

Report on a scrutiny visit to

# **HMP & YOI Peterborough (women)**

by HM Chief Inspector of Prisons

**2 and 9–10 March 2021**



# Contents

Introduction	3
About HMP & YOI Peterborough (women)	5
Summary of key findings	7
Section 1. Leadership and management	11
Section 2. Safety	13
Section 3. Respect	17
Section 4. Purposeful activity	26
Section 5. Rehabilitation and release planning	28
Section 6. Appendices	32
Appendix I: Background and methodology	32
Appendix II: Further resources	34
Appendix III: Glossary of terms	35

# Introduction

HMP & YOI Peterborough women's prison in the east of England is a local and resettlement facility for adult and young adult women. It shares the same site and some resources with the adjoining men's prison and serves the needs of women on remand, and also encompasses the full range of offences and sentences. This report presents the findings from our scrutiny visit and focuses on the treatment of women and the conditions in which they were held during the COVID-19 pandemic.

The leadership team had managed the consequences of the COVID-19 pandemic in the prison effectively. There had been very few positive cases over the year and the partnership arrangements with health colleagues had delivered a range of measures to contain potential infections and protect prisoners and staff. Cohorting arrangements were applied inconsistently and this had the potential to undermine the otherwise robust procedures and guidance that existed.

In line with national guidance, the prison had returned to a more restricted regime in January 2021. Women repeatedly described the debilitating impact that being locked in a cell for about 23 hours every day was having and the toll it was taking on their mental health and emotional well-being. Some even told us they had considered suicide, although what we found was a prison that was safe, calm and well ordered. Levels of self-harm remained lower than they were pre-COVID-19 despite a recent slight increase. The case management arrangements for women at risk of suicide or self-harm appeared good, although many women who had been in crisis reported that they did not feel adequately supported. Anti-ligature clothing was used to manage a small number of women at risk more frequently than at other women's prisons. We were not persuaded that this was always necessary.

The number of recorded violent incidents had declined since the beginning of the pandemic and the environment and regime in the segregation unit were reasonable. The use of force had increased and was applied disproportionately to young adults and in the segregation unit, where generally stays were short. We were not confident that across the prison force was always used as a last resort or that governance arrangements were sufficiently robust. Previously high levels of strip-searching had decreased considerably.

Overall, we found that the prison treated the women respectfully, although there was evidence to suggest that there was much more to do to embed an approach that considered more fully the trauma many women had experienced and which is so often linked to their offending. The environment was pleasant and women appreciated being able to personalise their cells, but toilets were not sufficiently screened. Showers lacked privacy, deterring a number of women from using them, and there were some issues with the provision of menstrual care products, soap and hand sanitiser. Relationships between staff and women were generally positive, but the regular meaningful contact that is particularly important to women in prison was less evident. Good consultation arrangements had continued throughout the pandemic. Many women were positive about the food, but dinner was routinely served too early, from 3.30pm.

Equality and diversity needed to be promoted better, to make sure that the needs of all prisoners from protected groups were met consistently. The provision for foreign national women was good, but we found some women with disabilities who required better support. Mothers and their babies were well cared for, but concerns that the current restrictions were preventing babies and children from having face-to-face contact with their fathers were understandable.

Health services were broadly equal to those in the community. The perinatal pathway was working well and pregnant women received good support, including from a specialist midwife. However, three-quarters of women in our survey identified as having mental health problems and we were not confident that they were all getting the support they needed promptly.

The regime was predictable, but at best most women could only achieve a maximum of one hour and 15 minutes out of their cell each day and this was often curtailed. The experience for the small number of women on the enhanced unit was much better. Most women did not have enough to keep them purposefully occupied – work and vocational opportunities were limited, and the education provision was too narrow, although the achievement of qualifications was high.

Women received effective support to help them maintain contact with their children and families, particularly in the absence of social visits. The Purple Visits system (see Glossary of terms) was now very well used. In-cell telephones and additional credit were valued, as was the well-used email contact scheme.

The arrangements to support women to progress through their sentences had continued. The case management of individual sentences was appropriately prioritised and included some face-to-face contact from prison offender managers. A small number of women had completed offending behaviour programmes. Some weaknesses in public protection arrangements had been identified previously but we found signs of improvement and there were now no areas of serious concern.

There was some good work to support women on their release. Despite this, many were released either without any housing or into emergency, short-term accommodation. This was not directly the fault of the prison but was symptomatic of a broader concern about the provision of suitable accommodation for women leaving prison.

Leaders described recovery plans (see Glossary of terms) that were ready to be implemented as soon as they were given permission to relax the current restrictions, although they also suggested an intent to progress with extreme caution. The management of risk will clearly need to develop as new advice is received.

This was a reasonably good visit, with a number of encouraging features. This report identifies nine areas of notable positive practice and also highlights eight key concerns and recommendations that we hope will assist the prison further to improve outcomes for the women in their care.

**Charlie Taylor**

HM Chief Inspector of Prisons

March 2021

# About HMP & YOI Peterborough (women)

## Task of the prison

HMP & YOI Peterborough is a local resettlement prison for adult and young women.

## Certified normal accommodation and operational capacity (see Glossary of terms)

Prisoners held at the time of this visit: 317

Baseline certified normal capacity: 372 plus 12 mother and baby unit (MBU) places

In-use certified normal capacity: 372

Operational capacity: 396

## Prison status and key providers

Private: Sodexo Justice Services

Physical health provider: Sodexo Justice Services (GP services subcontracted to Cimmaron UK)

Mental health provider: Cambridgeshire and Peterborough NHS Foundation Trust

Substance misuse treatment provider: Sodexo Justice Services.

Prison education framework provider: Sodexo Justice Services

Community rehabilitation company (CRC): Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire (BeNCH) Community Rehabilitation Company, contracted to St Giles

Escort contractor: Serco, GEOAmey, and Mitie Care and Custody

## Prison group

East of England

## Brief history

The prison opened on 28 March 2005 with two residential units and an MBU.

## Short description of residential units

There are 10 residential wings across houseblocks 1 and 2, a segregation unit and a 12-place MBU.

Houseblock 1:

A1 – Young adults

B1 – Integrated substance misuse service and first night centre for those requiring detoxification or stabilisation

C1 – Early days centre

D1 – For those serving long-term sentences

E1 – Enhanced and open conditions unit

Houseblock 2:

A2 – Remand

B2 – Restricted status prisoners and the general population

C2 – For those with complex needs

D2 – Non-vaping unit also accommodating the general population

E2 – Foreign national unit (HMP & YOI Peterborough is a designated foreign national hub)

## Director and date in post

Damian Evans – in post October 2016, currently on secondment

Deputy director David Smart is currently acting director

## Leadership changes since last full inspection

Damian Evans – in post at the last inspection

**Independent Monitoring Board chair**

Tani Nath

**Date of last inspection**

11–21 September 2017

# Summary of key findings

## Key concerns and recommendations

- S1 Key concerns and recommendations identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.
- S2 During this visit we identified some areas of key concern, and have made a small number of recommendations for the prison to address.
- S3 **Key concern:** The environment, regime and culture in women's prisons should support an approach that assists women in prison to manage and overcome the trauma they may have experienced prior to custody. Despite some good, targeted work by dedicated staff and peer supporters, this approach was not yet fully embedded across the whole establishment. For example, a number of women said that they were partly deterred from using the showers and baths on the wings, because they were open to the landings and were not sufficiently private.

