



Report on an unannounced
inspection of

HMP & YOI Low Newton

by HM Chief Inspector of Prisons

2–18 June 2021



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Introduction

HMP & YOI Low Newton is a woman's local and resettlement prison that services the courts across a large swathe of northern England. At inspection, it held 229 women with 45 unsentenced and the rest sentenced to anything from a few months to life. The excellent relationships between staff and the women, many of whom have complex needs, have helped to carry this prison through the last, difficult year.

The many examples of notable positive practice that we highlight in this report show the effort that staff members make to provide innovative support for the many vulnerable women, some of whom present a risk to themselves or to the public. The comfortable Achieving Best Evidence Suite was created to allow women, who have been victims of crime, to give evidence in a safe environment without needing to go out to the police station, and the recently decorated adjudications room was a contrast to the spartan environments that we usually see. Video calling had been expanded well beyond the limits of Purple Visits to mean that families living in different households were able to come together on screen. The chaplaincy was exceptional even when compared to the many good examples we see and family support was also excellent with a strong team helping women to maintain relationships at every stage of their sentence.

Given these many impressive initiatives, it was disappointing that the Listener scheme had been allowed to wither at a time when women needed peer support more than ever. There was a similar anomaly with clothing, where women were able to buy new clothes from the prison shop or choose from an extensive second hand range, while a ban on receiving parcels from home was a source of much frustration, particularly as the reasons for this policy were not clear to the women.

Levels of self-harm were lower than at most similar prisons and there was a very good range of support available to help women manage their feelings and avoid potential crisis.

It was very concerning to see that the prison is regularly being used as a 'place of safety' for women with acute mental health difficulties. These women should not be kept in prison where, out of sight, they exist in an environment that does not begin to address their needs. Health care and prison staff do their best to support women who are in profound distress, but they do not have the training, skills or resources to provide for patients who are so unwell. The unintended consequence of the well-intentioned policy designed to prevent seriously mentally ill women from languishing in police cells, has led to the problem being passed onto prisons, which are themselves an equally unsuitable environment. These women should be in hospital where they can be treated, not left in prison where they put an additional burden on already stretched resources. Women attending the health care department for their GP appointments could hear the constant screaming of one of the women.

Despite the many examples of good practice we saw at the prison, women continue to be locked in their cells for far too long and leaders must urgently

begin to extend significantly the amount of time women are unlocked. There was very limited education provision, meaning that women who need to improve their basic learning, earn qualifications and acquire the skills that will help them to get work when they are released are not getting the help that they need to live safe, crime-free lives.

There is much that the team at Low Newton can be rightly proud of, and coherent planning from leaders with clear timescales and targets will help this prison to build on its many successes and provide more effectively for the often-troubled women in its care.

Charlie Taylor

HM Chief Inspector of Prisons

July 2021

About HMP & YOI Low Newton

Task of the prison/establishment

HMP & YOI Low Newton is a women's local and resettlement prison in County Durham, serving courts from the Scottish Borders to Cumbria and North Yorkshire. It holds women on remand and those serving a custodial sentence.

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

Prisoners held at the time of inspection: 229

Baseline certified normal capacity: 304

In-use certified normal capacity: 267

Operational capacity: 344

Population of the prison

- About 10 new receptions arrived each week.
- About 6% of women were from black and minority ethnic backgrounds.
- Seven women were foreign nationals.
- In our survey, 50% of women said they had a disability.
- 127 women were receiving support for substance use problems.
- On average, 45 to 50 women a month were referred for a mental health assessment.
- On average, 31 women a month were released into the community.

Prison status (public or private) and key providers

Public

Physical health provider: Spectrum Community Health CIC

Mental health provider: Tees, Esk & Wear Valleys NHS Foundation Trust

Substance use treatment providers: Spectrum Community Health CIC;

Humankind

Prison education framework provider: Novus

Community rehabilitation companies (CRCs): Changing Lives; Durham Tees Valley

Escort contractor: GEOAmev

Prison department

Women's estate

Brief history

HMP & YOI Low Newton, on the outskirts of Durham City, was built in 1965 as a small remand centre for men and women. Additional accommodation was added in 1975 and the prison changed its role to a male young offender institute in 1976 with a small self-contained unit holding remand women. The prison became a women's prison in 1998.

Short description of residential units

A wing – 30 spaces

B wing – 31 spaces

C wing – 51 spaces

D wing – 52 spaces

E wing – 59 spaces; early days in custody unit, including the safety and support and substance misuse units

F wing – 40 spaces; long-term and indeterminate sentence women, restricted status women and Primrose unit (high-risk women)

G wing – recently decommissioned

Health care – 12 spaces and palliative care suite

I wing – 39 spaces, psychologically informed planned environment (PIPE).

Name of governor and date in post

Rob Young, February 2020

Leadership changes since the last inspection

Gabrielle Lee was the previous governor, in post at the last inspection.

Prison Group Director

Steve Bradford

Independent Monitoring Board chair

David Randall

Date of last inspection

22–28 February 2018

Section 1 Summary of key findings

- 1.1 We last inspected Low Newton in 2018 and made 30 recommendations, three of which were about areas of key concern. The prison fully accepted 16 of the recommendations and partially (or subject to resources) accepted six. It rejected eight of the recommendations.
- 1.2 Section 7 contains a full list of recommendations made at the last full inspection and the progress made against them.

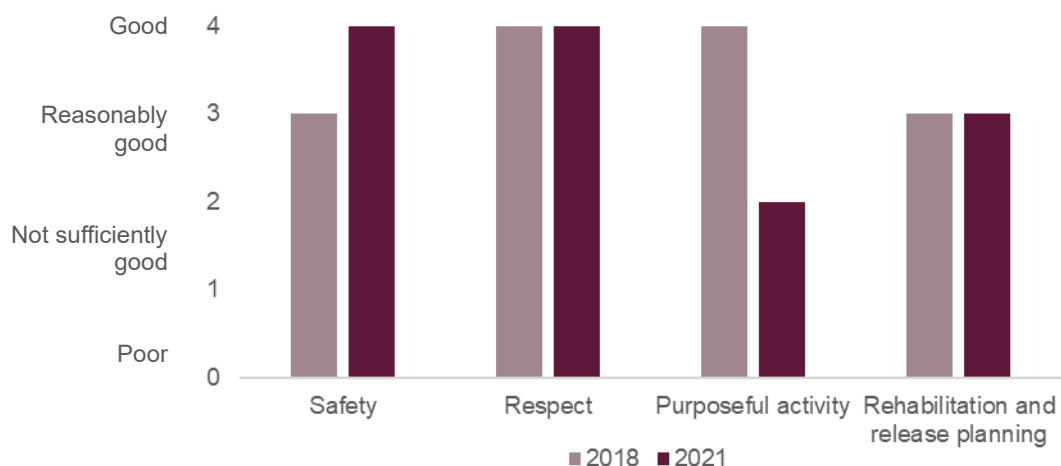
Progress on key concerns and recommendations from the full inspection

- 1.3 Our last inspection of Low Newton 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 report on progress in areas of key concern to help leaders to continue to drive improvement.
- 1.4 At our last full inspection, we made one recommendation about a key concern in the area of safety. At this inspection we found that this recommendation had not been achieved.
- 1.5 We made one recommendation about a key concern in the area of respect. At this inspection we found that this recommendation had not been achieved.
- 1.6 We made one recommendation about a key concern in the area of rehabilitation and release planning. At this inspection we found that this recommendation had not been achieved.

Outcomes for women prisoners

- 1.7 We assess outcomes for women in prison against four healthy prison tests (see Appendix I for more information about the tests). At this inspection of Low Newton, we found that outcomes for women had stayed the same in two healthy prison areas, improved in one and declined in one.
- 1.8 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services.

