

Report on an unannounced short follow-up inspection of

HMP Morton Hall

4–6 January 2011

by HM Chief Inspector of Prisons

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Introduction

Morton Hall is a semi-open women's prison near Lincoln. When we last visited we found it to be a safe and relaxed place, providing plenty of purposeful activity. On our return, for this unannounced follow-up inspection, we found an equally positive picture. However, in the week after the inspection, the National Offender Management Service and the UK Border Agency announced that Morton Hall was to be re-roled to become an immigration removal centre. We have, therefore, made no further recommendations.

Morton Hall remained an essentially safe establishment. Early days were well managed, levels of self-harm had fallen, there was little overt bullying, mediation was used effectively to defuse tensions and the incentives and a functional earned privilege scheme was deployed to manage anti-social behaviour. Drug issues were well managed. Security was proportionate and staff rarely resorted to use of force.

The environment remained pleasant and staff-prisoner relationships were generally positive, supported by an effective personal officer scheme. Diversity was well managed and foreign nationals, who made up the majority of the population, were generally well supported, although some were frustrated by a lack of timely information from the UK Border Agency about their immigration status. Both faith and health care services were good.

Prisoners had plenty of time out of their cells and could access a wide range of purposeful activity. There was full employment and there had been some increase in the amount of accreditation to support employability on release. Education and vocational training were good. There was an excellent library and good PE facilities.

Strategic management of resettlement had improved. Assessments were up to date and public protection was well managed. There was some useful support available to help women reintegrate and resettle on release, including a self-contained resettlement unit. However, support to maintain contact with family and friends was limited and there was insufficient support for those with alcohol problems.

Managers and staff at Morton Hall are to be commended for maintaining the essentially safe, relaxed and purposeful environment that we have previously applauded. This positive report, therefore, provides a suitable testament to this achievement as the establishment closes as a women's prison. It is to be hoped that prisoners are relocated to equally positive environments and that the prison can make a smooth transition to its new function as an immigration removal centre.

Nick Hardwick
HM Chief Inspector of Prisons

February 2011

Fact page

Task of the establishment

HMP Morton Hall is a closed women's prison with a resettlement unit attached.

Prison status (public or private, with name of contractor if private)

Public sector

Region/Department

East Midlands

Number held

269

Certified normal accommodation

392

Operational capacity

392

Date of last full inspection

19–23 November 2007

Brief history

Built originally as an RAF base, Morton Hall was reopened as a prison in 1985. New accommodation was added in 1996 and it was refitted in 2001 to provide facilities for women. Two more residential units were added in July 2002. An intermittent custody centre opened in January 2004 but this was converted to a resettlement unit following the conclusion of the intermittent custody pilot. In March 2009, HMP Morton Hall was re-designated from semi-open to a closed prison. This was a national policy change which allowed for more flexible use of the women's estate. The prison had a specialist role in managing foreign nationals, who comprised 55% of the population. In the autumn of 2009, NOMS announced that Morton Hall was being considered for a re-role to a male immigration removal centre. Staff and prisoners were informed of this and significant investment was made in preparing for this.

In the week following the inspection, it was announced that the prison would be re-rolling to an immigration removal centre and would remain in the public sector.

Short description of residential units

There were five units, with all rooms being single occupancy. As a result of the decrease in the women's prison population nationally, the number of new receptions to the establishment had significantly decreased, resulting in the closure of Torr unit. Fry and Windsor unit held 160 women over two floors. Johnson and Sharman units held 145 women in ground floor accommodation. Johnson unit contained a landing designated for women on induction. There was a further resettlement unit outside the prison boundary (Seacole), offering a two-storey fully open facility holding 39 women.

Escort contractor

G4S

Health service commissioner and providers

Lincolnshire community health services (Primary care)

Lincolnshire partnership NHS foundation Trust (Mental health)

Learning and skills providers
Lincoln College

Section 1: Healthy prison assessment

Introduction

HP1 The purpose of this inspection was to follow up the recommendations made in our last full inspection of 2007 and examine progress achieved. We have commented where we have found significant improvements and where we believe little or no progress has been made and work remained to be done. All inspection reports include a summary of an establishment's performance against the model of a healthy prison. The four criteria of a healthy prison are:

Safety prisoners, even the most vulnerable, are held safely

Respect prisoners are treated with respect for their human dignity

Purposeful activity prisoners are able, and expected, to engage in activity that is likely to benefit them

Resettlement prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- outcomes for prisoners are good against this healthy prison test.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

- outcomes for prisoners are reasonably good against this healthy prison test.

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

- outcomes for prisoners are not sufficiently good against this healthy prison test.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- outcomes for prisoners are poor against this healthy prison test.

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

HP3 This Inspectorate conducts unannounced follow-up inspections to assess progress against recommendations made in the previous full inspection. Follow-up inspections are proportionate to risk. Short follow-up inspections are conducted where the

previous full inspection and our intelligence systems suggest that there are comparatively fewer concerns. Sufficient inspector time is allocated to enable inspection of progress and, where necessary, to note additional areas of concern observed by inspectors. Inspectors draw up a brief healthy prison summary setting out the progress of the establishment in the areas inspected. From the evidence available they also concluded whether this progress confirmed or required amendment of the healthy prison assessment held by the Inspectorate on all establishments but only published since early 2004.

Safety

- HP4 At our inspection in 2007, we found that in Morton Hall outcomes for women were good against this healthy prison test. We made 21 recommendations in this area, of which 15 had been achieved, two partially achieved and four had not been achieved.
- HP5 Women reported a reasonable experience of transfers to the prison, although comfort breaks were not routinely offered. Some women travelled long distances, with little food offered. The refurbished reception provided an improved area for women arriving at the establishment. There was little to occupy women while they waited in reception and no reading material was provided. Women were processed swiftly and offered additional support by Insiders, who met them in reception and took them to the induction unit. There were no Listeners in reception.
- HP6 Prisoners on their first night were located on Johnson unit. The rooms we saw were clean and tidy and the unit had been redecorated. All women were given a five-minute telephone call and were able to access showers if they wished.
- HP7 Women in our groups were positive about the induction process, although they felt they were given too much information in a short time. They were visited by staff from different departments and met the Listeners. There was an awareness of women needing translation and interpreting services and these were provided.
- HP8 The number of open assessment, care in custody and teamwork (ACCT) documents had reduced considerably since 2009, which managers felt was due to increased staff confidence and more use of the case conferencing CARE approach and conflict resolution. The quality of ACCT documents was good. Review meetings were well attended and multi-disciplinary. Care plans for ACCT documents were appropriate and access to Listeners was good.
- HP9 Conflict resolution was used at an early stage in disputes, to bring affected parties together and provided a safe forum for women to air grievances. There was no formal follow-up of incidents to ascertain the outcome. Women who continued to display anti-social behaviour were managed using the incentives and earned privileges (IEP) scheme or disciplinary processes.
- HP10 Physical security was not overly restrictive. The management of security information reports (SIRs) was good. Appropriate information was received and acted on promptly. The care and separation unit was little used and women located on the unit were not routinely strip-searched. There was no special accommodation and the exercise yard had been improved. The regime was limited but records showed that women were not segregated for long periods.

- HP11 Adjudication records were well completed. The reasons for findings of guilt were recorded and punishments were reasonable. Few were referred to the independent adjudicator.
- HP12 Levels of use of force were low. Documentation was completed comprehensively, with the exception of routine inclusion of F213s (report of injury to the prisoner) and showed that full restraint was used as a last resort.
- HP13 The mandatory drug testing (MDT) rate in the year to date was very low. The most serious substance use issues related to diverted medications, and this was being addressed appropriately. Although the integrated drug treatment system (IDTS) had not been formally implemented, an IDTS nurse was in post. Arrangements for administering buprenorphine and methadone were satisfactory.
- HP14 On the basis of this short follow-up inspection, we considered that outcomes for prisoners were still good against this healthy prison test.

Respect

- HP15 At our previous inspection, we found that in Morton Hall, outcomes for women were reasonably good against this healthy prison test. We made 65 recommendations in this area, of which 34 had been achieved, 16 partially achieved, 14 had not been achieved and one was no longer relevant.
- HP16 The external environment was clean, tidy and well maintained. Internal communal areas, showers and cells were clean and all cells were single occupancy. Women had free access to shower facilities.
- HP17 The IEP scheme was well understood. Although women reported that the differentials between levels were inadequate, the facilities list showed a reasonable amount of extra items for those on the enhanced level. Most warnings given were appropriate, and women were given a chance to improve their behaviour. Those on the basic level were given incremental increases in privileges.
- HP18 Most women in our groups were positive about staff and all said they had members of staff they could go to with concerns. We observed a mixed level of staff engagement, particularly during association and dining. Staff had good knowledge of the women in their care.
- HP19 The standard of the personal officer scheme was generally good and most records showed good regular contact and detailed monthly entries. There were few records of monthly management checks.
- HP20 The diversity policy was comprehensive and well presented and provided clear information and guidance. The diversity and race equality action team (DREAT) meeting was well attended, reviewed a wide range of data, and identified and followed up required actions. The enthusiastic and resourceful diversity team included prisoner representatives. Awareness of diversity issues among women and staff was well developed. The prisoner diversity representatives provided initial support to new arrivals but there were no formal support services for minority groups.