**Recommendation: All practices and provision should be reviewed, to make sure that the environment, regime and culture across the prison support an approach that assists women to manage and overcome previous and current trauma.**

(To the director)

- S4 **Key concern:** The regime for the majority of women had been poor for too long and was having an increasingly negative impact on their mental health and well-being. Most spent, at best, 75 minutes out of their cell on a typical day, when competing factors such as time in the open air and domestic tasks occupied them and limited their opportunity to engage in purposeful activity or to interact with staff and their peers. This already limited time out of cell was often further curtailed.

**Recommendation: All women should have consistent and sufficient time out of cell each day. They should be able to spend one hour in the open air, participate in purposeful activity, complete domestic tasks, and interact with staff and their peers.**

(To the director)

- S5 **Key concern:** In the six months prior to our visit, the overall number of incidents involving the use of force had increased and was much higher than the previous six months. The use of planned interventions was more frequent than at comparator prisons. A disproportionately large number of incidents involving the use of force either involved young adults or took place in the segregation unit. The written incident reports we examined did not always describe sufficiently attempts to de-escalate situations before force was used and some contained conflicting accounts. We were concerned that force was not always used as a last resort. There was regular oversight, but we queried its rigour.

**Recommendation: Force should only be used against women in prison as a last resort. Written accounts should reflect that communication and de-escalation were attempted before force was used. Quality assurance of incidents should identify any shortfalls and action taken as a result.**

(To the director)

- S6 **Key concern:** Anti-ligature clothing was used more frequently and for longer periods than we usually see in women's prisons. We were concerned that it may have been used as a control measure for a small number of women and we were not convinced that it was always necessary. Support for women with complex needs required improvement.

**Recommendation: Anti-ligature clothing should only be used as a last resort and for the shortest period possible.**

(To the director)

- S7 **Key concern:** Women reported a lack of regular, meaningful, face-to-face engagement with staff. This was a particular worry, given the detrimental impact they felt the limited regime was having on their mental health and well-being. Many women we spoke to talked about the struggles they were having, including some who had considered suicide. In our survey, only 51% of women reported that a member of staff had spoken to them in the previous week to see how they were getting on.

**Recommendation: Welfare checks should be regular, face to face and provide women with a meaningful opportunity to talk about their well-being.**

(To the director)

- S8 **Key concern:** Women repeatedly told us about difficulties in ordering, and delays in accessing, menstrual care products, soap and hand sanitiser.

**Recommendation: As a matter of urgency, women should have ready access to menstrual care products, soap and hand sanitiser.**

(To the director)

- S9 **Key concern:** The provision for some disabled women was inadequate and was having an impact on their well-being. One woman we spoke to had not used the exercise yard since the start of the pandemic and others told us that they were unable to access showers because of their physical disabilities.

**Recommendation: All women with disabilities should have up-to-date care plans, which should ensure that reasonable adjustments are in place for them so that they are able to access the same provision within the prison as other prisoners.**

(To the director)

- S10 **Key concern:** In our survey, 75% of women said that they had a mental health problem, but only 15% that it was easy to see a mental health worker. Several women we spoke to told us that they had experienced long waits to see the mental health team and that their needs were not being met during this time. The team was stretched because of staff shortages, which included a long-standing psychologist vacancy, a staff grade psychiatrist position and a nursing vacancy. They adversely affected the timeliness of assessments for primary mental health services, which, at five weeks, was too long.

**Recommendation: All women should receive timely assessment and support to meet their mental health needs.**

(To the director)

## Education, skills and work (Ofsted)

- S11 During this visit Ofsted inspectors conducted an interim assessment of the provision of education, skills and work in the establishment. They identified steps that the prison needed



to take to meet the needs of prisoners, including those with special educational needs and disabilities.

## Next steps

- S12 Leaders and managers should ensure that the education offer during the restricted regime is broadened, so that women have more opportunities to learn new skills and gain new knowledge ahead of the full reopening of the regime. The offer should be informed by a training needs analysis of the prison population, to establish fully its needs in relation to education, skills and work.
- S13 Leaders and managers should formally monitor the quality of in-cell learning. They should work with staff to improve their skills in remote teaching and in providing developmental feedback to learners.
- S14 Leaders and managers should monitor how well women engage in the activities available to them, to assure themselves that women not allocated to education, skills and work activities are occupied and meaningfully engaged during their time in cells.
- S15 Leaders and managers should ensure that support for women with special educational needs is appropriate, effectively coordinated and provided in a timely manner.

## Notable positive practice

- S16 We define notable positive practice as innovative practice or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- S17 Inspectors found nine examples of notable positive practice during this visit.
- S18 **Women were able to access free face-to-face help, advice and support with legal issues from a local solicitor. This was unusual and assisted the prison in ensuring that women could adequately access help to achieve their legal rights.** (See paragraph 3.10.)
- S19 **A one-stop clinic was innovative and made sure that a comprehensive health screening was undertaken on the day after a woman's arrival. This included a range of tests and access to clinicians. It was completed in one day, in contrast to the delayed and sometime disjointed arrangements we often see. This enabled the early identification and treatment of women's health needs and had reduced the non-attendance rate for secondary screening and other health appointments.** (See paragraph 3.25.)
- S20 **The development of a perinatal pathway was positive. It ensured that pregnant women were identified promptly, and that their needs were met as part of a structured pathway, based on good multidisciplinary work, including a specialist midwife, mother and baby unit staff and the mental health team.** (See paragraph 3.32.)
- S21 **The two-year peer support programme, commissioned by NHS England and NHS Improvement, saw two perinatal and two health care peer supporters offer**

- emotional and practical support to women, with a focus on those who were eight weeks pre-release. (See paragraph 3.33.)**
- S22 **The enhanced unit allowed women to access much better time out of cell than elsewhere in the prison. Women valued this and it was mentioned as a key factor in supporting their overall well-being. (See paragraph 4.4.)**
- S23 **The prison's in-house 'family matters' team had continued to provide excellent, meaningful support for women and their families. Staff saw all women face to face soon after their arrival, identifying primary carers and those who needed help with practical and emotional matters, such as brokering and facilitating calls with families, social services, legal teams and adoption agencies. (See paragraph 5.6.)**
- S24 **Valuable practical support was given to women who were not eligible for prison offender manager interventions. This useful initiative ('Most in Need') worked with women on an individual basis and focused on motivating them to embrace change and to support them in reducing their risk of re-offending, delivering some targeted non-accredited interventions where relevant. (See paragraph 5.10.)**
- S25 **A dedicated team of prison staff and peer trauma champions provided support for women who had experienced trauma, including abuse, rape or domestic violence. Peer champions saw all new arrivals to identify their needs, and the team provided valuable, well-needed support to women in prison. (See paragraph 5.21.)**
- S26 **The Outside Links facility at the prison offered excellent face-to-face support to women, both on their day of discharge and after release, at a further Community Outside Links facility in Peterborough City Centre. (See paragraph 5.22.)**

# Section 1. Leadership and management

In this section, we report mainly on whether leaders and managers are responding effectively to the challenges of the pandemic, the proportionality of restrictions on activity and movement, whether recovery plans are in place and understood by staff and prisoners, the support provided to prisoners and staff, and the effectiveness of cohorting arrangements.

