do a two-hour cleaning course.

All prisoners were paid at least the basic rate of pay during the restricted regime. Women who were on the wait list are paid according to IEP status (75p to £1.20 per session). Rates for employed women or in education ranged from 90p to £1.30 per session, according to location /status. Kitchens paid an enhanced rate to incentivise women to work there; as a result, a wait list developed. Sickness absence is paid at 60p to 80p per session.

The Board was disappointed to hear that the PECKs scheme, set up by prisoners on one wing to provide support to women who self-harmed, involving the care of chickens (apparently prolific self-harmers themselves), was stopped towards the end of the last reporting period (due to increased regulation). Women often report as wishing there were more opportunities to work with animals, whilst in prison and upon release.

It was announced in March 2021 that the Clink is to take over the catering education provision from Weston College, to deliver training to small groups of women in the prison kitchens and wing serveries. This could be a stepping-stone to employment in the Clink kitchens, with employment possibilities upon release. This was a welcome announcement, particularly given the fact that many women had been undergoing catering training during the pandemic via in-cell packs which, whilst detailed, did not lead to any form of qualification.

7.3 Offender management, progression

Due to imposed regime restrictions during the lockdown, offender management (OM) was not able to provide the normal level of service but, within the constraints, staff managed to maintain an effective and practicable service.

Staffing: working practices in OM were amended to allow for social distancing which, along with some staff shielding, reduced the number of staff on site. The case administration pool was depleted (due to progression and transfers), so remaining staff stepped up and delivered key areas of work on top of their normal workload. OM focused on induction, resettlement, parole and those women in need of sentence plans. The administration vacancies have now been filled. There has been a reduction in Band 4 presence due to operational priorities; however, the preparation for OMiC has seen new staff in place and, as OMiC is implemented, will have a significant impact on staffing levels. Whilst the out-of-date IT system did not affect prisoner progression, it did waste significant staff time in accessing the system

and ensuing frustration in being unable to access video messaging from HMPPS HQ.

Probation staff have worked on a rota basis as two prison offender managers (POMs) were clinically extremely vulnerable and periodically worked from home. The team is gradually increasing its presence with new work rotas in place. However, workload prioritisation meant that women serving lengthy sentences who were not a priority have had limited one-to-one contact with their POMs. One POM went on maternity leave in late April which will stretch resources especially with the launch of OMiC on 30 April 2021.

Prisoner Progression: there has been some impact on the progression of prisoners as it was not possible to run many interventions, particularly group work. Alternative methods such as in-cell packs were used, but this was not possible in all cases. It has meant that some prisoners with specific risk profiles have not been able to progress as far as they might, as public protection was the overriding issue. An IPP prisoner was released in March 2021. She was ten years over tariff. Members of the Board were able to see first-hand the extraordinary toll placed on an individual by an IPP sentence.

ROTL: ROTL was suspended as of the end of March 2020. One prisoner on working ROTL was furloughed from her employer and received a furlough payment upon her release. A concerted effort was made to reinstate ROTL in autumn, anticipated to be by Christmas, and subject to Public Health England, POA and regional command sign off – however, the community lockdown in late 2020 stopped this process. One woman was released after five years without the opportunity to have been out on work or other ROTL – she expressed apprehension about '*not being in touch with the world for five years*'. The resettlement team has proactively kept in touch with the various employers for the purposes of restarting ROTL. We were informed that the prison was accepting ROTL applications from mid-May 2021 (on a day release basis only), contingent on Covid-19 restrictions, and that applications would take eight to ten weeks for processing, perhaps longer with the launch of OMiC. Concern was expressed by prison staff regarding resourcing by community offender managers, who are still working remotely (so that it was more difficult to carry out supervision and site visits in the community). One prisoner was able to secure a position at the Ministry of Justice upon release in June 2021, following successful ROTL placements during her time at Downview. There were 28 women in open conditions as of the last day of the reporting period.

OASys: the outstanding starting custody OASys backlog has been mainly cleared and remained static during the reporting period. Owing to the increase in the number of transfers as at the end of the reporting period, a small backlog was developing, but strategies are in place to address and manage this (through regular chasing of relevant staff responsible for their completion). New processes to manage and hold reviews are generally conducted in a timely manner.

