



Report on an unannounced inspection of

HMP/YOI Eastwood Park

by HM Chief Inspector of Prisons

17–28 October 2022



Contents

Introduction.....	3
What needs to improve at HMP/YOI Eastwood Park	5
About HMP/YOI Eastwood Park.....	7
Section 1 Summary of key findings.....	9
Section 2 Leadership.....	16
Section 3 Safety	19
Section 4 Respect.....	28
Section 5 Purposeful activity.....	44
Section 6 Rehabilitation and release planning.....	51
Section 7 Summary of priority and key concerns.....	57
Section 8 Progress on recommendations from the last full inspection report	59
Appendix I About our inspections and reports	64
Appendix II Glossary	67
Appendix III Further resources	69

Introduction

Eastwood Park is a women's prison in Gloucestershire that held 348 prisoners at the time of our inspection. Like the other closed prisons in the women's estate, it holds a range of prisoners from those on remand to others who are serving indeterminate sentences or life.

In our survey 83% of women told us that they were suffering from mental health difficulties and many were caught in the cycle of homelessness, drug or alcohol misuse and offending. This made for a challenging environment which required highly skilled professionals to provide support for those in their care. In recent years, the prison had struggled to recruit and retain enough staff and at the time of our inspection a third of officer and operational support grades were not available. These shortages were set to worsen with the imminent withdrawal of detached duty staff who had been supporting the prison in recent months.

The effect of staff shortages meant that the already curtailed regime was often further restricted and some of the consistency of provision and support that was essential in providing for this population was not in place. Women's prisons thrive when staff have time to build strong, professional relationships with the prisoners; at Eastwood Park, despite the dedication of many officers, this was sometimes just not possible.

The governor – who had been in post for nine months – and her relatively inexperienced, but enthusiastic senior team, had assessed the current state of the prison and had clear plans in place that showed a determination to address the many challenges. Leaders, however, had not developed clear enough measures for assessing progress against priorities, and the use of data more generally required improvement. For example, there was no central record or oversight of the number of women who had been segregated, the reasons why or for how long.

The treatment and conditions of women located on houseblock 4 were described by one experienced inspector as the worst that he had seen. The criteria for why women were sent to the unit were unclear and its role was not properly established or overseen. In effect it housed, in segregation, women who could not be placed elsewhere in the jail, due to their mental health needs or associated behaviour. The cells were appalling, dilapidated and covered in graffiti, one was blood-splattered, and some had extensive scratches on the walls which reflected the degree of trauma previous residents must have experienced. No prisoner should be held in such conditions, let alone women who were acutely unwell and in great distress. I was also deeply concerned about the welfare of the staff who worked there; they were dedicated and courageous, but were not adequately trained or qualified to support the women on the unit. They received no clinical supervision, despite being exposed to prisoners in great distress, some of whose levels of self-harm were extreme. Specialist input from others had dropped off over time and the therapeutic ethos had simply disappeared. Neither the leadership team nor, in their recent visits, the prison group director's staff, had noticed the severity of this situation.

Across the prison, we saw a need for more staff training in understanding how to support the specific needs of women prisoners, and though we saw many excellent interactions during the week, women told us that often they felt dismissed or ignored. Some prisoners told us that this was one factor in the high and rising levels of self-harm in the prison and increasing levels of violence towards officers. There were also difficulties for women in getting some of the most basic requirements. For example, parcels from family members took a long time to clear, women could not buy clothes from within the prison and I met one prisoner who had to borrow a bra from her cellmate because nothing was available. These problems are not exclusive to Eastwood Park and it is an ongoing indictment of the prison service that women are so often unable to get suitable underwear or clothing and have to rely on wearing tracksuits and other items bought from the male estate.

In the months following the inspection, houseblock 7, in which women were held in more open conditions, was due to close due to fire safety risks. While there were plans to build accommodation for these prisoners outside the gate, leaders will need to consider what can be done to make sure that in the meantime, there remain opportunities for women to be motivated and rewarded for the progress they have made with their sentences. More generally, while the regime had opened up and women were spending more time out of their cells, far too few were involved in work, training or education, and the education provider was not doing enough to make sure that the curriculum was suitable or that the work on offer led to useable qualifications.

We have given Eastwood Park our lowest grade for safety. This is very unusual for a women's prison, but the gaps in care and the lack of support for the most vulnerable and distressed women were concerning. I am hopeful that the governor and her staff will use this inspection as a springboard for addressing the issues we have raised and to improve outcomes at the prison. There is much good work being done at the jail, such as in the Nexus unit for women with personality disorders or the input from the Nelson Trust which provides support with resettlement. However, much needs to be done in the coming months. Progress will also depend on the prison being able to retain staff and the prison service recruiting enough officers to enable the governor to deliver her priorities, including some very basic aspects of treatment for those in her care.

Charlie Taylor
HM Chief Inspector of Prisons
December 2022

What needs to improve at HMP/YOI Eastwood Park

During this inspection we identified 14 key concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concerns

1. **Acute staff shortages often made the delivery of even a very restricted daily regime unreliable, leaving women with far too little time out of cell.**
2. **There had been two self-inflicted deaths since our last inspection and rates of self-harm were very high and increasing. Many women told us they did not feel well cared for.**
3. **Some women were acutely mentally unwell. A small number were living in residential unit 4, an appalling environment that failed to provide therapeutic support for them or the staff working there.**
4. **The number of times force had been used against women had increased significantly and we were not confident it was always used as a last resort.**
5. **Leaders had been too slow to reintroduce support to help women maintain relationships with their children, families and significant others.**
6. **Leaders and managers did not provide enough spaces in education, skills and work to meet women's needs.**

Key concerns

7. **There was a lack of oversight of women segregated in the main residential units and other women were unnecessarily locked in their cells when segregated women were unlocked.**
8. **Women were very frustrated by the lack of access to everyday essentials, and they found it difficult to have very basic requests met.**
9. **Patients requiring a transfer to specialist mental health inpatient services waited far too long for a bed.**

10. **Leaders and managers did not make sure that the available English and mathematics spaces were used effectively to meet the needs of the prison population.**
11. **Leaders and managers did not offer appropriate qualifications in work and education.**
12. **Remanded women had very little support to help them manage important resettlement issues on arrival at the prison.**
13. **The imminent closure of the more open unit 7 meant women had too few progression opportunities.**
14. **Public protection measures were weak in some key areas. For example, evidence from phone monitoring was not used effectively and appropriate restrictions on contact with victims and children were not always implemented consistently.**

About HMP/YOI Eastwood Park

Task of the prison/establishment

A women's prison for those aged 18 and over, covering the southwest of England and South Wales.

Certified normal accommodation and operational capacity (see Glossary)

Women held at the time of inspection: 348

Baseline certified normal capacity: 391

In-use certified normal capacity: 326

Operational capacity: 377

Population of the prison

- 1133 new prisoners received in the previous year.
- 11 foreign national prisoners.
- 8% of women were from a black and minority ethnic background.
- 1067 women had been released into the community in last year.

Prison status and key providers

Public

Physical health provider: Practice Plus Group (PPG)

Mental health provider: Avon and Wiltshire Mental Health Partnership NHS Trust

Substance misuse treatment provider: Avon and Wiltshire Mental Health Partnership NHS

Prison education framework provider: Weston College

Escort contractor: Serco

Prison department

Women's directorate

Brief history

Eastwood Park, in Wotton-under-Edge, Gloucestershire opened as a women's prison in March 1996. The prison opened a mother and baby unit in 2004 and the Mary Carpenter Unit for 17-year-old girls in 2005. The Mary Carpenter Unit closed in 2013 and reopened as the Nexus Unit in 2015. The Kinnon Unit, a substance misuse unit, was established in 2009.

Short description of residential units

Residential 1 – enhanced community, general population, including opportunities for pregnant women

Residential 2 – closed at the time of the inspection

Residential 3 – general population

Residential 4 – women needing constant supervision, segregation or a transfer under the Mental health Act

Residential 5 – general population

Residential 6 – general population

Residential 7 – semi-open unit, including women accessing release on temporary licence

Residential 8 – first night unit (including the detoxification wing)
Residential 9 – mother and baby unit
Residential 10 – Nexus Unit for women with personality disorders.

Name of governor and date in post

Zoe Short, January 2022

Leadership changes since the last inspection

Guy Pidduck, interim governor May 2021–January 2022

Andy Foss, acting governor April–May 2021

Suzy Dymond-White, governing governor at the last inspection until April 2021

Prison Group Director

Pia Sinha

Independent Monitoring Board chair

Arthur Williams

Date of last inspection

3–17 May 2019

Section 1 Summary of key findings

- 1.1 We last inspected HMP/YOI Eastwood Park in 2019 and made 28 recommendations, 10 of which were about areas of key concern. The prison fully accepted 22 of the recommendations and partially (or subject to resources) accepted six.
- 1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress made against them.

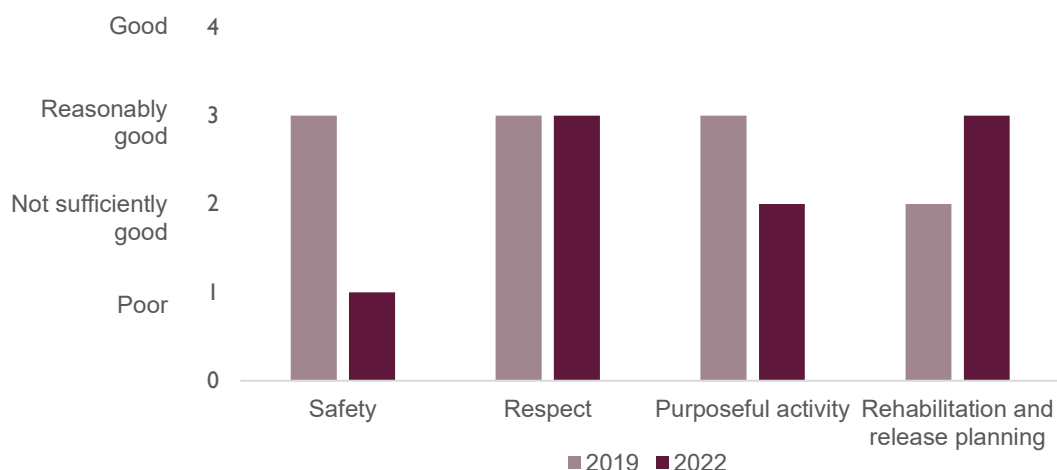
Progress on key concerns and recommendations from the full inspection

- 1.3 Our last inspection of HMP/YOI Eastwood Park took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for women prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.
- 1.4 At our last full inspection, we made 10 recommendations about key concerns. At this inspection we found that three of those recommendations had been achieved, two had been partially achieved and five had not been achieved. We found that one of the recommendations in safety had been achieved, and two had not been achieved. The recommendation made in respect had not been achieved. In purposeful activity one recommendation was partially achieved, and one was not achieved. In rehabilitation and release planning two recommendations were achieved, one was partially achieved and one was not achieved. For a full summary of the recommendations achieved, partially achieved, and not achieved, please see Section 8.

Outcomes for women prisoners

- 1.5 We assess outcomes for women in prison against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.6 At this inspection of HMP/YOI Eastwood Park, we found that outcomes for women had stayed the same in one healthy prison area, improved in one and declined in two.

Figure 1: HMP & YOI Eastwood Park healthy prison outcomes 2019 and 2022



Safety

At the last inspection of Eastwood Park in 2019 we found that outcomes for women were reasonably good against this healthy prison test.

At this inspection we found that outcomes for women were now poor.

- 1.7 The environment in the reception area was relaxed, and staff put women at ease. Arrival processes were thorough, including checks carried out by health care professionals, but as we found at our last inspection, interviews with officers were still not held in a sufficiently private space. Cells in the first night unit for new arrivals were often ill-prepared and lacked some basic items.
- 1.8 Our survey showed that, compared with our last inspection, far fewer women said staff treated them with respect and double the proportion said staff had threatened or intimidated them. Hardly any officer key work (see Glossary) took place, but 84% of women in our survey said they had somebody to turn to if they had a problem, which was reassuring. Interactions we observed were positive and respectful, but we were concerned about some officers being more distant and complacent in their approach. A number failed to take women's requests seriously and too often did not undertake tasks they promised to carry out.
- 1.9 There had been two self-inflicted deaths since our last inspection. The rate of self-harm had risen by 128% since then and had increased dramatically over the previous year. A small number of women contributed to a very large proportion of self-harm incidents. Some of them were receiving specialist treatment and support, such as through the Nexus Unit for those with personality disorders or the drug rehabilitation community (offering a 12-step rehabilitation treatment programme delivered by the psychosocial team). Other women we spoke to acknowledged that a range of problems contributed to their reasons for self-harming, such as boredom caused by the lack of meaningful activity, too long locked in cells and the lack of family

contact. They also said that difficulties in obtaining solutions to basic issues was a source of huge frustration.

