



Annual Report of the Independent Monitoring Board at HMP Peterborough (Women)

**For reporting year
01 April 2020 – 31 March 2021**

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Introductory sections 1 - 3

1. Statutory role of the IMB

The Prison Act 1952 requires every prison to be monitored by an independent board appointed by the Secretary of State from members of the community in which the prison is situated.

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

- satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

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

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

2. Description of the establishment

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

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

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

The prison manages its staff recruitment and training needs locally. Recruitment has continued through the reporting year, and training has been off site to satisfy social distancing requirements during the Covid-19 pandemic.

The prison has been operating throughout the year under either a Stage 4 or Stage 3 regime, as defined by HMPPS.

Key services were provided during the reporting year as follows:

- Physical healthcare by Sodexo Justice Services, with the GP service contracted to Cimarron UK.
- Primary and secondary mental healthcare services by Cambridge and Peterborough NHS Foundation Trust.
- Learning and skills provision by Sodexo Justice Services.
- Integrated substance misuse service by Sodexo Justice Services.

The prison also works closely with the community rehabilitation companies (CRCs) for Derbyshire, Leicestershire, Nottinghamshire and Rutland (DNLR), Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire (BeNCH) and Norfolk, Suffolk and Essex.

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

- MIND (mental health support)
- St. Giles Trust (core resettlement to BeNCH, Norfolk, Suffolk and Essex and Unlock Banking)
- Alcoholics Anonymous
- Job Centre Plus
- BASS (supported housing for those on HDC or bail)
- Shaw Trust (skills and employability support)

There are also third sector organisations providing specific services locally.

Most of these organisations have been either absent from the prison during the pandemic, or providing a limited service by telephone rather than in person. The details are explained in the body of the report.

3. Executive summary

3.1 Background to the report

The reporting year has been dominated by the impact of the Covid-19 virus pandemic. The primary objective of the prison throughout has been to keep women safe; this has required them to be subject to a very restrictive regime and put on hold the prison's plans to create a more flexible regime for women.

Sodexo retained its staff on site. Although there were staff absences owing to Covid-19, some capability was maintained and some services were delivered by education and integrated substance misuse teams, for example. Extensive use was made of in-cell telephony, as is detailed in the report.

The prison deserves considerable credit for the way in which the Covid-19 emergency has been managed. Strong leadership, flexibility, good communications and concerted effort have led to good safety outcomes for residents; however, their wellbeing and access to rehabilitation support were inevitably affected.

3.2 Main judgements

How safe is the prison?

The Board considers the prison has managed the pandemic well and has made considerable improvements in safety. The safer custody team has developed interventions which are having a positive impact on reducing incidents of violence. A broader group of women was identified as vulnerable and received regular welfare checks (paragraph 5.3.1). The reception and induction process has been improved, with material now available in some foreign languages (paragraph 4.1).

How fairly and humanely are prisoners treated?

The regime restrictions imposed this year cannot be deemed humane, but are as mandated by HMPPS. There was an increase in referrals to mental health services on wellbeing grounds (paragraph 6.3.1). The prison has provided additional phone credit and continued to support family contact (paragraph 7.4). Basic IEP level was suspended and TVs were provided for all women (paragraph 5.6.1). Key work was adversely affected (paragraph 5.3.1). Chaplains remained on site and visited wings regularly, with some broadcast services on WayOut TV (paragraph 5.5).

How well are prisoners' health and wellbeing needs met?

The prison was successful in preventing any Covid-19 outbreak and in operating a vaccination programme in parallel with the programme in the community. Improved triage has decreased GP waiting times and non-attendance at appointments (paragraph 6.2.1). However, dentistry was suspended for longer than in the community (paragraph 6.2.4). The prison still has limited psychologist support on site full time (paragraph 6.3.1). WayOut TV was used to broadcast exercise programmes (paragraph 6.5.1).

How well are prisoners progressed towards successful resettlement?

Education staff remained on site and able to undertake reception assessments (paragraph 7.1). Some education materials and tuition were provided in cell during Stage 3 regime periods. Remote education continued (paragraph 7.1.3). WayOut TV was used when possible for education (paragraph 7.1.1).

Resettlement resource was very limited as most agencies were absent from the prison. Those who were on site generally communicated with women by phone rather than in person (paragraph 7.5.3).

The OMU continued to operate and the Controllers continued to approve home detention curfew (HDC); however it was not possible to arrange release on temporary licence (ROTL). The accommodation on release target was still met (paragraph 7.5.6).

3.3 Main areas for development

TO THE MINISTER

The use of short sentences should be examined critically in terms of their effectiveness versus the impact on families and society.

TO THE PRISON SERVICE

The Board continues to see no evidence of proactive support from the national team for some complex residents (see section 4.4)

TO THE DIRECTOR

The Board would like to see the restitution of a robust key work system whereby women are aware of this support and know their assigned key worker.

The Board would like to see further progress on adapting the prison's regime and practice to suit the needs of women better.

3.4 Progress since the last report

The Board welcomes the significant improvements in safety during this period. The Board has noted an improved focus on diversity and inclusion with DIRFs now being assessed in a timely manner and focus groups for women re-established. The improved medical triage process has led to reduced waiting times and reduction in non-attendance for appointments, thus improving outcomes for women.