- HP21 Approximately 50% of the population were from black and minority ethnic backgrounds. There had been a large reduction in the number of racist incident report forms (RIRFs) submitted, which had been investigated and attributed to uncertainty about the impending re-role. RIRFs were investigated appropriately.
- HP22 Almost 60% of the population were foreign nationals, and seven prisoners were being held beyond the end of their sentences. A foreign nationals meeting was held before the DREAT to identify any issues for discussion. Women were frustrated by the lack of information given to them by the UK Border Agency.
- HP23 A coordinating chaplain had just been appointed after a gap of a year. Cover had been provided and statutory duties had been completed. There were a number of volunteer support members but there was no Buddhist or Muslim chaplain, although recruitment was under way to provide the latter. Faith facilities were good and the chaplaincy team provided additional activities and some courses.
- HP24 Wing-based applications were logged but those for other departments were sent to the intended recipients and not always logged. Complaint forms were freely available and boxes were emptied daily during the week. Responses were timely and mainly respectful, addressing the issues raised. Quality assurance was carried out.
- HP25 The food we tasted was reasonable in quality and quantity. A cooked breakfast was provided at weekends. The dining facility had been improved and serveries were clean and well supervised. Halal utensils were not used in the servery during the inspection and halal food was stored in the same refrigerator as non-halal items. There was good consultation with prisoners about catering.
- HP26 Women could access the shop weekly. It was run by DHL who were on site and could rectify problems quickly. There was a lack of beauty products for black and minority ethnic women and this has been recognised. Catalogue provision was limited to two catalogues.
- HP27 There was good clinical governance of health care, and a comprehensive range of services. Women had speedy access to nurses, who we observed being very approachable and respectful. There was a wait of up to two weeks for a GP appointment. Women could see a female GP. Failures to attend for appointments had been reduced. The waiting time to see the dentist was too long but the range and quality of the service was comprehensive. There was no waiting list to see the optician but women faced long waits for glasses. Pharmacy provision was good and the pharmacy technician provided a valuable smoking cessation service. External hospital appointments were generally honoured and additional appointments were staffed where urgent.
- HP28 A full range of mental health services was provided. A psychologist offered group work in trauma and abuse as well as one-to-one work.
- HP29 On the basis of this short follow-up inspection, we considered that outcomes for prisoners were still reasonably good against this healthy prison test.

Purposeful activity

- HP30 At our previous inspection, we found that in Morton Hall, outcomes for women were good against this healthy prison test. We made 10 recommendations in this area, of which seven had been achieved and three partially achieved.
- HP31 The amount of time out of cell and in the open air was good, with extensive freedom of movement. Facilities for association were limited.
- HP32 There were sufficient activity places for full employment. Lincoln College provided education and vocational training, including hairdressing. The college also provided career advice. Achievement of qualifications was high and the availability of accreditation had increased in work areas. There was a greater emphasis on providing more self-employment courses and the range of English for speakers of other languages (ESOL) courses had been extended.
- HP33 The pay policy has been revised and women were paid per session. The rates for work and education were different, with those in work earning more.
- HP34 The main library was an excellent facility and was efficiently managed. It was well stocked and had an effective ordering service. Books were available in a wide range of languages.
- HP35 The staff working in the gym were well qualified. The gym offered a range of both recreational activities and employment-related courses. Gym induction was provided to all the women on arrival and provision during the day had increased.
- HP36 On the basis of this short follow-up inspection, we considered that outcomes for prisoners were still good against this healthy prison test.

Resettlement

- HP37 At our previous inspection, we found that in Morton Hall, outcomes for women were reasonably good against this healthy prison test. We made 34 recommendations in this area, of which 19 had been achieved, five partially achieved, nine had not been achieved and one was no longer relevant.
- HP38 The resettlement policy had recently been reviewed and was appropriately based on an independent needs analysis, supported by annual surveys and data analysis from offender assessment system (OASys) assessments. The monthly reducing reoffending meetings were generally well attended but there was limited monitoring and evaluation of provision under resettlement. There was a good community engagement approach, with regular events with the stakeholders to promote contact with the women and develop new partnerships.
- HP39 OASys assessments and reviews were up to date and there was a quality assurance system. Engagement with community-based offender managers had improved.
- HP40 The team of eight prison officer offender supervisors managed the sentence planning processes. When there was uncertainty from UKBA as to whether a woman would remain in the UK, the contingency position was to assume that she would remain and plan accordingly. Multi-agency public protection arrangements (MAPPA) and high-risk

cases were well managed. Public protection arrangements were sound and risks were identified and managed appropriately.

- HP41 The processes for recategorising the women arriving at the establishment were adequate. Recategorisation was considered during the sentence planning process and arrangements were sound.
- HP42 Lincolnshire Action Trust (LAT) provided advice to help women find accommodation and deal with financial matters. The foreign nationals coordinators sought accommodation information for foreign nationals. Only women on the Seacole unit could open bank accounts before release.
- HP43 The pre-discharge board prioritised women for training and education courses for resettlement purposes. Support for foreign national women who were to remain in the UK at the end of their sentence had improved. Pre-release help and advice was provided by LAT and the careers, information and advice service. All the women on the Seacole unit were employed in some capacity, although insufficient numbers were going out into the community to undertake paid work. There was only limited transport available to get women to their work places.
- HP44 The health care discharge service was generally inadequate and women were not routinely seen before discharge. Those with chronic diseases who self-identified to health services staff were seen. All women were given at least one week's medication on release where required. Those with severe and enduring mental health problems were linked with community mental health teams, and staff from those teams sometimes visited women before their release.
- HP45 There was good counselling, assessment, referral, advice and throughcare (CARAT) provision and staff had forged links with the health care department and the gym. Health services staff tried to locate substance use support for foreign national women on release. There was no provision for those with alcohol problems.
- HP46 There was limited provision to support women in maintaining contact with family and friends. The visits hall was too small to enable all women to take up their statutory entitlement to visits, under current arrangements. Closed visits were not often used. Women reported that they faced long waits for their visitors to enter the prison. Legal visits did not afford appropriate levels of privacy. Family visits were offered bimonthly and all women were eligible to apply.
- HP47 On the basis of this short follow-up inspection, we considered that outcomes for prisoners were still reasonably good against this healthy prison test.

Section 2: Progress since the last report

The paragraph reference number at the end of each recommendation below refers to its location in the previous inspection report.

Main recommendations (from the previous report)

- 2.1 **A new reception building should be provided that meets the needs of women prisoners at Morton Hall with suitable privacy and sufficient space to store and manage property efficiently. (HP43)**

Partially achieved. A bid for the funding of a new building had not been successful. The reception building had been refurbished, ensuring that prisoners were interviewed in private at reception, and the property store was adequate for the population at the time of the inspection.

- 2.2 **Border and Immigration Agency (now UK Border Agency) officials with sufficient experience should be based at the prison to identify, explain and progress prisoners' immigration queries and ensure that decisions are made in time to allow effective preparation for release. (HP44)**

No longer relevant. The prison was no longer identified as a hub for foreign nationals, with HMP Lindholme assuming this role. Weekly surgeries gave prisoners the opportunity to meet UK Border Agency (UKBA) officers to discuss case issues, and the two offender management staff with responsibility for managing foreign national prisoners held a record of key dates for prisoners that would require UKBA involvement and support.

- 2.3 **The prison should carry out a full needs analysis of the foreign national population to inform the development of a more comprehensive foreign national policy that addresses language needs and supports contact with families. A senior manager should lead the policy and coordinate regular forums with foreign national women to ensure that issues are dealt with effectively and up to date information given. (HP45)**

Partially achieved. A needs analysis had been completed in 2009 and again in 2010. The findings of the 2009 analysis had resulted in some changes to the policy and the more recent analysis was with the governor for consideration. The head of the offender management unit was identified as the lead senior manager for foreign nationals. There were no regular forums for foreign national prisoners to identify emerging issues or to pass on information, other than with the (four) foreign national prisoner representatives.

- 2.4 **A full range of mental health services that meets the needs of women at Morton Hall should be provided. (HP46)**

Achieved. A new mental health contract had been introduced since the previous inspection. There was a full range of integrated mental health services, working across three Lincolnshire prisons. There was a single point of access at Morton Hall, which started at reception screening and included self-referral. A primary care team provided a stepped model of care with low- and high-intensity interventions, in line with the improving access to psychological therapies (IAPT) programme. A community assertive treatment team provided for women with a severe and enduring mental health presentation or personality disorder (care programme approach). Staffing included mental health nurses, an occupational therapist, a psychiatrist

and a psychologist. There had been a cognitive behavioural therapy practitioner for 10 months during 2010 but this post was vacant at the time of the inspection. The mental health service operated between 8.30am and 6pm on Monday to Friday. Between 6pm and 9pm on Monday to Friday and 9am and 5pm on Saturdays, telephone advice was provided by the member of the mental health team on duty at HMP Lincoln and a crisis response service was provided by the Lincoln Crisis Resolution.

2.5 All employability skills learned in prison work activities should be recognised and recorded and the range of accredited vocational opportunities expanded. (HP47)

Achieved. The prison had increased the availability of accreditation in work areas. Twenty-three members of staff had achieved the assessors' qualifications. Prisoners had opportunities to work towards qualifications in each vocational area, apart from cleaning. The prison had exceeded its targets for achievement of qualifications. Monthly events had been introduced since the previous inspection, to celebrate prisoners' achievement of qualifications and present their certificates. However, new registrations for accreditation had been stopped in the spring of 2010 due to plans to change the function of the prison. Registrations for the longer courses had started to pick up again towards the end of 2010. The prison had successfully introduced a system to recognise and record the achievement of prisoners' employability skills in hairdressing and education courses. The scheme was currently being introduced to the work areas.

2.6 An overarching resettlement strategy based on comprehensive assessments of needs, including those of women from different countries, should be agreed to direct the delivery of relevant resettlement services. (HP48)

Achieved. The reducing reoffending policy had been updated in November 2009. It was based on a full analysis undertaken by an independent evaluator and supplemented by annual surveys of need. The most recent needs analysis report had been published in January 2010, with another one due for release in January 2011. Only a quarter of women had completed the 2010 survey but half of those had been black and minority ethnic. The foreign national policy, dated September 2009, also provided an analysis of need for this group of prisoners. Offender assessment system (OAsys) data were also analysed to determine the range of interventions needed. For example, as few women met the suitability criteria for the Thinking Skills Programme, it was not provided by the establishment, but agreement had been achieved to transfer women who needed it.

Recommendations

Courts, escorts and transfers

2.7 Women's property should arrive with them on transfer from other prisons. (1.5)

Not achieved. Reception staff reported that not all prisoners' property always arrived with them. They contacted the sending prisons to retrieve missing property and followed up with a fax if a response was not received. Women sometimes had to wait up to six weeks for their property.

2.8 Women should be given comfort breaks on all journeys longer than 2.5 hours. (1.6)

Partially achieved. Escort staff told us that it was their policy to offer a comfort break after 2.5 hours but they had to use secure premises (a police station or prison), so could not always

comply with the timescale. Prisoners in our groups said that they had experienced long journeys without toilet breaks.

2.9 Women moving to Morton Hall should not be transported in handcuffs. (1.7)

Achieved. Prisoners transported in cellular vans were not handcuffed.

2.10 Reception should be staffed over lunchtime when a van is due to arrive. (1.8)

Achieved. Prisoners who arrived at lunchtime were disembarked. Reception staff on lunch breaks were relieved by temporary officers from other units, who carried out reception procedures so that prisoners were not delayed in moving to first night accommodation.