Figure 1: HMP & YOI Low Newton healthy prison outcomes 2018 and 2021



Safety

At the last inspection of Low Newton in 2018 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 good.

- 1.9 Early days arrangements were reasonably good, but escort arrangements for transferring women to the prison remained very unsatisfactory. Rub-down searching in reception needed to be reinstated to avoid the use of strip searching. A project worker from NEPACS (formerly North East Prisons After Care Society) provided excellent help to women in their first few days at the prison and this was supported by a DVD created by the chaplaincy to introduce new arrivals to many aspects of prison life.
- 1.10 Leaders and staff knew women well and we saw many examples of good care, encouragement and support. Key work (see Glossary of terms) was rolling out and those with the highest need had been prioritised for contact.
- 1.11 Work to reduce self-harm was not underpinned by a coherent strategy and measures of success were unclear. There was good day-to-day support for women at risk of self-harm and the safety interventions meeting was effective, but the Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was no longer fully operational. Our main concern was that courts continued to send acutely mentally unwell women to Low Newton as a 'place of safety' due to the lack of appropriate support and residential placements in the community.
- 1.12 The prison was safe, although women with disabilities had a significantly more negative perception about this. Assaults by women on staff had increased since our last inspection. There were few formal incentives to encourage positive behaviour, but the policy was currently under review. The new adjudications room was excellent. The

segregation unit was clean, but cells were inadequately equipped. The daily regime provided in the unit was limited and there was no formal reintegration planning.

- 1.13 Management of security was good. In our survey, far fewer women than in 2018 said it was easy to get illegal drugs in the prison. Despite this, drug supply remained a significant risk. In the absence of a body scanner to identify women arriving at the prison who were secreting drugs internally, a new monitoring unit, the safety and support unit (SSU) had been opened. There was a clear vision and credible action plan for the unit in the longer term, but at the time of the inspection the daily regime amounted to segregation.

Respect

At the last inspection of Low Newton in 2018 we found that outcomes for women were good against this healthy prison test.

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

- 1.14 There was now a very impressive team of family engagement workers. The introduction of in-cell phones was hugely valued. Social visits had been badly affected by COVID-19 restrictions and consequently they were not well used. The regular use of the 'cloud' video platform to allow parents to have video calls with their children and continue parenting when Purple Visits (see Glossary of terms) proved too restrictive, represented best practice.
- 1.15 Consultation with women remained good and the prisoner council had continued to function throughout the pandemic. However, many other peer support roles had stopped.
- 1.16 Applications submitted were not tracked or quality assured. The number of complaints had reduced since our last inspection and there were good governance arrangements. There was adequate legal provision and the availability of a parental legal rights adviser was excellent.
- 1.17 Living conditions were good and, due to a reduced population, all women now had their own cell. There was a reasonable choice of food, although meals were served too early. Most women had no opportunities to prepare their own meals. The prison's Rags to Riches shop provided a good service, but sentenced women were no longer able to have parcels sent in.
- 1.18 Health care partnership working was effective. Health and well-being screening had continued throughout the pandemic, including vaccinations and immunisations, blood-borne virus screening and cervical smears. Social care provision had also continued. Despite staffing shortages, Spectrum Community Health Care in Custody provided effective primary care services. Patients with long-term conditions were managed by a small group of experienced staff who

knew their patients well. However, most patients were unaware of a health care appointment when it was scheduled for them on the day.

- 1.19 Some treatment rooms did not meet the required infection-control standards. An onsite colposcopy unit for cervical screening was excellent. The mental health team delivered a diverse and comprehensive range of treatments for primary and secondary care. The location of highly disturbed women with acute mental health problems on the health care unit caused distress to other patients and staff.
- 1.20 Clinical and psychosocial substance misuse teams were well integrated. Arrival and discharge arrangements were robust and prescribing arrangements were flexible. Medicines and pharmacy services were well managed, but we observed administration of medication that did not meet best practice standards. Naloxone was provided on release to manage substance overdose.
- 1.21 The priority given to equality work had diminished over the last year. There was no comprehensive strategy setting out the priorities and measures of success and the analysis of data was very limited. Support for prisoners with protected and minority characteristics was good overall. A range of consultation forums had recently restarted, but attendance was limited.
- 1.22 Faith provision was very innovative and we have rarely found a chaplaincy of such high quality. The team's efforts and creativity in supporting women were very impressive.

Purposeful activity

At the last inspection of Low Newton in 2018 we found that outcomes for women were good against this healthy prison test.

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

- 1.23 Ofsted carried out a progress monitoring visit of the prison alongside our full inspection and the purposeful activity judgement incorporates their assessment of progress. Ofsted's full findings and the recommendations arising from their visit are set out in Section 4.
- 1.24 Time out of cell had deteriorated significantly due to the COVID-19 restrictions, but leaders had credible plans to improve this. Too many women were locked in their cells during the core working day. The restricted regime was delivered reliably. Very few women were employed as peer workers to encourage and promote more time out of cell.
- 1.25 Library provision had deteriorated and access was limited, but the mobile book delivery service developed in the pandemic was effective

and highly valued. Current gym provision was limited, but there were firm plans for improving it.

- 1.26 Ofsted judged that the prison was making reasonable progress in restoring the full delivery of education, skills and work activity. Leaders and managers had continued to offer a range of education, skills and work activities throughout the pandemic, although on reduced hours. The proportion of women completing in-cell education packs was at a reasonable level and they received helpful feedback from tutors.
- 1.27 Some women had resumed classroom attendance at the end of April 2021, although on a restricted basis. Leaders and managers continued to offer accreditation for the majority of courses and more substantial qualifications for women working in the kitchens were about to start. Activity places for women in certain areas of work were limited by the lack of instructors. Leaders and managers had recently reduced significantly the backlog of women awaiting induction that had built up during the pandemic restrictions.

Rehabilitation and release planning

At the last inspection of Low Newton in 2018 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.

- 1.28 There had been very limited oversight of the reducing reoffending work. The strategy lacked a meaningful action plan to evidence success.
- 1.29 COVID-19 restrictions had affected the opportunities for women to achieve their sentence plan targets and some had been released without completing the offending behaviour work they needed. The range of one-to-one support had begun to improve. Women living on the psychologically informed planned environment (PIPE, see Glossary of terms) and Primrose specialist unit (providing intensive treatment for high-risk individuals) were especially positive about the support they received.
- 1.30 Over the last year, there had been limited support for women's finance, benefit and debt needs. While most women were released to stable accommodation, a concerning proportion still left the prison without a sustainable and suitable place. Home detention curfew (HDC) processes were well managed, but some were concluded late, mainly due to poor availability or suitability of release accommodation. It was positive that a bail information officer now provided help for women on remand.
- 1.31 Nearly all women who required a sentence plan had one, but a third had not been reviewed for over a year and this was much longer for some of the indeterminate sentence women. Implementation of Offender Management in Custody (OMiC, see Glossary of terms)

looked positive. Most women had adequate contact with their prison offender manager.

- 1.32 There was evidence of good pre-release risk management planning for women who presented a high risk of serious harm to others. A small number of women were subject to mail and phone monitoring for public protection concerns and this was well managed. Child contact restrictions were applied appropriately.
- 1.33 Staff from the community rehabilitation companies (CRCs, see Glossary of terms) were now seeing women in person well ahead of time to discuss their needs and plan for their release. All women were given essential basic items for release and the Reconnect pilot scheme was good.

Key concerns and recommendations

- 1.34 Key concerns and recommendations identify the issues of most importance to improving outcomes for women in prison and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of women.
- 1.35 During this inspection we identified some areas of key concern and have made a small number of recommendations for the prison to address those concerns.
- 1.36 Key concern: Too many of the prison's priorities, such as reducing self-harm, improving outcomes for protected groups and reducing reoffending, were not underpinned by comprehensive strategies and action plans. These were either missing or limited in scope and detail. They did not provide an evidence-based way of measuring progress or demonstrating success.