The Board notes some improvements to quality of life, for example:

- A better choice of canteen products for ethnic minority women
- Provision of phones in all MBU rooms
- Early days in custody materials are now available in some foreign languages

Evidence sections 4 – 7

4. Safety

In our last report we observed that the prison had created a strategy with the aim of significantly improving safety; this year we report on the impact of this strategy. There is a senior manager, the head of resident safety, who is responsible for strategy and accountable for results. Day-to-day management is led by the safer custody manager for the women's prison, supported by a prison custody officer (PCO). All resident-facing staff are expected to contribute to a safer prison. The Board considers the prison has managed the pandemic safely, made considerable improvements in safety performance and created better outcomes for many residents. The prison has maintained safety as a high priority even when Covid-19 derailed many plans and caused significant operational pressures.

At the start of the pandemic there was concern about the negative impact which a very restricted regime could have on safety, suicide, self-harm, violence and the management of women with complex needs. However, the Board has received very few complaints about the regime and all safety metrics are better than they were last year.

4.1 Reception and induction

4.1.1 The Board has observed that reception processes are well managed and residents are given good support during early days in custody. In November, the Board undertook a thematic review of residents' experiences in reception and most were satisfied with the process. At the start of the pandemic staff expressed some concern that there was little protection against Covid-19. On occasions residents had to wait a significant length of time for a nurse as one was no longer present in reception.

4.1.2 On arrival food and drink is available, phone calls to family members are offered, and initial screening is undertaken by a nurse. The family matters team sees new residents the day after their arrival Monday to Friday, and weekend arrivals are seen the following Monday morning. Issues relating to home and family can be addressed quickly and residents reassured.

4.1.3 There is a procedure for the authorisation of full searching, which is intelligence led, and such searches were infrequent. Full searching was used on 12 occasions.

4.1.4 Staff are informed how to manage residents who may have suffered trauma. The prison has a trauma strategy and a trauma lead officer. A first time in prison resident told a member that reception officers were 'friendly' and the nurse was 'calming'. This helped allay her anxieties.

4.1.5 A member of the safer custody team speaks to residents shortly after arrival to identify vulnerability and risk. At the end of the year there were four trained Listeners. Listeners were not present in reception at certain times during the year because of pandemic restrictions, but were able to visit new residents on their wing.

In-cell telephones meant residents could access Samaritans, whose contact details are outlined on the back of every resident ID card.

4.1.6 Residents have given positive feedback to the Board about the longer time (two weeks, as opposed to a few days before the pandemic) spent on the induction wing, saying it gives them the opportunity to assimilate information, establish a routine and get to know people. They mentioned the good one-to-one support provided by officers and the Insider on the wing. Induction materials are displayed on wing noticeboards which helps residents remember all the information they are given in their first days. Written material is now available in some foreign languages.

4.2 Suicide and self-harm, deaths in custody

4.2.1 The Board closely monitors the management of suicide and self-harm (SASH) prevention. SASH is managed using the assessment, care in custody and teamwork (ACCT) system.

4.2.2 There were 1014 incidents of self-harm, 662 fewer than last year, a reduction of 39%. On 47 occasions force was used by staff to prevent self-harm, 24 fewer than last year, a reduction of 34%. There are several positive factors involved; better and more structured management of prolific self-harmers, caring wing staff interaction during lockdown and a focus on de-escalation preventing incidents.

4.2.3 The Board considers the ACCT system is generally well run. The Director has instigated regular reviews, safer custody supervise cases, and case managers are carefully chosen and supervised. In difficult cases ACCTs are supported by multi-disciplinary teams (MDT), with specialists such as mental health, healthcare, trauma, substance misuse and family matters. The Board is often invited to observe. ACCT plans are seen to be varied and resources are made available if constant watches are required. It is recognised that some women self-harm in a minor way to distract, others focus on significant injuries to deal with trauma or in an attempt to manipulate staff into satisfying their demands, for example extra vapes, a single cell or more time out of cell, while others have a clear intent to end their lives. A balanced approach of appropriate intervention and risk management can be seen.

4.2.4 There were no deaths in custody (DiC) during the reporting year.

4.3 Violence and violence reduction, self-isolation

4.3.1 The Board notes that general violence has reduced (see table below), as a result of strong management, assertive de-escalation and attention to prevention. Good staff support and regular communications about the pandemic have reduced the frustration felt by residents. The anti-violence HMPPS CSIP protocol has not been effective this year as lockdown has largely removed the range of challenges and interventions that can be applied.

Details	2019/2020	2020/2021	% change
Resident on resident assaults	69 (2 serious)	28 (2 serious)	-59%
Resident on resident fights	26	9	-35%

Resident on staff assaults	100 (17 serious)	53 (3 serious)	-47%
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4.3.2 Restorative approaches (RA) have been embedded across the prison to help reduce violence and conflict, and residents have been trained to act as RA reps on the wings. The aim is for the reps to resolve low level conflict before it escalates.

4.3.3 While safeguarding is always an issue, lockdown has increased the prison and residents' families' concerns for the vulnerable. Calls from families to the safe custody phone line have grown and the prison is seen to quickly carry out welfare checks. The prison deserves credit for its willingness to work with the families of the most vulnerable.

4.4 Prisoners with specific vulnerabilities

4.4.1 The Board closely monitors the management of residents with complex needs, who are managed by the weekly complex needs meeting group and complex needs care planning system. Usually this group represents about 5% of the women held in HMP Peterborough. The Board has previously been concerned at the low level of engagement at meetings from the primary healthcare team. This has improved considerably this year, very much to the benefit of care planning. The offender management unit SPCO has begun attending meetings which has also brought considerable benefits, for example by accessing pre-sentence reports and release planning.