- 1.10 Staff said they were overwhelmed by the number of assessment, care in custody and teamwork (ACCT) case management documents for prisoners at risk of suicide or self-harm they were dealing with. The standard of documents was poor and many of the women we spoke to did not feel well cared for or supported.
- 1.11 The prison did not have the facilities or medical expertise to meet the needs of women who were very mentally unwell. Some were in unit 4, (for those needing constant supervision, segregation or a transfer to a mental health facility) where living conditions had been allowed to deteriorate and were appalling. The ethos of the unit as a therapeutic facility had been undermined and we were seriously concerned about the impact it had on the prisoners and the officers working there.
- 1.12 In our survey, more women than at our last inspection said they had felt unsafe at some point while at the prison and just under a quarter felt unsafe at the time of the inspection. Although recorded rates of violence had declined by about 22%, levels remained high. Staff had a good awareness of women who were on a challenge, support and intervention plan (see Glossary), but support for victims was minimal. Incentives to promote positive behaviour were very limited.
- 1.13 Segregation in the main residential units was not managed efficiently. Data collection, recording and analysis of the reasons for segregation were poor, but leaders were starting to address this.
- 1.14 The number of times force had been used against women had increased by about 75% since the last inspection and the rate was very high in comparison with most other women's prisons. Force was often used to stop women self-harming and we were concerned about the potential impact on them. Oversight of the use of force had improved, but video footage was available for only half of all incidents, which seriously undermined assurance.
- 1.15 The availability of illicit substances presented significant risks and about a third of women said they were easy to obtain. Leaders recognised this risk and had taken some positive steps to address it.

Respect

At the last inspection of Eastwood Park in 2019 we found that outcomes for women were reasonably good against this healthy prison test.

At this inspection we found that outcomes for women remained reasonably good.

- 1.16 Support for women to maintain relationships with children and families was limited. The Prison Advice and Care Trust (PACT) organised a number of helpful initiatives, but prison leaders had not yet started

holding family days again, access to video calling was too limited and regular visits accommodated fewer women than before the pandemic.

- 1.17 In our survey, women's perceptions of the timeliness of replies to applications were poorer than in 2019, and the number of complaints was the highest of all women's prisons. Management oversight of complaints had been strengthened recently and quality assurance was helping to improve timeliness. The standard of investigations and responses to complaints we saw was good.
- 1.18 Attractive murals around the site helped to brighten the environment. Living conditions were reasonable, but some cells had graffiti, shabby furniture and poor decoration, and women had inconsistent access to some basic amenities. Further improvements were being made to a number of units and a 'clean, rehabilitative, enabling and decent' team to support maintenance was being established. There was no provision in the prison for women to buy clothing and there were severe delays before they could get access to their stored property. The system for family members to send parcels into the prison was overly complicated and restrictive and as a result very frustrating for women.
- 1.19 Health services were very well led and clinical governance arrangements were good. However, many patients waited too long to be transferred to mental health inpatient units. The primary care team worked hard to provide a range of services to meet women's needs, but staff shortages meant essential care had to be prioritised over other needs.
- 1.20 A midwife provided ongoing support and care to pregnant women and babies and there was a multidisciplinary team that delivered care for those with complex needs. Regular meetings and care plans identified the women's ongoing risks and mitigations for them.
- 1.21 Staff vacancies meant the integrated mental health team was unable to deliver a full range of therapeutic interventions, and there were not enough rooms in which to see patients.
- 1.22 A dedicated local authority team carried out social care assessments promptly. Women received good support and assessments for equipment took place in a timely manner.
- 1.23 The integrated substance misuse team provided a good standard of care, and the drug recovery community provided women with an excellent programme, contributing to positive outcomes. Medicines management was reasonably good, but patients had no access to a clinical pharmacist.
- 1.24 Work to promote equality had declined since the last inspection. The three equality representatives worked well as a team, and the equality officer's work was highly regarded by prisoners. Focus groups had begun to take place again, with some good results, but they did not always take place regularly and some senior managers failed to attend.

Purposeful activity

At the last inspection of Eastwood Park in 2019 we found that outcomes for women were reasonably good against this healthy prison test.

At this inspection we found that outcomes for women were now not sufficiently good.

- 1.25 During the inspection, about 62% of women were allocated to purposeful activity, which should have provided them with a reasonable amount of time out of cell (see Glossary), but staff shortages often led to curtailments and cancellations. During our roll checks, we found 24% locked up during the working day. Many women were in their cells by 5pm every day, which was very early.
- 1.26 Leaders and managers did not offer a wide enough curriculum for women. There were not enough education, skills or work opportunities. Many women were frustrated about the lack of opportunities, but leaders were opening new workshops and recruiting more staff to address this. Staff did not place learners on a coherent plan of learning or work throughout their time in the prison. As a result, women attended a mixture of courses and were unsure about what they could progress to next.
- 1.27 There were not enough accredited qualifications in work or skills. Only women working in or studying hospitality had access to a clear pathway of qualifications, work and release on temporary licence (ROTL) that supported them to gain employment.
- 1.28 Staff did not use assessments of learners' prior knowledge in English and mathematics effectively enough, and too many women did not achieve their qualifications, particularly in level 1 mathematics. Tutors' demonstrations in practical lessons were clear, and women had sufficient time to practise their skills. Education staff built positive relationships with learners, which motivated them to progress onto higher level courses. Staff provided valuable resources and adjustments to support learners with learning difficulties and disabilities in education but did not extend them effectively to women in work.
- 1.29 Not enough women attended their activities on time. Quality improvement arrangements were often not comprehensive enough.

Rehabilitation and release planning

At the last inspection of Eastwood Park in 2019 we found that outcomes for women were not sufficiently good against this healthy prison test.

At this inspection we found that outcomes for women were now reasonably good.

- 1.30 Leaders had prioritised offender management and resettlement services, which had both improved since our last inspection. Most eligible women had a sentence plan that was less than a year old, but there was too little support to help remanded women with practical issues, such as addressing immediate problems on arrival.
- 1.31 There was an impressive range of support for women who had experienced trauma and bereavement. Assistance for women who had been victims of domestic abuse was good, and a programme to help them avoid abusive relationships was popular, but waiting lists were long. The Nelson Trust (a charity providing resettlement help) had started to offer a good range of short interventions. The need for housing on release was high and provision for sentenced women varied depending on their release address.
- 1.32 ROTL was being used well, but the slow approvals process was a source of frustration for women, as was the lack of staff to facilitate the first supervised ROTL town visit for those who needed it.
- 1.33 Most women had regular contact with prison offender managers and the work carried out was meaningful. There was no strategy for managing women serving long or indeterminate sentences, and progression opportunities had been significantly reduced because of the much smaller number of places in the semi-open unit.
- 1.34 About a third of sentenced women presented a high risk of serious harm to others, but there was not enough staff with the right training to implement public protection measures robustly and there was a lack of understanding across the prison of what the measures should entail. Pre-release risk management planning between prison and community offender managers was good. However, women approaching release who presented a high risk were not always discussed at a multidisciplinary forum. Evidence from phone monitoring was not always used to inform risk assessments and restrictions on contact with victims and children were not always implemented consistently.
- 1.35 About 90 women were released each month after serving a sentence, to areas as far away as west Wales and Cornwall. Despite this challenge, resettlement support for them was developing well. However, there were too little data, particularly on sustainable accommodation, to determine if the provision was effective.
- 1.36 The One Women's Centre was a promising pilot programme that coordinated support from different agencies. It had so far helped 120

women. Arrangements to help women on the day of their release were not sufficient.

Notable positive practice

- 1.37 We define notable positive practice as innovative work 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 women; 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.
- 1.38 Inspectors found five examples of notable positive practice during this inspection.
- 1.39 The Visiting Mum project, delivered by PACT, identified women who were at risk of losing contact with their children and offered specialist support to preserve and strengthen these vital family ties. It was based on a successful three-year pilot, which had shown that this work reduced the risk of self-harm among women and promoted positive health and well-being among mothers, while also improving long-term outcomes for their children (See paragraph 4.2.)
- 1.40 The Together a Chance pilot project, involving a prison-based social worker, helped women to link up with their community social worker so they could deal with family court matters and child protection conferences. (See paragraph 1.38.)
- 1.41 The perinatal mental health team had produced information on baby loss through miscarriage, termination, infant death or separation, and provided ongoing support to patients. (See paragraph 4.44.)
- 1.42 The population needs analysis used to inform work to reduce reoffending had been developed jointly by the head of reducing reoffending, the senior probation officer and the learning and skills manager. This promoted a prison-wide approach and meaningful ownership of the work by different departments. (See paragraph 6.3.)
- 1.43 The One Women's Centre was a promising pilot that coordinated resettlement support from different agencies. It had helped 120 women both in prison and after release. (See paragraph 6.26.)

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for women in prison. (For definition of leaders, see Glossary.)

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for women in prison. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor's self-assessment demonstrated a good understanding of most of the wide-ranging issues faced by the prison. It also showed the scale of the challenges she had inherited and the weaknesses in many of our key healthy prison test outcomes.
- 2.3 The governor was enthusiastic, open to learning and committed to achieving her vision, which involved developing strong leadership across the prison. The governor, deputy and many members of the senior leadership team were inexperienced, and work was underway to develop confidence and competence.
- 2.4 The governor had made efforts to understand the day-to-day pressures facing her staff and our staff survey showed some reasonably positive attitudes towards leaders. For example, 31% of respondents felt that leaders were always approachable and 35% felt they were often approachable.
- 2.5 The five key priorities set out in the self-assessment report were relevant and appropriate but lacked hard evidence against which to measure success. The vast majority of staff we spoke to said the priorities had been communicated clearly to them and in our survey, 38% strongly agreed with them and another 38% agreed somewhat.
- 2.6 Leaders' use of data to make improvements was limited. For example, the safety strategy did not include data specific to the prison, which made it difficult to determine the prison's strengths and weaknesses, and the range of equality and diversity data was not used effectively.
- 2.7 Leaders had provided new or additional resources to take forward priorities, for example, expanding the psychology team and appointing a social engagement officer and a new head of drug strategy and health.
- 2.8 Leaders did not offer enough activity places and attendance was too variable. Leaders prioritised offering English and mathematics, although spaces were not fully used.

- 2.9 Staff shortages were acute and a third of officers and operational support grade staff were not available during the inspection. This affected the delivery of even a very restricted day-to-day regime, often preventing women from attending activities and limiting their opportunities to benefit from positive social and recreational time with staff and peers.
- 2.10 Leaders had a good focus on improving retention, such as through the use of level transfer and a 'first posting' scheme, where new officers could relocate to the area for their first three years. They had also developed better support for new officers through a learning and capability manager and an officer mentor role. Despite these efforts, attrition had been high during the year, with 20% of all staff moving on.
- 2.11 Self-harm had increased significantly and had continued to rise in the current year. Leaders did not fully understand the causes. However, the governor was leading a consultation project with staff and women to strengthen the prison's strategic approach, agree an action plan and improve safety.
- 2.12 Some women sent to prison were acutely mentally unwell. In the previous 12 months, 31 had been transferred to a mental health hospital. Leaders struggled to address their needs as they did not have the appropriate staff or facilities. The use of unit 4 for some of these women was unacceptable as the appalling environment was exacerbated by a lack of therapeutic support, and senior leaders had lost sight of the extent of these problems.
- 2.13 Leaders had not resumed the delivery of mental health awareness training. This was a weakness, given that the vast majority of women responding to our survey (83%) said they had a problem with their mental health and staff were dealing with prisoners with disturbed behaviour every day.
- 2.14 Staff in some specialist roles could access regular welfare support sessions to minimise the impact of trauma, but it was not open to everybody, despite unit staff experiencing frequent incidents of self-harm and those working in unit 4 facing the daily pressure of managing very unwell women. Such traumatic events could have a negative impact on staff well-being and how they responded to women in their care.
- 2.15 Unit 2 was closed for refurbishment. The planned replacement of unit 7 with an open unit outside the prison was not scheduled to take place within the next three years, which left a gap in progression opportunities that leaders needed to address.
- 2.16 The development of a pilot to coordinate resettlement services within the prison was encouraging. Leaders appropriately prioritised offender management, but the HM Prison and Probation Service model for the delivery of community rehabilitation services did not cater for the needs of women on remand.