- 1.1** The leadership team had effectively managed their COVID-19 response since the beginning of the pandemic. Only five women had tested positive and measures to prevent transmission to others were appropriate. A variety of well-embedded arrangements aimed at keeping residents and staff safe were in place and were informed by good partnership working with health colleagues. These included: temperature checking on arrival, the requirement for all staff to wear face masks, the well-advanced vaccination programme for residents, testing provision for women and staff, and the local track and trace system. We were, however, concerned by what appeared to be some recent confusion among staff who told us that cohorting arrangements were subject to staff discretion and were being inconsistently implemented across the prison, including on the reverse cohort units (RCUs; see Glossary of terms). This potentially undermined the robust guidance that existed and introduced unnecessary risks (see paragraph 3.24).
- 1.2** Peterborough women's prison managed a complex population. As well as being a hub for foreign national women, it is one of the few women's prisons that can accommodate women in a segregation unit or health care inpatient facility. It comprised: women on remand, unsentenced women, those on licence recalls, those serving short sentences, women serving longer or indeterminate sentences, a small number requiring higher-level security arrangements and a small number suitable for open conditions.
- 1.3** Communication, both with staff and the women, about COVID-19 and the current restrictions was good. Regular bulletins and notices were issued and messages were reinforced among the population by peer supporters. Wayout TV was used extensively to promote the reasons for the changing landscape, as well as to offer women the chance to ask questions and receive televised responses from the director (see also paragraph 3.8).
- 1.4** Many women in prison may have previous negative experiences which shape their reasons for offending and their experience of imprisonment. It is therefore extremely important that the environment, regime and culture should all be supportive of delivering a trauma-informed approach. While there was some recognition of the need to help women in managing and overcoming previous and current trauma, and some pockets of notable positive practice, particularly among the dedicated trauma team and peer champions, this approach was not yet fully embedded across the whole prison and was not as well developed as we would usually find in a women's prison (see key concern and recommendation S3).
- 1.5** Following the further round of restrictions imposed in the community in January 2021, the prison reintroduced a more restrictive regime. Most women could now only access a maximum of 75 minutes out of their cell each day, including some time in the open air, and we were told that this time was often curtailed. Women repeatedly told us that they were weary of the restrictions and consistently described the debilitating effect that the continued restrictions were having on their mental health and emotional well-being, with some telling us that they had considered suicide. Measures to mitigate the impact of restrictions, such as regular meaningful engagement with staff, were too limited (see key concern and recommendation S4).
- 1.6** Leaders said that they were ready to implement recovery plans once granted permission. However, they also spoke of proceeding with extreme caution following their very recent

experience of managing a major COVID-19 outbreak in the adjoining men's prison. We hoped that this understandable caution would not prevent or hinder a prompt resumption of a more enriched regime in the women's prison at the earliest possible opportunity.

## Section 2. Safety

In this section, we report mainly on arrival and early days; managing prisoner behaviour; and support for the most vulnerable prisoners, including those at risk of self-harm.

### Arrival and early days

- 2.1 The reception area had an open and welcoming environment. Although not planned, the number of receptions had declined slightly since the regime restrictions were implemented; however, some late arrivals were still a concern. The waiting room had a range of information about the prison, and private interview rooms were available for confidential discussions. A separate well-decorated and equipped room was used for women with babies. A basic range of clothing was provided when required and a clothes shop was also available in reception.
- 2.2 The streamlined arrangements, temperature testing on arrival and social distancing ensured that the risk of virus transmission in reception was minimised. Arrangements were made for managing multiple arrivals at once, and long stays were avoided.
- 2.3 First night interviews were conducted in private and peer support was available. Additional support was offered where identified, such as for those who were new to custody or women with a history of self-harm. The prison's in-house 'family matters' team provided support for women with caring responsibilities, quickly after their arrival.
- 2.4 Telephone interpreting facilities were available and well used. Basic information about the prison was also available in a range of commonly used languages.
- 2.5 New arrivals were allocated to one of the two reverse cohort units (RCUs), one of which was identified for women experiencing substance misuse problems. Women could shower and make a telephone call on their first night, and enhanced welfare checks were completed during the first 24 hours.
- 2.6 First night cells were well prepared in advance and women were provided with toiletries, a television and a kettle. Some women reported, however, that the bedding they were provided with was dirty. Good peer support was offered during the minimum 14-day period they spent in the RCU.
- 2.7 Induction procedures were comprehensive. A detailed range of information was available, all of which was displayed on the communal walls, which was helpful in case the women had not fully processed the information on the day of arrival.
- 2.8 The regime for women on the RCU was equitable with that in other areas of the prison. Similar to other areas, time out of cell was minimal (see section 4) and subject to frequent curtailment.

### Managing behaviour

- 2.9 In our survey, 19% of women felt unsafe at the time of the visit and a third reported being victimised by staff or other women. The reasons for this were not clear.

- 2.10** The number of recorded violent incidents had declined in the previous six months and were lower than at other, comparable prisons. This was commendable considering the prison looked after several women with challenging behaviour and some who had been responsible for multiple acts of violence. There was evidence of good multidisciplinary intervention for some perpetrators, and there were clear examples of a reduction in their involvement in violent incidents. The interventions included the relatively recently implemented individually tailored management plans and adjudication aftercare. Early indications showed that these could help tackle the levels of violence in the prison effectively.
- 2.11** Overall, the use of force had increased in the previous six months. Planned interventions at Peterborough were the highest within its comparator group. A disproportionately large number of incidents in which force was used either involved young adults or took place in the segregation unit. Some of the written reports we examined reflected conflicting accounts of incidents, and a minority of statements appeared to have been copied and pasted, so did not represent an individual account from each person involved in the incident. Many did not record efforts to communicate with women to de-escalate incidents before force was used, and we were concerned that force was not always used as a last resort. Regular oversight of the use of force took place, but we queried its overall robustness (see key concern and recommendation S4).
- 2.12** Challenge, support and intervention plans (CSIPs; see Glossary of terms) were tokenistic and required improvement. Targets set were generic and did not address the individual needs of women. Of the three CSIPs open during our visit, all contained the same single target of 'engage positively with staff and peers' and failed to identify individual triggers or behaviour that women needed to address.
- 2.13** Security meetings had continued throughout the regime restrictions. The prison was aware of its emerging risks, such as the ingress of illicit items, and had taken appropriate action to address them, such as photocopying incoming mail before distribution. Mandatory drug tests had been reintroduced before the restrictions imposed in January 2021, with a low positive rate. There were appropriate and proportionate measures for managing the small number of restricted status women who were subject to enhanced security requirements. It was positive that strip-searching was now intelligence led.
- 2.14** The use of segregation remained low and most women stayed there for relatively short periods. Segregation was monitored through a quarterly multidisciplinary meeting, where a good range of data and trends were reviewed. The environment was reasonable and segregated women could exercise and shower daily. Although the exercise yards were cage-like, there had been some attempts to improve the outside area leading to them. The introduction of reintegration and management plans had shown some tangible improvements – some women involved in several violent incidents and subject to multiple uses of force had improved their behaviour after they engaged with these support mechanisms. Staff were knowledgeable about those in their care, but a number of women who had stayed there on multiple occasions raised concerns about their treatment while in segregation. We referred one case to the director for further exploration.