4.4.2 The Board has regularly attended meetings and observed the management of individuals on wings. In all observations individuals have been seen to be treated with considerable humanity and compassion.

4.4.3 The Board considers that communication between the complex needs meeting group and operational staff could be improved; members have followed up on care plans with wing PCOs, hub SPCOs and houseblock managers, and sometimes find a lack of relevant knowledge about individuals they manage. Care plan administration plans are not always up-to-date and may be missing regularly discussed information.

4.4.4 A very few women are considered to have such complex needs that they are assigned to a national complex needs group overseen by HMPPS. This should enable transfer to other prisons which run programmes not available at HMP Peterborough, or therapeutic environments such as a psychologically influenced prison environment (PIPE). The Board has not been able to find evidence of any women who have benefited from this. In the summer of 2020 HMP Peterborough requested HMPPS to recruit a forensic psychologist to support women. No suitable candidate has yet been found but the prison remains committed to recruitment.

4.4.5 The prison continues to minimise the use of segregation for this group through the use of ACCTs and intervention and management plans so that women can be managed on normal residence. Women on ACCTs are segregated rarely (32 occasions in the reporting year). SCU staff now continue to work with some individuals on normal residence, using established relationships to prevent issues.

4.4.6 While some minor issues need to be resolved, the prison has developed the management of those with complex needs. Excellent examples of humane custody are regularly seen. The Board's critical observation is about a small group of women

who are seen to be particularly dangerous and disruptive and who keep coming back on a “revolving door” of sentences. The prison has been observed to manage them well and works hard to produce effective release plans; however, it does not appear that these individuals are well managed in the community.

4.5 Use of force

4.5.1 There were 279 occasions on which staff used force to maintain good order, 36 fewer than last year, a reduction of 11%. The Board considers that prolific, persistent and seriously violent residents have been proportionately and fairly treated.

4.6 Substance misuse

4.6.1 The prison’s drug strategy, which outlines how it will restrict supply, reduce demand and build recovery, was revised in 2020. Its implementation is supported by a monthly integrated substance misuse service (ISMS) meeting. Implementation of the strategy has been affected by the pandemic; for example mandatory drug tests (MDTs) have been permitted during only a short period this year. However, when MDTs were implemented they showed a low positive rate.

4.6.2 Effective methods are used to reduce the supply of illicit substances: all incoming post is photocopied and the copies are given to residents; parcels and clothing are scanned in reception; three dog handlers are available across both prisons.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

5.1.1 Wings are generally clean and tidy and in good decorative order. Some redecorating has taken place during the year. General maintenance of buildings has restarted, following ‘emergency only’ work over the past year. The gardens have been well maintained by residents and provide an attractive setting. Showers are observed to be clean and tidy with individual showering cubicles. Noticeboards are visible, updated, and relevant both in wings and other communal areas. Tables and chairs are available in communal eating areas in the wings which offer a convivial place for communal meals when Covid-19 restrictions are lifted. Cells were hot in the summer and considerable efforts were made by wing staff to provide fans when possible.

5.1.2 Concerns continue about the lack of cells which meet the needs of prisoners with disabilities.

5.1.3 Women generally have cell privacy keys and in-cell lockers with keys. All are now provided with kettles, replacing hot water urns on the wing. Whenever possible, residents are provided with TVs or radios, and staff have been proactive in locating these if not already available on the wing. All mattresses are of the same type and standard unless an alternative is prescribed by the healthcare team. Additional bedding is available to over 50s and as advised by the healthcare team. Bedding and towels are laundered regularly. Women were able to have their clothes washed on the wing.

5.1.4 The Board received 17 applications concerning laundry, clothing or accommodation (compared to 23 last year).

5.1.5 Meals are served in an orderly way and food is served hot, on time and fit for consumption. Serveries are clean and tidy, with serving equipment correctly stored between mealtimes, and servery workers wear appropriate protective clothing. Food comments books are visible, in use on most wings, monitored by wing staff and checked regularly by a member of the kitchen staff, with comments followed up. Diet is varied and there is always a salad option, although the Board sometimes hears complaints that food is not suitable for women, many of whom would like healthier options.

5.1.6 Health related diets and faith foods have been professionally managed, with little disruption throughout the year despite changes in kitchen arrangements due to the pandemic. There are adequate arrangements for an increasing number of vegan diet requests, and vegan dishes are indicated by symbols on the kiosk. The prison imam visits the kitchen to observe procedures for halal food, which is bought from a recognised halal supplier and is stored, prepared and served separately with separate utensils by Muslim workers.

5.1.7 A low number (1.6 %) of all prison complaints relate to food or meals. Applications to the Board about food are down from four last year to two this year.

5.1.8 Time out of cell has been severely affected by the pandemic, and for much of the year has been no more than 90 minutes per day. Women have welcomed time out of cell for cleaning work.

5.1.9 'Peabees' is a scheme offering low-cost clothing from a national supplier, and has continued throughout the pandemic. This is a useful and very much appreciated service.

5.1.10 Makeup and toiletries can be ordered from a catalogue, and shampoo and similar basics from the canteen stock. There have been some complaints that certain hair dye products are not allowed, despite being available in other prisons. This would normally be catered for in the hair salon which has been closed during the pandemic. Afro-Caribbean specialist hair and skin products have been requested for some time and the Board is pleased to see an improved range will be offered from 2021. The prison estimates (from focus group and resident choices) that it can offer 78% of ethnic minority requests.