Recommendation: The delivery of each of the key priorities for the prison should be supported by comprehensive strategies and detailed action plans that set out the vision for success, how this would be achieved and by when.

(To the governor)

- 1.37 Key concern: There were some key weaknesses in assessment, care in custody and teamwork (ACCT) case management for women at risk of suicide or self-harm. Some new arrivals were not placed on an ACCT despite evidence of significant risk factors. Care maps were not always proactive or used well, and some had not been added to for months and did not address the woman's current concerns.

Recommendation: All risk factors should be considered when deciding to open assessment, care in custody and teamwork (ACCT) case management on a woman, particularly those new to custody. Care maps should be regularly updated to reflect current risks and needs.

(To the governor)

- 1.38 Key concern: Acutely mentally unwell women who were at risk of taking their own lives were still being sent to Low Newton because of the lack of appropriate provision in the community. In the previous two months, six women had been admitted from the courts for their own protection, due to seeing prison as a place of safety. The prison was clearly not the appropriate place for these women as it was not properly resourced to manage their risks and needs.

Recommendation: Acutely mentally unwell women should not be sent to prison as a place of safety.

(To the Secretary of State)

- 1.39 Key concern: It was extremely unsatisfactory that the inpatient unit and primary care services remained co-located. Highly disturbed inpatients lived next to outpatient clinic rooms, the main waiting area, visiting specialist services and the palliative care suite. Some of their behaviour, such as repeated screaming and banging, was very upsetting to others. Inpatients who needed a quiet environment instead had to cope with a daily stream of visiting outpatients. We highlighted these problems at previous inspections.

Recommendation: Primary care and inpatient facilities should not be co-located. (Repeated recommendation 2.61)

(To the Partnership Board and the governor)

- 1.40 Key concern: Too many women remained locked in their cell during the core working day. Many valuable peer support roles had stopped during COVID-19 restrictions, reducing opportunities for women to have more time out of cell, and very few creative or recreational activities were available.

Recommendation: Women should have more time out of cell through better access to peer support and opportunities for recreational and social activities that enable them to use their time constructively and creatively.

(To the governor)

- 1.41 Key concern: The COVID-19 restrictions had limited opportunities for women to achieve their sentence plan targets and some were released without completing the offending behaviour work they needed.

Recommendation: All women should be able to complete the offending behaviour work needed before their release.

(To the governor)

Notable positive practice

- 1.42 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.

- 1.43 Inspectors found 12 examples of notable positive practice during this inspection.
- 1.44 An 'early days in custody' project worker from NEPACS offered excellent individual and practical help to new arrivals to address their main worries and reduce the likelihood of self-harm. (See paragraph 2.8.)
- 1.45 The chaplaincy had produced an innovative induction DVD to introduce new arrivals to the full range of prison staff and departments in an accessible, friendly way. Women could watch it on their TVs during their two-week induction. (See paragraph 2.9.)
- 1.46 A local charity, Junction 42, provided packs containing essential toiletries and sanitary items to every woman arriving at and being released from Low Newton. (See paragraphs 2.10, 3.102 and 5.38.)
- 1.47 The 'achieving best evidence' suite was a private, comfortable, trauma-informed room set away from the main prison that allowed women who had been victims of crime to give formal evidence to the police without the need to leave the prison. (See paragraph 2.30.)
- 1.48 Whenever possible, adjudications were now held away from the segregation unit in a room that provided a comfortable, calming and pleasant environment. (See paragraph 2.40.)
- 1.49 A very impressive, expanded multidisciplinary team of five family engagement workers, including a full-time parental rights adviser, met need and supported women at all stages of custody. (See paragraphs 3.1 and 3.15.)
- 1.50 When the Purple Visits system proved too restrictive, women could use the 'cloud' video platform to continue parenting via video calls. This was compassionate and creative. (See paragraph 3.5.)
- 1.51 The decision to test all new arrivals for hepatitis C on arrival was an excellent initiative. This was done on an 'opt-out' basis to improve take-up and led to prompt identification and treatment of the virus. (See paragraph 3.43.)
- 1.52 An onsite colposcopy suite enabled women to receive prompt checks and care for possible cervical cancer. It had significantly improved the uptake, early diagnosis and outcomes for women. (See paragraph 3.45.)
- 1.53 Naloxone, a drug to manage substance misuse overdose, was offered to women leaving prison on an opt-out basis and consequently a higher number of women than usual left the prison with an emergency kit. (See paragraph 3.74.)
- 1.54 Redacted discrimination complaints were shared with the prisoner council to raise awareness and promote transparency. (See paragraph 3.91.)

- 1.55 The chaplaincy was very visible and accessible through an array of services that improved outcomes for women, including personalised birthday cards, the production of DVDs and exceptional pastoral support. (See paragraphs 3.100-103.)

Section 2 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.

- 2.1 Arrangements for transferring women to the prison remained very unsatisfactory, despite efforts by prison leaders to address the continuing problems with the escort contractors. As at the last inspection, women frequently travelled from court in the same vehicle as men. Although they were held separately inside the vehicle, some said they experienced verbal abuse. Women's long journeys from places such as Carlisle were made longer by escort vehicles routinely stopping first at a men's prison. This meant that they often arrived at Low Newton well into the evening, sometimes as late as 8.30pm, and as a result some women missed out on comprehensive first night support.
- 2.2 The number of new arrivals had decreased during the pandemic to about 10 women a week currently. Early days arrangements were reasonably good overall. Women received good individual support on arrival and in our survey, 88% of women told us that they had been treated well in reception. They were given a hot meal and drink and had access to a range of donated clothing (see paragraph 3.25). They could see prison and health care staff in private. However, we saw some arrivals locked in a holding room in reception, which was unnecessary.
- 2.3 Some aspects of the reception experience needed enhancing. There was too little up-to-date, easily digestible written information about life at Low Newton to reassure new arrivals, who were instead given an array of leaflets from different agencies and providers. Peer workers were not particularly well used; they spent most of their time cleaning and providing meals, rather than giving support and advice about prison life.
- 2.4 To reduce the risk of transmitting COVID-19, staff in reception no longer completed rub down searches and had adopted an approach that involved the woman removing her clothing, which was a disproportionate response. Although there was no longer any need for such practice, it had become routine. Rub-down searching in reception needed to be reinstated immediately.

- 2.5 New arrivals moved to E wing, where they were routinely checked by staff on their first night, and then spent 14 days quarantining due to COVID-19. During this time, they only mixed with the same small group of women who had arrived within a day or two of their admission. The regime during this period was very limited and women spent about 23 hours a day in their cells (see paragraph 4.1). Some also remained on E wing for up to a week after their quarantine period waiting for a suitable cell on a main residential wing.
- 2.6 The reception area and E wing both provided functional, clean environments, but there had been little done to make sure they were welcoming and put women at ease. Very little useful information was displayed to explain what would happen in the first few weeks of custody. There were also delays of up to a week in approving and adding family and friends' numbers to women's telephone accounts. Several different departments were involved in this process and it required streamlining.
- 2.7 A rolling induction programme had recently been reintroduced and women were visited by a range of agencies, but this needed more work to make it fully effective. At present, groups such as the Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) were not included.
- 2.8 Some very good new initiatives had begun to enhance early days support. A part-time 'early days in custody' project worker from the NEPACS charity offered excellent individual and practical help to new arrivals, with the aim of addressing their main concerns and reducing the likelihood of self-harm. She took some referrals from court, meaning she could help women as soon as they arrived. She was part of a wider team of family support workers (see paragraph 3.1).
- 2.9 The chaplaincy had produced an innovative induction DVD to introduce new arrivals to a variety of prison staff and departments in an accessible, friendly way. Women could watch it on their TVs while they lived on E wing.
- 2.10 Junction 42, a local charity, provided an unusually good welcome pack to every new arrival and helped women to settle into prison life (see paragraphs 3.102 and 5.38).