2.11 Sending prisons should inform other prisons in advance when transferring prisoners with special health needs. (1.9)

Achieved. The health care department told us that sending prisons usually advised them of the special treatment needs of prisoners.

Additional information

2.12 The transport provider was G4S and the cellular transport we saw was clean. Prisoners were provided with a meal, and escort documentation was all in order.

First days in custody

2.13 The professional telephone interpreting service should be used initially to assess the vulnerability, health issues and other private matters of women with little or no English. (1.26)

Achieved. The induction unit had access to a telephone interpreting service, and a double handset was used during interpretation. A group of prisoners was available to interpret for routine matters, but they were aware that this was not appropriate for confidential issues. The invoice from the interpreting service showed that it had been used on 10 occasions by the induction unit in the previous three months.

2.14 The vulnerability strategy should specifically address how risks are identified and managed on arrival and the CARE protocol should be used for all women who meet its criteria. (1.27)

Achieved. The CARE protocol, revised in 2009, and the suicide and self-harm prevention policy clearly set out the requirement for a cell sharing risk assessment in reception, a first night assessment by induction staff and a personal interview with a residential senior officer. The management of risks was specified in both documents.

2.15 Reading material in a range of languages should be provided in reception. (1.28)

Not achieved. Prisoners we observed in reception were not provided with any reading material, and there was little else for them to do while waiting.

2.16 Women arriving at Morton Hall should not be strip searched routinely. (1.29)

Achieved. Prisoners were only subjected to a rub-down search, unless a full search was authorised on the basis of intelligence received.

2.17 All women should be able to make a free telephone call on their first night. (1.30)

Achieved. All prisoners were allowed a free five-minute telephone call, including overseas, on the induction unit on their first night. Prisoners we spoke to had all been provided with a free telephone call.

2.18 Agreed first night procedures should be written up to ensure consistent and appropriate treatment. (1.31)

Not achieved. Induction staff told us that first night procedures had been written up for the guidance of temporary staff but they could not provide a copy for us to inspect. They had recently moved offices and believed that the procedures document was being revised.

2.19 Reception kit and toiletries should meet women's basic needs. (1.33)

Achieved. Prisoners received during the inspection told us that they had been provided with an adequate range of toiletries and kit.

2.20 Checks should be made and documented to ensure that women who do not speak and understand English well receive all essential information at induction in a language they understand. (1.32)

Achieved. An induction monitoring form was filled out for all prisoners who completed the programme. Prisoners' understanding of the programme was checked and recorded on the form. Use of interpreters or telephone interpreting services was also recorded.

Additional information

2.21 Before the inspection, the number of women received at the prison had dropped. During the inspection, we observed the arrival of one group of women at lunchtime. There were no Listeners employed in reception to help them settle in but they were treated respectfully by reception staff and were moved to the first night accommodation within two hours. They were provided with a packed lunch and drinks.

2.22 Facilities for the storage of property had been improved, with the provision of new racking which was adequate for the amount being stored.

2.23 New arrivals were accommodated on Johnson unit and their corridor had recently been repainted. Rooms were appropriately prepared to receive new arrivals, and all their bedding and toiletry requirements were provided. Newly arrived prisoners were taken to the unit by Insiders, who explained prison routines to them, and each one had a private interview with induction unit staff after taking their evening meal.

2.24 There was a comprehensive induction policy, which had been reviewed in June 2010. Prisoners were provided with written information and there was a rolling induction programme, which lasted for a week and covered all aspects of the regime. A log was kept to monitor the delivery of the programme. Women in our groups told us that they received a lot of information in a very short time and that they were visited by staff from relevant departments to deliver their part of the process.

Residential units

- 2.25 **Women should have more access to their property and visitors should be allowed to bring in items at least monthly. (2.14)**

Partially achieved. A clinic was held daily, where prisoners could attend reception and ask questions about their property. Parcels of clothing could only be handed in on visits, every three months for enhanced and six months for other prisoners. Prisoners could have access to their property at weekends by application. There were no outstanding property applications at the time of the inspection.

- 2.26 **Showers should be in working order and maintained, clean and fit for purpose. (2.15)**

Achieved. All showers were working, clean and fit for use.

- 2.27 **Basic cooking facilities should be provided on residential units so that women can prepare meals together. (2.16)**

Achieved. Women had access to cooking facilities, including microwave ovens and toasters, on the living units. They were able to purchase sufficient items in the prison shop to enable them to prepare and cook basic meals.

- 2.28 **A wider selection of non-uniform clothing should be provided in the full range of sizes. (2.17)**

Achieved. There was a sufficient selection of non-uniform clothing available for all prisoners on arrival and for those who did not have sufficient clothing during their stay at the establishment.

- 2.29 **There should be more flexibility in access to telephones to allow contact with families in different time zones. (3.96)**

Achieved. Prisoners could apply for access to telephones to make out-of-hours calls to families in other time zones when there was no reasonable period to contact them during normal unlock hours.

- 2.30 **Foreign national women should be given a reception airmail letter and one weekly thereafter. (3.97)**

Achieved. All foreign national prisoners were issued with either an ordinary or airmail letter, depending on their preference, on reception and then once a week thereafter.

- 2.31 **Women should be provided with a suitable free bag for their possessions on discharge. (2.18)**

Achieved. Two types of bags were available, at no charge, for discharged prisoners.

Additional information

- 2.32 **The external environment was clean, tidy and well maintained, as were internal communal areas and cells, and all cells were single occupancy. Some women had en suite showers and**

others had shared facilities. Shower facilities provided sufficient privacy and women had free access to them until 11pm but some baths were not adequately screened. Cleaning materials were readily available on all the units.

- 2.33 There were good laundry facilities on all the units. Women could launder their clothing twice weekly and clean bedding was provided weekly. All women could wear their own clothes.
- 2.34 Mail was received daily, except Sundays, and records were kept of any monies received for women. Legal correspondence was handled appropriately. Mail was distributed to prisoners and outgoing mail posted out daily during the week and on Saturdays. No record was maintained of any official mail being opened in error, even though some complaint forms had been submitted in relation to the opening of official correspondence.
- 2.35 There were sufficient telephones on each of the residential units and all were housed in cubicles, affording maximum privacy. Women were able to access telephones until 7.45pm from Monday to Thursday and until 4.45pm on Friday to Sunday.

Staff-prisoner relationships

- 2.36 **Managers should develop a strategy to improve relationships between staff and prisoners to include regular open forums with prisoners to identify what improvements could be made, with regular feedback to all staff and prisoners. (2.27)**

Achieved. A personal officer guidance document had been produced and published which described the personal officer role and indicated what prisoners could expect from their personal officers. Prisoner forum groups were held on individual residential units and they reported to a monthly prisoner forum group. All areas of the regime and prison life were covered and the minutes were published to staff and prisoners and displayed on residential units. On some units, the most recent minutes were not on display.

Additional information

- 2.37 Women in our groups varied in their views about staff, but the majority felt that most were respectful and that there was always someone they could approach. We observed mixed staff-prisoner interactions, with some staff engaging well with prisoners during association and dining times.
- 2.38 Staff were receptive to prisoners, both generally when out on the units and in response to requests and applications. Most staff knew the prisoners in their care well. First names were routinely used. Staff were confident in reinforcing the standards of behaviour required and described a range of ways that they would achieve this, from informal warnings to placing prisoners on report, depending on the issue and how many times it had been raised.

Personal officers

- 2.39 **All personal officers should actively try to resolve issues that women prisoners bring to their attention and record what they have done on history sheets. (2.33)**

Achieved. Staff we spoke to and P-nomis record entries indicated that staff tried to resolve issues brought to them by the women. The majority of records we looked at gave details of what action had been taken to resolve matters and showed that staff actively supported women at all times.

Additional information

- 2.40 The standard of engagement with the personal officer scheme was generally good. It required personal officers to comment monthly on prisoners on their caseload. Staff had a sound working knowledge of the scheme and gave examples of when they had offered support to specific women during difficult times. Most records showed good regular contact and detailed monthly entries. There were few records of monthly management checks. While some women said that staff were often too busy to spend time with them, they recognised that during these times they were actively working to help women.
- 2.41 There was evidence that personal officers engaged with prisoners about resettlement issues and most we spoke to knew to whom they would direct prisoners if they had such concerns.

Bullying and violence reduction

- 2.42 **Prisoners and staff participating in conflict resolution should be asked for formal feedback and this should be fed into the safer custody meetings. (3.13)**
- Partially achieved.** Feedback from conflict resolution meetings was prepared by the safer custody coordinator and provided for prisoners and staff. Prisoners' own feedback was not separately recorded and no formal feedback was fed into safer custody meetings.
- 2.43 **The violence reduction strategy should include interventions for individuals who demonstrate anti-social or violent behaviour if conflict resolution is not appropriate or does not work. (3.14)**
- Achieved.** The violence reduction strategy indicated that for cases where conflict resolution is not appropriate or has not been successful, other options were available for addressing anti-social behaviour, including incentives and earned privileges (IEP) warnings and disciplinary reports. Emphasis was also put on more behavioural interventions, including the CARE protocol, which was a local means of agreeing an action plan to support and monitor prisoners. This could be supplemented by case conferencing to facilitate an interdepartmental approach.
- 2.44 **The violence reduction strategy should include monitoring arrangements for those who cause concern to the violence reduction team after conflict resolution has been conducted. (3.15)**
- Not achieved.** There was no formal monitoring arrangement to ensure that the outcomes of conflict resolution were sustained.

Additional information

- 2.45 The records of conflict resolution meetings which we examined showed that the approach was used at an early stage of where conflict had arisen that could have resulted in bullying or violence. The early use prevented incidents escalating. There was an average of 10 such meetings a month.
- 2.46 Prisoners could report conflict or bullying themselves through a confidential system known as 'Hear Me'.

Self-harm and suicide

- 2.47 **Assessment, care in custody and teamwork (ACCT) reviews should be multidisciplinary and include personal officers, healthcare staff or other staff with knowledge of the individual prisoner. (3.28)**

Achieved. The records of ACCT reviews that we examined recorded the attendance of unit staff, the case manager, the prisoner and health services staff or mental health team representatives as a minimum. We also saw records where the psychologist and offender supervisors had attended. The suicide and self-harm coordinator told us that it was generally easy to secure the attendance of relevant staff.