5.1.11 A low number of applications relate to canteen issues (four this year in comparison to 11 in 2019/20).

5.1.12 Quality of life consultation meetings involving resident representatives have not been held for most of this year, limiting opportunities for feedback. However there have been commendable attempts by the prison to gather information via resident surveys.

5.1.13 The general fabric of the mother and baby unit (MBU) building is good, and it was redecorated when vacant. All cells have telephones, and there is no lock up time on this unit. There is a recently added dedicated visits centre, although it is not yet equipped for remote video visits (purple visits).

5.1.14 There is an ongoing plan for pods in the main thoroughfare (main street) to allow private meetings (for example meeting with peer workers and resettlement

teams). The Board is hopeful these can be provided and will offer a safe space for one-to-one discussions.

5.1.15 The Board notes that living conditions are acceptable generally and with due consideration to fairness and humane treatment.

5.2 Segregation

5.2.1 The separation and care unit (FSCU) contains 12 cells, now reduced to a maximum occupancy of eight. The unit has operated at varying levels of capacity from one to six residents during most of the year with a total of 249 residents during 2020-21 (last year 176). The Board has observed that many of the residents in the unit have complex needs.

5.2.2 There were 13 dirty protests during the year. These protests were well managed by the staff without use of the special accommodation cell.

5.2.3 Five residents exceeded 42 days' segregation, with one resident held for a total of 181 days. This resident was monitored by the Board through attendance at complex needs meetings and discussions with the in-reach team and management. This case very much highlighted the lack of alternative secure accommodation as outlined in our previous year's annual report.

5.2.4 There were 32 occasions when women on ACCT documentation were held on the unit, compared to 42 last year. The Board continued to monitor the ACCT reviews and considers residents were given the necessary support when in the unit.

5.2.5 Fifty rule 45 reviews were held during the year. Because of Covid-19 restrictions most rule 45 reviews were conducted by telephone conference with the Board, although members were not always alerted or included.

5.2.6 There were 980 adjudications of which 225 were not proceeded with. Adjudication aftercare had been put in place giving direct support for residents not housed in the unit. This led to a dual effect of relieving strain on the unit staff and positive feedback from residents.

5.2.7 Due to the pandemic, access to activities was restricted but in-cell education and distraction packs were issued, as well as extra canteen packs. Funds for phone credit were extended by an additional £5 per week provided by HMPPS. The staff enhanced the unit by adding a welcoming garden area and some areas were redecorated. The individual needs of residents were addressed, such as visits to the chapel for those suffering bereavement.

5.2.8 At all times residents received an appropriate regime including access to exercise yards, showers and canteen. The unit was visited by the chaplaincy and nursing teams daily with visits from the doctor three times a week.

5.2.9 The Board's normal weekly monitoring visit of the unit was for the main part suspended and instead a weekly phone monitoring was carried out. Whilst the Board was unable to speak to residents directly, there was a full discussion about each resident, with the unit management cooperating fully with the Board. In general the Board observed the unit staff managing and dealing appropriately with often very demanding residents during a very demanding year.

5.3 Staff-prisoner/detainee relationships, key workers

5.3.1 During the early months of the pandemic key worker contact was limited to residents deemed high risk or with complex needs or vulnerable, this last group broadened to include those with no family contact or not making external telephone calls. The scheme was then widened to include a weekly welfare check for all residents, in addition to continuing the support for those with complex needs. Wing staff operate as key workers on the wings they work on. Contacts with residents are recorded weekly. The proportion of residents with a recorded key worker contact varied greatly during the year. From March to September 2020 the weekly average was 13.6%, peaking at 29% in one particular month. From October 2020 to March 2021 this improved to a weekly average of 31%, peaking at 61% in one particular month.

5.3.2 Many residents however remain unaware of the key worker system and some women have stated it is not meaningful. The Board would like to see an increase in residents being allocated a contactable key worker whom they feel supported by, and evidence of improved outcomes for residents.

5.3.3 The Board has observed a high level of positive working relationships between staff and residents over the year with good rapport and professionalism noted – particularly during Rule 45 review meetings, adjudications and in complex situations. A good number of residents have commented they found staff helpful and supportive. This has been noted over the period of the pandemic and staff have been sensitive to the unusual circumstances of this year.

5.4 Equality and diversity

5.4.1 The Board monitors the prison management's approach to equality and diversity by attending or reviewing the bi-monthly diversity and inclusion meetings. Attendance includes the Director/deputy director, a diversity and inclusion manager, lead managers for the nine protected characteristics and at least one diversity representative who is a resident. There has been increased attendance by senior managers compared to last year. A new diversity and inclusion manager was appointed in the autumn to replace an individual on long term sick leave.

5.4.2 An equality action plan is regularly updated. The Board notes that at times timescales for achievement of outcomes have been extended or delayed, but in recent months there has been renewed structure and focus, with positive effect. There has been an increase in raising awareness of equality matters amongst both staff and residents with the development of new initiatives, such as widening the scope of focus groups, developing further training options and toolkits and making links with outside partner agencies.

5.4.3 Focus groups operate for all nine protected characteristics and information from these is fed into the diversity and inclusion meetings. There has been recent improvement in ensuring information and decisions from this meeting circulate back to the focus groups.

5.4.4 At the end of the reporting year there were 52 foreign national residents. Residents are seen by a foreign nationals officer within three days of arrival. Progress through the courts has been slower than usual and some flights have been cancelled or delayed this year due to the pandemic, which has caused distress for residents. The Board would like further assurances that residents are supported well,

with appropriate communication methods, at these stressful times and that there is diligent recording of all contacts and actions taken.