Segregation unit exercise yard



Entrance to the segregation unit exercise yard

- 2.15** All women had been removed from the lowest tier of the incentive scheme. However, we came across examples of discretionary action undertaken by staff and disciplinary procedures that resulted in loss of privileges, such as a television, sometimes for extended periods and at a point where mental and emotional deterioration were of serious concern. We found that some adjudication awards were over-punitive and failed to support women, particularly in the current climate.

## Support for the most vulnerable, including those at risk of self-harm

- 2.16** In addition to the women identified as needing either to medically isolate or shield, a few were considered unsuitable for socialising with others. These women were located across the prison and were offered a regime separately from their peers. As with others, their regime was also curtailed, which exacerbated further the isolation they experienced.
- 2.17** Many women told us about the adverse impact that the restricted regime was having on their mental and emotional well-being, including a few who said that they had considered suicide.
- 2.18** There had not been any self-inflicted deaths since the onset of the regime restrictions. Incidents of self-harm had declined since the start of the pandemic and, while the number had begun to increase, remained lower than pre-COVID-19.
- 2.19** In our survey, only half of women who had been subject to assessment, care in custody and teamwork (ACCT) case management procedures for prisoners at risk of suicide or self-harm reported feeling cared for by staff. ACCT documentation we reviewed was generally of a good standard and there was an effective quality assurance system. Attendance or input during case reviews was mostly multidisciplinary, and care plans were tailored to the individual. Enhanced case management support was offered to women with greater needs.
- 2.20** The weekly safety interventions and complex case meetings managed those who posed a heightened risk of harm. The monthly safety meeting provided multidisciplinary oversight of self-harm in the prison. There was evidence of discussions about how to reduce self-harm, such as feedback from women outlining how speaking to people helped them with thoughts of harming themselves, and how the mental health in-reach team needed to be more visible. However, it was not always made clear what action was taken as a result of such discussions.
- 2.21** Anti-ligature clothing was used more frequently than we usually see in women's prisons, even though only small numbers of women were affected. As at the last inspection, we were not confident that anti-ligature clothing was always used as a last resort or for the shortest period. We were concerned that it was used as a control measure and were not convinced that its use was always necessary (see key concern and recommendation S6).
- 2.22** Important peer support schemes such as Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were available. However, they were not well promoted or used. Listeners reported not being called on very often and we came across ACCT care plans that recorded that Listener support was not available. The Samaritans provided support to the Listeners through a weekly telephone call slot.



## Section 3. Respect

In this section, we report mainly on staff-prisoner relationships; living conditions; complaints, legal services, prisoner consultation, food and canteen; equality, diversity and faith; and health care.

### Staff-prisoner relationships

- 3.1** Staff-prisoner relationships were generally good and staff we spoke to were knowledgeable about the women in their care. Staff were available on landings to talk to women during their time out of cell. We observed friendly and helpful interactions during day-to-day activities.
- 3.2** In our survey, 82% of women said that staff treated them with respect. Just over three-quarters of women (76%) reported that they had a member of staff they could turn to if they had a problem. However, only 51% said that a member of staff had spoken to them in the previous week to see how they were getting on, and throughout our visit women reported a lack of regular, meaningful engagement with staff. This was a particular concern, given the detrimental impact they felt the limited regime was having on their mental health and well-being. Many women, including some who had considered suicide, talked about the struggles they were experiencing, and how their emotional well-being was adversely affected by the lack of meaningful engagement (see key concern and recommendation S7).
- 3.3** Daily welfare checks for the most vulnerable were not always recorded and those that were did not always focus on how women were feeling that day. Instead, they often reported on women's participation in the regime and often noted that no other concerns had been raised. Weekly welfare checks for women not considered to be vulnerable were similar. We were told that these were often carried out via telephone calls to unit staff instead of speaking to women directly, face to face or on the telephone, to see how they were feeling; this did not meet our expectations of a meaningful welfare check. Management checks were undertaken but lacked rigour, and some of the issues we found had not been identified.

### Living conditions

- 3.4** Living and communal areas of the prison were clean and well presented. Showers on residential wings were clean but were not sufficiently private. During our visit, several women reported that despite having the opportunity to shower daily, the lack of privacy and previous negative experiences deterred them from doing so (see key concern and recommendation S3).



The AI exercise yard



Shower on a residential wing

- 3.5** Cells we observed were in good condition and mostly well-equipped, although not all of those we visited had curtains. Staff conducted regular decency checks. The in-cell telephony and recent provision of kettles were valued, particularly during the restricted regime. Women were able to personalise their cells, which they appreciated, and many we saw were painted in bright colours, which women said made them feel more homely. There was sufficient space for women who shared cells that were designed for two people, but for the small number who shared cells designed for one person, living conditions were cramped. Toilet screening was inadequate, especially in shared cells.



Personalised single room



Small double room



Toilet screening

- 3.6** Enhanced cleaning schedules were in place and each wing had additional trained cleaners to address the increased need for cleaning created by COVID-19. Cleaning materials were readily available. Many women reported that there were difficulties in ordering menstrual care products and delays in receiving them, which was unacceptable and needed to be resolved as a matter of urgency. There had also been supply issues resulting in hand sanitiser, soap and toiletries not being readily available, which was poor (see key concern and recommendation S8).

## Complaints, legal services, prisoner consultation and food and shop

- 3.7** The number of complaints submitted was lower than in similar prisons. The prison's practice of removing any submissions it determined not to constitute a complaint undermined the integrity of the data and meant that not all submitted complaints were logged. When complaints were logged, systems for tracking them were good and responses were timely and dealt with the issues raised. Quality assurance processes were effective. Good analysis took place to establish patterns and trends. Applications were submitted through the electronic kiosk and were dealt with promptly. The system allowed managers to track their progress.

- 3.8** Consultation arrangements were good. Monthly meetings with the senior leaders took place and feedback was provided to women, which showed that action was taken. The prison also used a digital television channel, Wayout TV, which had included a Q & A session with the director, as well as weekly bulletins to keep women updated. Some wing meetings also took place, but were informal and not all women we spoke to were aware of them. Overall, women reported having a good knowledge of what was happening in terms of COVID-19 restrictions.
- 3.9** In our survey, 64% of women said that the food was good. Menus were varied, catered for a range of diets and included healthy options at each meal. The meals served during our visit were of good quality and quantity. Due to the restricted regime, the evening meal was served too early, starting at about 3.30pm. Since the introduction of restrictions, women were provided with a weekly treat pack, which included additional snacks and drinks.
- 3.10** Arrangements for women to access legal assistance were good. The provision included a pilot where a bail officer provided helpful support. The prison also had an arrangement with a local solicitor, which meant that women could access free face-to-face legal advice, which was positive and much appreciated.
- 3.11** In-person legal visits had restarted at the end of September, offering one-hour slots in the mornings, from Monday to Friday. In the previous six months, over 160 legal visits had taken place.