Recommendation

- 2.11 **Women should always travel in separate escort vehicles to men.**

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

- 2.12 Leaders and staff knew women well and we saw many examples of good care, encouragement and support, both during our visit and in the electronic case notes on women. In our survey, 85% of women said that staff treated them with respect and 88% that they could turn to a member of staff if they had a problem. While most women said they had not experienced victimisation from staff, almost a quarter in our survey reported that they had been verbally abused.
- 2.13 Key work (see Glossary of terms) had begun rolling out about a month before our inspection. Women with the highest immediate need had been prioritised for weekly contact with an officer. This group, which amounted to about 25% of the population, included women on remand, those at risk of suicide or self-harm and those subject to behaviour management processes. Another group of the most complex women had begun seeing a prison offender manager every week for their key work. It was too early to assess whether these new measures delivered effective support, but there was very good quality assurance in place. Leaders had set a target that the rest of the population would have a key worker by the end of summer 2021.
- 2.14 Women on specialist units received additional, very good support from a range of staff. Our survey showed some exceptionally good relationships on the psychologically informed planned environment (PIPE) unit compared with the rest of the population: 88% of women there said that a member of staff had talked to them in the last week about how they were getting on; 94% felt treated as an individual; and 71% said that they could talk to prison leaders.
- 2.15 Intimate relationships between women were managed appropriately. There was no official guidance for staff or the women, but the prison took a sensible approach. Where relationships were identified as potentially manipulative or likely to result in harm, they were monitored at the weekly safety intervention meeting (SIM, see paragraph 2.21) and women were sometimes relocated on to separate wings.

Recommendation

- 2.16 **The prison should explore and address women's perceptions of verbal abuse by staff.**

Reducing self-harm and preventing suicide

- 2.17 Recorded self-harm was lower than at most similar women's prisons. Taking into account the prison's current reduced population, levels were comparable with the last inspection in 2018. A small number of women accounted for most incidents. In the 12 months to April 2021, an average of 13 women a month had harmed themselves. Over this period, there had been 502 recorded incidents of self-harm involving 83 individuals.
- 2.18 The restrictions imposed because of the pandemic had not seen a significant change in the level of self-harm. However, there had been a peak in incidents during the early autumn of 2020, which mirrored a rise across the women's estate. And since February 2021, the number of recorded incidents had started to rise again.
- 2.19 Work to reduce self-harm was not underpinned by a coherent strategy that set out the strengths and weaknesses of existing provision or the measures of success. There was no action plan to measure the impact of any measures taken. Monthly meetings did not drive improvement and repeatedly identified issues that were not then followed up. (See key concern and recommendation 1.36.)
- 2.20 Good support was available to women at risk of self-harm or suicide. As referred to throughout the report, it included the excellent NEPACS (formerly, North East Prisons After Care Society) 'early days in custody' project worker, the impressive chaplaincy, good mental health provision, the almost unprecedented wealth of family engagement work, intensive support from the psychology team for women dealing with prolific self-harm and very good staff-prisoner relationships. All this support helped women to manage their feelings and reduce the possibility of personal crisis.
- 2.21 The weekly SIM was effective; the well-attended multidisciplinary forum discussed women at risk of self-harm or suicide and could address their triggers to personal crisis.
- 2.22 Although the day-to-day care provided to women in crisis was good, there were some key weaknesses in assessment, care in custody and teamwork (ACCT) case management. The decision to place a woman on ACCT did not always consider the full range of risk factors presented. We found examples where risk factors for new arrivals had been missed, and so they were put on ACCT, and care maps were not always proactive or used well. Some had not been added to for months and did not address the woman's current concerns. In one case, no new actions had been added to a woman's existing care map after she transferred to Low Newton, so it was hard to understand what staff were supposed to be doing to support her. (See key concern and recommendation 1.37.)
- 2.23 Arrangements for constant supervision to observe women deemed at high risk of self-harm and in crisis had improved. The doors on the dedicated cells could be changed from clear, for observation, to tinted,

to protect privacy, and women were allowed to make the cells feel homely. Both women we met had access to some purposeful activity: one had a cleaning job in the day and only needed constant supervision at night; the other needed round-the-clock constant supervision but attended the gym four times a week (see paragraph 4.7). Governors led the case reviews for these highly complex women.

- 2.24 Women could now call the Samaritans from their in-cell phones, but the Listener scheme was no longer an integral part of the prison's support for women in crisis. During the pandemic, the number of Listeners had dropped to just two, but four more had recently been trained. However, they said did not feel valued by prison leaders, were not invited to monthly safety meetings and that wing staff had got out of the habit of using them. The number of monthly call-outs was very low and did not reflect the level of need among the population. Access to Listeners was problematic, particularly when the population was locked up over lunch or at night and there were not always enough staff to facilitate face-to-face contact. The attendance of two Listeners at a call was not always prioritised, and there were too few suitable locations for call-outs. Work was needed to revitalise the scheme and place it at the centre of work to reduce self-harm.

Recommendation

- 2.25 **Women should be able to access Listeners promptly 24 hours a day.**

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

- 2.26 There had been no self-inflicted deaths since the last inspection. Learning from attempts by women to take their own lives was thorough and we saw two recent high-quality investigations. However, the learning from these investigations was not well disseminated to the wider staff group and was not embedded in a wider action plan to reduce suicide and self-harm.

Recommendation

- 2.27 **Learning from investigations of attempts by women to take their own lives should be disseminated to staff and inform the prison's action plan to reduce suicide and self-harm.**

Protecting women, including those at risk of abuse or neglect

- 2.28 Leaders were very aware of the acute vulnerability due to mental health problems of some of the women in their care. They had been working to stop the prison being used as a place of safety by the courts. However, acutely mentally unwell women who were at risk of taking their own lives were still being sent to Low Newton because of the lack of appropriate provision in the community. In the previous two months, the courts had sent six women to Low Newton for their own protection. In one instance, a woman's repeated attempts to take her own life in

the community had led to her being remanded into custody. (See key concern and recommendation 1.38.)

- 2.29 The prison was not equipped or properly resourced to manage these women's needs. The inpatient unit was staffed by registered general nurses who regularly had to seek the advice of the mental health team. Prison and health care staff were traumatised by some of the behaviour displayed by the women placed in their care. Women attending the health care department for their GP appointments could hear the constant screaming of one of the women concerned (see paragraph 3.54 and key concern and recommendation 1.39). The demands on staff time were extraordinary and detracted from the care they could give to others. It was clear that prison was not the appropriate place for these women.
- 2.30 An 'achieving best evidence' suite had been introduced. This private, comfortable and peaceful room was set away from the main prison and allowed women who had been victims of crime to give formal evidence to the police. This was a very positive step, which avoided the need to escort women to a police station and allowed them to access support immediately after the interview. The room had been used frequently for police interviews since its introduction.

Achieving Best Evidence suite



- 2.31 There was a local safeguarding policy, overseen by offender management unit (OMU) managers, to protect any other women identified as at risk of harm, abuse or neglect. The multi-agency public protection arrangements (MAPPA) regional lead attended the local adult safeguarding board on behalf of the prison. Prison staff had received some useful reading material to help them identify concerns, but there had been no recent face-to-face training to raise awareness.