5.4.5 Written information for reception and induction is now available in eight languages, an improvement from previous years when no translated material was available. Interpreting support is available via a telephone translation service however staff or residents fluent in the relevant language are often called upon. The Board would like to be further assured that the most appropriate form of interpreting service is always used according to the need and the occasion, particularly in relation to confidential matters. Foreign national female residents are supported well by an outside charitable agency. A supply of international library books has been made available for residents.

5.4.6 There have been 60 DIRFs in this 12-month period. Twenty-three DIRFs were upheld. Independent scrutiny arrangements of DIRFs are not yet in place due to difficulties setting this up during the pandemic, however an internal quality assurance process has been instigated involving oversight by the diversity and inclusion lead and the deputy director. There had been concerns about delays in responding to DIRFs particularly during the pandemic. This has now improved, with 69% being completed on time in the second half of the year. The Board considers numbers of DIRFs are low, and notes recent promotional work has been carried out to raise awareness of the DIRF process amongst residents.

5.4.7 The prison has worked continuously throughout the year to resolve resident need for culturally appropriate personal care and dietary products, despite some obstacles with suppliers and costs. Residents have expressed increased satisfaction with the improvements now made to availability of products. There has been good recognition of the importance of this for residents.

5.4.8 The mother and baby unit ensures that hourly observations of women in their third trimester of pregnancy is consistently carried out and recorded. This is as a minimum and additional observations are often carried out when the need seems appropriate. The support provided throughout the pandemic has been good but with some lessening of support from some external services at times such as a slight reduction in the frequency of health visitor contact. The development of focus groups for mothers/grandmothers has been welcomed.

5.4.9 The Board notes that there is excellent focus on celebration and awareness days throughout the year such as Disability History month, International Women's Day, Transgender and LGBT Awareness, general women's health awareness days, and also for most religious festivals. There is a circulated calendar of events throughout the year. The prison develops good links with community or external support for these events.

5.4.10 The pandemic has caused a delay in the appointment of a special educational needs coordinator for residents with learning difficulties and this has delayed the development of a learning disability strategy. The Board would like to see progress on this as soon as possible.

5.4.11 The prison is largely accessible for residents using wheelchairs, and lift passes are issued where appropriate. A supplier for maintenance of wheelchairs has recently been identified. The provision for mature residents is improving, such as provision of suitable chairs, mattresses and additional blankets. Improved mattress provision is being arranged for all cells to ensure all needs are met but this is still

work in progress. Some dissatisfaction amongst female disabled residents has been noted in terms of difficulties with timely access to health provision, medication and support for attendance at appointments.

5.4.12 The Board notes there is good support for transgender residents with individual plans. The Board considers that transgender people are dealt with decently and sensitively. Training is provided at staff induction and appropriate toolkits are currently being prepared for use to support staff and raise awareness. Consideration is given to the availability of suitable products and clothing.

5.5 Faith and pastoral support

5.5.1 The Board considers that there is good provision for all faiths within the prison and excellent support is provided by the chaplaincy service to both residents and staff, with daily contact being made with all wings throughout the pandemic.

5.5.2 Services have been developed with faith pastors within the community who provide literature and materials to be distributed, plus DVDs and books. Services are available for a wide variety of faiths on WayOut TV and national radio and chaplaincy headquarters provides newsletters for distribution.

5.5.3 Good provision was made for Ramadan with respect to food availability at appropriate times.

5.5.4 New appointments have recently been made for Hindu, Muslim and Pagan chaplains.

5.5.5 The chaplaincy has continued to provide individual support to bereaved women, including private access to the chapel and support to attend funerals by video.

5.6 Incentives schemes (IP)

5.6.1 The use of the basic level was suspended during the pandemic in line with national instructions, and any transfers also retained their IEP status from their previous prison. TVs were given to all residents who wanted them. The Board has continued to receive applications concerning staff behaviour, including on occasion alleged unfairness, but has received none relating specifically to IEP processes being considered unfair. The Board notes that residents occasionally find they are not allowed in-possession items that they were entitled to elsewhere at the same level of IEP, because facilities lists are at the discretion of prison management.

5.7 Complaints

5.7.1 The prison received 1279 complaints in the reporting year, a 26% reduction from the previous year, and responded to 97% within the required timescale. The most significant areas complained about were issues on wings (21% of total), property (16%), officer attitude (11%) and post (10%). Healthcare complaints decreased by 25%, and 98% of responses were within the required time.

5.8 Property

5.8.1 Property related applications to the Board have increased since last year (45, up from 32 last year).

5.8.2 Paper property cards are at risk of damage or loss, and a digital system would be preferable. A resident may request a copy of their personal stored property via

the offender management unit. This can be a slow process as seen in applications from residents who are waiting for a duplicate property list. Lists of allowable property are generally displayed on the wing noticeboards.

5.8.3 A log number to access property is by request after six months, or three months for enhanced residents. The property store area has not opened for residents to visit in person for most of this year, and officers are dealing with property movement to wings. This has inevitably caused some delays and frustration.