Parole: OM has facilitated parole hearings remotely. They have had no requests for face-to-face hearings, but arrangements were in place if requested. Delay in progression for parole cases did occur where no housing could be sourced (the responsibility lying with community resources).

Early release scheme: there were only three women who met the criteria for early release, cutting short their time served by five to ten days. We were told that for one woman put forward for the scheme, 24 separate detailed assessments were required for submission. The criteria were stricter than originally envisaged and resulted in many wasted hours of staff making applications and in tight timeframes, for them only to be rejected.

Other:

- Home Office caseworkers continued to attend the establishment. Home detention curfew arrangements continued to function as normal.
- MAPPA boards – OM had a strong focus on this, so there appeared to be no decrease in support. Meetings were attended virtually which proved to be highly efficient and effective and will most probably continue in some form.
- Legal visits continued throughout the period, owing to the significant efforts of OM staff.
- As at the end of the reporting period, there were 19 women serving life sentences in the prison (almost 10% of the roll). The Board has received and been made aware of requests for a separate lifers' forum. However, a view has been taken by the prison that this is not a priority due to the broad cross-section of lifers' sentences and also resource constraints.

7.4 Family contact

A new family and significant others policy was published in March 2021, to replace the previous version dated October 2018. According to the policy, in November 2020 the prison carried out an analysis which demonstrated that 66% of the then current residents had children, and of this group, 31% had caring responsibilities. Half of the women surveyed said they did not have enough contact with family, friends and partners. By the end of our reporting period, many prisoners had not seen their children / other family members for over a year. It was felt by the Board that social media and other forms of communication could be used by the prison more effectively in terms of engaging with families – we have seen good practice in other prisons in this regard. The introduction of ACCT v.6 with its stated importance of the involvement of family and significant others in the process was welcomed – the Board will look forward to seeing its impact in practice.

Telephones: additional phone PIN credit was given to women for the duration of the reporting period. Women had access to shared PIN phones daily during association time. The restricted regime created enormous pressure to access shared telephones on the landings owing to queues and the short time out of cell (although a ten-minute limit on calls on landing PIN phones was initiated to ensure every resident got access during their facility time). We had many reports that the opportunity to make calls did not always coincide with out of school/work hours for children or other family members – some arrangements were made to accommodate these individuals in the evenings. Mobile telephones were sourced to give women additional access to calls; although getting these operational took some time and then tampering and losses reduced the numbers available (from ten to seven in total). An in-cell telephony project was started in 2020. Despite assurances from the Prisons Minister to the Joint Human Rights Committee in June 2020 that all female prisoners in closed conditions would have in-cell telephony by the end of April 2021 (Downview being

one of four remaining prisons in the estate), issues with ducting and securing escort staff for contractors led to delays in installation at Downview. As of the end of the reporting period, the expectation was that the system would be operational by mid-June 2021. The email-a-prisoner system has operated well throughout.