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

- 2.32 Low Newton was a safe prison overall. In our survey, 15% of women said they currently felt unsafe, although those with a disability were more negative (24% said they felt unsafe compared with 7% of women without disabilities) and the prison needed to do more to understand this. Prisoner-on-prisoner assaults were at a lower rate than at our last inspection, with 29 incidents in the last 12 months.
- 2.33 Leaders were reviewing the formal incentives scheme. They had consulted women and we found examples of this leading to change, including access to the prison staff café for women who gained enhanced status. An enhanced prisoner landing on E wing provided excellent living conditions and time out of cell, but only for a few peer workers. Overall, there were not enough formal incentives to encourage positive behaviour. Women were rarely placed on the basic regime.
- 2.34 We saw good examples of staff recognising and encouraging women's positive behaviour, and written records supported this. In one case, a woman with complex needs received praise after only a very short period of positive behaviour.
- 2.35 Assaults by women on staff had increased and there had been 59 assaults in the previous 12 months. A small number of women contributed to a significant number of these incidents. The monthly safer prisons meeting was not sufficiently effective. The analysis of data was too limited and failed to identify the underlying causes of and trends in violence. Leaders did not work to a clearly defined set of objectives with clear timescales to reduce violence.
- 2.36 The weekly SIM (see paragraph 2.21) was an effective multidisciplinary forum for sharing information about women with complex needs and challenging behaviour and deciding next steps. Staff knowledge of these women was good.
- 2.37 The prison used challenge, support and intervention plans (CSIPs, see Glossary of terms) to manage a range of women, including victims and perpetrators of violence. It was encouraging that staff from various departments had made CSIP referrals, indicating that the process was embedding. Staff were proactive and sometimes identified the need for intervention before an incident happened. There were currently four open CSIPs. The women's estate psychology team worked with prison staff to create 'support through enhanced management' plans for women with a high level of need to help staff identify their behavioural triggers and support them (see paragraph 5.9).

Adjudications

- 2.38 The number of adjudications had halved since our last inspection. Hearings were dealt with promptly and only two adjudications were outstanding.
- 2.39 A quarterly adjudications standardisation meeting monitored a wide range of data and there was a quality assurance process. Decisions were fair in the records we checked. The use of cellular confinement as a punishment was low, awarded to only five women so far in 2021.
- 2.40 Prison leaders had moved hearings from the segregation unit to an impressive new room that provided a calm and relaxed environment for adjudications.

Adjudications room



Segregation

- 2.41 The segregation unit was small and could hold up to three women. It was reasonably clean, but exercise yards were still austere. Cells were not well equipped with only a bed, toilet and sink. The regime was limited with only an hour a day in the open air and half an hour to complete daily tasks, such as showering.
- 2.42 Women's prisons were not allowed to use body scanners to check if new arrivals from court had secreted drugs internally, due to the potential risks of the X-ray to a pregnant woman's unborn baby. Leaders at Low Newton had considered other ways to prevent the entry of drugs and had opened a safety and support unit (SSU) to manage these new arrivals. This allowed staff to monitor and separate women with the aim of preventing drugs from reaching the main residential

wings. There was a clear vision and credible action plan for the unit in the longer term, but the daily regime currently amounted to segregation, although the environment and conditions were better than the segregation unit.

- 2.43 There had been 40 uses of segregation in the last six months across both the segregation unit and the SSU, a level broadly similar to our last inspection. We looked at the reasons for segregation and found good supporting evidence. Women's length of stay on the segregation unit varied but, apart from some justifiable exceptions, most stays were short. There were no care or reintegration plans to help women improve their behaviour and return to living among the general population, which was a significant gap.
- 2.44 Quarterly meetings to monitor the use of segregation were reasonably good.

Recommendation

- 2.45 **Segregated women should have a reintegration plan that addresses their individual needs and sets realistic goals for returning to live among the general population.**

Use of force

- 2.46 The use of force in the previous 12 months was similar to the year before the pandemic. Evidence showed that it was used as a last resort. The documentation we reviewed gave an accurate account of events, but did not always document attempts to de-escalate incidents.
- 2.47 There was a quality assurance process for the use of force and a committee met every two months to provide some oversight, but it did not fully identify factors leading to incidents or monitor trends.
- 2.48 We were concerned about the management of planned use of force. In two incidents that we viewed through video evidence, no briefing was recorded before the incident and no debrief recorded afterwards. The incidents were not always managed safely and the force used exposed the woman and staff to potential injury. It was not always clear that health care staff were present.
- 2.49 Special accommodation had been used once in the previous six months. The woman was held for a short time and the incident was authorised appropriately.

Recommendation

- 2.50 **The recording of planned use of force incidents should evidence that pre- and post-incident briefings took place and that a member of health care staff was present throughout, and incidents should only use approved control and restraint techniques.**

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.

- 2.51 The well-attended security committee met monthly. Its decision-making was supported by an intelligence report that analysed trends and tracked objectives. There was no backlog of reports to process and information-sharing arrangements were effective.
- 2.52 In our survey, 36% of women said it was easy to get drugs in the prison, which was an improvement from the 64% response at our last inspection. In 2018, we recommended that the prison should be equipped with a body scanner to help prevent illicit substances and other items from being smuggled in. Leaders at Low Newton had been prevented from using this technology as it had not been approved for use in women's prisons.
- 2.53 The prison had introduced a range of other appropriate measures to combat the supply of drugs and these were regularly reviewed. For example, the new SSU (see paragraph 2.42) had been established and women received a photocopy of their mail from friends and family as the original could have been impregnated with drugs. However, sentenced women were no longer allowed to receive incoming parcels, which was a disproportionate measure as those on remand could still receive them (see paragraph 3.22 and recommendation 3.27). The prison had good arrangements to manage staff corruption.
- 2.54 The misuse of Buscopan (see Glossary of terms) continued and still presented a substantial challenge. The prison had restarted its drug testing programme, but was currently only testing women on a suspicion basis. The effectiveness of testing was limited as it could not detect Buscopan.
- 2.55 There were good arrangements to manage restricted status women (see Glossary of terms), judged to need monitoring to manage their risk of harm to others and risk of escape. However, their regime was not always delivered reliably due to a lack of available staff to escort them to activities or appointments.

Recommendation

- 2.56 **Given that the use of body scanners is not allowed in women's prisons, the women's prisons estate should develop alternative and effective ways of managing women suspected of secreting drugs and other illicit items.**

Section 3 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.

- 3.1 A very impressive, expanded multidisciplinary team of five family engagement workers now met need and supported women at all stages of custody. The range of support included: a full-time worker to carry a caseload and coordinate the work; an 'early days in custody' project worker from NEPACS (see Glossary of terms) to pick up new arrivals' immediate needs as part of a three-year pilot scheme (see paragraph 2.8); another NEPACS worker to run the visitors' centre and visits hall provision, but also to carry a caseload; and a worker employed by the drug and alcohol recovery team (DART) to help women with a drug or alcohol problem to rebuild family ties. In addition, a full-time parental rights adviser had recently joined to advise women on issues such as child contact, family court hearings and post-adoption arrangements. She also facilitated free solicitor workshops. The breadth of provision was exceptional and was evident in the cases we looked at.
- 3.2 The introduction of in-cell phones during the pandemic was hugely valued by women and was their primary means of staying in touch with friends and family. However, it took too long for new arrivals to have their contacts' phone numbers approved (see paragraph 2.6) and the prison had placed an hour's limit on the total daily calls women could make. For some women, particularly those with children living at separate addresses, this was insufficient.
- 3.3 The social visits experience for women and their visitors had been badly affected by COVID-19 restrictions. All of the furniture and leaflets in the visitors' centre had been removed and it was very unwelcoming; this response now seemed disproportionate. The visits hall was bare apart from some wipe-down, socially distanced seating. Social visits were not well used. For example, at the session we attended, only three out of a possible 10 visits were taking place.
- 3.4 Purple Visits (see Glossary of terms) video calls had initially been unpopular, but family engagement workers had made very good efforts to encourage uptake. They wrote to every woman who had not used

the service and asked about the barriers. These included: older relatives being unable to use the required app; families not having the necessary technology or photo ID; and women with children living in more than one home not able to have a single visit with them all. Where possible, family workers had then contacted relatives and coached them through some of the challenges. Use of the scheme had subsequently risen from about 10% to around 40% of the population.