5.8.4 Residents coming into the prison should be present when property is logged, and the list is signed in by the individual at that time. In exceptional circumstances this happens out of sight of the owner (if the detainee is with medical staff or being issued with an identification card) and requires resident consent. Due to the pandemic, the Board has been unable to monitor this in person in this reporting year. Any excess of allowable property is stored until a resident is transferred or released. However, the Board has been concerned that foreign nationals may not understand the rules regarding payments for property returned overseas. A resident was charged for posting property to her home only three days before release. It would be useful to have property rules available in several languages.

5.8.5 Books are accepted directly from a list of agreed suppliers and from family and friends by post, subject to security protocols. This is a well-received and appreciated service. Music CDs are allowed if purchased from an agreed recognised supplier. Family or friends can only send new sealed music CDs of allowable content, which is religious music or foreign language material. Most residents are aware of the prison rules about music.

5.8.6 Parcels delivered by courier are sometimes reported as 'missing' because the delivery drivers may not wait for checks at the gate and a parcel is not delivered. All parcels are now routinely tested for illicit substances in accordance with guidelines laid down by HMPPS, and then sent to reception, usually within 48 hours.

5.8.7 The new transport vehicles have a separate property store, which should reduce the risk of items being lost in transfer between establishments.

5.8.8 The prison in the main gives due consideration to property and recognises the importance for the residents. Compensation was paid to residents on five occasions for property lost at the prison.

6. Health and wellbeing

6.1 Healthcare general

6.1.1 The healthcare unit has nine single cells and a ward area suitable for four residents. It is staffed by PCOs, with daily visits from managers, chaplaincy, and weekly monitoring visits by the Board (conducted by phone during the Covid-19 Stage 4 periods). Healthcare supports SCU and HCU with daily visits and nurses normally attend all ACCT and segregation reviews. New ways of working such as a 'one stop shop' for secondary screening of new residents have saved nurses' and residents' time. Careful management was successful in preventing an outbreak of Covid-19. No CQC assessment was carried out during the reporting period.

6.1.2 A recent Board survey of 20 women showed the majority found it difficult or hard to gain access to healthcare services. Comments included 'allowed one healthcare appointment per month' and 'since Covid-19, just monitored from a distance'. More were dissatisfied with the quality of healthcare than satisfied, with comments including 'when you ask for a doctor you get a nurse'. This could be a misunderstanding of how nurse practitioners are frequently deployed in the community for appropriate clinical care. Favourable comments included 'easily done over the phone'. Healthcare was mentioned three times in rota reports over the year (two incidents of nurses' delay in responding to a call, and one instance of frustration at controlled drug administration times).

6.1.3 There were 47 applications to the Board (53 last year) of which 15 (32%) related to medication. Over the year healthcare complaints averaged 20.8 per month, down approximately 20% on the previous year. Most complaints (nearly 75%) relate to either treatment received, or medications, and almost all (98.4%) were answered within the required timeframe.

6.2 Physical healthcare

6.2.1 The procedures for access to clinicians were changed at the outset of the pandemic, and statistics on waiting times are no longer collected as in previous years. All requests for appointments (GP and nurses) were subject to triage by nurses who make use of in-cell telephones. This has been a success, with more efficient processing of requests and appointments not requiring a GP, leading to shorter waiting times and significantly reduced did-not-attend statistics. It is intended that this will continue. Covid-19 positive residents were still seen in clinic, if clinically necessary. Screening clinics (for example smears, diabetic eye retinopathy) were suspended.

6.2.2 Of 173 residents falling into national qualifying Covid-19 vaccine cohorts 1-9, five had clinical contraindications, and 155 accepted, representing an impressive 92% uptake.

6.2.3 Pharmacy services were brought in-house in February 2021, enabling an enhanced clinical service. Initiatives to improve medication administration were driven by Covid-19, and included rationalising provision twice daily where possible, giving regular and controlled medication at the same time, and refreshing risk assessments with the aim of permitting more residents "in possession" drugs, including paracetamol.

6.2.4 The dental service was suspended until January 2021, resulting in complaints from residents having to tolerate painful conditions. This did not mirror dental services in the community, which continued at a limited level during the same period. Healthcare was given an algorithm by the dentist to follow to manage pain and infections and serious cases were referred to the local hospital.

6.2.5 As a probable result of the new triage procedure, there was a large reduction in appointments cancelled and DNAs.

Healthcare activities 2020-21

Totals for the year 2020-21	Booked	Cancelled		
	Appointments	Appointments	DNA	% DNA Rate
Doctor Clinic	4047	125	78	2%
Nurse Clinics	5202	256	303	6%
ISMS	6569	109	636	10%
Dentist	74	2	1	1%

6.3 Mental health

6.3.1 The mental health (InReach) team operates across both prisons. This reporting year, there has been a shortfall in the establishment of two nurses, one psychiatrist and one psychologist. The team has experienced an increase in the number of women seeking help, with the loss of social visits and delays to court hearings and HDC release being particular concerns. However, about 75% of referrals are found on assessment not to have recognisable mental health issues.

6.3.2 InReach examined its service model and attempted to address some problems through distraction packs and self-help coping mechanisms. Patient outcomes have been improved by use of in-cell telephony. Covid-19 has caused delays with responses from external agencies, most notably for assessments regarding patients' suitability for transfer to a secure institution, that could not be conducted by video link. At first agencies prioritised Covid-19 risk rather than acuteness of mental health need; however this improved as experience was gained with quarantining, cohorting and the national regime in general.

6.3.3 At the end of the reporting year there were 51 women receiving treatment. In conclusion, InReach has been able to keep waiting times for psychology and psychiatry down by changing ways of working, better triaging and signposting and more extensive use of self-help guides.