- 2.17 A new building was due to open in the following months. It would provide a space for the offender management unit and activities and community rehabilitation services to be located together to promote joint working.

Section 3 Safety

Women, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes: Women are safe at all times throughout their transfer and early days in prison. They are treated with respect and well cared for. Individual risks and needs are identified and addressed, including care of any dependants. Women are given additional support on their first night and induction is comprehensive.

- 3.1 About 100 women arrived each month and it was positive that fewer now shared escort vehicles with men as they travelled to the prison. Owing to the large catchment area, however, some still had long journeys and arrived late in the evening. This made it difficult for the women to settle in and seek support before being locked in a cell for their first night. This was a concern as, in our survey, almost all women (97%) said they had personal problems that needed urgent attention.
- 3.2 The reception area provided a welcoming environment. Although 79% of women responding to our survey said they had been treated well or quite well in reception, this was lower than at the last inspection (93%). Peer workers greeted new arrivals and gave them food and drinks but did not always provide a good enough range of information to help put women at ease. Arrival processes were thorough, including checks by health care professionals, but interviews with officers were still not held in a sufficiently private space. Some women spent too long in reception before moving to the first night centre, which added to the lack of opportunity for them to settle in before being locked up. It was positive that hourly welfare checks now took place during the first night, with additional checks for those withdrawing from substance misuse.
- 3.3 First night cells were poorly prepared, some contained graffiti and lacked basic equipment, such as flasks of hot water for making drinks, working televisions and duvets or pillows.
- 3.4 Support during women's early days was insufficient. There were no peer support workers in the first night unit and induction arrangements had deteriorated since the last inspection. In our survey, fewer women than last time said they had received an induction (78% compared with 89%) and the programme was not delivered consistently. Peer workers were involved in delivering the programme, but it was often rushed, and some women felt it did not provide them with enough information to help them familiarise themselves with prison rules, processes and procedures. This was particularly acute for women on remand.
- 3.5 Leaders recognised the shortfalls in early days support and credible plans were in place to make improvements.

Promoting positive relationships and support within the prison

Expected outcomes: Safe and healthy working relationships within the prison community foster positive behaviour and women are free from violence, bullying and victimisation. Women are safeguarded, are treated with care and respect and are encouraged to develop skills and strengths which aim to enhance their self-belief and well-being.

Safe and healthy relationships

- 3.6 Staff-prisoner relationships were not as good as they had been at the last inspection. In our survey, 72% said staff treated them respectfully, significantly lower than in 2019 (87%). Some women we spoke to described feeling threatened or intimidated by staff and in our survey 27% said they had experienced these problems, which was much higher than at our last inspection (13%).
- 3.7 Staff shortages meant hardly any officer key worker sessions (see Glossary) had been delivered. We found little consistency and variable quality among the small number of recorded sessions. Despite this, 84% of those surveyed said they had a member of staff they could turn to if they had a problem, which was reassuring.
- 3.8 Interactions we saw between women and staff were generally positive and respectful. Many staff and leaders had an excellent knowledge of the women they looked after and understood their personal situation well. A number of officers were working at Eastwood Park temporarily to cover staff shortages and others were helping in units they were unfamiliar with. As a result, they often did not know enough about the vulnerabilities and needs of the women in their care.
- 3.9 Some officers were distant and did not interact well with the women. For example, many women were frustrated that even very basic requests were not taken seriously and that some staff did not deliver what they had promised. This was further exacerbated by poor communication and the inconsistent delivery of the daily regime. Women told us of the frequent hurdles they faced with prison systems that were ineffective, for example, we were told it often took a long time to have telephone numbers added to their account, gain access to their stored property or obtain a purposeful activity place. Some suggested these frustrations had led them to self-harm.
- 3.10 The therapeutic provision in specialist areas, such as the Nexus Unit for women with personality disorders and the drug rehabilitation centre was excellent and enhanced by good use of peer support workers (see paragraphs 3.13 and 6.14). We were, however, not confident that all officers had a good understanding of how best to work with women who had experienced significant trauma or those who had mental health problems.

Reducing self-harm and preventing suicide

- 3.11 There had been two self-inflicted deaths since our last inspection and the rate of self-harm had risen by 128%. The level had increased dramatically in the previous year and continued to rise. In the previous six months, about a third of the population had self-harmed. Eighteen women had repeatedly self-harmed accounting for almost three quarters of all incidents between April and September 2022. Leaders were aware of women who hurt themselves regularly and discussed their cases at the well-attended weekly multidisciplinary safety intervention meeting. However, much of the work undertaken was in response to actual self-harm rather than trying to deal with the range of underlying triggers and causes.
- 3.12 Leaders' top priority was to reduce the level of self-harm, but they had too little knowledge of the causes. The monthly safer custody meeting discussed a good range of data, but too little action was taken as a result. Women repeatedly told us that self-harm was caused by a number of triggers, including too much time locked in their cells, a lack of purposeful activity, frustrations about basic requests taking too long to resolve, insufficient support with mental health issues and not enough contact with family and friends.
- 3.13 It was good that some women received specialist support through the Nexus Unit (see paragraphs 3.10 and 6.14), mental health staff, the drug rehabilitation community (offering a 12-step rehabilitation treatment programme delivered by the psychosocial team) and psychologists. As a result, some individuals had reduced the frequency and severity of their self-harm. The social engagement officer was a good resource, further supporting women at risk, but they were frequently redeployed, which undermined women's trust.
- 3.14 Safer custody peer workers provided women with good support. They visited women in crisis and those who had self-harmed, offering them distraction packs and emotional support. Their time with women was sometimes cut short when the regime was curtailed because of staff shortages.
- 3.15 Many women we spoke to who had experienced assessment, care in custody and teamwork (ACCT) case management for women at risk of suicide or self-harm told us they did not feel well cared for or supported. Staff told us that the number of ACCTs open at any one time was overwhelming. On one day during the inspection, there were 49 open ACCTs and they were of a poor standard, for example, there were very limited care and support plans, multidisciplinary input into reviews was poor and case coordination inconsistent. The timing of observations was also far too predictable.
- 3.16 We were also concerned by the number of women who had force used against them to stop their self-harming behaviour or who had been segregated, sometimes both. We could not find adequate justification for some of the decisions to use force or segregation in these cases (see paragraph 3.37). Women had sometimes been put into anti-

ligature clothing, but there was no log to determine how often this happened or for how long.

- 3.17 Constant supervision had been used 22 times over the current year – the longest period was for about five months. Most women in need of constant supervision were placed in residential unit 4, which was not appropriate as the conditions were appalling (see paragraph 3.23).
- 3.18 Support delivered by the Listeners (prisoners trained by the Samaritans to provide confidential emotional support to other women) was very limited. During the inspection, only three were in post and they only had access to women in crisis between 6am and 6pm. While women could call the Samaritans on a free number directly from their in-cell telephones when Listeners were not available, it was not a sufficient replacement.
- 3.19 The safer custody telephone line for family and friends to call was well used and calls were answered promptly. The safety department was starting to collect a good range of data from the hotline to inform its future strategy.

Learning from self-inflicted deaths and attempts by women to take their own lives

- 3.20 Although the Prisons and Probation Ombudsman (PPO) had yet to investigate and report on the two most recent deaths, the prison kept other recommendations under review. Some had been adequately addressed, but not enough was being done to reinforce or embed others, notably those on the use of body-worn video cameras and entering a cell without undue delay when there was a risk to life.
- 3.21 The prison did not complete local investigations into life-threatening acts of self-harm so lessons could be identified.

Protecting women, including those at risk of abuse or neglect

- 3.22 Some women had been sent to prison when they needed to be in a mental health hospital. Leaders told us in the previous year, 31 women had been transferred to hospital, demonstrating the scale of the problem.

Residential unit 4

This unit was used to accommodate some of the most vulnerable prisoners. Some of the women held in the unit were acutely mentally unwell and waiting for a transfer to hospital under the Mental Health Act, others required constant supervision, and a few had been segregated there because of their risk to others. There was no specialist training or supervision for officers who worked in unit 4, and much of the unit's ethos as a therapeutic facility was being undermined. We were seriously concerned about the impact this was having on the women and officers working there, who were responsible for caring for some very vulnerable prisoners.

Conditions on the unit were appalling. Cells were grubby, poorly furnished and contained a lot of graffiti. Inspectors saw an empty cell that was ready to be occupied, which had blood on the toilet wall. A woman had been located in another cell, where the damage to the walls and back of the cell door reflected the distress and trauma of its previous resident.



Cells on residential unit 4



Back of a cell door on residential unit 4

- 3.23 Links with the local adult safeguarding board were well embedded and most staff we spoke to had a good understanding of the principles of safeguarding women at risk of abuse, neglect or mistreatment. The prison had responded well to lessons learned at other prisons about the vulnerabilities of pregnant women and unexpected births. Partnership working was good, and officers knew about their responsibility to safeguard pregnant women.

Promoting positive behaviour

Expected outcomes: Women live in a safe, well-ordered and supportive community where their positive behaviour is promoted and rewarded. Antisocial behaviour is dealt with fairly.

Supporting women's positive behaviour

- 3.24 In our survey, 65% of women said they had felt unsafe at some point during their time at the prison compared to 50% at the last inspection and 24% said they felt unsafe at the time of this inspection.
- 3.25 Although overall recorded rates of violence had declined by about 22% since the previous inspection, levels remained high. The rate of

assaults on staff had increased dramatically while the rate of those between women had been on a slight downward trend. There had been 186 incidents in the previous year, which included 100 assaults on prisoners and 86 assaults against staff. However, few incidents were serious.

- 3.26 Most incidents were investigated promptly and to a reasonable standard. Some good analysis of the causes took place, and this had identified that debt, frustrations with the limited regime and mental health problems were all linked to violence. Seven women were being managed through a challenge, support and intervention plan (CSIP) (see Glossary) after committing an act of violence. Staff were aware of these women and could describe their risks and triggers. The quality of CSIPs was reasonable, reviews were usually multidisciplinary, and targets were mostly specific to the individual.
- 3.27 Support for victims of violence or bullying was too limited. Throughout the inspection, women told us that a lack of a consistent staff group in each residential unit meant they were often reluctant to report bullying, as they were not confident that anything would change as a result (see paragraphs 3.8 and 3.9).
- 3.28 The safety strategy had appropriate priorities and one of the aims was to reduce violence. However, there was not enough specific detail about how the prison wanted to achieve this outcome, and the strategy did not use local data or define how success would be measured.
- 3.29 In our survey, significantly fewer women than at the last inspection (35% compared with 53%) said they felt they had received fair treatment through the prison's incentives scheme. Incentives were very limited and would be limited further by the imminent closure of residential unit 7, where women on the enhanced level of the scheme could access a much better regime (see paragraph 6.15). Women on the enhanced level living in other units often had their time out of cell reduced to accommodate the regime for those who were segregated, which caused frustration. Prisoners on the basic level of the incentives scheme were not allowed to collect their meals from the servery, which was not an acceptable restriction.

Adjudications

- 3.30 There had been about 811 adjudications in the previous 12 months. They were not always used as a last resort to deal with the most serious behaviour and some cases, such as where women used bad language towards other prisoners or refused instructions from staff, could have been better dealt with by staff issuing prisoners with a negative warning as part of the incentives scheme.
- 3.31 There was evidence of positive and appropriate responses to adjudications for women who had misused substances. Adjudicators acknowledged the problems and offered onward referrals to the substance misuse team for additional help.

- 3.32 Quality assurance for adjudications, undertaken by the deputy governor, had started to identify some areas for improvement. However, there was no routine data analysis, which made it difficult to determine the appropriateness or fairness of sanctions.