Social visits: social visits were stopped at the end of March 2020 and reopened in early August 2020 until late December 2020 and then were due to reopen in May 2021. During the period of re-opening, various restrictions were imposed by HMPPS regarding social distancing. Based on anecdotal reports, it appeared that many caregivers and parents took the decision not to bring children to visit as they believed that for a child to see their parent after several months of absence, but not be allowed to touch them, would be an added stress for the child. During the summer of 2020, a post on social media about an incident at another prison where a prisoner's visiting rights had been terminated after a visiting child had tried to hug its parent in the visits hall was in wide circulation – some of the families we spoke to were aware of the information and nervous about its implications. Visit numbers were generally extremely low, although comparator data for the previous year's dates was not available from the prison. The visits centre (managed and staffed by PACT, and pre-Covid-19 with a waiting area for visitors and café) was opened for processing one group of visitors at a time. The prison is not near shops or other facilities, and families (some arriving with children) were required to wait outside or in the car park until processing. After a long drive, being unable to use toilet facilities upon arrival or get a drink only exacerbates the existing obstacles faced by families when visiting loved ones in prison. An informal first come / first served system for being processed was in operation, so families often felt the need to arrive extremely early, so as not to miss out on allocated time in the visits hall (thereby necessitating a long wait). There was no shelter to wait outside the centre in bad weather (apart from a very short period when a temporary gazebo was provided), nor was there any signage or guidance from PACT on the doors explaining the Covid-19 visiting process (despite repeated flagging of this in Board rota reports). The prison provided some outside tables and benches after a few weeks of the centre being opened. The outside of the centre was generally untidy, with a collapsing wall and copious litter – although in early 2021, we very much welcomed signs of refurbishment of the centre and the outside areas, together with a covered walkway. The management of the search process for visitors by prison staff inside the prison was friendly and professional as ever – prison staff should be commended for this. The visits hall was laid out in a socially distanced way, with large spaces between visitors and prisoners, meaning that conversations needed to be louder and could be easily overheard. The play area and the tea bar in the visits hall were both closed (normally a useful distraction for young children) and it was not possible to take in water, or buy it in the tea bar in the hall. We were informed that prison staff had bottled water available to give to visitors, but rarely saw this happening in our monitoring.

Purple Visits: Purple Visits (video calls for families) was rolled out at the end of May 2020 – Downview was the first women's prison to introduce the scheme. A Board member observed the first call abroad in the entire estate by a foreign national (to her son in the Caribbean). The call kept disconnecting and the woman was hugely frustrated by that; however, the aftermath was handled sensitively by staff and an additional call offered. The programme had a slow start initially with families grappling with setting up the Purple Visits app. However, it was notable that prison

staff responsible appeared to be proactive and supportive in resolving issues and scheduling calls. Women and their families often found the interface awkward and, aside from the embedded security elements which had the ability to terminate a call if callers moved around, there also appeared at times to be some technical failings in the system. Women were initially provided with one 30-minute call per month, and there were weekend and evening slots available. Reports from users on reviewed feedback sheets was mixed: some women very much enjoyed the opportunity and also the ability to see the family home (*'for me, it's really amazing when I saw my son – it makes me more strong'*); others found using the technology and the lack of privacy / surrounding noise too difficult and unsettling. Out of a total number of 665 call slots made available, 338 were taken up by prisoners. Nevertheless, Downview had one of the highest take-up rates for calls in the female estate.

Family support provision: as of the end of March 2020, the staff of PACT (the contractor for family engagement support) stopped coming into the prison and (we were informed), only formally returned to Downview in December 2020. After this, a combination of PACT staff annual leave and sickness meant that in situ support was not fully resumed until March 2021. During this time, considerable frustration was expressed by prison staff and prisoners about the remote working arrangements: the view was strongly articulated that it was not workable for PACT to operate remotely. We were informed that PACT had not arranged for incoming applications to be monitored / forwarded in their absence and the PACT family engagement worker said that they had returned to a backlog of unanswered applications. In late 2020, a Board member met a prisoner who had been failed seemingly at every turn in her ongoing attempts to maintain contact with her young son and social worker. It appeared that PACT had not been effectively engaging with her while operating remotely and only when the issue was escalated to the head of resettlement did it appear that PACT staff began to support the woman. At the end of our reporting period, the PACT team remained mandated not to enter the wings to meet with women – it was not clear to the Board whether this was an HMPPS or PACT direction. As of February 2021, PACT's caseload was a total of eight women (including the 'Visiting Mum' caseload – see below), which increased to ten women for March 2021. The women were supported by two PACT employees (one full-time, although working two days remotely for "managerial admin") and one part-time, on three afternoons per week).