- 3.5 Family engagement workers had also innovated by using the 'cloud' video platform (CVP), usually reserved for legal matters but which had spare capacity. Monthly video calls had been arranged for a significant number of women previously unable to continue parenting due to the restrictive nature of the Purple Visits system, which would not permit calls to more than one private address. One woman regularly video called her five children in two different foster homes. Another saw her son in a secure hospital with the social worker attending. A third was able to video call her child's teacher during a school parents' evening for an update on their education. The OMU oversaw these calls to take account of any risk issues. The use of the CVP to deliver more flexible and inclusive video visits demonstrated staff's determination, compassion and creativity, and represented best practice.
- 3.6 The 'achieving best evidence' room (see paragraph 2.30) had been used for two final contact visits, allowing women to meet their children in person for the final time before they were adopted.

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

- 3.7 The prison sought the views of women when changing policies or the regime. The prisoner council was well attended and had continued to meet monthly throughout the pandemic. It generated good discussion and actions, with progress on actions discussed at the next meeting. However, feedback to the rest of the population was not well promoted and consultation in areas such as food often included only a small number of women. In our survey, 62% of women said that they had been consulted on issues such as food, canteen and health care.
- 3.8 The prison did not have a specific peer support scheme or 'active citizenship' strategy to coordinate work that would enable women to support their peers and contribute to the prison community. Many peer support roles had stopped during COVID-19 restrictions, resulting in a lack of opportunities for women to support and encourage each other and develop their skills. Some key roles, such as equality

representatives, had recently restarted, which was welcomed, but others, like the prisoner information desk (PID) workers on wings, had not yet returned. Roles such as the Listeners (see paragraph 2.24) had not been given enough priority. (See key concern and recommendation 1.40.)

Applications

- 3.9 We observed women routinely seeking help and receiving support from staff to resolve day-to-day issues in the absence of dedicated PID workers. In our survey, 88% of women said it was easy to make an application. They were made in writing, processed by night staff and forwarded as necessary.
- 3.10 In our survey, only 46% of women said that their applications were dealt with within seven days and many we spoke to complained that some responses took too long. After an application was initially logged, the response to it was not routinely tracked or quality assured, which meant that leaders could not be confident that responses were always appropriate or prompt.

Complaints

- 3.11 Complaints were well managed overall. In our survey, 63% of women said it was easy to make a complaint, and complaint forms were readily available on wings. In the previous six months, women had submitted 172 complaints, which was proportionately much lower than at our last inspection and in similar prisons.
- 3.12 The complaints we checked were answered appropriately and all responses were typed, making them easy to read. Quality assurance processes were good. Data were analysed for trends and then discussed at senior management meetings.
- 3.13 In our survey, 32% of women said they were prevented from making a complaint, which was similar to our last inspection. The prison had still not adequately investigated this view.

Recommendation

- 3.14 **Leaders should investigate whether women are prevented from making a complaint and take action to make sure the complaints process is accessible to all.**

Legal rights

- 3.15 Legal services support was generally good. In our survey, only 48% of respondents said it was easy to communicate with their solicitors. Although there were three legal visits rooms attached to the main visits hall, COVID-19 restrictions had limited access. The addition of a full-time parental legal rights adviser (see paragraph 3.1) and some free solicitor work was unusual and represented good practice.

Living conditions

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

- 3.16 Residential units varied in design and quality. The older wings (A-D) lacked any dedicated communal space or association rooms. G wing, an enhanced prisoner unit, had recently been decommissioned due to fire safety concerns, with some women transferring to open conditions and others moving to different wings, but these did not always provide the same enhancements or privileges. Temporary accommodation pods were due to replace some of this lost accommodation and were eagerly awaited by the women.
- 3.17 There had been some investment to improve conditions on the residential units. A painting programme was effective and had led to a much better environment in many cells. Leaders had secured funding and had refitted in-cell electrics on the older wings to allow all women to use kettles in their cells. Some roofs were in a very poor state and a major re-roofing project was due to commence to address these deficiencies.
- 3.18 Due to the risk of spreading COVID-19, the population had been reduced and all women now had their own cell, which was an improvement in conditions since our last inspection. We were informed that cells designed for one woman would potentially be shared again after the current restrictions were lifted, which was disappointing.
- 3.19 All women now had in-cell sanitation, and I and F wings also had in-cell showers. There was a programme of cell refurbishment and regular checks to make sure living conditions were of a good standard. Although some cells lacked privacy screening for toilets, they were appropriately equipped and women had privacy keys.

D wing cell



- 3.20 Women took pride in keeping their cells clean and tidy. They had good access to cell cleaning equipment and materials and many made efforts to personalise their cells. Bedding was changed weekly and the laundry service worked well. Where wings had communal areas, these were clean and well maintained. Outside areas were reasonably well kept, but there were few green spaces and some lawns were not maintained.
- 3.21 In our survey, only 13% of women said they could access their stored property if needed. Reception staff reported that they had struggled to manage access to stored property before the pandemic, but this was no longer the case. We did not find a backlog of applications in reception, so it was difficult to understand women's perceptions. As the

reception was away from most residential wings, staff had to escort women there, which was a potential barrier to accessing property.

- 3.22 Since the start of the pandemic, sentenced women were no longer able to have parcels sent in by their families. This was a source of significant frustration for many women and needed to be addressed because of low wages and the high cost of many catalogue items.
- 3.23 The kitchen was clean and well maintained. There was a reasonable choice of food. Women could choose from a four-weekly menu cycle, with a hot meal provided for lunch and a cold meal in the evening and for breakfast. We observed both lunch and dinner being served far too early – such as 11am for the midday meal. All women currently ate their meals in their cells, but the dining hall was due to reopen on a rota basis so that each wing could take turns dining in there.
- 3.24 Most women had very limited opportunities to cook their own food. Facilities were only available on F and I wings, the specialist units and for a small group of peer workers living on an enhanced landing on E wing. The lack of self-catering on other wings for women serving long sentences was a gap.
- 3.25 The canteen (prison shop) functioned well for most women. In our survey, nearly three-quarters told us it sold the things they needed. A prison shop, 'Rags to Riches', run by women had reopened after restrictions had eased and provided reasonably priced clothing. This was valued by women, who could visit and browse the selection of clothes by appointment. The clothes shop was further supplemented through a large array of donated clothing in reception, which was provided free for women who needed it (see also paragraph 2.2). This range included clothes for court and funerals, maternity wear and some clothing from transgender prisoners.

Rags to riches prison shop



- 3.26 The prison had developed a 'decency catalogue' during the pandemic, which allowed women to browse and buy from a small selection of clothing chosen by staff from some well-known brands. Women could access a wider selection of clothing by asking friends and family in the community to identify items for them on the internet and then share the catalogue numbers with staff. Overall, this was a very positive initiative, but some women without friends and family in the community felt disadvantaged.

Recommendations

- 3.27 **All women should be able to receive parcels through the post.**
- 3.28 **Cells designed to hold one woman should not be used to accommodate two.**

Health and social care

Expected outcomes: Women are cared for by services that assess and meet their health, social care and substance use 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.