Segregation

- 3.33 In the previous year, about 40% of prisoners who had been segregated had been on an ACCT at the time. This was higher than we see in most other women's prisons. We were not confident that decisions to segregate these women were always appropriate or properly authorised because some defensible decision logs were missing. (See paragraph 3.16.)
- 3.34 Segregated women generally remained in the main residential units but had a very limited day-to-day regime. This included about 45 minutes out of their cell on week days for a shower, time outside and domestic tasks. However, all other women were locked in their cells when the one or two segregated women were unlocked, which was not always necessary and caused considerable frustration among the other prisoners.
- 3.35 Data collection and analysis were poor. Managers could not be sure if every instance of segregation had been recorded in the data and the reasons for segregation, as well as the length of time spent segregated, was sometimes missing. The deputy governor and managers in the safety department were starting to address this at monthly meetings.

Use of force

- 3.36 Staff had used force against women 395 times in the previous 12 months which was about a 75% increase since the last inspection and was now very high in comparison to other women's prisons.
- 3.37 About 86% of incidents were spontaneous and in the previous year, most had occurred as a result of prisoners refusing instructions from staff. However, we were concerned about the increasing number of incidents involving force to prevent women from self-harming. In the month before our inspection, about 63% of incidents had been for this reason (see paragraph 3.16) and we were not assured that all other de-escalation techniques had been used first.
- 3.38 Staff did not always use body-worn cameras to record incident of force being used, which was not justifiable. Only 50% of all incidents had footage available and even that was sometimes of very poor quality. This meant that neither we nor prison leaders could be confident about the need for force or the proportionality of incidents. At the time of our inspection, the PPO and HM Prison and Probation Service were investigating an incident involving the use of force against a prisoner who later died.

- 3.39 Oversight of the use of force had improved in other ways, driven mostly by middle managers and the deputy governor. There was a well-established weekly committee meeting, which was well attended. The committee discussed lessons that could be learned, identified staff who needed refresher training and talked about good and poor practice, but this was only possible where enough, good quality video footage was available.
- 3.40 We were told there had been two instances of women being placed in special accommodation in the previous 12 months, but managers could not provide any paperwork documenting authorisation for this or observations of the women while they were held there.

Security

Expected outcomes: Security measures are proportionate to risk and are underpinned by positive relationships between staff and women. Effective measures are in place to reduce drug supply and demand.

- 3.41 The availability of illicit substances presented significant risks and, in our survey 34% of women said they were easy to get hold of. In the previous year, about 87% of illicit items found had been drug related.
- 3.42 Leaders had taken some appropriate steps to reduce the supply of and demand for drugs, such as photocopying mail and using drug dogs during visits. However, these measures were undermined by the fact that the prison did not have a body scanner to detect items secreted on women. The process of photocopying incoming mail had been improved, based on feedback from women, who were now allowed to have original copies of photographs and drawings after they had been checked for illicit substances.
- 3.43 There had been 1934 intelligence reports submitted in the previous 12 months and they were collated, analysed and actioned appropriately. Searching was proportionate and based on an individual risk assessment. However, in the previous four months, only 59% of requested cell searches had been completed due to a lack of available staff and there were also gaps in the routine searching of prisoners who were returning from release on temporary licence (ROTL). When cell searches were conducted about 90% had resulted in finds, such as illicitly brewed alcohol and suspicious substances on paper, which suggested the reporting of intelligence was robust.
- 3.44 Physical security arrangements were proportionate overall, but we could not understand why free flow (which allows prisoners to move about the prison unescorted) was no longer in place for trusted prisoners and those in purposeful activity.

Section 4 Respect

Women's relationships with children, family and support networks are central to their care in custody. A positive community ethos is evident, and all needs are met.

Relationships with children, families and other people significant to women

Expected outcomes: Women are able to develop and maintain relationships with people significant to them, including children and other family members. The prison has a well-developed strategy to promote relationships and make sure women can fulfil any caring responsibilities.

- 4.1 Provision to help women maintain relationships with their children, families and friends had been slow to recover after the pandemic. Almost half of women lived more than 50 miles away from the prison and a third of the population did not receive visits.
- 4.2 The Prison Advice and Care Trust (PACT) had introduced some useful initiatives including the Visiting Mum project, which helped imprisoned women from Wales receive visits from their children and maintain contact with them. The project was also being rolled out to mothers from the southwest of England. (See paragraph 1.39.)
- 4.3 PACT was also part of a pilot project Together a Chance, ending in December 2023, in which a social worker at the prison made links with community social workers and helped women deal with family court matters and child protection conferences (see paragraph 1.40). Storybook Mums, which allowed women to record stories for their children, had not yet restarted.
- 4.4 In our survey, fewer women than in similar prisons said they could make video calls (9% compared with 19%). Access was limited and exacerbated by the lack of evening and weekend provision. Women, however, had a telephone in their cell and good access to letters and the email scheme.
- 4.5 Social visits only lasted an hour, which was too short in comparison to some other prisons and considering how far families often had to travel to reach the prison. A maximum of eight prisoners could attend each session, which was only about half the pre-pandemic capacity. Plans for a family support worker to be present during visits to organise play activities and interact with families were not yet in place. Regular family visits had not been reintroduced, although a very small number had been held in the mother and baby unit (MBU).
- 4.6 The MBU was spacious and clean, and its facilities were good. There were indoor and outdoor play areas, and the nursery provided a

stimulating environment for babies. Women could work and attend activities away from the unit and received support to do so from trained nursery staff, who cared for their babies and frequently took them out of the prison while mothers were at work. Those living in the unit felt well supported.



Mother and baby unit nursery

- 4.7 Staff encouraged women to interact with their family and take part in activities to help socialise their babies and children. Immediate family members could visit the MBU and take the babies out of the prison for the day or for overnight stays.

Living in the prison community

Expected outcomes: Women live in a prison which promotes a community ethos. They can access all the necessary support to address day-to-day needs and understand their legal rights. Consultation with women is paramount to the prison community and a good range of peer support is used effectively.

Consultation and support within the prison community

- 4.8 In our survey, 48% of women said they were consulted about prison life, such as the food, shop, health care or unit issues, but only 15% of them said that sometimes led to a change, which was much lower than at the last inspection (37%).
- 4.9 A prisoner council had been reintroduced in May 2022, meeting monthly since then, with senior leaders attending. Some residential

units had not been represented at all the meetings. Leaders were aware the council needed to include the views of a wider range of women and that outcomes from consultations were not communicated sufficiently well across the prison. They had plans to address these gaps.

- 4.10 Surveys had been used to enable more women to share their views, but the results were not always acted on promptly. For example, the results of a food survey carried out in May had still not been shared with women.
- 4.11 Small group consultations while women and managers had lunch together was an example of a more innovative approach that leaders were piloting.
- 4.12 Women were employed as peer workers across a range of areas, including safer custody, reception, education and in units. Supervision and training for them were not consistently strong.

Applications

- 4.13 Women's perceptions of the timeliness of responses to applications were poorer than in 2019 – in our survey, 25% said they received a reply within seven days, compared with 40% at the previous inspection. Several told us they did not always get a reply. A process for monitoring applications to make sure they received a prompt reply had only recently been introduced.

Complaints

- 4.14 Over 1,400 complaints had been submitted in the 12 months before this inspection, which was a 25% increase on the same period before the 2019 inspection. It was the highest rate of all women's prisons.
- 4.15 Issues with access to stored property was the most common reason for making a complaint, reflecting the concerns women raised with us during the inspection. (See paragraph 4.24.)
- 4.16 Management oversight had been strengthened in the months before the inspection. Quality assurance carried out by senior leaders and the Independent Monitoring Board (IMB), bolstered by training, was helping to improve timeliness and the standard of investigations and responses. The responses to complaints we looked at were generally good with evidence, in some, of women having been spoken to as part of the investigation.

Legal rights

- 4.17 The support available for women to exercise their legal rights was adequate. Legal visits were available twice a week in small private rooms and video links could be used for professional visits, court appearances and parole board hearings.

- 4.18 The addition of a bail information officer to work with remanded women was an improvement since 2019 (see paragraph 6.8). The library had a suitable range of legal texts and HM Prison and Probation Service (HMPPS) documents. The prison still did not carry out work to promote eligible women's right to vote.

Living conditions

Women live in a clean, decent and comfortable environment. They are provided with all the essential basic items.

- 4.19 Living conditions were reasonable overall but quite variable depending on which unit women lived. Residential units contained single and double cells, but some double cells were too small for two people. All of them had in-cell toilets and some had showers. Residential unit 2 was closed for refurbishment and half the population of unit 7 had moved to other cells in the prison just before the inspection in response to fire safety concerns (see paragraph 6.15).
- 4.20 While some cells were well maintained, a few contained graffiti, had shabby or insufficient furniture and were poorly decorated. Too many did not have curtains for the windows. Not all women had a lockable storage cupboard in their cell for medication and other personal possessions.



Well-maintained cell on residential unit 10



Cell requiring redecoration on residential unit 3

- 4.21 However, apart from the refurbishment of unit 2, there were other planned improvements, including new cell furniture, which was ready for installation in two units and the imminent establishment of a 'clean, rehabilitative, enabling and decent' team to take care of the appearance and upkeep of living areas.
- 4.22 Attractive murals on fences and internal corridor walls brightened the environment and gardens were well-maintained.





Corridor wall art

- 4.23 Women had inconsistent access to basic amenities, including cleaning materials, sanitary and hygiene items and underwear. Leaders were starting to address these problems, and there had been some recent improvements in the provision of sanitary items.
- 4.24 Women could wear their own clothing and had weekly access to laundry facilities, but they did not allow for washing underwear, which had to be done in their cell. Too many women had experienced substantial delays in accessing their stored property and getting items sent in by family and friends (see paragraph 4.15). There was no facility for women to buy clothing in the prison.
- 4.25 Only 21% of women said their cell bells received a prompt response, which was a concern given the high rate of self-harm (see paragraph 3.11). The lack of an electronic cell bell monitoring system in some units did not support effective oversight by leaders.
- 4.26 In our survey, only 34% of women said they got enough to eat at mealtimes and 31% said the food was very or quite good, which were both similar to our last inspection. We found that the menu offered a reasonable choice, catering for a range of diets and portion sizes were adequate. Some equipment in the main kitchen needed to be repaired, and staffing levels had been poor until recently, which might have affected the quality of the food. There were limited opportunities for women to prepare their own food and some units did not have microwaves, toasters or cookers.
- 4.27 The prison shop was the only way most women could buy items they needed. In our survey, only 50% of women said the shop sold a wide enough range of items, which was significantly lower than in 2019

(71%). New prisoners had to wait up to 10 days to receive their first order and could not buy a pack of grocery items on arrival, which was poor. Women did not have access to catalogues from which to order items for themselves.

Health and social care

Expected outcomes: Women are cared for by services that assess and meet their health, social care and substance misuse needs and promote continuity of health and social care on release. The standard of health service provided is equivalent to that which women could expect to receive elsewhere in the community.

- 4.28 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 4.29 Partnership working between the new provider Practice Plus Group (PPG) (which had taken over health services from 1 October 2022), the prison and key external stakeholders was strong and there was a plan in place to make sure there was a smooth transition. Well attended local health delivery board meetings were held quarterly with key stakeholders.
- 4.30 Health services were well led, and leaders worked diligently and creatively to make sure services continued to deliver safe care in the face of acute staff shortages. This meant some services had to be prioritised. Staff we spoke to felt supported in their roles and we observed health care practitioners who knew their patients and treated them with dignity, kindness and respect. PPG was in the process of recruiting to key clinical and leadership roles.
- 4.31 Clinical staff's compliance with mandatory training was good, but there were gaps in some areas of clinical supervision, which the provider was aware of and planned to address. Leaders had good oversight of incidents and we were confident any lesson learned were shared with clinical staff. PPG and Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) (the mental health provider) used different systems for reporting incidents, which made it difficult to provide effective oversight. A broad range of local clinical audits was taking place and associated action was taken. Health care providers had also responded effectively to the Prisons and Probation Ombudsman's recommendations relating to deaths in custody (see paragraph 3.20). The head of health care worked effectively to resolve patient concerns raised by the local IMB.
- 4.32 A separate health care complaint box was available in each unit and a recently appointed 'patient flow' coordinator managed complaints well, with complainants being seen face to face within seven days. Due to

the provider change, we were unable to sample any formal complaint responses.

- 4.33 The clinical environment across the prison was generally clean and well-ordered, but the configuration of sinks did not meet infection prevention standards.
- 4.34 All staff used a single NHS standard electronic medical record for patients – SystmOne – and the entries met required record keeping standards.
- 4.35 Women’s access to health-related appointments was generally well organised, but patients faced long waiting times to see some health professionals, such as an optometrist, podiatrist or physiotherapist.
- 4.36 Appropriately trained health care practitioners provided a round the clock rapid response in the event of an emergency, making use of strategically placed resuscitation equipment that was regularly checked and maintained and contained the necessary kit.