6.4 Social care

6.4.1 Social care assessment is conducted by staff from Peterborough City Council and has been carried out remotely by phone for most of the year, although site visits were made if essential. Provision is monitored through the monthly clinical governance meeting.

6.4.2 Residents may self-refer for assessment by using the kiosk facility or be referred by staff or healthcare. Referrals have been at the rate of one or two per month. At the end of the reporting year there were two women receiving care packages. Carers have continued to attend and used PPE as appropriate. The Board's wing monitoring during the year indicated that in general staff were aware when residents had personal emergency evacuation plans (PEEPs).

6.4.3 One resident was successfully given palliative care then discharged to a hospice on release.

6.5 Exercise, regime

6.5.1 There has been a severely restricted regime for most of the reporting period. Women were unlocked each day in 'bubble groups' of no more than six for two periods, typically 20 minutes for shower and kiosk and 30 minutes for exercise outside. Towards the end of the period this was increased to groups of 20 for 45 minutes. The gym was closed for much of the year; however, the WayOut TV service was used to broadcast exercise classes, and in-cell exercise guides were available to help residents maintain physical fitness. While wellbeing checks were conducted for residents identified as vulnerable, there was an increase in referrals to mental health services, some on wellbeing grounds.

6.6 Drug and alcohol rehabilitation

6.6.1 The prison continued to operate two reception wings, one being specifically for detoxifying residents. On average there were nearly 12 referrals per month to the ISMS service and 93.6% of those referred were seen within one week. On average more than 58 ISMS treated residents were released each month, and nearly 92% of those had been provided with release plans.

6.7 Soft skills

6.7.1 Distraction packs have been made available across the prison, although these were for entertainment rather than skills.

7. Progression and resettlement

7.1 Education, library

7.1.1 Education staff remained on site, with some exceptions for shielding, and have been able to continue some education provision in a different way. Classroom learning could not take place, but education staff continued to deliver learning, using work packs and contact with residents through cell doors or via in-cell telephones. Skills levels in English and maths were still assessed in the induction process, and appropriate in-cell workbooks provided. Over 200 qualifications in English, maths, ESOL and art have been gained via in-cell and remote learning this year with the use of WayOut TV offering some courses. The Board notes that no ICT learning was delivered during the pandemic, which may jeopardise employment opportunities for residents on release.

7.1.2 Over 25,000 in-cell activity packs have been delivered to wings. However, the take up rate has not been recorded so evaluation is difficult. Some residents have commented that the distraction packs provided were uninteresting or childish.

7.1.3 Remote learning continued through the reporting year.

7.1.4 The library was closed, but a mobile library was introduced, visiting each wing in rotation, which continued to operate throughout lockdown. A civilian librarian also joined the prison staff during the reporting year. The Board expects to see the library open more often as a consequence.

7.1.5 Education provision is reviewed at quarterly quality improvement group (QIG) meetings, where information about attendance and achievement are presented and

evaluated. Learning and skills champions would normally attend these meetings to present residents' views but have been unable to do this during lockdown.

7.2 Vocational training, work

7.2.1 The range of vocational training opportunities offered during lockdown has been greatly reduced. However, for most of the period the garden remained open, and the prison is preparing to enter the annual Windlesham Garden Competition next reporting year.

7.2.2 Vita Nova, which runs as an in-house restaurant, was open for the second half of the reporting year. Women work towards NVQ catering qualifications. Vita Nova workers provided staff canteen takeaways at the start of Covid-19 restrictions, and also replaced men working in the prison kitchen when workers from the adjoining male prison tested positive for Covid-19 and had to isolate. A new hospitality suite had been installed and was also able to open late in the reporting year, providing an opportunity to work towards a hospitality qualification at NVQ level 2, as well as housekeeping certificated experience and customer service skills.

7.2.3 The call centre has operated for part of the year. Disappointingly, forklift truck training has not been started, mainly due to security concerns. It is hoped that the prison will look again at providing this useful training.

7.2.4 Two ROTL opportunities have ceased altogether during the pandemic and will not resume until the prison gains Stage 2 status; however liaison with the outside contacts who provide opportunities has been maintained. There has been no employment ROTL during the year.

7.3 Offender management, progression

7.3.1 All newly sentenced residents serving more than one year are allocated an offender supervisor and seen shortly after arrival to begin sentence planning.

7.3.2 During the reporting year the preparation of offender assessments (OASys) was affected as staff were unable to meet residents in person. Offender management programmes were reduced and those which ran had fewer residents attending to maintain social distancing.

7.3.3 The offender management in custody (OMiC) scheme had been embedded across the prison before the pandemic. It was initially reduced to include only residents who were considered most at need, but towards the end of the year this was extended and should be fully available by May 2021. To reduce movement of staff across the prison, key workers were allocated to residents on their wing. Some residents reported to the Board they had had limited or no interaction with a key worker and would prefer a worker who was independent of their wing.

7.3.4 Transfers had a small impact; they still took place but required Gold HMPPS approval. Home detention curfew (HDC) continued to be assessed and granted by the controller team. Release on temporary licence (ROTL) ceased for the whole reporting period. Parole hearings were initially affected during the pandemic. Specialist IT equipment, which did not become operational until September 2020,

had to be set up at HMP Peterborough for the parole team/chair to use on site. Once it had been set up hearings were able to continue.

7.3.5 The court video links within the prison were used to mitigate the lack of face-to-face interaction at hearings for women on IPP and life sentences. At the end of the reporting year there were two women serving IPP sentences, both beyond tariff, and 22 women serving life sentences.