- 3.29 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 no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 3.30 Spectrum Community Health CIC was the prime provider of health care, including clinical substance misuse services. Tees, Esk & Wear Valleys NHS Foundation Trust provided secondary mental health services and Rethink delivered primary mental health care. Humankind delivered psychosocial interventions through the drug and alcohol recovery team (DART). Burgess and Hyder Dental Group provided dental services.
- 3.31 Effective partnership working was evident between key stakeholders, including Public Health England and NHS England and NHS Improvement. This was supported by well-attended, regular quality and partnership board meetings. Contract monitoring meetings had been suspended but resumed in August 2020, but quarterly reports had been maintained. The health and social care needs assessment was last completed in 2018 and was out of date.
- 3.32 Significant COVID-19 outbreaks between October 2020 and February 2021 had been well managed with outbreak control team meetings and mass COVID-19 testing.
- 3.33 Services were well led, and we observed conscientious and caring staff in all teams who knew women well. Compliance with mandatory training was good. Managerial and clinical supervision was embedded in practice; there had been some gaps due to staff sickness, but this had now reduced.
- 3.34 In our survey, only 30% of women said it was easy to see a GP. The average wait for a routine face-to-face appointment was 10 days.
- 3.35 An independent infection prevention and control compliance review had previously identified problems with the cleanliness of treatment rooms. During the inspection, some treatment rooms were still not up to the required standard. A daily cleanliness check and audit was implemented during our visit.
- 3.36 All staff used a single electronic medical record for patients, SystemOne. The specialist midwife recorded women's appointments on both SystemOne and the patient's community midwifery care record to ensure continuity of information as women moved between the prison and the community.
- 3.37 Emergency resuscitation equipment was in good order and monitored effectively. Staff had completed mandatory life support training commensurate with their role. Ambulances were called promptly when staff used an emergency code.
- 3.38 Substance use, mental health and dental services had their own patient feedback mechanisms, but Spectrum used the prisoner council for feedback on health care. Health care complaint post boxes had been sealed during the pandemic and, due to a lack of clear guidance, women often used the prison's complaints system instead, which

compromised independence and confidentiality. The prison addressed this while we were on site to enable women to submit confidential written complaints about health care again. There was also a phone line for appointments and verbal complaints.

Recommendation

- 3.39 Health care treatment rooms should be kept clean and there should be effective measures to minimise the risk of infection.**

Promoting health and well-being

- 3.40 Although there was no overarching local health promotion strategy, health promotion material was visible across the prison. All the posters were in English only, but health services had access to a telephone interpreting service for appointments with non-English speakers.
- 3.41 Mental health services had participated in the 'Let's Talk' campaign, supporting women to discuss their own needs and promoting well-being.
- 3.42 A range of prevention screening programmes, including bowel cancer and retinal screening, had just recommenced, but breast cancer screening remained a deficit.
- 3.43 All new arrivals were tested for hepatitis C. This was done on an 'opt-out' basis to improve take up-and led to prompt identification and treatment of the virus. Over 30% of women had tested positive and they received follow up from specialist services. This was good practice.
- 3.44 As soon as COVID-19 vaccinations had been received, health care staff had started a delivery programme. There was health promotion and education for women who had concerns about the vaccine, and there was an open invitation to receive it. Over 80% of women had received the COVID-19 vaccination and clinics were ongoing. The uptake of other immunisations was good and planning for the influenza vaccine was due to start.

Sexual and reproductive health (including mother and baby units)

- 3.45 All new arrivals were offered screening for sexual health, blood-borne virus testing and reproductive needs. Cervical screening had been maintained during the pandemic and ongoing education, support and encouragement to increase uptake was sensitive. The colposcopy suite in the health care centre enabled confidential investigation and treatment for the above-average number of women who required ongoing care. This was good practice. A consultant specialising in genitourinary medicine attended the prison and was available for specialist advice on the phone.
- 3.46 Pregnancy testing and emergency contraception were available if required. Contraception, barrier protection and related health advice

were available and discussed with women in preparation for their release.

- 3.47 Midwifery support was positive. A specialist midwife provided women with a supportive service, accompanying them to hospital antenatal appointments, as well as attending during labour and delivery.
- 3.48 The perinatal pathway for pregnant or postnatal women was good and included a weekly multidisciplinary meeting, which made sure that women were promptly assessed by appropriate services. This included the provision of ante- or postnatal care as part of release planning.
- 3.49 Older women received additional support. They were offered an annual health check and those experiencing the menopause received appropriate information, guidance and treatment. Health care facilitated an over-50s and a young women's support groups (see paragraph 3.98).

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

- 3.50 Staffing issues presented challenges to delivery. Spectrum Community Health provided effective 24-hour, primary care services, despite having carried five staffing vacancies for many months. A reduced population and the use of agency nurses and overtime had stabilised the situation temporarily, but there were risks as time went on due to staff fatigue. The head of health care post had been vacant for over six months and, although it had been covered by the primary care clinical lead, her post then remained unfilled, creating additional pressures for the team.
- 3.51 All new arrivals received an initial and secondary health screening and appropriate onward referrals by a qualified nurse. Although there was a face-to-face health induction, women did not routinely receive any written induction information about health services, which was a gap.
- 3.52 Patients with long-term conditions were managed well by a small group of experienced nurses, an advanced nurse practitioner and a regular GP, who knew their patients well. There were care plans for the management of long-term conditions and those with acute health needs, such as wound care and thrombosis. Health records were well written and demonstrated patient interventions, and clearly outlined how patient care would be delivered. Health staff told us that women could request to see a female GP if the care was non-urgent.
- 3.53 Clinics continued to be managed through triage, so most patients were unaware that they had a health care appointment scheduled until they received a call on their in-cell phone, or an officer turned up to collect them on the wing or in a workshop.
- 3.54 The inpatient unit and primary care services remained co-located. Highly disturbed inpatients lived alongside the outpatient clinic rooms, the main waiting area, visiting specialist services and the palliative care suite. Some of their behaviour was very upsetting and outpatients were

exposed to repeated screaming and banging. Inpatients who needed a quiet environment instead had to cope with a daily stream of visiting outpatients. (See key concern and recommendation 1.39.)

- 3.55 The officers managing the inpatient unit provided a reliable regime and ran all the clinics simultaneously. All four women currently on the inpatient unit were significantly mentally unwell and, although mental health staff visited daily to engage with them, there was no evidence of any meaningful therapeutic or occupational interventions.
- 3.56 There was a clear patient pathway for those who chose to die in custody. The palliative care suite had been newly refurbished.
- 3.57 External hospital appointments were rarely cancelled and were managed well.

Mental health

- 3.58 Health screening for new arrivals made sure that women with mental health needs were promptly referred and seen by the duty nurse. All patients had a care coordinator and care plan. The diverse team had continued to offer a service to women during the pandemic, using in-cell phones for welfare checks and continuing with face-to-face appointments for those requiring more urgent care. A wide range of treatments were available. The care programme approach was used effectively to support patients with severe and enduring mental illness.
- 3.59 The mental health team was on site seven days a week and a regional on-call service provided urgent advice or attendance out of hours. The duty nurse attended all initial ACCT case reviews, contributing to the multidisciplinary support offered to women who were at risk of self-harm.
- 3.60 Patients were seen on the wings for any one-to-one sessions, but not enough suitable rooms were available for confidential discussions.
- 3.61 The team's working relationships with the prison were very positive. Staff visited the segregation unit at least three times a week, as well as the primary care inpatient unit daily (see paragraph 3.55).
- 3.62 The prison's Primrose unit (delivering intensive treatment for high-risk individuals) and PIPE (psychologically informed planned environment) unit were part of the national offender personality disorder pathway providing specialist support to women. A clear pathway enabled women to move from the Primrose unit to the PIPE unit and consolidate the skills they had gained.
- 3.63 In the last 12 months, two patients had been assessed as requiring a transfer to hospital for treatment under the Mental Health Act, but neither had been transferred within the two-week timescales, which was unacceptable.

Recommendation

- 3.64 **Patients being hospitalised under the Mental Health Act should be transferred within current Department of Health transfer guidelines.** (Repeated recommendation 2.98)

Social care

- 3.65 The memorandum of understanding (MOU) for social care agreed between the prison, Spectrum CIC and Durham County Council had been subject to review and was awaiting sign-off by the partners.
- 3.66 One woman was receiving social care. She had a copy of her care plan and her care was appropriate for her identified needs.
- 3.67 Equipment was obtained through the local authority's occupational therapy service and supplied promptly. The local authority social worker provided support to patients being transferred or released from prison who had ongoing social care needs.