Promoting health and well-being

- 4.37 Although there was no overarching local strategy, health promotion material was visible across the prison and in health care waiting areas. PPG had plans to introduce an organisation-wide approach to health promotion. The provider was recruiting a patient engagement officer at the time of inspection and intended to introduce health care champions.
- 4.38 Systems were in place to deal with communicable disease outbreaks and good partnerships had been established with the UK Health Security Agency. Patients had access to appropriate immunisations and vaccinations.
- 4.39 There was no routine offer of an annual health check for older women, which was poor and did not meet national guidance.

Sexual and reproductive health (including mother and baby units)

- 4.40 All women were offered sexual health screening and blood borne virus testing. Cervical screening was available, and women received support and encouragement to attend to increase uptake. Women who required a further assessment of their sexual health were referred to local genitourinary medicine services for investigation and treatment.
- 4.41 Pregnancy testing was offered on arrival in reception, and emergency contraception was available if required. Overall, there was very limited contraception advice provided; there were no nurse-led clinics, and only one GP could provide this service once a week. This was not sufficient to meet the needs of the population and was poor. Barrier protection and related health advice was available and discussed in preparation for women’s release.
- 4.42 A specialist midwife visited the prison one day a week to support pregnant women, although they visited every day after a mother and

their baby returned to the prison after a birth, which was good. The midwife was part of the multidisciplinary team that supported those with complex needs, and we saw evidence of good care plans for those women. All dietary requirements, including supplements, were met.

- 4.43 The MBU offered women a supportive environment in which to build their parenting skills to enhance their baby's care and development (see paragraphs 4.6 and 4.7). All babies were registered with local GP practices and could receive the national universal developmental screening as well as infant immunisations.
- 4.44 The perinatal pathway for pregnant or post-natal women included a weekly multidisciplinary professionals meeting which made sure that women were promptly assessed by appropriate services. This included the provision of ante- or post-natal care as part of release planning. The team produced information on the theme of baby loss through miscarriage, termination, infant death or separation, and provided ongoing support to patients and any staff affected. (See paragraph 1.41.)
- 4.45 The GP provided reasonable support to women experiencing the menopause.

Primary care and enhanced units (inpatients and well-being units)

- 4.46 PPG provided effective 24-hour primary care services despite carrying significant staffing vacancies for many months. A reduction in the population and the use of agency nurses and overtime working had temporarily stabilised the situation, but there were risks as time went on due to staff fatigue. The head of health care undertook clinical work to make sure essential services were delivered, but the lack of a deputy head of health care and other key clinical leadership posts put additional pressure on the team. The primary care team worked hard to provide a range of services to make sure patient needs were met.
- 4.47 A qualified nurse undertook initial and secondary health screenings for all new arrivals and made appropriate onward referrals. Women who refused the reception or secondary screening were followed up to repeat the offer and gather clinical information. Patients' clinical records were obtained from the community GP with their consent and practitioners used patients' history to inform treatment.
- 4.48 On arrival medicines were checked against community records and prescribed to provide continuity of care. The needs of women arriving without expected medicines were managed through emergency or out-of-hours prescriptions.
- 4.49 The service did not have a lead nurse for patients with long-term conditions and not all those with such conditions had a care plan, which was poor and undermined the effective communication of patient care to other health care staff. The provider was aware of this and had a plan to address it.

- 4.50 Health records were well written and noted that interventions had taken place, clearly outlining patient pathways. Health staff told us that women could ask to see a female GP for non-urgent care.
- 4.51 Clinics continued to be managed on a triage basis. Most patients were unaware that they had a health care appointment scheduled until they received a movement slip, or an officer arrived in their unit or at a workshop ready to escort them to the clinic.
- 4.52 Women received secondary care services either in the prison or at hospital within community-equivalent waiting times. A clinician undertook a risk assessment before women were escorted to hospital. However, attendance at hospital was disrupted by the lack of prison officer escorts and clinicians were asked to prioritise patients' attendance according to clinical need. Cancelled appointments were promptly rearranged and monitored, which was good.
- 4.53 Women being released were provided with a summary of care and received support to register with a community GP. When women left for court, they received a short supply of medication or a community prescription, which the patient could take to any pharmacy to reduce the risk of missing medications. Reconnect, a resettlement service, encouraged women to contact health services on their release (see paragraph 6.25).

Mental health

- 4.54 Mental health care and treatment were delivered by an integrated multidisciplinary team. There was a good skills mix, and the staff were motivated, proficient and knowledgeable. There were a number of staffing shortages across the service, some of which had been created by the changes in the health care provider contract.
- 4.55 A duty worker triaged and discussed referrals every day and allocated them to services according to their clinical need. Urgent cases were seen on the same day. Referrals were accepted from every prison department and patients could refer themselves via an application.
- 4.56 A limited range of low-level interventions, such as those focusing on sleep hygiene, anxiety and low mood were available on a one-to-one basis. However, there was no psychologist, which meant cognitive behavioural therapies or interventions for those who required higher intensity treatments, such as post-traumatic stress treatments, were not available. The absence of a learning disability nurse and psychologist also meant that there was no assessment for autism or learning disability. We were told a psychologist had been recruited and was going through the prison vetting process. No mental health groups were being organised and the team struggled to find appropriately private spaces in which to see patients in the units.
- 4.57 The team attended all initial assessment, care in custody and teamwork (ACCT) case management reviews for women at risk of suicide and self-harm and subsequent reviews for patients on their

caseloads. The social prescriber also provided written reports to inform ACCT reviews when requested.

- 4.58 There were 31 patients being supported through the care programme approach (mental health services for individuals diagnosed with a mental illness). Patients had good access to a psychiatrist.
- 4.59 Case notes were reasonable, risk assessments were carried out and four out of six care records inspected had care plans completed. The others had outlined patients' needs in their main health record.
- 4.60 Physical health monitoring was in place for patients prescribed mood stabilisers and antipsychotic medication and the notes inspected showed that the primary care team completed annual checks.
- 4.61 There were mental health non-medical prescribers (NMPs) within the team and prescribing reviews were carried out in line with national guidelines. The NMPs worked closely with the GPs and psychiatrist and held some joint reviews.
- 4.62 The two mental health perinatal staff provided a supportive service that patients valued (see paragraph 4.44). Recruitment was ongoing to enhance the provision for patients who had been sexually assaulted or who required additional antenatal and post-natal mental health support.
- 4.63 There continued to be long delays in transferring patients who were mentally unwell under the Mental Health Act to specialist inpatient facilities. In the previous 12 months, 31 women had been transferred, 19 of whom waited longer than 28 days for a transfer, which was unacceptable. One patient had waited 441 days.

Social care

- 4.64 Social care arrangements were very good. An up-to-date memorandum of understanding between the prison and the local authority was in place (see paragraph 4.87). A senior social worker led a team to oversee social care delivery in the prison, including assessments, care plan reviews, and quality assurance of care. The team visited the prison every week to collect referrals and attend the prison safeguarding meeting, where social care patients and any new referrals were reviewed, which was good practice. The referral pathway was clear and well-advertised, and women could refer themselves. Assessments for equipment and care took place in a timely manner.
- 4.65 Four women were receiving a social care package (see Glossary) at the time of our inspection, and women told us they were happy with the care they received. Care plans and details of all the care provided were held in unit offices, and prison staff knew which women were receiving care in their units. There were no social care peer workers at the time of the inspection.

Substance misuse and dependency

- 4.66 The prison's drug strategy had been developed recently and the psychosocial team attended strategic meetings. An integrated substance misuse team provided individually tailored clinical treatment, underpinned by a range of psychosocial interventions, and access to the drug rehabilitation community so patients could take part in a 12-step rehabilitation programme. Outcomes for prisoners with access to the programme were positive.
- 4.67 The team had a small number of vacancies. Some staffing pressures along with restricted regimes meant group work had been slow to restart, but psychosocial support was delivered through one-to-one interventions. A specialist through-the-gate worker provided an additional level of support. Staff received appropriate training and supervision and were on site five days a week.
- 4.68 Women arriving at the prison with a substance misuse concern were seen promptly by the psychosocial substance misuse team for a full assessment, and their care was reviewed by a doctor within 24 hours so opiate substitution therapy (OST) could be administered where appropriate. Women were observed regularly during their first week in custody and had access to symptomatic relief between arriving at the prison and seeing a doctor.
- 4.69 Women could refer themselves to the psychosocial substance misuse team at any time using the application system. A weekly multidisciplinary team meeting was in place to review women with complex needs and all new referrals. Assessments and allocations were timely, but there was no therapeutic space available in which to deliver one-to-one assessments and interventions.
- 4.70 Clinical treatment for opiate addiction followed evidence-based prescribing and approximately 130 women were receiving OST. Treatment plans were tailored to women's individual needs and prescribing was flexible, overseen by an NMP. OST was administered efficiently, but queues were not managed robustly, and we saw the treatment hatch being closed during administration times because queues had not been controlled properly.
- 4.71 A dedicated and passionate team organised the drug rehabilitation community 12-step treatment programme which had continued to run throughout the pandemic. Women spoke extremely highly of the support they received from the programme, and outcome data were positive. Mutual aid groups for those with alcohol, narcotics and cocaine problems were available at the prison, and women could link up with a sponsor ahead of their release, which was excellent.
- 4.72 Two peer mentors supported the substance misuse service offering guided self-help packs and welfare checks for women on the caseload.
- 4.73 Women received support up to 12 weeks before their release to make sure appropriate onward referrals were made to community services.

NMPs supported release planning by provide bridging prescriptions where necessary. Women were offered naloxone (a drug to reverse the effects of an opiate overdose) before release and to take home.

Medicines and pharmacy services

- 4.74 Medicines were supplied by an external pharmacy in a timely manner. Named patient medicines were appropriately labelled and had a dispensing audit trail. In-possession risk assessments were undertaken appropriately. Only about 27% of patients received medicines in possession. This small number had led to very busy morning and evening administration sessions and meant staff had less time to provide other services. In addition, most people received seven-day rather than full (28-day) in-possession medication, which also increased staff's workload. In-possession medicines were supplied in clear plastic bags, which was not appropriate. Most cells had lockable storage facilities for in-possession medicines.
- 4.75 Medicines were administered by pharmacy technicians and nurses in residential units three times a day and there was also provision to administer night-time medication. Staff did not ask for photographic ID, which increased the risk of an administration error. Pharmacy technicians provided patients with advice about their medicines at the hatch. Staff took appropriate action when patients missed medicines, showing a good duty of care.
- 4.76 In units 5 and 6, patients gathered in the same area as the medicine administration queue while waiting to go to education or the gym, creating a noisy and chaotic environment, which increased the risk of mistakes or diversion. Some abusable medicines, such as mirtazapine (a drug to treat depression), was prescribed more frequently than expected, which the provider knew about.
- 4.77 Prescribing and administration were recorded on SystmOne. There was no onsite pharmacist. There was some provision for the supply of medicines without the need to see a doctor, but patients could not buy over-the-counter medicines from a shop list. This meant there were more patients than would usually be seen during administration times asking for pain relief. There was a satisfactory process for managing out-of-hours medicines and appropriate medicine provision for patients being transferred or released.
- 4.78 Medicines were managed well in units, but there were no reconciliation procedures for stock medicines. Controlled drug (CD) entries were not recorded at the time of administration, which created risks. Errors were recorded and reviewed. The new service provider was introducing new written procedures and protocols.

Dental and oral health

- 4.79 A full range of NHS dental treatments was available. Governance arrangements were robust. The dental suite and decontamination area met infection control standards and all equipment was appropriately maintained. Emergency drugs and oxygen were kept in the dental suite and checked regularly, and a defibrillator was stored nearby.
- 4.80 Patients were seen for an initial assessment in a timely manner, and ongoing treatment plans were in place and monitored by the dentist. Additional sessions had been delivered to address previously long waiting lists, and waiting times had now returned to acceptable levels of about four weeks for a routine appointment. Emergencies were seen at the following clinic, where ring-fenced slots were available.

Equality, diversity and faith

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating discrimination and fostering good relationships. The distinct needs of women with protected and minority characteristics are addressed. Women are able to practise their religion and the chaplaincy plays a full part in prison life, contributing to women's overall care, support and rehabilitation.