## Equality, diversity and faith

- 3.12** Overall, the promotion of equality and diversity, including action planning, consultation with prisoners in protected groups and external support for all protected groups, needed to be improved. Work on equality and diversity had historically been under-resourced. The dedicated Diversity and Inclusion manager to support the lead senior manager was positive and, although a shared resource with the men's prison, prisoners from protected groups reported to us that she was visible and that some practical improvements were becoming apparent. These included the celebration of a broader range of events, such as International Women's Day and an improvement in the availability of translated material.
- 3.13** The diversity and inclusion meeting had been re-established, took place every two months and was appropriately chaired by the director. It continued to analyse local equality data throughout the regime restrictions, and had not identified any disproportionate treatment in the areas monitored. The action plan to support the meeting had been reviewed recently, but some key actions had not been fully addressed or remained outstanding. This led to gaps in provision, particularly with regard to disability and external support for prisoners in protected groups. The discrimination incident report form process was well embedded and internal quality assurance was good, but there remained no independent scrutiny.
- 3.14** Senior managers were appointed as the lead staff members for protected groups. Part of their role included facilitating consultation forums for protected groups. The standard of the forums was variable and many were too generic and did not focus on the specific issues affecting the different protected groups. Records of meetings were weak, and action was not time-bound. The prison did not pay sufficient attention to exploring through consultation the impact of the limited regime on prisoners already facing barriers due to their protected characteristics, particularly as there were few links with external support groups.
- 3.15** Prisoners we spoke to with protected characteristics did not report any differences in treatment from those without them. The prison was a dedicated foreign national hub and the provision for foreign national women was good. The use of telephone interpreting had

improved and the availability of translated material during induction was much improved. A foreign national manager was in place to help women needing immigration support, and Home Office representatives continued to visit to speak to women about their cases where relevant.

- 3.16** The prison was not meeting the needs of some women with disabilities, whose care plans were out of date and needed urgent review. Some women we spoke to were unable to access the shower, and one reported not having used the exercise yard since the start of the pandemic, which was poor and needed to be resolved. Staff and women alike reported some substantial delays before reasonable adjustments were installed to allow those with disabilities to have equitable access to prison life, which was unacceptable (see key concern and recommendation S9). Provision for transgender prisoners was appropriate.
- 3.17** The mother and baby unit (MBU) remained good. The impact of COVID-19 restrictions was particularly acute here, where the lack of release on temporary licence (ROTL) opportunities and face-to-face visits prevented babies from meeting their fathers, which was a concern for the mothers located there. Pregnant women in the main residential units received effective support through daily checks from staff in the MBU, and health services via a specialist midwife and a good perinatal pathway (see paragraph 3.32).
- 3.18** Faith provision was good overall. Gaps created by the suspension of face-to-face corporate worship had been filled by the use of technology, and faith services were broadcast on Wayout TV and prison radio channels. The chaplaincy was visible and provided women with a range of spiritual and pastoral support. Chaplains distributed weekly newsletters and religious artefacts to enable women to observe their faith in their cell. They also regularly met women on ACCT documents and those located in the segregation unit, and provided support to those who had experienced bereavement. Women were able to watch live-streamed funeral services of close relatives on mobile electronic devices and use video calls to access support from loved ones.

## Health care

- 3.19** Effective partnership working between the prison, health care providers, NHS England and NHS Improvement, and Public Health England was evident in the management of COVID-19. Only five women had tested positive for COVID-19 since the beginning of the pandemic. It was commendable that the spread of the virus had been curtailed, particularly as there had been a major outbreak in the men's prison, which was co-located and shared some staff groups, including health care staff.
- 3.20** An outbreak control plan and contingency arrangements were in place to ensure that health care services continued to be delivered and that there were consistent supplies of personal protective equipment (PPE; see Glossary of terms) available. All staff had been fit-tested for FFP3 masks, which offer added protection against the transmission of COVID-19, and emergency equipment had been updated in line with current guidance.
- 3.21** Regular local delivery board, clinical governance and medicine management meetings had continued throughout the pandemic. They provided strategic oversight and progressed improvement plans. Several aspects of the service had improved following the last full inspection, and the improvements required by the health regulator, the Care Quality Commission, including the management of medicines, infection, prevention and control measures and long-term conditions management, had been achieved.

- 3.22** Strong clinical leadership was apparent. Adequate staffing levels had been maintained despite some challenges, and a resilient and caring team had delivered essential services through effective nurse triage and face-to-face and telephone consultations with nurses and GPs.
- 3.23** Some service provider changes were due to take place from 1 April and the teams were working with the new provider, to ensure that a seamless service would continue without disruption.
- 3.24** Reception health screening continued and arrangements for reverse cohorting and COVID-19 PCR tests (which determine if someone has the relevant antigen) on day zero and day six of a prisoner's stay were in place. However, we were told that, recently, the required cohorting arrangements had started to drift, were subject to staff discretion and were implemented inconsistently, which undermined the robust guidance that existed and which potentially introduced unnecessary risks. The size of cohorting groups had been increased for some, but not other, activities, leading to potential cross-contamination and we were told that women on the RCUs did not always consistently associate with the same group.
- 3.25** A one-stop clinic had been established to ensure that a comprehensive health screening was undertaken on the day after a woman's arrival. This included blood tests, other tests and seeing the doctor, and was completed in one day rather than having to attend for numerous different appointments. It was an innovative and positive initiative, which had identified health needs and treatment early on and reduced the non-attendance rate for secondary screening and other health appointments.
- 3.26** Health care staff had identified 36 women who fitted the shielding criteria (see Glossary of terms), but only nine had agreed to shield, although all were seen every week for a review. A protective isolation unit and a shielding unit had been identified, but women preferred to shield in their cell.
- 3.27** The rollout of the COVID-19 vaccination programme was progressing well – organisation was excellent and skilled staff implemented it.
- 3.28** The inpatient unit had multidisciplinary oversight, including from the GP and a mental health nurse, and women were now being placed there mostly for clinical rather than operational reasons. The regime for those there was, however, very limited.
- 3.29** Administrative and clinical oversight of the external appointments that had been cancelled by the hospital was good, and more appointments were now being offered and facilitated by the prison.
- 3.30** Two women were receiving social care from external carers, who visited daily to help with personal care. Since March 2020, 19 referrals had been made to Peterborough City Council and assessments had continued throughout the pandemic by telephone, facilitated by health care staff. Most had not met the criteria for a social care package (see Glossary of terms), although some women's equipment needs were identified and items ordered.
- 3.31** Dental clinics had restarted, and the dentist and dental nurse were prioritising the long waiting list on a clinically risk-assessed basis. They were now addressing more routine referrals. Most other services had resumed, including the podiatrist and the well-woman clinic.
- 3.32** The development of a perinatal pathway was positive and ensured that pregnant women were identified promptly and their needs met, as part of a structured pathway based on good multidisciplinary work, which included the mental health team. A specialist midwife provided individually tailored care to all pregnant women during the antenatal period and immediate postnatal phase. The midwife had two designated clinics a week. Pregnant women



could contact the midwife by telephone and the maternity helpline 24 hours a day, free of charge. All women who were pregnant or had a child under 18 months were eligible to apply to stay in the MBU, and this was discussed soon after their arrival in custody (see also paragraph 3.17.)