The Board requested from the prison a copy of the PACT/HMPPS contract to review (which had not been seen by prison staff before). This arrived in September 2020. It was poorly structured and contained a list of over-arching objectives, rather than any meaningful deliverables or performance targets. The view was expressed by prison staff that current operational practice had moved on from the original contract, which apparently made the contracted allocation of hours difficult to manage, with minimal recourse for under-performance and an undue focus on management of the visits centre and tea bar (to the detriment of other contracted family engagement work). Invoices for the contracted provision had been historically sent on a centralised basis to HMP Send, and relevant Downview staff had no visibility of them. The Board became aware of PACT receiving relief funding from the Ministry of Justice to cover lost revenue from the closed tea bar in the visits hall. In March 2020, the acting head of resettlement initiated regular meetings with PACT to review the monthly reports supplied (described by staff as *'sparse'*) and to monitor the level of genuine and

effective engagement. Discussions apparently remain ongoing with regional PACT management.

During the reporting year, the Board became aware of PACT having previously been awarded restricted funding of £149,000 by Comic Relief for a project called 'Visiting Mum' at Downview (sometime, apparently, in 2019). Upon further enquiry, it appeared that the prison was not aware that the funding had been made available, nor were they fully aware of the content / objective of the programme. The matter was raised with PACT regional management. In March 2021, it was then announced by PACT that one employee of the existing contracted PACT resource (the senior member of the team, the family engagement manager) would be diverted to the Visiting Mum project for much of her contracted hours (but would work remotely for two days a week on administration). This of course begged the question as to how the contracted PACT resource would be fully allocated for the general PACT referral caseload, as per the contract with the prison. This clarification was sought by the prison and appeared to be ongoing at the end of the reporting period. As at March 2021, there were four women receiving support from one full-time PACT employee under the Visiting Mum project. The project has a focus on women who have parental responsibility for children aged 0-5 years. The Board was informed by PACT that one of the specific benefits of the new Visiting Mum programme (compared to the general PACT caseload) was '*increased grant opportunities*'.

The Forward Trust recruited a family engagement worker in February 2020, when PACT had a significant wait list, in order to manage the referrals. The Forward Trust team have remained operating in the prison since March 2020, providing family liaison support for women with substance misuse issues (although operating under a different EDM to PACT). During the reporting period, the Forward Trust received two referrals from PACT. In March 2021, we saw evidence of PACT suggesting contact with the Forward Trust to enable collaborative working.

Perinatal support: a welcome development was that the prison asked for expressions of interest from staff to apply for the newly created role of perinatal officer in spring 2021 (potentially, 10–15% of the women at Downview could fall into this perinatal group). The stated objective was that a suitable officer will hold focus groups, identify the needs of this group of women and signpost them to organisations that can help (for example, PACT / the Forward Trust).

Conclusion: the effects of loss of contact during lockdown have the potential to be long term and may affect family reunification and resettlement after release. We are extremely mindful of the extraordinary challenges which the prison has faced in this reporting period. However, HMPPS emphasised in its exceptional regime management plans that family contact was one of its four priority focus areas during lockdown. It appears to the Board that the contracted family engagement service provided by PACT is not providing adequate support. Whilst the Board considers that there have been some improvements in this area since the last annual report (new strategy document issued, more proactive management of the PACT contract), there remains significant work to be done.

7.5 Resettlement planning

For much of the reporting period, CRC staff (three in total, covering five days between them) operated on site, but only interacted with women in writing via email (even when the EDMs permitted them to have direct contact). There were concerns from prison staff that this wasted time in the critical period of engagement twelve weeks pre-release (minimal meaningful contact, literacy issues and difficulties with the postal system). From August 2020, the CRC operated a departure lounge in the visits centre, providing support and signposting to women on their day of release. A new monthly reporting system was initiated by the CRC: prison staff thought it extremely useful.

We had reports of OM and resettlement staff going to extraordinary lengths to secure accommodation for women being released, spending hours contacting a range of options and often at the last minute. The new head of resettlement (who arrived in May 2020) instituted a regular accommodation assurance meeting (involving resettlement, OM, St Mungo's and the CRC) which got special mention in the HMIP report. The meeting reviewed women coming up for release to ensure accommodation was available, to avoid the last-minute scramble for suitable accommodation. However, we regularly meet prisoners who have not had their accommodation confirmed until very shortly before their release – this understandably creates significant anxiety. We also receive regular reports from women not wishing to be released into an area associated with their previous offending, but appearing to have little control over this, with the regular refrain of being '*set up to fail*'. One woman reported to us that she had deliberately shaved her hair because she was going back into a community where she had previously been a sex worker and wanted to appear less attractive upon release. One woman who had secured a sought-after job upon release with the London College of Fashion (based in East London) was told initially that her release destination was to be Milton Keynes.