Strategic management

- 4.81 Work to promote equality and diversity was not as good as at the last inspection, but new resources and a renewed focus in the previous six months were beginning to bring some signs of improvement. Oversight meetings, held every two months, were led by the governor and were reasonably well attended by senior managers. Some basic data was considered at this meeting, but HMPPS IT systems were not being used to generate data on protected characteristics, which could then have been analysed and used as the basis for action and as a way of measuring outcomes. There were action plans, but they were not driving improvement.
- 4.82 Successive equality officers had worked hard and were well thought of, but they had often been deployed to other duties, and the current officer had lost half of her working time in recent weeks to help run the daily prison regime. Three equality peer workers provided good support and could visit all the units. A different senior manager was responsible for championing each of the recognised protected characteristics, but so far only a few of them were actively pursuing this role, for example by attending the relevant focus group.
- 4.83 Prisoners frequently reported discrimination and 54 complaints had been submitted in the previous six months. They were investigated well, and responses were clear, courteous and to the point; 39% had been upheld in the previous six months. This was reinforced by quality checks carried out by the governor and deputy governor, and external scrutiny from the Zahid Mubarek Trust (ZMT). The partnership with

ZMT had also brought an independent perspective to some staff training and equality meetings.

Protected and minority characteristics

- 4.84 The level of support for protected characteristic groups was mixed. Some focus groups had been held in the previous few months for those sharing particular protected characteristics, but they were not given a high priority, and many had been cancelled because of staff shortages. The most successful was the black and minority ethnic group, which was facilitated by the ZMT. It had led to some practical improvements, such as a twice-monthly opportunity to buy a wider range of appropriate personal care and beauty products. A group for the Gypsy, Roma and Traveller prisoners had also led to some cultural adaptations. Many prisoners, however, attached little value to the focus groups because they did not take place regularly.
- 4.85 There were 11 foreign nationals and they received better support than we see in many other prisons. The equality officer was well informed about their issues and checked in with each of them regularly. Contact with immigration authorities was good and a staff member from the immigration enforcement department visited the prison on request to meet individual prisoners.
- 4.86 A considerable number of prisoners were from Wales. A few documents, such as the discrimination incident reporting form, were available in Welsh. Two Welsh-speaking middle managers made themselves available to the small number of Welsh speakers in the population.
- 4.87 Almost every residential unit had an adapted cell for a prisoner with mobility difficulties, but the number was still not sufficient. The equality officer kept a useful stock of aids, and social care provision was very good (see paragraph 4.64), but some prisoners, especially those with hidden disabilities, told us their needs were not met. There was no specific support for neurodivergent people.
- 4.88 Leaders knew that data showed that the under-25s were disproportionately involved in violence and therefore needed support. There was a regular meeting for younger people, but it had been cancelled because of short staffing and problems delivering a daily regime. A new equality peer worker had recently started to offer support to women under 25, and funding for a part-time specialist worker had been sought. The offender management unit focused well on those who had experienced being in care, and two prison offender managers liaised with local authorities to encourage them to provide active support to care leavers who were under 25.
- 4.89 Women over 50 appreciated the Rubies group, which continued to provide activities and mutual support through small sessions. This work was less effective than at the last inspection because of a lack of staff time and no dedicated room, but it was led with imagination and energy.

- 4.90 A great deal of time had been put into assessing the risks and needs of trans prisoners over recent months, and most of them were reasonably happy with their treatment.
- 4.91 In our survey, those with a sexual identity other than heterosexual had significantly more negative perceptions in some questions relating to reception, induction, safety, victimisation by staff, the ability to lead a healthy lifestyle and food. This was a surprise to leaders and staff, and inspectors found no obvious reasons for the disparity. There had been no specific consultation with this group.

Faith and religion

- 4.92 In our survey, 87% said they were able to attend religious services, which was encouraging, given there had been a number of cancellations over recent months. They had been caused by a lack of officers available to escort and supervise women and because some operational staff were not aware that corporate worship was a statutory part of the regime. On the Sunday during the inspection, a service had been cancelled at 10 minutes' notice.
- 4.93 The chaplaincy was incomplete because of difficulties in recruiting for some minority faiths, despite leaders' efforts. However, worship, prayer and study opportunities were organised for all faith groups represented in the population.
- 4.94 The main faith space had recently been redecorated and was welcoming, and chaplaincy staff and peer workers had a positive and outgoing attitude. The managing chaplain was leading a Healthy Culture project, aiming to improve the prison's culture, while other chaplains kept in regular contact with those at risk of self-harm, contributing also to work to support safety and release planning for those with a faith allegiance.

Section 5 Purposeful activity

Women are able and expected to engage in activity that is likely to benefit them, including a positive range of recreational and social activities.

Time out of cell, recreational and social activities

Expected outcomes: All women have sufficient time out of cell (see Glossary) and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 Women's perceptions of their time out of cell were poorer than in 2019. Recovery from the pandemic had been slow, and there were too few activity places for all women to be involved in work, education or training. During the inspection, about 62% of women were allocated to a paid activity and had timetabled access to seven hours. However, even this was not delivered consistently. The regime was undermined by staff shortages, which led to curtailments and cancellations of activities and association time. In our survey, 37% of women said they usually spent less than two hours out of their cells on week days and 59% at weekends, compared with 13% and 16% respectively at the last inspection.
- 5.2 Roll checks during the inspection found 24% of women locked in their cells during the working day. Unit 3 had the highest proportion of women locked up. Women experienced additional time locked up when incidents of violence or self-harm took place or when segregated women were unlocked. Many women were in their cells by about 5pm, which was too early, and they remained there until 8am the following morning.
- 5.3 Women could mix socially in their units and spend between 30 minutes and an hour outside each day, depending on the unit. Provision varied between units, but decent communal areas and some recreational facilities were generally available.
- 5.4 The library had only just reopened in September 2022, after providing a well-used mobile facility. Women now had weekly timetabled access to the library, which small groups took advantage of throughout the inspection, but there was no evening or weekend access.



Library

- 5.5 The library was well stocked with books to suit a range of needs and interests, including easy readers, large print books, dyslexia friendly texts and books in languages other than English. Audio books, CDs and legal texts were also available. Women said they could order books that were not part of the library stock. In the 12 months before the inspection, 152 women had completed the Reading Ahead Challenge.
- 5.6 In our survey, 61% of women said they could go to the gym or play sports at least twice a week. Women had timetabled access to the gym facilities despite the physical education instructor team being short staffed. This included some evening sessions for women on the highest incentives level, but no weekend provision. Facilities included a large sports hall and a well-equipped fitness suite.
- 5.7 Gym staff took referrals from health and substance misuse partners for a Fit for Life programme, during which women had two additional gym sessions each week to complete an individual programme with support from gym peer workers. Health care staff identified women who would benefit from participating in the weekly physiotherapist-led session. Women could not gain any qualifications and there was no tailored provision for young adults or older women.

Education, skills and work activities



This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at <https://www.gov.uk/government/publications/education-inspection-framework>.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

5.8 Ofsted made the following assessments about the education, skills and work provision:

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Requires improvement

5.9 Leaders and managers did not provide women with enough education, skills or work opportunities. Leaders had planned to open new workshops and recruit more staff to provide more options, but it was too early to measure the impact on women.

5.10 In too many instances the allocation of women to activities was based on the length of time since they had taken part in activities, rather than consideration of their needs and aspirations. Staff did not place women on a coherent plan of learning or work throughout their time in the prison. As a result, women attended an unstructured range of courses and were not clear about what they could progress onto next.

5.11 The main prison education framework contractor was Weston College. Managers and teachers had broken down the subject level courses into appropriate learning activities and they planned them coherently. Tutors gave clear explanations and demonstrations in lessons and allowed women to practise their skills. As a result, the few women who took part in education were enthusiastic and produced high-quality

work. Some progressed into ambitious job roles on release. However, too few women were taking part in education and therefore only a small number gained the knowledge and skills to prepare them for their next steps.

- 5.12 Leaders and managers did not offer a wide enough curriculum to meet the career and personal aspirations of women. Much of the work available focused on the essential activities required to run the prison, rather than on developing women's knowledge, skills and behaviour to help them on release. However, a small but significant number of women studied distance learning activities, including degree-level courses. Vocational training was limited to hospitality, nail art and soap making.
- 5.13 Specialist interventions to support women who had experienced domestic violence or been involved with sex work were carried out effectively by The Nelson Trust (a charity providing resettlement help). Women expressed their gratitude and appreciated that the provision understood their turbulent lives (see paragraphs 6.6 and 6.7). Leaders had suitable plans in place to widen the curriculum to include portable appliance testing, the Construction Skills Certification Scheme and horticulture qualifications, but it was too early to see the impact at this stage.
- 5.14 Leaders and managers did not include enough accredited qualifications in work and skills, such as in waste management, nail and holistic art, or farming and gardening. However, clear and valuable pathways of qualifications, work and a small number of release on temporary licence (ROTL) opportunities were available to women working in or studying hospitality and to peer workers. As a result, roughly half of the women who progressed through these routes gained employment on release. However, too many did not study qualifications that would benefit them on release.
- 5.15 Managers prioritised the development of women's English and mathematics. However, they did not make sure enough women used the spaces available on these courses. Staff did not use assessments of women's prior knowledge in English and mathematics effectively enough to teach women the knowledge they needed most.
- 5.16 Tutors planned individual courses well. They taught programmes that built on women's knowledge over time. For example, women working in the kitchen and in cleaning roles rotated between different tasks and locations, so that they got the opportunity to learn new skills. Tutors checked what women knew and could do before they started training but did not use this information well enough to tailor learning to the individual.
- 5.17 Staff did not track women's progress towards new knowledge and skills well enough in workshops. For example, women in the kitchen or in waste and recycling workshops were not given individual targets, nor were their work rates monitored to make sure commercial standards were met. In cleaning, instructors tracked women's employability skills,

but did not focus well enough on the specific skills that women most needed. As a result, women were unable to monitor their own performance and development sufficiently.

- 5.18 Tutors were well qualified, and if required, the college had provided them with training in vocational areas. For example, in the kitchens, trainers used their expertise well to plan food preparation training courses and implement targets so that women developed the specific cooking skills that needed the most focus.
- 5.19 The reduced number of women attending education learned substantial new knowledge and skills. Tutors' demonstrations were clear, and they gave women sufficient time to hone their skills. For example, in catering, women improved their understanding of ingredients to adapt recipes. Tutors provided guiding verbal feedback, for example in nail art to produce intricate designs. As a result, women produced high-quality work.
- 5.20 Too many women did not achieve their qualifications. Since returning to face-to-face teaching, achievements were high in subjects such as information technology, but low in too many subjects, particularly in level 1 mathematics, where although prisoners completed their course, too many did not achieve qualifications.
- 5.21 Education staff built positive relationships with women. They had continued to work with women through outreach provision during the pandemic and helped a considerable number to achieve English and mathematics qualifications. Staff motivated learners to progress to higher level courses, for example in mathematics. Women took pride in the work they produced and in their achievements. Leaders and managers recognised women's artistic talent by commissioning them to paint murals around the prison. Many women received accolades and financial rewards in the annual Koestler Arts awards, with some exhibiting their work as part of the London Southbank Centre exhibitions. As a result, those who attended education increased their confidence and self-esteem.
- 5.22 College staff provided valuable resources and adjustments to support women with learning difficulties or disabilities but did not extend them effectively to women in work. However, too many women with learning difficulties or disabilities left the course before completing their qualifications as they did not spend enough time on their courses to enable them to practise and embed their newly acquired knowledge.
- 5.23 Leaders and managers actively promoted reading. They had implemented a reading strategy, which timetabled library access for all women, and specified time was allocated for those in education. The reading strategy was beginning to have a positive impact on women. Staff in education and the library team worked hard to support the delivery of the reading strategy. Women read books for pleasure. In mathematics and English classes, tutors developed women's reading skills well. Women developed the technical vocabulary needed to understand and communicate effectively. Managers promoted reading

through competitions in which many women took part. Women who could not read made progress through the Shannon Trust's literacy programme and improved their skills.