- 3.33** NHS England and NHS Improvement had funded a two-year peer support programme, involving Birth Companions (a charity that provides specialist support to vulnerable pregnant women) and the health care department, to provide two perinatal and two health care peer supporters to offer emotional and practical support, with a focus on those who were eight weeks pre-release. This was at an early stage of development but was promising.
- 3.34** Around 78% of women who were on prescribed medication had it in possession (IP) following a risk assessment at reception. Pharmacy staff now delivered IP medication to patients on the wings. Some women said that they had experienced gaps in receiving their repeat medication, but most said that they received it promptly. Medication hatches were used for supervised medication, and we observed nurses administering medicines competently and with good officer supervision.
- 3.35** In our survey, 75% of women said that they had a mental health problem, and only 15% that it was easy to see a mental health worker. Cambridgeshire and Peterborough NHS Foundation Trust staff provided a stepped model of care (mental health services that address low-level anxiety and depression through to severe and enduring needs). They covered both the women's and men's prisons. The team worked seven days a week and had a duty system to respond to more urgent needs. It was stretched owing to staff shortages, which included a long-standing psychology vacancy, a staff grade psychiatrist position and a nursing vacancy. Assessment for primary mental health services were taking too long, at five weeks. Several women we spoke to said that they had waited for long periods for treatment, but once they had seen the team, they felt that the care they received was good. The team was supporting 27 women with primary mental health needs and 30 women with severe and enduring mental health problems under the care programme approach (see key concern and recommendation S10).
- 3.36** In the six months before our visit, three patients had been transferred to mental health facilities under the Mental Health Act. They had waited between five and eight weeks to be transferred, which exceeded the 14-day Department of Health transfer time guidance.
- 3.37** Women requiring substance misuse treatment and alcohol detoxification were identified on reception and received appropriate care. Observations for those who required monitoring during their first five days were in place. Prescribing was flexible and regular reviews took place, although not all were conducted jointly with the psychosocial team, which would have enhanced the provision. There were approximately 106 women receiving opiate substitution therapy – most were on a maintenance dose, with 18 on a reducing regime.
- 3.38** Psychosocial groups had been cancelled, but support had been maintained by recovery workers offering mostly face-to-face contact. The caseload consisted of approximately 150 women, who were provided with work booklets and harm minimisation and relapse prevention support, as well as naloxone (a drug to manage a substance misuse overdose) on release.
- 3.39** Pre-release assessment and discharge planning had been maintained and a discharge summary was sent to the woman's GP. If she did not have a GP, she would receive help to register with one. On release, take-home medicines and PPE were provided as required.

## Section 4. Purposeful activity

In this section we report mainly on time out of cell; access to the open air; provision of activities; participation in education; and access to library resources and physical exercise. Ofsted inspectors joined us on this visit to provide an assessment of the provision of education, skills and work in the establishment. They focused on:

- What actions are leaders taking to provide an appropriate curriculum that responds to the reasonable needs of prisoners and stakeholders and adapts to changed circumstances?
- What steps are leaders, managers and staff taking to make sure the approaches used for building knowledge and skills are appropriate to meet the reasonable needs of prisoners?

A summary of their key findings is included in this section. Ofsted's interim visit letter is published in full on our website: <https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>

- 4.1** The regime was offered consistently, but was very limited. At best, most women received only one hour and 15 minutes out of their cell each day. The published regime set out 30 minutes a day out of cell for women to complete domestic tasks and to shower, with a further 45 minutes in the open air.
- 4.2** Limited time out of cell was often further curtailed, including to make sure that those women isolating, shielding or on individual management plans could also spend some time out of their cell. Some women on the RCU reported having only 30 minutes of time out of cell each day, which appeared to be affected by the large number of individual or small group regimes that needed to be facilitated there. Unsurprisingly, women reported that the excessive time they were locked up for was having a detrimental impact on their mental health and well-being (see key concern and recommendation S4).
- 4.3** The restricted time out of cell gave women a very tight window in which to shower, clean their cell and access the electronic kiosks, which were the main way that women could organise important aspects of their daily life, such as booking visits and ordering telephone credit and shop items. Women repeatedly told us that 30 minutes was not enough time. This was further compounded by the queues for kiosks. Many women were frustrated and anxious about not having the opportunity to do everything they needed to.
- 4.4** It was a credit to the prison that it had maintained a more purposeful regime in the enhanced unit. The relatively small number of women located there had better access to time out of cell than elsewhere in the prison and could routinely expect to be unlocked for up to seven hours. Some women worked away from the unit, and those who remained on the wing were trusted to comply with social distancing guidelines and were left unlocked for longer periods. These women told us that they appreciated the additional time out of cell, allowing more meaningful engagement with their peers and staff, and felt that this had a positive impact on their emotional well-being.
- 4.5** It remained the case that women in the MBU were unlocked all day, in line with expected guidelines, to allow them to care for their babies.
- 4.6** The library was closed and had been replaced with a mobile delivery service. Women could request books and DVDs from the library via the kiosks, although take-up of the latter was low. Turning Pages (a reading programme created by the Shannon Trust, designed specifically for adults and delivered by peer mentors) had continued in the units. Women valued the

Storybook Mums provision (whereby prisoners record a story for their children to listen to at home), which was well used. About 20 recordings were sent out to children each month.

- 4.7** The gym also remained closed. PE staff-led exercise sessions were offered to each wing once a week in the exercise yard. Take-up of this offer was, however, low and women reported that exercising in the overlooked yards was off-putting. PE staff had made efforts to offset the lack of structured exercise by offering women advice on in-cell fitness and nutrition on request, as well as some yoga in the MBU. Weight management was important to a number of women we spoke to, and the prison encouraged them by issuing pedometers. PE staff visited units each week to allow women to weigh themselves.
- 4.8** Leaders acknowledged that the education offer had been too limited during the pandemic. They prioritised the delivery of English, mathematics, English for speakers of other languages (ESOL) and art programmes through in-cell learning. Leaders reported large numbers of women achieving these and other qualifications.
- 4.9** Leaders acknowledged that quality assurance was too informal during the pandemic. They did not monitor participation effectively and placed a greater emphasis on women's sentence length and release dates in allocating activities. Women on shorter sentences or on recall were less likely to be allocated to activity spaces.
- 4.10** Leaders had comprehensive plans in place for reopening education, skills and work safely. They had carefully considered how to maximise the number of women who would be able to access both face-to-face and in-cell learning. They worked with external employers and charities to plan the post-pandemic curriculum offer and had already increased the number of cleaning roles and qualifications in response to identified employment opportunities.
- 4.11** The small number of women we spoke to were positive about their activities. They felt effectively supported to make progress and recognised how learning linked to their future employment goals. Learners felt that education staff cared about their well-being.
- 4.12** Teaching staff had not received sufficient training to develop effective remote teaching skills, and found the requirement to teach through cell doors (something that was poor practice) very challenging. Women on ESOL programmes were most affected by the delivery model. Teachers did not effectively reinforce or check what the women had learned. They made insufficient use of the available technology to support women to learn.
- 4.13** Staff acknowledged that support for learners with special educational needs (SEN) was not effective. Staff and peer mentors provided informal support to women identified with SEN.
- 4.14** Managers ensured that women continued to develop useful vocational skills in key areas. Instructors ensured that new workers completed work that closely reflected the curriculum content. Learners produced work of an appropriate standard. Managers recognised that the amount and quality of the feedback that women received in their written work needed improving.