During the majority of the reporting period, accommodation on release was allocated via the Covid-19 homelessness prevention taskforce (which included hotel accommodation). A staff view expressed was that there was no excuse to release women without accommodation at that time. According to prison records, only one woman was released without accommodation in the reporting period. However, St Mungo's data indicated two women released without accommodation in a similar period – on further investigation by the Board, St Mungo's were unable to provide the requested information via the CRC in the time required for submission of this report. The definition of settled accommodation is different for the CRC and the prison's performance metrics. Transient/short term accommodation is a positive 'settled accommodation' outcome for the prison metrics, but not for the CRC. This is an issue regularly observed by the Board: the apparent disparity between prison, CRC and other third-party metrics for the purposes of monitoring accommodation upon release data.

From May 2020 to February 2021, BCS3 completion performance at the prison averaged at 98.2% per month (100% every month, except for August 2020 which was 82%).

8. The work of the IMB

Apart from a short period during the first lockdown, there has been at least one member of the Board attending the prison regularly during the reporting period. The Board moved quickly to initiate comprehensive remote monitoring. Means of remote monitoring during this period include: attendance daily at morning management briefings remotely, and also other meetings remotely; review of the operational report daily; weekly calls with heads of functions; weekly calls on a random basis to wing staff; access to minutes of key meetings when not held remotely; ad hoc monitoring of body-worn camera footage; attendance at segregation reviews remotely; a regular questionnaire submitted to the women and responses analysed; a questionnaire submitted to wing reps; a questionnaire submitted as part of the induction process for new arrivals in early 2021; information regarding the Board provided on Way Out TV. Applications from prisoners have been processed via email-a-prisoner, and we have also received some via the IMB 0800 facility. We are extremely grateful to prison staff for their continued co-operation with accessing and providing information during such a busy time for the prison.

Board members each have special interest areas and have continued to liaise weekly with staff to support this role. The Board has continued to meet monthly on a remote basis, with the Governor or deputy governor attending to inform the Board of developments in the prison, and to respond to current observations arising from visits and information received.

There is an annual training plan for the Board, utilising a mix of prison staff, internal prison training and external speakers. This reporting year, the Board has taken advantage of holding meetings remotely to invite more external speakers (many from the third sector, with speakers from, inter alia, Women in Prison, Recoop (regarding older prisoners), Muslim Women in Prison – for which we were extremely grateful to educate us on a variety of issues. Members also attend national IMB training courses as required – this year, these have been held online.

Board statistics

Recommended complement of Board members	14
Number of Board members at the start of the reporting period	11
Number of Board members at the end of the reporting period	9
Total number of visits to the establishment	89

Applications to the IMB

The applications made to the Board during the reporting year decreased by 50% against the last reporting year. The Board's view is that this year prisoners have endured considerable restrictions with little complaint and have used the IMB application system only when they really feel something needs to be resolved and that the IMB may be able to help.

Code	Subject	Current reporting year	Previous reporting year
A	Accommodation, including laundry, clothing, ablutions	3	7
B	Discipline, including adjudications, IEP, sanctions	3	13
C	Equality	3	9

D	Purposeful activity, including education, work, training, library, regime, time out of cell	2	10
E1	Letters, visits, telephones, public protection restrictions	4	13
E2	Finance, including pay, private monies, spends	6	16
F	Food and kitchens	3	8
G	Health, including physical, mental, social care	15	17
H1	Property within this establishment	1	2
H2	Property during transfer or in another establishment or location	8	11
H3	Canteen, facility list, catalogue(s)	1	3
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	11	17
J	Staff/prisoner concerns, including bullying	10	22
K	Transfers	2	3
L	Miscellaneous, including complaints system	3	n/a
	Total number of applications	75	151



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