- 5.24 Not enough women either attended their allocated activities or arrived on time. Leaders did not have sufficient operational staff to allow women to attend activities frequently enough or for long enough. As a result, attendance was not high enough, particularly for English and mathematics.
- 5.25 Leaders and managers provided highly valuable and achievable ROTL placements to a few women. As a result, these learners were offered and progressed into job roles on release, most of which were in non-stereotypically female roles.
- 5.26 Information, advice and guidance and employer engagement staff helpfully referred women to charities that could help support them on release. For example, women were provided with interview clothing by a local charity, which helped raise the self-esteem of individuals. Staff helped women apply for jobs and monitored their employment destinations on release. This work was already having a positive impact with a few women receiving job offers. However, staff did not support enough of the population due to staff shortages.
- 5.27 Leaders and managers worked well with education providers. Prison leaders monitored the reasons for women being withdrawn from courses, and managers worked together to adapt the length of the course to help women achieve qualifications. However, leaders and managers did not make sure that education or careers information, advice and guidance staff were sufficiently involved, or involved early enough in allocating women to education. Staff in different departments working to support women did not coordinate their work well enough. They did not feed into a cohesive plan for women so they could develop knowledge, skills and appropriate behaviour during their time in prison.
- 5.28 Leaders and managers' quality improvement processes were often not comprehensive enough. For example, they did not analyse data closely enough to help more women achieve qualifications. They did not provide sufficient scrutiny to improve the quality of education provided.
- 5.29 Leaders and managers had not used pay to encourage women to participate in education sufficiently well. For example, kitchen staff were paid more than those attending English or mathematics courses. All wages were low and women on waiting lists were issued with pay. As a result, women did not have any incentive to study the subjects where they needed the most support.
- 5.30 Women in work and education were respectful to each other and staff. They worked together well and offered each other support. Women felt safe during work and education activities. Staff challenged any use of inappropriate language. As a result, women studied in a calm environment.

- 5.31 Women demonstrated good awareness of values such as tolerance and respect and how these related to their own lives. Leaders and managers promoted equality and diversity well. For example, in hospitality training, tutors taught women about different cuisines to accompany a range of celebration events.
- 5.32 Education and skills areas had useful resources in place to emulate professional environments, such as in nail art and in the kitchen and café, but in work, such as unit cleaning, women did not wear suitable personal protective equipment.

Section 6 Rehabilitation and release planning

Planning to address the rehabilitation needs of women starts on their arrival at the prison and they are actively engaged in the delivery and review of their own progression plan. The public are kept safe and release plans are thorough and well delivered.

Reducing reoffending

Expected outcomes: Planning for and help with rehabilitation and resettlement starts on arrival at the prison. Opportunities are provided for women to access help and support aimed at developing individual strengths and providing opportunities to reduce their likelihood of reoffending.

- 6.1 The prison held a complex mix of women from a vast geographical area. About 30% of women were remanded, but there was also a significant minority serving long and indeterminate sentences. The population was constantly changing, and two-thirds had been at the prison for six months or less.
- 6.2 Leaders had prioritised offender management and resettlement services, which had both improved since the last inspection. Staffing in the offender management unit (OMU) was better and, following national changes in 2021, there had been considerable investment in resettlement support, principally delivered by the Nelson Trust (a charity providing resettlement help) (see section on preparation for release). A new building to co-locate the offender management unit and activities and resettlement services, had much needed prisoner interview rooms and was nearing completion.
- 6.3 The prison's analysis of the needs of the population was good and was based on data from sources such as offender assessment system (OASys) reports and a prisoner survey with a very good response rate. It had been jointly prepared by the head of reducing reoffending, a senior probation officer and the learning and skills manager, who were responsible for promoting the work across the prison (see paragraph 1.42). The reducing reoffending action plan that was supposed to underpin delivery was less impressive as it did not focus sufficiently on specific local challenges.
- 6.4 In our survey, 45% of women told us that they had a sentence plan, significantly more than at the last inspection (23%). Only six eligible women did not have an OASys report documenting their risks and needs. About 80% had an assessment report and sentence plan that were less than a year old, which was much better than we usually see. We saw some good examples of assessments that incorporated details about women's behaviour while in prison. Sentence plan objectives were often personalised and achievable within the prison setting.

- 6.5 There was an impressive range of support for women who had experienced trauma and bereavement. A counselling psychologist offered eight women each week access to trauma therapy. This help was flexible, dictated by need and could last for up to six months. A well-established bereavement counsellor, alongside a new volunteer from Cruse (a bereavement support charity), currently saw nine women each week. Volunteers in the chaplaincy delivered the Living with Loss intervention, a six-session group to help women cope with bereavement. Four of these groups had run since pandemic restrictions had been lifted.
- 6.6 Support for women who had experienced domestic abuse was good. A 12-session programme to help them avoid abusive relationships, called Pattern Changing, was delivered by a Nelson Trust facilitator and a peer worker. It was popular and women we interviewed praised it. In the previous year, 29 women had completed it, but 86 women were still on the waiting list. Another facilitator had just been recruited to help meet the high demand. An independent domestic and sexual violence adviser had just arrived to help plan for the release of women from Wales who were in coercive and abusive relationships. Support for women from southwest England was more limited, but they received help to make community links ahead of their release.
- 6.7 The Nelson Trust had started to offer a good range of short interventions in the absence of any accredited offending behaviour programmes. Twenty-three women had completed Beyond Anger and Violence in the previous 12 months. A small group had completed an intervention for sex workers, and there were plans to introduce short courses on managing emotions and recognising the impact of crime on others.
- 6.8 Remanded women received too little assistance with practical issues, such as retaining tenancies, contacting landlords or employers and managing bills and debts. Although they made up nearly a third of the population, they were contractually excluded from most support. For instance, nobody consistently notified local authorities when a woman entered custody to make sure that plans could be made to retain her housing. Remanded women we spoke to described other problems, such as delays in their families being told of their imprisonment and problems retrieving contact telephone numbers from their mobile phones. There was a permanent bail information officer, and, in the previous six months, 49 women had been bailed from the prison.
- 6.9 Women's housing needs were high, and the help sentenced women received to secure accommodation varied depending on their release address and a number of other factors (see paragraph 6.27). In too many cases, women depended on an appointment with their local authority on the day of their release and were not then always housed. There were also gaps in provision across the prison's release area and there were no approved premises for high risk women in Wales. There were no reliable data to indicate how many women were released to sustainable accommodation, so although support from Nelson Trust workers was good, we were not confident about the outcomes for

women. The imminent appointment of a strategic housing specialist was a positive step towards coordinating accommodation support and gaining an understanding of the outcomes.

- 6.10 Finance benefit and debt support was limited. Since the start of 2022, only 32 women had successfully opened a bank account. Workers from the Department for Work and Pensions were on site most days to offer advice on benefits, but there was no specialist debt adviser or any money management courses.
- 6.11 About three quarters of women who met the criteria were approved for release on home detention curfew. About 20% were released late, typically because of a lack of available Nacro Bail Accommodation Support Service (Nacro BASS) housing in their home area and delays seeking approval from the community offender manager (COM). Newly sentenced women reaching their eligibility date very rapidly after long waits on remand also caused delays.
- 6.12 Nine women were benefiting from release on temporary licence (ROTL) to access work and education. Opportunities varied from attending college to working at the local conference centre or at Greggs bakery. (See also paragraphs 5.14 and 5.25.)
- 6.13 There had been good progress in restarting ROTL to help women build family ties through home visits. Twenty-seven women were on some form of family ROTL at the time of the inspection. The slow ROTL approval process was a source of frustration and we found examples where women had waited up to six months for a decision. Even after approval, some women waited weeks for their first town visit because of a lack of prison officers to accompany them, which was a requirement for their first ROTL event to test compliance.
- 6.14 The Nexus Unit, a psychologically informed planned environment continued to offer specialist support to women with personality disorders. The women who lived there spoke very highly of their care. Some aspects of treatment and the unit's regime had been affected by short staffing and redeployment of prison staff. The day service offer to non-residents had been heavily scaled back because of the lack of prison staff to take women to the unit. The outreach service involved Nexus staff visiting the most chaotic and unstable women in their units to build relationships and trust. However, these sessions were too often cancelled because prison officers were unavailable to arrange them.

Motivation, engagement and progression

Expected outcomes: Women are fully engaged to progress throughout the custodial sentence.

- 6.15 Progression opportunities for women had been affected by a reduction in the number of places in unit 7. The unit was due to close in 2023 because of fire and safety concerns and some women who had been trusted to come and go and be unlocked all day found themselves

living in units with a much more restricted regime. Although there were plans for open prison accommodation outside the gate in the following few years, no firm proposals to provide interim progression opportunities had been made.

- 6.16 About 10% of the population were currently assessed as suitable for open conditions. However, only 10 women had moved to an open prison in the previous 12 months and most preferred to stay closer to their families and have access to ROTL because the only two open prisons for women were on the other side of the country.
- 6.17 The OMU was generally well staffed despite some redeployment of prison-employed prison offender managers (POMs) to run units and high levels of sickness earlier in 2022. Most probation officer posts were filled. The department was run by knowledgeable, well-respected managers. Caseloads were manageable and most women had regular contact with their POMs. The work undertaken in these sessions was meaningful. However, severe prison officer shortages meant very few eligible women had any routine support from a prison key worker (see Glossary) to support their sentence progression (see paragraph 3.7).
- 6.18 About a quarter of the population were serving long or indeterminate sentences. Some lived in the Nexus Unit or accessed opportunities like ROTL, but there was no strategy to manage these women and meet their particular needs. Managers had recognised this gap and had begun to develop possible opportunities.

Protecting the public from harm

Expected outcomes: The public are protected from harm during the custodial phase and on release.

- 6.19 About a third of the sentenced population presented a high risk of serious harm to others. A similar proportion was due to be released in the three months following the inspection. There were not enough staff with the right training to implement public protection measures effectively, and there was a lack of understanding across the prison of why they mattered and what the measures should entail, which led to key weaknesses.
- 6.20 In the cases we checked, pre-release risk management planning between POMs and COMs was generally good and we saw evidence of handover discussions. Most of the women we interviewed had met their COM, usually by video link. Although multi-agency public protection arrangement (MAPPA) levels were usually confirmed, this did not always happen far enough ahead of the woman's release and there was not always sufficient evidence to justify these decisions or account for the rationale behind them.
- 6.21 Although the monthly interdepartmental risk management meeting held good discussions about some particularly challenging cases, not all high-risk women approaching release were considered at the forum so

any gaps in risk management planning could be addressed. This was a particular concern given the number of releases and different agencies working with the women who could have contributed useful information.

- 6.22 Operational support grade staff undertook phone monitoring. They were not trained well enough to identify risks, and the standard of phone logs was poor. The logs were not routinely shared with POMs to help them determine any risks that might have been developing in the cases they oversaw. Administrative staff made recommendations on continuing or ending monitoring despite lacking risk assessment training. We found cases where monitoring did not take place after new information about a woman emerged, even though it would have helped to determine a possible change in risk.
- 6.23 Restrictions on contact with victims and children were not well implemented. In one case, a woman had been allowed to continue to contact her victim. In another case, there was a substantial amount of information about a prisoner's potential risk to her children, and while the OMU was aware of this, no decision had been made about the level of contact she should have. This left visits and mailroom staff unsure about what action to take. There was also confusion among staff about the difference between short-term periods of monitoring to identify risks and long-term restrictions on contact once risks were determined. The OMU had not made sure that staff in other areas of the prison knew the difference and acted accordingly.

Preparation for release

Expected outcomes: The specific reintegration needs of women are met through individualised multi-agency plans to maximise the likelihood of successful resettlement.

- 6.24 About 90 sentenced women were released every month to areas as distant as west Wales, Bournemouth, Oxford and Cornwall. Despite this significant challenge, and the disruption caused by the national changes in services in summer 2021, resettlement support was developing well.
- 6.25 The Nelson Trust delivered support under a number of new contracts. As well as providing general resettlement services, a Reconnect worker encouraged women to contact health services on their release and a Community Connections worker put women in touch with their local women's centre.
- 6.26 The One Women's Centre (OWC), also led by the trust, was a promising 12-month pilot that coordinated support from different agencies and had so far helped about 120 women. The project aimed to reduce women's trauma by preventing them from having to repeat their experiences to a number of workers from various agencies. All the agencies involved worked from the same plan and women could access enhanced support across all the resettlement pathways. There

had been some problems, however. The project had started late, and the building intended to house all the agencies was not ready. Women who received this help still needed to see POMs and the pre-release team to complete basic custody screenings, which somewhat undermined the project's ethos. Nonetheless, the project was commendable, and women really appreciated this extra support. (See paragraph 1.43.)