7.4 Family contact

7.4.1 Pandemic restrictions meant that family contact was reduced. For much of the year social visits were suspended, and when reinstated were limited to one hour, and for much of the year were not available at weekends owing to staff shortages. Some residents were reluctant to engage with social visits as physical contact was not allowed and everyone (including young children) had to remain seated. There were no family day events. Purple Visits, using vetted video technology, started from September 2020 and was popular with women from the outset. The number of slots available increased in October in preparation for the second lockdown.

7.4.2 Throughout the year access to mail and telephone services was uninterrupted. Additional phone credit was made available to residents to enable family contact and ease anxiety for those with insufficient funds.

7.4.3 The family matters team has continued to see all new arrivals throughout the year, and any new arrivals under 25 who were in care prior to arrival. The team all received approved restorative family training in the autumn. Parenting assessments and contact with regional social services have continued, for example in March 2021 167 new receptions were seen by the team and last month also saw a noticeable increase in calls from social workers and solicitors as the Covid-19 infection rates were starting to show significant decline in the UK. The team planned to procure new children's play equipment for the visits hall.

7.4.4 The mother and baby unit remained open but with low occupancy. Three residents were released under the HMPPS early release scheme. The nursery was closed for part of the year as the mothers were no longer in education or employment in the prison, and the Board is concerned that this may have had an impact on the welfare of mothers and babies. Pandemic restrictions limited family contact, and one mother commented that family members had had no face-to-face contact with her new baby.

7.5 Resettlement planning

7.5.1 Pandemic restrictions reduced the presence of community rehabilitation company (CRC) and other agency staff in the prison for the first quarter of the reporting year. When they returned in July 2020, most contact with residents was over the phone. Staff commented to the Board that their tasks were more difficult, due to lack of face-to-face interaction with residents.

7.5.2 'Most in need' assessments were still completed on all residents who had been in custody 15 times or more. The most in need in-house programme was not delivered this year, however, the building skills for recovery (BSR) and thinking skills

(TSP) programmes were delivered to this group. Numbers attending were limited, meaning many residents did not benefit from these interventions.

7.5.3 The CRCs continued to give help on accommodation, bank accounts and personal IDs. Initial work was conducted with residents on the phone pre-release and then support packs were provided in the outside link on departure from custody. It is noted that Job Centre Plus was absent for the whole reporting year, which reduced the specialist advice (for example on benefits) available to residents.

7.5.4 Total recalls for the year were 201. Some residents who did not have access to a phone on release were given a mobile phone to help them maintain contact with probation.

7.5.5 The outside link staff gave valuable support at the gate to residents on release, including accurate information on Covid-19 measures and provision of masks. In the outside link building, reduced hours were imposed due to Covid-19, with a maximum of six people at a time in the building. The service continued to be well used; for example, during April and May 2020, 10 women visited and housing assessments were completed for two, who were offered accommodation at a local hotel.

7.5.6 Finding suitable accommodation on release continued to be challenging. The resettlement team recently secured a small number of local accommodation places in Peterborough with Eastfield House and the 3 Pillows organisation. All are there for immediate local releases who have no accommodation. 78% of women were released to settled accommodation against a target of 66%.

7.5.7 A bail officer was appointed in February 2021 for a trial period, funded by HMPPS, to assist the courts by assessing bail objections and verifying the suitability of bail conditions. The officer considers women assessed as low or medium risk, and can refer them to BASS or Nacro for accommodation if found suitable for bail. Women may self-refer using the kiosk. During February and March 2021 the bail officer assessed more than 50 residents. The Board will continue to monitor the impact of this initiative, particularly whether it reduces the time women spend in prison.

8. The work of the IMB

Members made no visits from 1 April to mid July 2020, with some but not all members resuming on site monitoring since then. All Board meetings during the reporting year were held remotely via teleconference or video conference.

Members have been able to listen to the weekday morning briefing meeting at the prison. They have also been invited to listen to some segregation reviews remotely; however, this has been inconsistent and there is not, as a result, a consistent record of reviews attended. Healthcare and separation and care units were monitored weekly, either by phone remotely or in the prison, or on some occasions in person. At least one residential wing was monitored by phone or in person each week.

The Board has successfully implemented a more flexible approach to rota activities, which has enabled members who are in the workplace to be able to fully contribute to the work of the Board.

One new member joined the Board in September 2020.

Board statistics

Recommended complement of Board members	18
Number of Board members at the start of the reporting period	12
Number of Board members at the end of the reporting period	13
Total number of visits to the establishment	175 ¹
Total number of segregation reviews attended	n/a

¹ Visits to both prisons

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	23	17
B	Discipline, including adjudications, IEP, sanctions	4	0
C	Equality	5	6
D	Purposeful activity, including education, work, training, library, regime, time out of cell	25	8
E1	Letters, visits, telephones, public protection restrictions	57	16
E2	Finance, including pay, private monies, spends	15	7
F	Food and kitchens	4	2
G	Health, including physical, mental, social care	53	47
H1	Property within this establishment	32	45
H2	Property during transfer or in another establishment or location	9	4
H3	Canteen, facility list, catalogue(s)	11	4
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	23	13
J	Staff/prisoner concerns, including bullying	65	41
K	Transfers	9	0
L	Miscellaneous, including complaints system	25	1
	Total number of applications	360	211

Current year statistics include applications received on the 0800 telephone applications service.



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