## Section 5. Rehabilitation and release planning

In this section, we report mainly on contact with children and families; sentence progression and risk management; and release planning.

### Contact with children and families

- 5.1** Social visits remained suspended following the national restrictions in January. When visits had taken place, uptake was low. Women and staff told us that they were worried about families travelling, and catching and spreading COVID-19. The very limited nature of the visit, such as the ban on any physical contact, limits on the number of children who could attend and reduced time slots, had also dissuaded women and families from booking.
- 5.2** All women had in-cell telephones and had been provided with additional telephone credit. They were able to use their telephones 24 hours a day, which helped them to maintain family contact.
- 5.3** Video-calling facilities (through 'Purple Visits') had been introduced towards the end of August. Women were initially offered one half-hour call per month, but capacity had gradually increased to extra monthly calls and evening and weekend slots. Women were now able to have up to four calls a month, which was positive. After an initial low uptake, the provision was now well used and women appreciated it. Since its inception, over 1,180 calls had been made, using about 80% of available capacity.
- 5.4** Women could receive and reply to correspondence from their family and friends via the 'email a prisoner' scheme, which was very well used and valued. During the previous six months, over 7,600 emails had been sent to women and there had been nearly 5,000 replies. Families could also attach up to four photographs per email.
- 5.5** Women told us that they were frustrated with delays in receiving their post, and in our survey 62% said that they had problems with sending and receiving mail. We were told that some delays were due to incoming mail being stringently photocopied and itemised.
- 5.6** Since the beginning of the regime restrictions, 'family matters' (the prison's in-house family support team) had continued to provide excellent, meaningful support for women and their families. Staff saw all women face to face soon after their arrival, identifying primary carers and those who needed help with practical and emotional matters, such as brokering and arranging calls with families, social services, legal teams and adoption agencies. Women could also self-refer for support at any time and the team took about 60 referrals a month. Staff were also trained in restorative approaches, an initiative that focused on resolving disputes, which had been adapted to help women to rebuild family ties and relationships.

### Sentence progression and risk management

- 5.7** Peterborough held a complex and diverse population owing to its role as a local and resettlement prison and foreign national hub. About a third of women were either on remand or licence recall; 20% of convicted women were serving short sentences of under one year and over a quarter were serving long sentences of over four years. Sixteen per cent of women were foreign nationals.

- 5.8** In our survey, only 46% of women who knew what their custody plan objectives or targets were said that staff were helping them to achieve them. Since the end of March, the overall frequency of contact and the amount of face-to-face contact from prison offender managers (POMs), which aims to provide women with support in their sentence and motivate them to progress, had declined. POMs had remained on site throughout the restrictions, but contact was limited, being prioritised for women with complex cases and those who were high risk or due for release.
- 5.9** However, it was positive that face-to-face contact had remained in place for women on short, fixed-term licence recall. A dedicated member of staff saw all women quickly, within 48 hours of their arrival, to explain their recall pack, provide support and arrange contact with their community offender manager (COM).
- 5.10** The 'Most in Need' provision had also continued and provided valuable, intensive and practical support for those who were not eligible for POM support because of the length of their sentence or because they had been in and out of prison more than 15 times. The initiative worked with women on an individual basis and focused on motivating them to embrace change and supporting them in reducing their offending, delivering some targeted non-accredited interventions where relevant.
- 5.11** Most eligible women had an offender assessment system (OASys) report outlining their risks and needs. About 70% had been reviewed in the previous 12 months, although many had been undertaken remotely or over the telephone, which potentially undermined their quality. Of those reviews outstanding, staff could explain the reason for the delay in only about half the cases; reasons included that the review was currently under way or that they were waiting for a countersignature. Nearly all were the responsibility of the COM.
- 5.12** Recategorisation reviews had continued to take place and were mostly timely. In the previous six months, 72 transfers had taken place. However, only six of them were for progressive moves, with the remainder being for population management reasons. At the time of our visit, 20 women were categorised as suitable for open conditions. Staff told us that the majority wanted to remain at Peterborough because of the geographically central location of the prison and to be closer to family and friends.
- 5.13** There had been weaknesses in some areas of public protection. The inter-departmental risk management team had mostly continued to meet, but there was inconsistent input from relevant teams across the prison. We found limited evidence to suggest that required actions were taken forward in a timely way. Although some discussion of high-risk women took place, it had lacked scope. It did not routinely consider new arrivals, those newly sentenced, or all high-risk imminent releases or those subject to multi-agency public protection arrangements (MAPPA), to ensure that risks were known and being appropriately managed. However, during our visit we saw early evidence of improvements to address this, and we found no major concerns.
- 5.14** Women who required monitoring for public protection reasons were appropriately identified and reviews were timely. Only one woman was subject to both mail and telephone monitoring, and during our visit there was a 48-hour delay in undertaking the required monitoring arrangements for telephone calls.
- 5.15** Child contact restrictions were managed appropriately, but there were sometimes delays in receiving contributions from social services departments when levels of restriction were being reviewed. The names of the small number of women on a restriction were not shared with staff in the correspondence office, which meant that there was a potential risk that their mail was not always screened appropriately.

**5.16** Offending behaviour programme work had resumed in the autumn. Programmes had been adapted so they could be undertaken one to one or in small groups of three or four. Access was prioritised appropriately, based on women's sentence plan targets and time left to serve. Three women had completed the Building Skills for Recovery group work (aimed at women with substance misuse issues), and three the Thinking Skills Programme (TSP). One woman had completed the TSP on a one-to-one basis. However, the additional time needed to complete these programmes meant that far fewer women than usual had the opportunity to participate, which affected overall completion rates. Ultimately, for some women, it would mean that they left Peterborough without completing the interventions they needed.

## Release planning

**5.17** BeNCH CRC had subcontracted most resettlement planning work to St Giles. Derbyshire, Leicestershire, Nottinghamshire and Rutland CRC provided resettlement support for a small number of low- and medium-risk women being released in those areas. Both CRCs and the prison's own resettlement team worked well together.

**5.18** In the previous six months, Peterborough had released 276 prisoners. St Giles had withdrawn all face-to-face contact at the start of the restrictions and contact remained mostly by telephone, which many women found frustrating.

**5.19** In our survey, only 38% of women expecting to be released in the following three months said that someone was helping them to prepare for release. There were challenges in providing any meaningful planning or support for women who were released immediately following court video-link appearances, for recalls or for those with very short sentences of only a few weeks, given the lack of time. However, for many women who were serving longer sentences, resettlement plans were not being developed 12 weeks before their release. Where plans were in place, they were often drawn up too late for them to be effective and were usually initiated only about six to seven weeks before release.

**5.20** Jobcentre Plus had withdrawn all face-to-face provision, and we were concerned at the lack of specialist support, particularly relating to benefits claims.