- 6.27 There was not enough data, particularly about sustainable accommodation, to establish if the provision was effective. There were also a number of barriers to resettlement planning. The support a woman received depended on her release address. Areas like Birmingham, Oxford or Reading were not contractually supported by workers inside the prison. Women needed to be sentenced to receive support and their COM had to make a referral to initiate help. The OMU, Nelson Trust and pre-release team still could not all access the same IT systems, plans or case notes to share information.
- 6.28 Additionally, the role of the pre-release team was ill defined. Staff completed basic custody screenings to identify women's resettlement needs, but these plans were sometimes superseded by plans developed by OWC staff and they could not make direct referrals to the Nelson Trust.
- 6.29 A discharge board had been introduced to which women were invited two weeks before their release to check on arrangements. Staff attendance and contributions from different prison departments were variable, but it was a promising initiative.
- 6.30 Arrangements to help women on the day of their release were not well developed. There was no routine through-the-gate mentoring, although in some cases prison staff or a Nelson Trust worker would make sure that the most vulnerable women receive help to get to their destination. There was a departure lounge in the visitors' centre, but so far it mostly only provided hot drinks and the chance to use the phone. Transport options from the prison were not easily accessible, with most women having to walk a fair distance to a busy road to catch a bus that did not even take them directly to Bristol.

Section 7 Summary of priority and key concerns

The following is a list of the priority and key concerns in this report.

Priority concerns

1. **Acute staff shortages often made the delivery of even a very restricted day-to-day regime unreliable, leaving women with far too little time out of cell.**
2. **There had been four self-inflicted deaths since our last inspection and rates of self-harm were very high and increasing. Many women told us they did not feel well cared for.**
3. **Some women were acutely mentally unwell. A small number were living in residential unit 4, an appalling environment that failed to provide enough therapeutic support for them or the staff working there.**
4. **The number of times force had been used against women had increased significantly and we were not confident it was always used as a last resort.**
5. **Leaders had been too slow to reintroduce support to help women maintain relationships with their children, families and significant others.**
6. **Leaders and managers did not provide enough spaces in education, skills and work to meet women's needs.**

Key concerns

7. **There was a lack of oversight of women segregated in the main residential units and other women were unnecessarily locked in their cells when segregated women were unlocked.**
8. **Women were very frustrated by the lack of access to everyday essentials, and they found it difficult to have very basic requests met.**
9. **Patients requiring a transfer to specialist mental health inpatient services waited far too long for a bed.**
10. **Leaders and managers did not make sure that the available English and mathematics spaces were used effectively to meet the needs of the prison population.**

11. **Leaders and managers did not offer appropriate qualifications in work and education.**
12. **Remanded women had very little support to help them manage important resettlement issues on arrival at the prison.**
13. **The imminent closure of unit 7 meant women had too few progression opportunities.**
14. **Public protection measures were weak in some key areas. For example, evidence from phone monitoring was not used effectively and appropriate restrictions on contact with victims and children were not always implemented consistently.**

Section 8 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2019, first night support was reasonably good overall. Few prisoners felt unsafe at the time of the inspection, and violence between individuals was rarely serious. The management of perpetrators was developing, and victims received good support. The incentives and earned privileges scheme was mainly ineffective. The levels of self-harm had reduced considerably and support was good, but was undermined by weak recording in assessment, care in custody and teamwork (ACCT) documents. Residential unit 4 provided good support for some of the most vulnerable prisoners, but we had concerns about the impact of long-term segregation on individuals managed on the main units. Use of force lacked management oversight and we were particularly concerned about one incident that required immediate investigation. Security arrangements were generally proportionate. Support for prisoners with substance use problems was good. Outcomes for women were reasonably good against this healthy prison test.

Key recommendations

All assessment, care in custody and teamwork (ACCT) documents should be completed fully, and an effective quality assurance process implemented.

Not achieved

The prison should ensure that a robust quality assurance process is in place, with senior management oversight including the routine reviewal of video footage of the use of force.

Achieved

The prison should ensure that long-term segregated prisoners have access to a purposeful regime that allows time for work, education and association with peers. All prisoners should have an individualised plan that allows them to progress, with support from all departments.

Not achieved

Recommendations

The prison should ensure that all new receptions are regularly checked on during their first night in custody.

Achieved

All staff should be trained in safeguarding procedures.

Not achieved

The availability of illicit drugs should be reduced through an action plan that is well coordinated and delivered, including the completion of all suspicion drug tests.

Not achieved

Substance misuse services should be fully integrated, and a range of group work and mutual aid support should be available to prisoners, independent of location.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2019, living conditions, with the exception of residential units 1, 2 and 3, were good. Staff did not always respond adequately to cell call bells. The application process needed further improvement, but the management of complaints was better than previously. Overall, staff–prisoner relationships were positive, but perceptions were far more negative on units 1, 2 and 3. Prisoner consultation was developing. Equality and diversity work was reasonably good, as was faith provision. Support for legal rights was poor. Health care provision was positive. Most prisoners had negative views about the food provided but were positive about the prison shop. Outcomes for women were reasonably good against this healthy prison test.

Key recommendation

Living conditions on residential units 1, 2 and 3 should be improved and in line with those in the rest of the establishment.

Not achieved

Recommendations

Responses to emergency cell call bells should be monitored, to ensure that they are answered within a reasonable time.

Not achieved

Prisoners should have access to support to exercise their legal rights.

Achieved

Those with complex health needs should have recorded care plans that are reviewed regularly.

Not achieved

Prisoners should have access to routine dental appointments within six weeks.

Achieved

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection, in 2019, the amount of time out of cell was good for most prisoners but those living on residential units 1, 2 and 3 had a much more negative experience, with more time locked up and regular curtailments to their planned regime. Ofsted judged that learning, skills and work were good overall. The number of activity places met the needs of most prisoners but the opportunities offered for those serving longer sentences required improvement. For the prisoners engaging in learning, skills and work, the quality of provision was good, with high attendance rates and positive behaviour by prisoners. However, prison work provided too few qualifications. Library and PE provision were both good. Outcomes for women were reasonably good against this healthy prison test.

Key recommendations

All prisoners living on residential units 1, 2 and 3 should have equitable access to the published regime.

Not achieved

Prison managers should provide more opportunities for prisoners serving longer sentences to participate in educational and vocational training. They should also offer prisoners engaged in a prison job more opportunities to study for a qualification related to their job role.

Partially achieved

Recommendations

Prison leaders should continue to review the vocational curriculum, to ensure that it reflects the aspirations of prisoners who want to develop careers in less stereotypically female job roles.

Partially achieved

Prison leaders should provide sufficient full-time activity places, including in education and vocational training, for all prisoners, particularly those serving longer sentences.

Not achieved

College managers should continue to identify prisoners with special educational needs and arrange suitable additional support for them.

Achieved

Teachers should ensure that individual learning plans support the development of prisoners' wider personal skills and behaviour, so that they are better prepared for life after custody.

Partially achieved

Resettlement

Prisoners are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2019, although the strategic management of resettlement was good, the needs analysis was not comprehensive. Release on temporary licence was underused. Some prisoners did not have an up-to-date offender assessment system (OASys) assessment. The quality of pre-release assessment and planning was not always adequate. Offender management unit work was far too reactive and often lacked meaningful engagement with prisoners. The identification and application of contact restrictions were robust. The community rehabilitation company provision had been very limited for a long time. Although there were some signs of improvement, it was far too early to see the impact of this on improving outcomes for prisoners. Resettlement pathway work was variable. The number of prisoners released homeless was too high. The Nexus unit provided excellent support for a small number of prisoners with personality disorders. Outcomes for women were not sufficiently good against this healthy prison test.

Key recommendations

All offender management assessments and plans should be up to date, and ongoing contact between offender supervisors and prisoners should be regular and meaningful, aimed at promoting engagement and progression.

Achieved

The CRC should provide proactive resettlement support to all prisoners, both on and after release, to help them to address their problems.

Achieved

Case work should be more proactive, with better links with community-based providers, to prevent prisoners from being released homeless or with only temporary/emergency accommodation.

Not achieved

A comprehensive analysis of the offending-related needs of the diverse population, including those serving long sentences, should be completed and regularly reviewed. This should be used to develop a strategy for the provision of offending behaviour work at Eastwood Park, and to develop clear progression routes to other prisons.

Partially achieved

Recommendations

Multi-agency public protection arrangements (MAPPA) management levels should be confirmed at least six months before release, to promote the offender management unit's involvement in risk management release plans.

Not achieved

Indeterminate sentence prisoners should receive more support through an up-to-date strategy and action plan, based on their needs, including more opportunities to progress.

Not achieved

Resettlement plans should be of a good quality, addressing issues linked to the prisoner's offending behaviour and reducing the risk of harm posed. This should include joint working with the offender supervisor, and MAPPA where relevant.

Partially achieved

An appropriate range of support, based on a comprehensive needs analysis, should be available to prisoners who have experienced abuse, rape or domestic violence, or who have been involved in prostitution or been trafficked.

Partially achieved

Prison managers should ensure that they have accurate information on prisoners' training or employment destinations following their release, so that they can evaluate and monitor fully the impact of the curriculum offer.

Partially achieved

The substance misuse team should systematically record and evidence the provision of pre-release harm reduction advice and information.

Achieved

Appendix I About our inspections and reports

Her Majesty's Inspectorate of 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 inspections 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 several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. For women's prisons the tests are:

Safety

Women, particularly the most vulnerable, are held safely.

Respect

Women's relationships with children, family and their support networks are central to their care in custody. A positive community ethos is evident, and all needs are met.

Purposeful activity

Women are able and expected to engage in activity that is likely to benefit them, including a positive range of recreational and social activities.

Rehabilitation and release planning

Planning to address the rehabilitation needs of women starts on their arrival at the prison and they are actively engaged in the delivery and review of their own progression plan. The public are kept safe and release plans are thorough and well delivered.

Under each test, we make an assessment of outcomes for women and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by Her Majesty's Prison and Probation Service (HMPPS).

Outcomes for women are good.

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

Outcomes for women are reasonably good.

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

Outcomes for women are not sufficiently good.

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

Outcomes for women are poor.

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

Our assessments might result in one of the following:

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for women in prison. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list innovative work 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 women; 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.

Five key sources of evidence are used by inspectors: observation; prisoner and staff surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and the General Pharmaceutical Council (GPhC). Some are also conducted with HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report provides a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for women in prison* (Version 2, 2021) (available on our website at <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/womens-prison-expectations/>). Section 7 summarises the areas of concern from the inspection. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of women in the prison and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Sandra Fieldhouse	Team leader
Angela Johnson	Inspector
Martin Kettle	Inspector
Sally Lester	Inspector
Kellie Reeve	Inspector
Rebecca Stanbury	Inspector
Jonathan Tickner	Inspector
Rachel Duncan	Researcher
Grace Edwards	Researcher
Emma King	Researcher
Sophie Riley	Researcher
Shaun Thomson	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Sarah Goodwin	Health and social care inspector
Richard Chapman	Pharmacist
Dayni Johnson	Care Quality Commission inspector
David Everett	Ofsted inspector
Rebecca Jennings	Ofsted inspector
Darryl Jones	Ofsted inspector
Saul Pope	Ofsted inspector

Appendix II Glossary

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/>

Care Quality Commission (CQC)

CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>

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 women 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.

Key worker scheme

The key worker scheme operates across the closed male estate and is one element of the Offender Management in Custody (OMiC) model. All prison officers have a caseload of around six prisoners. The aim is to enable staff to develop constructive, motivational relationships with prisoners, which can support and encourage them to work towards positive rehabilitative goals.

Leader

In this report the term 'leader' refers to anyone with leadership or management responsibility in the prison system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

Offender management in custody (OMiC)

The Offender Management in Custody (OMiC) model, which had been rolled out in all adult prisons, entails prison officers undertaking key work sessions with prisoners (implemented during 2018–19) and case management, which established the role of the prison offender manager (POM) from 1 October 2019. On 31 March 2021, a specific OMiC model for male open prisons, which does not include key work, was rolled out.

Protected characteristics

The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Social care package

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

Time out of cell

Time out of cell, in addition to formal 'purposeful activity', includes any time women are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Appendix III Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

Prison population profile

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

Prisoner survey methodology and results

A representative survey of women in the prison is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Prison staff survey

Prison staff are invited to complete a staff survey. The results are published alongside the report on our website.

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