- 2.48 **Post-closure reviews should take place within two weeks of the assessment, care in custody and teamwork (ACCT) document being closed and identify any ongoing support requirements. This should be kept with ACCT documentation. (3.29)**

Achieved. All post-closure reviews examined had been held after 72 hours and within two weeks of the ACCT document closure. Ongoing support was identified in a number of cases where a CARE plan had been drawn up.

- 2.49 **The protocol on the management of vulnerable offenders should be widely disseminated to staff and reviewed by the safer custody team. (3.30)**

Achieved. The CARE protocol had been revised in 2009. All the residential staff we questioned were aware of it and gave examples of where they had used it. They understood that its value was in providing support in cases where an ACCT plan was not justified, and ongoing support and monitoring of prisoners after an ACCT plan was closed.

- 2.50 **The work of Listeners should be more widely promoted, including a scheduled opportunity to meet new receptions shortly after their arrival. (3.31)**

Achieved. There were posters in residential units which informed prisoners of the Listener service and identified those who undertook the role. Listeners wore distinctive shirts to identify them and provided an input about the service as part of the induction programme.

- 2.51 **Telephones should be provided that give good access to the Samaritans. (3.32).**

Achieved. There was a fully functioning Samaritans telephone on each unit and the coordinator regularly checked that they were operating satisfactorily. When she encountered problems with the batteries of these telephones, she was able to provide replacements. The signal was poor in the care and separation unit (CSU), so she had ensured that prisoners' PIN telephone could be used in privacy there.

Additional information

- 2.52 The safer custody group met monthly and included prisoner Listener and violence reduction representatives for part of the meeting. It was chaired by the residential governor and was well attended by representatives of all relevant departments and by Samaritans.

- 2.53 The number of ACCT documents opened had fallen dramatically over the previous two years. In 2009 there had been 146 opened and in 2010 this had fallen to 97. The safer custody staff

felt that this reduction corresponded with increased staff confidence and more use of the case conferencing CARE approach and conflict resolution. The use of the CARE approach had been encouraged through formal training sessions provided in July 2010.

- 2.54 There were six Listeners in post, located mainly on Fry unit. There was no care suite and Listeners mostly saw prisoners in their own cells. If the prisoner was indicated as high risk by the cell sharing risk assessment, an association room was made available.

Applications and complaints

- 2.55 **Complaints data should be recorded to allow easy and meaningful comparisons to be made between different groups of prisoners based on race, religion and diversity. (3.111)**

Partially achieved. Complaints data were recorded on a database and a monthly report prepared for the senior management team. This identified the number and reason for complaints, with analysis by ethnicity, age and other diversity aspects. However, data from P-Nomis on the range of languages and disability were unreliable, making it difficult for the prison to analyse the complaints data by these aspects. An impact assessment completed annually had led to some important changes in the information given to women about making complaints, and the colour coding of forms to make the system more accessible to those who were unable to read English confidently.

- 2.56 **Responses to applications should be logged and monitored for timeliness and quality. (3.112)**

Partially achieved. The monitoring of replies to applications and complaints was adequate. Applications were logged on submission but there was no further governance. All complaints had been dealt with on time over the previous few months. Managers undertook checks on the quality of replies on a sampling basis and a summary of the assessment was sent to the complaints clerk. This was not logged on the database, however, making it difficult to aggregate data on the percentage judged to be adequate.

Additional information

- 2.57 Application and complaint forms were easily accessible on each wing, with confidential envelopes available on request.
- 2.58 The complaints clerk emptied complaints boxes each weekday. They were logged on a database and issued promptly to the heads of function. The complaints clerk had a good system for storing complaints that had been dealt with and in chasing up replies. The main reasons for complaints over the previous six months had been money, property, mail and residential issues. An average of 59 complaints per month had been received, which was similar to the number in the previous year but a drop from the 85 per month in 2007. Responses were completed appropriately and in most cases addressed the issues raised by the complainant. Applications were processed in different ways, depending on the type. Wing-based applications were recorded, whereas others were sent straight to the department responsible. This meant that wing staff did not track all applications. Some women we spoke to complained about applications going missing. The quality of replies to applications was not monitored.

Legal rights

2.59 A legal services session should be delivered at induction. (3.118)

Achieved. A session on legal services was included in the induction programme.

2.60 Women's legal services needs should be assessed and an action plan drawn up to meet the need. (3.119)

Partially achieved. Needs were assessed during induction and individual plans put in place to address the issues, mainly involving signposting to specialist services. An analysis of needs across the population had been completed in 2009 but not repeated since.

2.61 Efforts should be made to improve foreign national women's access to independent legal advice. (3.120)

Achieved. The introduction of the foreign national coordinators, based in the offender management unit (OMU), provided some support to foreign national women. They were able to signpost women to specialist legal advice. The Refugee and Migrant Justice service had been available but this had ended recently and an alternative had not yet been found.

Additional information

- 2.62** Two part-time legal services officers were based in the OMU. They provided one-to-one support, in addition to enabling the women to open Rule 39 correspondence (legal and confidential access correspondence) and explaining the details to them. Applications for legal advice were up to date.

Faith and religious activity

2.63 The Muslim chaplain should be given sufficient hours to ensure that the needs of Muslim women are fully met. (5.44)

Achieved. There was no Muslim chaplain in post at the time of the inspection, although the prison was actively recruiting to a post of 14 and a half hours per week, which would be sufficient to minister the Friday prayers and conduct supporting instructional classes.

Additional information

- 2.64** The prison had just appointed a coordinating chaplain, having been without one for over a year, with a sessional chaplain ensuring that the statutory duties were carried out and religious festivals appropriately celebrated during this period. There were regular chaplaincy-based activities throughout the week and a number of courses were run annually.
- 2.65** There were a number of volunteer support members of the team, including a Sikh, Hindu, Jehovah's Witness and Orthodox minister. The prison had not been able to employ a Buddhist minister for a number of years.
- 2.66** The chaplaincy building consisted of a large chapel area and a multi-faith room divided by a sliding partition, to allow for a larger congregation area when needed.

- 2.67 Despite the small team and current vacancies, prisoners in our groups spoke highly of the team.

Substance use

- 2.68 **A substance misuse/dual diagnosis nurse should lead on the care coordination of substance dependent women. (3.131)**

Achieved. There was a part-time substance use nurse (three days a week), with a lead for the service based at HMP Lincoln. The close links between the integrated drug treatment system (IDTS), counselling, assessment, referral, advice and throughcare (CARAT) and mental health teams resulted in a unified approach. Regular case reviews took place at 13 weeks between IDTS and CARAT staff.

- 2.69 **Healthcare should ensure the privacy of women receiving methadone. (3.132)**

Achieved. A floor-to-ceiling screen had been erected between the dispensary hatch and the waiting area, enabling women to receive their medication without being observed by others, although there was little sound-proofing.

Additional information

- 2.70 There was a designated doctor for substance misuse, who had completed the Royal College of General Practitioners level 2 certificate in substance use and was responsible for all prescribing in relation to substance misuse treatment.

- 2.71 There were 16 women receiving methadone and two receiving buprenorphine (an opiate-based substitute) at the time of the inspection. IDTS was due to start formally later in the month, with an extra five women to be recruited to the service every fortnight.

- 2.72 The mandatory drug testing rate was 0.45% in the year to date, against a target of 2%, with low finds of illicit drugs over the previous year. There had been some problems with diversion and trading of prescribed medication, including buprenorphine and, more recently, Rivertrol (an anxiolytic drug). This was being carefully monitored through agreed use of crushed tablets and frequent mouth checking during administration; there was usually a discipline officer present during administration, although this was not always the case.

Diversity

- 2.73 **There should be a diversity policy for prisoners that meets the requirements of antidiscrimination legislation and outlines how the needs of minority groups including older women will be met. (3.42)**

Achieved. The recently reviewed comprehensive policy fully identified the anti-discrimination legislation and how the prison would manage it. All strands of diversity were included and the document provided clear instructions to staff on how each of the strands of the strategy would be delivered.

- 2.74 **Women with disabilities should be involved in the development of a disability policy that includes the arrangements to help the establishment carry out its duties under the Disability Discrimination Act. (3.43)**

Achieved. There had been wide consultation as an integral part of the review of the equalities policy, which included the management and support of prisoners with disabilities. Prisoners with disabilities had been included in this consultation exercise.

2.75 Individual care plans should be completed in conjunction with personal officers and healthcare. (3.44)

Partially achieved. Where personal emergency evacuation plans (PEEPs) were required, they had been developed to include care plans, with input from personal officers, health services staff and a member of the diversity team. Prisoners who required extra assistance but did not require a PEEP did not have a centrally coordinated care plan.

2.76 Formal monitoring should take place to ensure that prisoners from minority groups are not victimised or excluded from any activity. (3.45)

Achieved. Systematic Monitoring and Analysing of Race Equality Template (SMART) 2 monitoring was used to identify access to activity and also any emerging victimisation issues, and these were analysed at the diversity and race equality action team (DREAT) meeting. It did not, however, measure access by religion, although, proportionally, access by prisoners of different religions was equitable.

2.77 Disclosed information about disability and other needs should be held on a central register that is available to key staff. (3.46)

Partially achieved. A register was maintained by the diversity team of prisoners who declared a disability during the reception/induction screening process. The team then retained access and control of the register with a copy being provided to health care although access was only allowed to other staff on request.

Additional information

2.78 The enthusiastic and resourceful diversity team was fully integrated into the life of the prison. Prisoner and staff awareness was constantly developed by having displays and information across the prison, which included information on a 'Country of the Month' and a 'Strand of the Month'. Further information was disseminated via the prison's radio station, with briefings and interviews broadcast to the information channel. The promulgation of front pages from the world press was informative and well received by prisoners.

2.79 The equalities and diversity policy was comprehensive and well presented, with all strands considered and clear guidelines for staff to follow. Meetings were well attended and resulted in tangible outcomes.

2.80 Prisoner diversity representatives provided initial support for prisoners in relation to diversity strands. There were no focus or support groups for minority populations.

Race equality

2.81 Monitoring of the quality of completed racist incident report forms by the external representative should be provided in writing. (3.59)

Not achieved. There had been no external quality checks of racist incident report forms

(RIRFs) for over six months before the inspection. A new external scrutiny representative had been identified but had yet to be involved in the quality control process.