**5.21** A dedicated team of prison staff and peer trauma champions had continued to provide face-to-face support for women who had experienced trauma, including abuse, rape or domestic violence, which was commendable. Peer champions saw all new arrivals to identify their needs and the team provided valuable, much needed support. During our visit, they were helping 97 women.

**5.22** Women were released through the main prison entry and exit point, which was respectful. The prison's Outside Links facility offered them excellent face-to-face support, both on their day of discharge and after release, at a further Community Outside Links facility in Peterborough city centre. On the day of discharge, women received a helpful resettlement pack containing licence conditions, travel warrants and useful contact numbers. Free contraception, face coverings and clothing were offered and women could charge their mobile phones and make initial contact with families and community probation officers. The prison had taken extra steps to support more vulnerable women, such as those at risk of domestic violence or abuse, by driving them to their address or paying for a taxi and providing follow-up telephone support.

**5.23** Sixteen per cent of women were released to no fixed address and 20% into short-term transient accommodation, which was too many, given the complex vulnerabilities of many of these women.

- 5.24** Over the previous six months, 54 women had been released on home detention curfew. About a quarter had been released late, the longest waiting 91 days, mainly because of issues relating to a lack of Bail Accommodation and Support Service accommodation and delays in verifying suitable addresses in the community.
- 5.25** In the previous 12 months, three prisoners had been released on special purpose licence; none had been released through the end of custody temporary release scheme (see Glossary of terms).

## Section 6. Appendices

### Appendix I: Background and methodology

Her Majesty's Inspectorate of Prisons (HMI Prisons) is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

All visits carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of 21 bodies making up the NPM in the UK.

During a standard, full inspection HMI Prisons reports against Expectations, the independent criteria against which we inspect outcomes for those detained. Inspection teams of up to 12 people are usually in establishments across two weeks, speaking to prisoners and staff, observing prison life and examining a large amount of documentation and evidence. The COVID-19 pandemic means that it is not currently possible to carry out inspections in the same way, both for health and safety reasons and because it would not be reasonable to expect places of detention to facilitate a full inspection, or to be assessed against our full set of *Expectations*, at this time.

HMI Prisons has therefore developed a COVID-19 methodology to enable it to carry out its ongoing, statutory duty to report on treatment and conditions in detention during the current challenging circumstances presented by COVID-19. The methodology has been developed together with health and safety guidance and in line with the principle of 'do no harm'. The methodology consists of three strands: analysis of laws, policies and practice introduced in places of detention in response to COVID-19 and their impact on treatment and conditions; seeking, collating and analysing information about treatment and conditions in places of detention to assess risks and identify potential problems in individual establishments or developing across establishment types; and undertaking scrutiny visits to establishments based on risk.

HMI Prisons first developed a 'short scrutiny visit' (SSV) model in April 2020 which involved two to three inspectors spending a single day in establishments. It was designed to minimise the burdens of inspection at a time of unprecedented operational challenge, and focused on a small number of issues which were essential to the safety, care and basic rights of those detained in the current circumstances. For more on our short scrutiny visits, see our website: <http://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prison/covid-19/short-scrutiny-visits/>.

As restrictions in the community eased, and establishments became more stable, we expanded the breadth and depth of scrutiny through longer 'scrutiny visits' (SVs) focusing on individual establishments, as detailed here. The SV approach used in this report is designed for a prison system that is on the journey to recovery from the challenges of the COVID-19 pandemic, but recognises that it is not yet the right time to reintroduce full inspections. SVs provide transparency about the recovery from COVID-19 in places of detention and ensure that lessons can be learned quickly.

SVs critically assess the pace at which individual prisons re-establish constructive rehabilitative regimes. They examine the necessity and proportionality of measures taken in response to COVID-19, and the impact they are having on the treatment of and conditions for prisoners during the recovery phase. SVs look at key areas based on a selection of our existing Expectations, which were chosen following a further human rights scoping exercise and consultation.



Each SV report includes an introduction, which provides an overall narrative judgement about the progress towards recovery. The report includes a small number of key concerns and recommendations, and notable positive practice is reported when found. SV reports include an assessment of progress made against recommendations at a previous SV, but there is no assessment of progress against recommendations made at a previous full inspection. Our main findings are set out under each of our four healthy prison assessments.

Ofsted inspectors joined us on this visit to provide an interim assessment on the education, skills and work provision in the prison. A summary of their findings is included in Section 3 and a list of the next steps they expect the prison to take follows our key concerns and recommendations. Ofsted's interim visit letter is published in full on our website:

<https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/>

SVs are carried out over two weeks, but entail only three days on site. For more information about the methodology for our scrutiny visits, including which *Expectations* will be considered, see our website: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-hmi-prisons/covid-19/scrutiny-visits/>

## Scrutiny visit team

This scrutiny visit was carried out by:

Kellie Reeve	Team leader
Jade Richards	Inspector
Nadia Syed	Inspector
Caroline Wright	Inspector
Maureen Jamieson	Health care inspector
Heather Acornley	Researcher
Charlotte Betts	Researcher
Annie Bunce	Researcher
Rahul Jalil	Researcher
Rebecca Parry	Ofsted inspector

## Appendix II: Further resources

Some further resources that should be read alongside this report have been published with it on the HMI Prisons website. For this report, these are:

### Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of the scrutiny visit, the results of which contribute to our evidence base for the visit. A document with information about the methodology, the survey and the results, and comparisons between the results for different groups are published alongside the report on our website.

### Staff survey methodology and results

A survey of staff is carried out at the start of every scrutiny visit, the results of which contribute to the evidence base for the visit. A document with information about the methodology, the survey and the results are published alongside the report on our website.

### Ofsted interim visit report

Ofsted's interim visit letter on how the establishment is meeting the needs of prisoners during COVID-19, including prisoners with special educational needs and disabilities, is published in full alongside the report on our website: <https://www.justiceinspectorates.gov.uk/hmiprison/inspections/>

## Appendix III: Glossary of terms

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

### **Certified normal accommodation (CNA) and operational capacity**

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

### **Challenge, support and intervention plan (CSIP)**

Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

### **End of custody temporary release scheme**

A national scheme through which risk-assessed prisoners, who are within two months of their release date, can be temporarily released from custody. See: <https://www.gov.uk/government/publications/covid-19-prison-releases> This scheme was paused at the end of August 2020.

### **Personal protective equipment (PPE)**

Safety equipment including masks, aprons and gloves, worn by frontline workers during the COVID-19 pandemic.

### **Purple Visits**

A secure video calling system commissioned by HM Prison and Probation Service (HMPPS). This system requires users to download an app to their phone or computer. Before a visit can be booked, users must upload valid ID.

### **Recovery plan**

Recovery plans are published by HMPPS and aim to ensure consistency in decision-making by governors, by setting out the requirements that must be met for prisons to move from the most restricted regime (4) to the least (1) as they ease COVID-19 restrictions.

### **Reverse cohort unit (RCU)**

Unit where newly-arrived prisoners are held in quarantine for 14 days.

### **Shielding**

Those who have health conditions that make them vulnerable to infection are held for at least 12 weeks in a shielding unit.

### **Social care package**

A level of personal care to address needs identified following a social needs assessment under taken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

**Special purpose licence ROTL**

Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

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