2.82 All staff should receive race equality and diversity training. (3.60)

Partially achieved. Most staff arriving at the establishment attended diversity and race equality training as part of their induction, including new staff and those arriving on transfer. However, senior managers did not undergo the training.

2.83 There should be structured interventions for those found guilty of racist misconduct. (3.61)

Not achieved. There were no specific structured or planned interventions to deal with prisoners found guilty of racist misconduct. There was, however, some mediation carried out and prisoners had occasionally been required to undergo the induction session on diversity again, to reinforce the message.

Additional information

2.84 At the time of the inspection, there were 134 prisoners (around 50%) from black and minority ethnic backgrounds.

2.85 Race equality was considered at the bimonthly DREAT meeting, which was chaired by the governor or deputy governor and reviewed a wide range of data and identified actions to address any disparities. The meetings were well attended, although in the minutes we viewed there were no prisoner attendees or members of any external bodies shown to be in attendance.

2.86 There had been 66 RIRFs in 2010, which was a reduction from 115 in 2009. The REO had investigated this and concluded that the drop was due to the impending re-role of the prison, leading prisoners to conclude that it was not worth submitting a RIRF. The quality of investigation into RIRFs was good and records maintained of responses.

Religion

No recommendations were made under this heading at the last inspection.

Additional information

2.87 All faiths represented at the prison were given the opportunity to worship, although there was not always a minister of their faith available (see section on faith and religious activity).

Foreign nationals

2.88 Links should be made with independent advice services for those with immigration or deportation concerns. (3.77)

Partially achieved. At the time of the inspection, there were no independent advisory services attending the prison, although prisoners could contact the deportation advisory service and international office for migration on request via PIN telephones (for which extra telephone credit was provided).

- 2.89 **Clear guidance on the use of prisoner interpreters and telephone translation services should be issued. Professional services should be used where there are matters of confidentiality, such as on arrival, during sentence planning and for healthcare appointments. (3.78)**

Partially achieved. Guidance on the use of interpreting services and prisoner interpreters had been issued more than a year before the inspection by OMU staff. Telephone interpreting services were accessed by some departments but prisoners continued to be used to interpret in some sensitive areas, such as on sentence planning boards.

- 2.90 **Alternative methods of contacting families abroad, such as the use of email and internet services, should be introduced. (3.79)**

Not achieved. Prisoners could still only contact families by telephone or by mail/airmail (including the sending of message DVDs by post). The 'email a prisoner' scheme was in place but there was no facility for prisoners to respond in kind or access any web-based communication programme.

- 2.91 **Foreign national women should be given clear information about their eligibility for resettlement services and processes and encouraged to apply wherever possible. Guidance should also be issued to staff about the eligibility criteria. (3.80)**

Not achieved. There was no resettlement information available that identified the specific needs of foreign national prisoners, with the exception of how to access the facilitated returns scheme.

- 2.92 **Foreign national women with family abroad should receive a monthly free telephone call irrespective of whether they have received a visit. (3.81)**

Achieved. All foreign national prisoners were allowed a five-minute telephone call to their families each month, regardless of either the destination of the call or if they had received a domestic visit.

Additional information

- 2.93 Almost 60% of prisoners (161) were foreign nationals, seven being subject to IS91 (Immigration Department Order no. 91) conditions and awaiting transport arrangements or appeal. The longest period that a prisoner had been subject to an IS91 detention order at the time of the inspection was around four months. A meeting was held before the establishment's DREAT meeting to identify issues and concerns to be reported.
- 2.94 In our groups, women expressed frustration that insufficient information was provided by UKBA.
- 2.95 There were four prisoner representatives who acted as the first point of contact for prisoners to discuss immigration and other related issues.

Prisoners with disabilities and older prisoners

No recommendations were made under this heading at the last inspection.

Additional information

- 2.96 The diversity team monitored the number of prisoners with disabilities and older prisoners in conjunction with the health care department, and a central register was maintained and updated regularly.
- 2.97 Most of the prison was single-storey and wheelchair access was good in most areas. We were told that staff would not push wheelchairs. There was no specific carer scheme but we were confident that the overall peer support offered by prisoners to each other mitigated the need for one.

Gender and sexual orientation

No recommendations were made under this heading at the last inspection.

Additional information

- 2.98 There were no formal support groups for gay or bisexual prisoners, although these were regularly included in the 'theme of the month' awareness programme. The comprehensive equalities policy included clear guidelines and protocols for managing prisoners presenting as transgender or who were already in the process of gender change.

Health services

- 2.99 **The health needs assessment should be updated to inform the development of service level agreements. (4.39)**

Partially achieved. A health needs assessment had been completed in February 2010 but was inadequate in its detail, and the primary care trust was in the process of producing an updated and improved version, which was in draft form.

- 2.100 **Women prisoners should have access to a woman doctor. (4.40)**

Achieved. There was usually a female GP in the prison three times a week and women could request to see her. This GP was also the substance use prescriber.

- 2.101 **Appropriate professional interpreting services should be used to ensure effective communication between prisoners and healthcare staff. (4.41)**

Achieved. Nurses used professional interpreting services, and all the telephones in the clinical consulting rooms in the health care department were appropriate for three-way telephone interpretation. Records were not kept of the usage, apart from on individual women's records.

- 2.102 **The role of the nurse practitioners should be explained to prisoners. (4.42)**

Achieved. The role of the nurse practitioners was explained to prisoners during induction, and they consulted them regularly. There had been occasions during the previous year when there had been no GP cover for leave and the nurse practitioner had been able to offer interim appointments.

2.103 Triage algorithms should be used to ensure consistency of advice and treatment to all prisoners. (4.43)

Not achieved. There were no formal triage algorithms in use. A basic template from SystemOne was used for nurse-led consultations.

2.104 Mammography services should be available to all women over the age of 50 every three years. (4.44)

Achieved. Women over 50 and at risk of breast cancer were referred to mammography services at external hospitals by the nurse practitioner.

2.105 There should be nurses with specific training in supporting prisoners who have been victims of torture or sexual abuse. (4.45)

Not achieved. The nurse practitioner had done some training in supporting prisoners who had been victims of torture or sexual abuse but no other staff had done so. The psychologist with the mental health team led groups for women who had suffered trauma, including abuse.

2.106 Health screening on arrival should take place in an appropriate environment. (4.46)

Achieved. A first night safety assessment was done in the clinical consulting rooms in the health care department soon after women arrived at the prison.

2.107 Information about the availability of all health services and the NHS complaints procedures should be produced in an appropriate range of languages. (4.47)

Not achieved. There was an information leaflet about the availability of health services and the NHS complaints procedures but it was available only in English and was in the process of being updated. A leaflet relating to the NHS independent advocacy scheme was also available only in English. There was no clear pathway to confidential NHS complaints.

2.108 A dual-labelling system of medication should be introduced. (4.48)

Achieved. There was a list of stock medications approved for nurses to administer, using dual labels to create a clear audit trail, and this was adhered to.

2.109 A full range of dental treatment equivalent to the NHS should be provided. (4.49)

Achieved. Women had access to a full range of both routine and emergency NHS dental treatment in the prison. Complex problems, such as impacted wisdom teeth, were referred to the local dental surgical service.

2.110 A dental hygienist for clinical treatment and oral health promotion should be appointed. (4.50)

Partially achieved. There was no dental hygienist. Women attending the dentist were given individual health promotion advice. Those with specific dental and gum problems were offered regular review and preventative treatment, including fluoride varnish and the provision of special toothbrushes, where appropriate. The new specification for dental services, due to be implemented in April 2011, included dental hygienist time.

Additional information

- 2.111 At the time of the inspection, there were four nursing vacancies and there had been pressures on nursing staffing for some time, due to proposals during 2010 to change the status of the prison and staff deciding to leave. Cover had been maintained but there had been a negative impact on staff morale and plans to introduce more proactive health promotion-focused care. Despite this, women had speedy access to nurses, whom we observed as being approachable and respectful. Clinical governance was good and a comprehensive range of services was provided.
- 2.112 Women were usually able to see a nurse within two days or on the same day if urgent or for 'special sick'. Waits to see the GP could be up to two weeks from the date of application. There were two protected GP appointments to enable women to be seen urgently. Failures to attend for appointments had been reduced. Women with ongoing prescriptions or those within a course of treatment were given a week's medication on release.
- 2.113 SystmOne was in use by all health professionals. First night assessments were completed on paper and did not appear as a screening on SystmOne. Secondary health assessments were completed directly onto SystmOne.
- 2.114 Dental services were provided by Serco. Women spoke highly of the quality of service but waits of up to seven months to see the dentist for a first assessment appointment were too long. There had been a gap of several months without any dental services and 92 women were waiting for a first assessment.
- 2.115 There was no waiting list to see the optician but waits for prescribed glasses were too long; one woman had waited three and half months and a second woman two and a half months from the date of prescription to receiving the glasses.
- 2.116 Pharmacy provision was good and the pharmacy technician provided a valuable smoking cessation service. External hospital appointments were generally honoured and additional appointments were staffed where urgent.
- 2.117 A full range of mental health services was provided. A psychologist offered group work in trauma and abuse as well as one-to-one work with prisoners.

Learning and skills and work activities

- 2.118 **Accredited vocational training opportunities should be introduced in catering and cleaning. (5.23)**

Partially achieved. Prisoners in the kitchen could work towards a national vocational qualification (NVQ) in food preparation and cooking at level 1 and food hygiene awards. Although three cleaning instructors had achieved the assessor's award, they were redeployed to work in other areas and a cleaning workshop has not been set up. The cleaners received training but it was not accredited and it was not to the British Institute of Cleaning Science (BICS) standards.

- 2.119 **The allocations process should be reviewed to meet the needs of prisoners, especially those without English communication skills. (5.24)**

Achieved. The allocation process had improved for prisoners who spoke English as a second language. They received a separate induction, which included a clear outline of the courses in English for speakers of other languages (ESOL), as well as the other activities available. Untrained peer support prisoners provided informal interpreting, and external interpreters were used as required. The ESOL provision had increased but there were still waiting lists for most classes, although these were managed more efficiently than at the time of the previous inspection.

2.120 The pay policy should be reviewed to encourage prisoners to participate in accredited activities. (5.25)

Partially achieved. The prison had revised the pay policy, so prisoners were now paid according to attendance at each session. However, the rates for work, at £1.39, and for education, at £1.12, were not the same. Prisoners in education received £1 for each certificated unit. Prisoners attending full-time education were therefore still disadvantaged but not as much as at the time of the previous inspection.

2.121 A new library orderly should be appointed and accredited training provided. (5.26)

Achieved. A library orderly was in post. Library orderlies were offered Open College Network (OCN)-accredited training in the introduction to library and information skills at level 1.

2.122 Internet access should be provided in the library. (5.27)

Partially achieved. The librarian and education staff provided information from the internet for prisoners. A secure web-based service (virtual campus) was planned for implementation in 2011. Three computers were located in the library, which could be booked in advance.

2.123 Prisoners in Seacole should have access to full library facilities. (5.28)

Achieved. Prisoners in the 39-bed Seacole unit had access to a library facility of around 600 books, providing fiction and non-fiction books, dictionaries, videos (100) and DVDs (35). It was a self-regulated library and was used well. The book loss was low, despite the lack of lending controls. Prison Service Orders were available in the Seacole reception area. The librarian organised inter-library loans and exchanged stock with the main-site library. Some prisoners in this unit who attended accredited learning at the main site also visited the main prison library.

Additional information

2.124 The prison continued to provide sufficient activity places for full employment. Lincoln College provided a careers, information and advice service and education, including hairdressing. The prison provided all other vocational training.

2.125 The farm was in the process of closing and animal care and crop growing had ceased. The farm area was still used for recycling waste, including food waste. Prisoners worked in the gardens and they could work towards qualifications in horticulture and tractor driving and maintenance. The four external contractors provided work in light assembly, textiles and warehousing, in addition to the Prison Service textile work. Achievement of work-based qualifications had been good in 2009/10.

2.126 Achievement of education qualifications was high. The college had made appropriate changes to the range of courses by focusing more on self-employment courses and had extended the

range of ESOL courses. The prison planned to start peer mentoring courses in January 2011. However, there were no courses in general cookery.

- 2.127 The library was provided by Lincolnshire County library services and the facility was excellent and well managed, providing a wide range of stock. There had been a large rise in book lending since the previous inspection, despite the reduction in prisoner numbers. Fiction books were available in 42 languages and dictionaries in over 50 languages.

Physical education and health promotion

- 2.128 More physical education staff should gain the NVQ assessors award. (5.37)

Achieved. The four PE staff were well qualified, all holding NVQ assessor awards. In addition, three staff had achieved a diploma in teaching learning and skills and one had achieved a certificate in teaching learning and skills.

- 2.129 The need for and the operation of longer and higher-level vocational training courses should be reviewed to increase participation in accredited activities. (5.38)

Achieved. The range of accredited gym courses had increased. Longer courses led to employment-related qualifications, such as the NVQ for gym instructors at level 2 and the NVQ in sports and recreation and allied occupations at level 1. In addition, OCN awards at level 1 were offered in healthy living, sports skills, such as volleyball, and short courses in first aid and manual handling. Achievement rates were good overall.

- 2.130 More use should be made of the physical education facilities in the daytime. (5.39)

Achieved. Gym induction (provided to all new arrivals) operated in the daytime, as did other gym sessions for prisoners who were available to attend, some of whom were released from other activities, when appropriate.

Time out of cell

- 2.131 More benches should be provided in the outside areas. (5.49)

Partially achieved. Three additional benches had been installed since 2007. The works department told us that six remained to be installed but that the work was of a low priority for them.

- 2.132 Officers should actively engage with women prisoners during association periods. (5.50)

Partially achieved. We saw officers interacting with the women during association and in the dining hall. Some women reported that officers did not always actively engage with them during association.

Additional information

- 2.133 Time out of cell was good, with women being unlocked at 8am and not locked up again until 11pm. The core day was adhered to and cancellation of association was rare. Free association was in place until 7.45pm and women could associate with those from other units within the grounds. The winter months were more difficult, as the women had to be on the units after

dark, limiting the amount of time they had to associate in the open air. Facilities for association were limited and some women reported a lack of things to do.

Security and rules

2.134 Security senior officers should be trained in the management of security information reports. (6.13)

Achieved. Security senior officers and the collators had attended the Working with Information training.

2.135 Security information reports should be dealt with within 72 hours and security should be satisfied that all outcomes have been actioned. (6.14)

Achieved. The security information reports (SIRs) we examined had been dealt with promptly. There were no SIRs that had been awaiting action for more than 24 hours at the time of the inspection. Assessments and action were approved by a governor within 72 hours in all cases.

2.136 Adjudications and bullying analysis should be clearly evidenced when assessed by the security committee. (6.15)

Not achieved. Details of adjudication and bullying statistics were included in the report made to the security committee but the minutes of the meeting did not record how they were analysed or what decisions were made on the basis of the information.

2.137 Women should not be subject to strip-searching without a risk assessment. (6.16)

Achieved. There was no automatic strip-searching of prisoners and any strip search was justified by a risk assessment and authorised by a governor.

2.138 The closed visits policy should be published in visits. (6.17)

Achieved. The full visits policy, which included the closed visits policy, was available in the visits room and in the visitors' centre.

2.139 All staff should be made aware that the use of collective punishments is unacceptable. (6.18)

Achieved. Staff we spoke to were aware that problems with prisoners should be dealt with individually and that collective punishments were not appropriate. Prisoners did not report any examples of collective punishments being used. Examples of incidents which could have led to collective punishments (such as the triggering of fire alarms by misuse of toasters) had not led to the withdrawal of facilities.

2.140 Managers should ensure that staff interpret the rules fairly and exert their authority properly and consistently. (6.19)

Achieved. We did not find examples of rules being applied inconsistently and managers regularly checked the use of disciplinary measures, such as the IEP scheme and reports. There was a prisoner council, which considered any grievances about staff using their authority inappropriately, and the appeals process in the IEP system functioned well.

2.141 Risk assessments relating to re-categorisation from the Border and Immigration Agency should be timely and useful. (6.20)

Achieved. We were told that UKBA contributed timely factual reports to the re-categorisation process. These were seen by prison staff as helpful, as they left the decision to re-categorise to the prison. Previously, the reports had been seen as unhelpful, as they too often opposed recategorisation without the benefit of a full risk assessment.

Additional information

2.142 Physical security was appropriate and the SIRs we examined showed that there was a good awareness of security across all departments. The main security issue was trading in medication and illegal drugs.

2.143 At the time of the inspection, there were no prisoners on closed visits. One was being considered on the basis of a positive mandatory drug test but the link with behaviour in visits was not explained.

2.144 One visitor was banned for assaulting a prisoner, and the ban had been in place for more than a year. It was about to be reviewed, as the assaulted prisoner had been released.

Discipline

2.145 Adjudicators should explain and record why charges have been proved and the reasons for punishments that differ from the guidance. (6.38)

Achieved. The adjudication records we examined fully recorded the explanation of a finding of guilt and mitigation which underpinned the ultimate punishment. We did not find any punishments which differed from the published tariff but the record had a space for recording reasons for any variation.

2.146 Adjudicators should ensure that all prisoners facing charges understand English well enough before proceeding. (6.39)

Not achieved. There was no entry on adjudication records to indicate that adjudicators had checked prisoners' understanding of English. This was mitigated to some extent by a consistent check that prisoners understood the charges.

2.147 The number of escorting officers at adjudications should be reduced. (6.40)

Achieved. Only one escorting officer and the officer reporting the charge were present at adjudications.

2.148 Report of injury to a prisoner (F213) should be placed with the completed use of force forms. (6.41)

Not achieved. The use of force records did not contain the full F213 report. They contained the part of the form which was a referral to the health care department when a prisoner had sustained injuries but not the resulting report outlining the injuries and the treatment provided.

2.149 Managers involved in use of force incidents should not certify completed forms. Senior managers should review who quality checks use of force forms. (6.42)

Not achieved. The records we examined had all been certified by the manager who had authorised the use of force.

2.150 Improvements should be made to the environment of the segregation unit exercise area. (6.43)

Achieved. The CSU exercise yard was clean and bordered by a wooden fence. A bench had been installed and the fence was decorated by some painted murals.

Additional information

- 2.151 There was a quarterly adjudications standardisation meeting, chaired by the deputy governor. The meeting was attended by the trained adjudicators and reviewed the procedures, feedback from monitoring and the reasons for successful appeals. The origin of adjudications was analysed by location and ethnicity.
- 2.152 The records of adjudications that we examined showed that they were conducted fairly and that punishments were proportionate. The prison recorded that around 20% of punishments were suspended and cellular confinement was awarded in 5% of proven cases.
- 2.153 The independent adjudicator was rarely required and had only attended for three cases in the previous quarter.
- 2.154 The level of use of force was low. There had been 20 incidents in 2010, which was a reduction on the 27 in 2009. Records showed that the force used was minimal and ceased when prisoners became compliant. These records were comprehensive and were made for even minor incidents of laying hands on prisoners.
- 2.155 The segregation unit was known as the CSU. It was clean and cells were well equipped with sanitation but had no electrical supply, except for lighting. There were six cells, including one with a transparent gate used for constant observation. There was no special accommodation.
- 2.156 At the time of the inspection, there were no prisoners resident on the CSU and in the previous three months there had been just six prisoners detained there, for a maximum of four days.
- 2.157 Prisoners received on the CSU were subjected to a rub-down search only, unless there was a strong suspicion that they had a concealed item. The daily regime on the unit allowed for exercise, a telephone call and a shower. Prisoners could attend corporate worship and were offered in-cell education. There was a stock of library books and prisoners were provided with radios. If they were compliant, they could access a portable DVD player.

Incentives and earned privileges

2.158 Women should not have to wait 12 weeks before being considered for enhanced status after receiving a warning. (6.50)

Not achieved. Women were required to wait 12 weeks before being considered for enhanced status after receiving a warning.

2.159 One individual act should not lead to a downgrade to basic. (6.51)

Not achieved. The IEP policy allowed for women to be downgraded to basic status after one individual act. There was no evidence that this had happened in the previous 12 months.

2.160 Reviews to be upgraded to enhanced should be automatic and not by application. (6.52)

Achieved. While women could still apply for enhanced status, staff could also nominate them for enhanced status after monthly reviews had been undertaken.

Additional information

2.161 The IEP scheme had recently been updated and was published to staff and prisoners. Staff and prisoners we spoke to were clear about the provisions of the scheme and how it applied to them.

2.162 The warnings given were mostly appropriate and women could appeal if they wished. We saw evidence in the records that they were often given chances to improve their behaviour before being given formal warnings. Managers were flexible in their approach to IEP reviews and used discretion when considering whether a woman should be demoted or promoted on the scheme.

2.163 Only four women were on the basic level of the scheme at the time of the inspection. Their behaviour was reviewed weekly and they were given incremental increases in privileges when they showed improved behaviour.

2.164 Personal officers were required to make monthly comments about women's IEP status and we saw evidence that this was done. A yearly full review of a woman's IEP status was undertaken during their sentence planning review.

2.165 Women in our groups complained that the differentials between the different levels were inadequate, although the facilities list showed a reasonable amount of extra items for those on the enhanced level.

Catering

2.166 Women should not have to queue outside for their meals. (7.8)

Achieved. A rota system for calling units to meals had been introduced and this had minimised the need to queue outside.

2.167 A pictorial menu should be created. (7.9)

Not achieved. A pictorial menu had been developed but was not seen on any of the wings we checked. Women we spoke to said that it would be useful to have the menu presented in a more easily understandable format.

2.168 Food surveys should be completed at least annually. (7.10)

Achieved. Annual surveys had been implemented, the most recent one being completed in October 2010. Consultation was also undertaken through the prisoner representative groups.

Additional information

- 2.169 There was a four-weekly menu cycle and a diverse range of food was provided, with a number of options for each meal. Breakfast packs and milk were issued the night before consumption during the week, with a cooked breakfast provided at weekends. Lunch, which included a hot option, was served just after noon, and the evening meal just after 5pm.
- 2.170 The main kitchen was large, clean and well equipped. No major problems with the equipment were reported. The Seacole unit did not have its own kitchen and food had to be delivered by the main kitchen on a heated trolley. Serveries in the main prison and on the Seacole unit were clean and well supervised. Halal utensils were not used in the main prison servery during the inspection and halal meat was stored in the same refrigerator as other meat. Women working in the serveries were appropriately dressed and adequately trained.
- 2.171 The food we tasted was of adequate quality and portion size, although some women said that it was not always as good. Responses to the most recent survey showed that 12 out of 40 women were dissatisfied with the quality of lunch and 11 with the quality of dinner. Women were not allowed to have second portions, even if there was a large amount of food left over.

Prison shop

No recommendations were made under this heading at the last inspection.

Additional information

- 2.172 The prison shop was well established and few complaints had been received. Women could place orders each week but new arrivals had to wait for the next order day and had to wait for up to seven days to receive their first order. However, reception smokers' or non-smokers' packs were issued as required, and the cost recovered from subsequent earnings.
- 2.173 DHL ran the prison shop on site, making the correction of any mistakes easier. The ordering, selection and delivery system worked well. The lack of beauty products for black and minority ethnic women had been recognised. Avon and Argos were the only catalogues on offer. Women could order newspapers, and free ones were placed in the library but not on the wings.

Strategic management of resettlement

- 2.174 **Decisions on whether or not to proceed to deportation or removal, and separately whether or not to detain for that purpose, should be made as early as possible, at least six months before date of release, in order to avoid undermining resettlement work. (8.10)**

Not achieved. No change in the processes had been achieved and UKBA continued to fail to communicate a decision about deportation or removal, and whether to detain for that purpose early enough in some of the women's sentences. In order to avoid hindering resettlement work, the establishment had developed contingency planning by putting in place resettlement plans for the UK if the woman had not been issued with an IS91 three months before release.

- 2.175 **The quality and outcomes of resettlement services should be monitored and this should include ascertaining the views of key stakeholders. (8.11)**

Partially achieved. There was limited evaluation of some projects. For example, when Lincolnshire Action Trust (LAT) delivered the parenting course, it provided an evaluation report that included feedback from participants. As a result, some changes to the content of the programme were made. Quarterly contract reviews with Hibiscus and other service providers provided some monitoring of progress against targets but more formal evaluation was required.

- 2.176 **The role of the Seacole unit should be further developed to make it a more effective resettlement facility. Cooking facilities should be provided together with support for personal and household budgeting and money management for independent or family living. (8.12)**

Partially achieved. The Seacole unit held 39 women. While its role had been expanded in some respects since the previous inspection, we found that it was still underdeveloped. While toasters and microwaves were available, other cooking facilities were not. Courses providing budgeting and money management training had been implemented. As at the time of the previous inspection, some of the women on the unit found the regime to be over-restrictive.

Additional information

- 2.177 The head of offender management and resettlement managed a wide range of responsibilities, including legal services, observation, classification and allocation and public protection. This provided good links between the different functions.
- 2.178 The monthly reducing reoffending strategy meeting had well-defined terms of reference and involved an appropriate mix of agencies and staff. However, health services staff did not always attend, owing to staff shortages.
- 2.179 Community engagement was a priority and regular events with the stakeholders were held to promote contact with the women and develop new partnerships. Using a marketplace approach, the community engagement events brought together a wide range of agencies, providing women with ease of access to, and information on, provision they had not previously known about. The most recent event included Lincoln Women's Aid, as a result of which 45 women signed up to the domestic violence programme.

Offender management and planning

- 2.180 **The desirability of women maintaining family ties should be reflected in sentence planning targets. (8.28)**

Partially achieved. Staff were aware of the need to promote family ties and the Family Link workers provided individual support. However, this was not always reflected as an objective in the sentence plan.

- 2.181 **With the consent of individual prisoners, families should where possible be invited to attend or contribute to sentence planning. (8.29)**

Achieved. A pro-forma inviting family members to sentence planning boards had been introduced a year before the inspection. However, no family members had elected to take up the opportunity. The head of reducing reoffending recognised the need to explore alternative ways of engaging family members at different stages of the sentence, in order to improve outcomes for women.

Additional information

- 2.182 Eight prison officers were offender supervisors, managing women in scope of the offender management model. Probation staff effectively managed the multi-agency public protection arrangements (MAPPA) cases and those presenting a high risk of harm to others. Staff reported that the involvement of community-based offender managers had improved over recent years, promoted by the availability of video conferencing. However, offender supervisors found it difficult to engage offender managers in sentence plan reviews outside of the minimum annual review. Two managers quality assured offender assessment system (OASys) assessments using the national tool, and at the time of the inspection all required OASys assessments had been completed. The head of reoffending randomly checked 10% of these assessments. Layered offender management and integrated offender management were not yet in place.
- 2.183 Public protection arrangements were in place and the monthly inter-departmental risk assessment and management panel reviewed relevant cases, as well as reviewing cell sharing risk assessments. No prisoners serving indeterminate sentences for public protection were held in the prison at the time of the inspection.
- 2.184 The processes for recategorising the women arriving at the establishment were adequate. Most women arrived there from HMPs Peterborough or Bronzefield. Consideration of recategorisation was carried out within eight weeks of arrival as part of the sentence planning process. An assessment was undertaken, which involved the woman, and where appropriate a referral to the recategorisation board was made. Boards were held each week and reviews were timely. The woman was informed about each step in the process and could attend both the sentence planning and recategorisation boards in order to have an input and understand the decisions made. In cases where recategorisation wasn't awarded, new objectives were agreed within the sentence plan. Women could appeal against decisions through the complaints process.

Resettlement pathways

Accommodation

- 2.185 **Accommodation advice and referrals for foreign national women should be introduced where possible. (8.48)**

Achieved. Information, advice and guidance were provided through LAT to prisoners residing in the UK. The introduction of the foreign nationals coordinators had provided some opportunity for other women to receive information and be signposted. The workers were proactive in using the internet to provide contact details outside of the UK.

Additional information

- 2.186 The 2010 prisoner needs analysis showed that accommodation was one of the biggest problems for women at the establishment. The prison consistently exceeded their performance target and approximately 130 women had received help with accommodation problems between January and December 2010. Accommodation needs were assessed as part of the induction programme.

Education, training and employment

- 2.187 **Effective links should be made and promoted between prison education, training and work and resettlement planning. (8.49)**

Achieved. The reducing reoffending department had been introduced since the previous inspection and had increased the links between education, training, work and resettlement. Managers from this department led the pre-discharge board for prisoners three months before release. This board was used well to prioritise training or courses to support prisoners' plans for resettlement. The careers, information and advice service also focused on identifying appropriate activities that were in line with sentence plans and prisoners' long-term goals.

- 2.188 **Pre-release courses should be introduced to meet the needs of British and foreign national women. (8.50)**

Achieved. LAT provided individual support for prisoners' plans for resettlement, including advice on job vacancies and applications for education, training and employment. It also provided individual or group training to prisoners on disclosing an offence. The pre-discharge board now provided foreign national prisoners with appropriate information and advice to support their plans for release.

- 2.189 **Women in the resettlement unit should have access to local library and careers services. (8.51)**

Achieved. The women on the Seacole unit received support from the unit staff and Jobcentre Plus in finding a range of work placements. The prison had exceeded its targets for progressing prisoners to employment, education and training.

Additional information

- 2.190 All of the women on the Seacole unit were employed, either on site or away from the prison; although too few undertook paid work in the community. There was only limited transport available to get women to their work places.

Finance, benefit and debt

- 2.191 **Women with finance and debt problems should be provided with individual support services. (8.52)**

Achieved. A basic needs assessment was undertaken by LAT during induction and individual plans were developed for women who needed support with finance, benefits and debt. Courses were available to improve money management and budgeting, in addition to one-to-one support. Drop-in sessions were available. Support included setting up repayment schemes, negotiating with creditors and contacting housing providers. In addition, Jobcentre Plus attended once a week to provide support with benefit claims.

- 2.192 **Women should be helped to open a bank account before release. (8.53)**

Not achieved. Support to open a bank account was available only to women on the Seacole unit. Other women could not open a bank account before release.

Mental and physical health

- 2.193 **There should be a single multidisciplinary assessment of all prisoners before release to ensure that contact is made with all relevant external agencies to achieve the best possible outcome in terms of support and or aftercare. (8.54)**

Not achieved. The health care department did not have a proactive approach to discharge and women were not seen routinely. The prison notified health services staff about women due for discharge the night before their release. Women with ongoing health problems often let health services staff know of their release date themselves. The exception to this was for mental health patients; mental health staff requested the weekly prison discharge list, which enabled them to make forward plans for all women on their caseload, well before discharge.

- 2.194 **Women with severe and enduring mental illness should be subject to the provisions of the care programme approach aftercare. (8.55)**

Achieved. Women on the community assertive treatment caseload and subject to the care programme approach (CPA) were seen regularly and there was a planned multi-professional approach to discharge. A local assessment and review tool called the Manchester care assessment schedule (MANCAS) fulfilled the CPA requirements. Mental health prescribing was led by the psychiatrist.

- 2.195 **Women with a mental health need should be identified, made known to the community mental health team and allocated a community psychiatric nurse before discharge. (8.56)**

Achieved. Women from the UK were linked with their local community mental health team several weeks before discharge, and local teams were invited to attend pre-discharge meetings to plan for release. Foreign national women were given a summary of their care by mental health staff and a minimum of seven days of medication; for women being deported directly to another country, links were made, where possible, with mental health services in that country.

Drugs and alcohol

- 2.196 **The substance misuse reduction strategy should be updated and include action plans and performance measures and be based on a comprehensive population needs analysis. (8.64)**

Partly achieved. A comprehensive substance misuse needs analysis had been conducted in October 2010 but there had been a low response rate (17% of the total population). It had identified the lack of group work and a need for alcohol-only interventions. An updated comprehensive substance misuse reduction strategy had been initiated in October 2010; it had not incorporated action plans detailing key priorities for action and target dates. There were monthly contract monitoring meetings with the CARAT team. Performance data relating to compliance-based drug testing and voluntary drug testing (VDT) were reported to the monthly security meeting.

- 2.197 **An additional member of staff should be identified to implement and monitor the substance misuse reduction strategy. (8.65)**

Achieved. There were now two caseload-carrying CARAT staff who supported monitoring of the strategy. Monthly meetings were held with the governor responsible for the substance misuse strategy to monitor the performance of the CARAT team.

- 2.198 The CARAT service's key performance target for substance misuse triage assessments should be reduced to reflect better the population and allow resources to be targeted more effectively. (8.66)**

Achieved. The key performance target for substance misuse triage assessments had been reduced from 60 to 40 since the previous year. This had been exceeded, with 43 triage assessments completed at the time of the inspection.

- 2.199 CARAT staff should have offices that do not compromise patient confidentiality. (8.67)**

Achieved. CARAT staff were now located adjacent to the health services and the mental health teams.

Additional information

- 2.200** The new residential governor had taken up the lead for the substance misuse reduction strategy and chaired the strategy meetings. Women engaged with VDT were now dispersed across the prison. There were 38 women on VDT compacts, 49 on compliance-based compacts and 35 on compacts on the Seacole unit. All women on compacts had been tested within the required time periods, in appropriate testing suites on Windsor unit. There had been two true positive tests for buprenorphine in August 2010.

- 2.201** Two women had been seen by the CARAT team for alcohol-only problems but there was no formal intervention for women with alcohol dependence. Alcoholics Anonymous came into the prison on an irregular basis.

- 2.202** CARAT provision was effective and the team had forged links with the health care department and the gym. Health services staff tried to locate substance use support for foreign national women on release.

Children and families of offenders

- 2.203 The prison should provide transport for visitors to and from the main railway stations. (3.98)**

Not achieved. No transport was provided for visitors to and from the prison from any of the local railway stations, with cost and restricted budgets cited as the reason.

- 2.204 The visitors' centre should be open for at least an hour before and after visits and should provide information in relevant languages about useful support services. (3.99)**

Not achieved. The visitors' centre usually opened around an hour before domestic visits started but was closed when visits concluded, affording no shelter for visitors waiting for taxis or to be collected. A limited amount of information was available and it was in English only.

- 2.205 All those working in the visitors' centre should receive training to help meet the needs of visitors. (3.100)**

Partially achieved. Prisoners working in the visitors' centre had received training in early 2009 but there had been no refresher training or further training sessions to cater for new prisoners working there.

2.206 All women should be offered a reception visit. (3.101)

Not achieved. Prisoners arriving with outstanding visiting orders from previous prisons were able to use them but there was no offer of a free reception visiting order on arrival at Morton Hall.

2.207 Visits booking procedures should be better managed to ensure that women can book with ease and have fair access. (3.102)

Partially achieved. The P-Nomis system had speeded up the process of sending out visiting orders but visits booking procedures remained laborious, involving applications and post room dispatch. It was not possible to book a visit from within a visit and there was no telephone booking system.

2.208 All women should be allowed at least one visit of at least an hour each week irrespective of their incentives and earned privileges (IEP) status. (3.103)

Not achieved. Only prisoners on the enhanced level of the IEP scheme could apply for a visit each week. Prisoners on the standard level could apply for three visits a month and those on basic could have only the statutory two visits a month.

2.209 Women leaving visits should be searched only if there is specific intelligence to justify this. (3.104)

Achieved. Strip-searches were rarely conducted on exit from visits, and then only following security intelligence and approval from a senior manager.

2.210 Children under 18 should not be treated as adults for visits purposes. (3.105)

Achieved. Visitors were designated as adults from the age of 18 upwards.

2.211 An alternative supplier should be found to ensure that foreign national women can make cheaper telephone calls to their families. (8.76)

Not achieved. In line with the national Prison Service contract, BT remained the sole supplier of telephone services. The prison had made enquiries to adopt other, cheaper suppliers but had remained bound by the national contract.

2.212 The family support service should be extended to foreign national women and their families. (8.77)

Partially achieved. The family support service had been extended to foreign national prisoners who resided in the UK but there was no support for foreign national prisoners who lived abroad.

2.213 Parenting programmes should available. (8.78)

Not achieved. There was no parenting course running at the time of the inspection. We were

told that this had ceased in April 2009 due to a possible re-role to an immigration removal centre.

Additional information

- 2.214 The visits hall had seating for 18 prisoners with three visitors each. There were two closed visits booths, which had not been used for some time. A tea bar was operated by volunteers and there was a small children's play area.
- 2.215 Legal visits took place in the main visits room, which did not afford an appropriate level of privacy. Prisoners told us that they were often taken to the visits hall long before their visitors arrived.
- 2.216 Based on the current level of visits entitlement, the prison was deficient in visits provision, being able to facilitate only 54 visits per week.
- 2.217 Family visits took place every other month, were facilitated by a local charitable organisation and were accessible to all levels of IEP.

Attitudes, thinking and behaviour

- 2.218 **A needs analysis should be undertaken to determine what programmes and interventions are necessary for women at Morton Hall. (8.85)**

Achieved. OASys data analysis and the annual survey of women's need was used to determine the range of programmes and interventions.

Additional information

- 2.219 The largest group of prisoners was sentenced for drug importation. To address this, a drug awareness course had been developed, to inform participants of the effects of drugs on individuals and society. Courses targeting consequential thinking, anger management and relapse prevention were also available. There were waiting lists for some of the programmes, which could hinder the women's progress against sentence plan objectives. A course for women who wanted to learn more about the reality of domestic violence and abuse was also available.

Appendix I: Inspection team

Karen Dillon	Team leader
Sandra Fieldhouse	Inspector
Andrew Rooke	Inspector
Paul Rowlands	Inspector

Specialist inspectors

Nicola Rabjohns	Health services inspector
Karen Adriaanse	Ofsted inspector
Julia Horsman	Ofsted inspector

Appendix II: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Status	18–20-year-olds	21 and over	%
Sentenced		262	97.39
Recall		6	2.23
Convicted unsentenced			
Remand			
Civil prisoners			
Detainees		1	0.44
Total		269	100

Sentence	18–20-year-olds	21 and over	%
Unsentenced			
Less than 6 months		3	1.12
6 months to less than 12 months		16	5.95
12 months to less than 2 years		45	16.73
2 years to less than 4 years		32	11.9
4 years to less than 10 years		155	57.62
10 years and over (not life)		18	6.69
ISPP			
Life			
Total		269	100

Age	Number of prisoners	%
Please state minimum age		
Under 21 years		
21 years to 29 years	89	33.09
30 years to 39 years	86	31.97
40 years to 49 years	64	23.79
50 years to 59 years	25	9.29
60 years to 69 years	4	1.49
70 plus years	1	0.37
Please state maximum age	71	
Total	269	100

Nationality	18–20-year-olds	21 and over	%
British		108	40.14
Foreign nationals		161	59.85
Total		269	100

Security category	18–20-year-olds	21 and over	%
Uncategorised unsentenced			
Uncategorised sentenced			
Cat A			
Cat B			

Cat C		233	86.61
Cat D		36	13.38
Other			
Total		269	100

Ethnicity	18-20-year-olds	21 and over	%
<i>White</i>			
British		93	34.57
Irish			
Other white		42	15.61
<i>Mixed</i>			
White and black Caribbean		3	1.33
White and black African		3	1.33
White and Asian		3	1.33
Other mixed		11	4.08
<i>Asian or Asian British</i>			
Indian		1	0.44
Pakistani		7	3.11
Bangladeshi			
Other Asian		5	2.22
<i>Black or black British</i>			
Caribbean		29	10.78
African		42	15.6
Other black		11	4.08
<i>Chinese or other ethnic group</i>			
Chinese		7	3.11
Other ethnic group		10	3.71
Not stated			
Total		269	100

Religion	18-20-year-olds	21 and over	%
Baptist		6	2.23
Church of England		47	17.47
Roman Catholic		64	23.79
Other Christian denominations		74	26.76
Muslim		29	10.78
Sikh		1	0.44
Hindu		2	0.74
Buddhist		18	6.69
Jewish			
Other		4	1.48
No religion		24	8.92
Total		269	100

Sentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month			9	3.34
1 month to 3 months			68	25.27
3 months to 6 months			56	20.81
6 months to 1 year			44	16.35
1 year to 2 years			79	29.36
2 years to 4 years			12	4.4
4 years or more			1	0.46
Total			269	100

Unsentenced prisoners only

Length of stay	18-20-year-olds		21 and over	
	Number	%	Number	%
Less than 1 month				
1 month to 3 months				
3 months to 6 months				
6 months to 1 year				
1 year to 2 years				
2 years to 4 years				
4 years or more				
Total			269	100

Main offence	18-20-year-olds	21 and over	%
Violence against the person		20	7.43
Sexual offences		1	0.44
Burglary		9	3.34
Robbery		17	6.31
Theft and handling		14	5.2
Fraud and forgery		9	3.98
Drugs offences		120	44.6
Other offences		34	12.63%
Civil offences			
Offence not recorded/holding warrant		46	17.1
Total		269	100