Substance use and dependency

- 3.68 Spectrum Community Health delivered clinical substance use services in partnership with Humankind, who were subcontracted to deliver psychosocial support services. An integrated substance use services action plan meant that teams worked well together to deliver a coordinated service for women. Both the clinical and the psychosocial leads attended the prison drug strategy meetings and helped deliver its agreed action plan.
- 3.69 All new arrivals were screened for alcohol and drug issues and, where appropriate, referred to a clinical prescriber and potentially a recovery practitioner as well. Clinical assessments were prompt and opiate substitution treatment was good. The induction unit (E wing) had a detoxification landing, where health care staff carried out first night observations.
- 3.70 Regular multidisciplinary meetings discussed new referrals, allocations, and any emerging concerns. Psychosocial practitioners visited all women reported to have used illicit substances to deliver harm reduction advice and encourage engagement with their service.
- 3.71 Clinical and managerial supervision was embedded, and staff we spoke to felt valued and supported. The team provided substance use training to newly recruited prison officers.
- 3.72 Alcoholics Anonymous groups had been suspended during the pandemic. Recovery practitioners were restarting self-management and recovery training group sessions for women. Although the pandemic restrictions had hindered group work, recovery practitioners had continued to support women through in-cell phone calls and face-to-face appointments, which was impressive.

- 3.73 The team received positive feedback from women. One woman in our survey told us:

'The drug and alcohol team they are very supportive and keep in touch regular. Always here to listen and advise you, they give you a lot of encouragement and praises for doing well; it's a well-structured team, helping me stay positive and strong.'

- 3.74 Naloxone (to reverse the effects of opiates) was provided to women being released, unless they chose to opt out. This good practice meant that a higher number of women than usual left the prison with an emergency pack. Through-the-gate work with community drugs services provided women with a support plan on release, and the team liaised with partners to make sure care was in place for women as they left the prison.

Medicines and pharmacy services

- 3.75 Pharmacy services were provided on site, including a full-time pharmacist. The pharmacist undertook medicine use review clinics.
- 3.76 Approximately 35% of patients received their medicines in possession. Risk assessments were undertaken on reception, recorded in clinical records and were reviewed every six months or sooner. Although all women lived in single cells, they did not have lockable drawers for the safe storage of medicines. Health staff conducted routine spot checks of medications stored in cells.
- 3.77 Supervised medicines were given three times a day, but there was not enough provision for night-time administration: most sedating medicines were given too early at 5pm. We observed the administration of medication from a wing office that was not confidential or undertaken safely.
- 3.78 Substance use treatment was generally well managed, with approximately 31% of patients receiving treatment. Queues were orderly and patient confidentiality was maintained. There was a good rapport between staff and patients.
- 3.79 Routine monitoring of higher-risk medicines was generally good, but it could not be confirmed if at-risk patients prescribed sodium valproate (which has implications for women of childbearing age) had received information about the pregnancy prevention programme.
- 3.80 There was provision for medication to be supplied to women on discharge and for court appearances. A wide range of in-date patient group directions allowed health staff to supply more potent medicines without the need to see a doctor. Patients had provision to obtain out-of-hours medicines.
- 3.81 The storage of medicines in the pharmacy was adequate, but the records showed that the room temperatures had remained consistently above 25°C in June 2021, which was not conducive to the safe storage of medicines.

- 3.82 A prison's medicines management meeting was held every two months and was well attended.

Recommendations

- 3.83 **Medicines administration should adhere to best practice standards that maintain patient safety and confidentiality.**
- 3.84 **Medicines should be stored under conditions that maintain their stability and quality.**

Dental and oral health

- 3.85 Burgess and Hyder Dental Group provided a comprehensive and effective dental service for urgent and ongoing treatment needs. The dental therapist, dentist and dental nurse attended weekly to provide care. Although the health promotion role had been vacant for a year, the impact had not been significant due to additional health promotion from the wider team.
- 3.86 There were no patients waiting for an urgent appointment and no evidence of women with untreated dental pain. Waiting times for routine care had worsened due to COVID-19 restrictions and women could wait for as long as six months for a routine assessment. In our survey, only 18% of women said that it was easy to see a dentist.
- 3.87 The dental surgery held up-to-date policies and procedures, and supervision and training records. The facilities were well maintained and decontaminated. Although the dental suite was small and situated in the noisy inpatient unit, it functioned effectively and was notably clean.

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

- 3.88 Equality and diversity work had not been prioritised during the pandemic period and had been further hindered by staffing problems in the team over the previous year. The strategy and action plan did not adequately set out key priorities for improvement or how success would be measured. (See key concern and recommendation 1.36.)
- 3.89 Equality and diversity meetings had restarted in summer 2020, but were not regular. Attendance was often poor and did not include representation from prisoners or peer workers. The meeting considered

some data, but this was out of date and did not generate meaningful actions to improve outcomes for protected groups. Potentially worse outcomes had been identified for some protected groups in the incentives and earned privileges scheme. Work to explore and address these unequal outcomes had begun, but had not yet been fully developed or any improvements evaluated.

- 3.90 The equality and diversity team produced a thorough and informative quarterly newsletter for staff and women. Some women acted as equality and diversity peer workers, but their work had been restricted during the pandemic. (See key concern and recommendation 1.40.) They had recently been able to meet together again as a group, which they appreciated.
- 3.91 In the previous six months, 25 discrimination incident reporting forms (DIRFs) had been received. Responses to DIRF complaints were of a good quality and demonstrated staff awareness of the process. They were investigated appropriately by a relevant member of staff and signed off by the equality officer, but they were not quality checked by senior managers and lacked any independent quality assurance. The prison's plans to secure some external scrutiny had been delayed by the pandemic. Redacted responses to discrimination complaints were shared with the prisoner council for discussion to raise awareness and encourage transparency, which was good practice.

Protected and minority characteristics

- 3.92 Although some prisoners said they felt isolated due to the low numbers in each of the protected characteristic groups, most said they were being supported by staff and our survey showed few areas of significant differences in perceptions about treatment and conditions. The women in protected groups who we spoke to felt well supported and reported few areas of significant disadvantage in our survey.
- 3.93 Work to support prisoners with protected or minority characteristics was just restarting through the use of regular forums, but attendance was often limited. Due to COVID-19 restrictions, these prisoners had lacked access to specialist support from community charities and organisations that could meet their diverse needs. The small numbers of prisoners in some protected groups would have benefited from more of this specialist support. Despite some gaps in provision, care for protected groups was good overall and underpinned by the positive relationships between staff and prisoners.
- 3.94 Approximately 6% of the population were from a black and minority ethnic background. These women could access a range of culturally specific beauty products. COVID-19 restrictions had hindered the equality and diversity team's good track record of promoting different cultures through celebratory events, but it had marked Black History Month through posters and special food choices.
- 3.95 There were just seven foreign national women in the prison during our inspection and none who were subject to immigration detention. Since

the start of the pandemic, the Home Office had stopped coming into the establishment and some women reported delays in receiving specialist support for their immigration status. Foreign national women could make video calls to their home countries using the Purple Visits scheme and this had been actively promoted by staff (see paragraph 3.4). Foreign national women who did not have any visits received additional phone credit instead. The prison used a professional telephone interpreting service where appropriate and provided translated materials for women who could not speak English.

- 3.96 In our survey, 50% of women said they had a disability and there was a high level of need in the population. A 'Buddy' peer supporter scheme that supported women who needed help with daily tasks operated well. Buddies were clear about their role and received good oversight and support from the equality and diversity team through keeping a diary and recently reinstated monthly meetings. Reasonable adjustments to disabled prisoners' living conditions were made where needed. Staff had a good knowledge of women on their wings who had personal emergency evacuation plans. The few women with the most serious level of need had received support through social care packages (see paragraphs 3.65-67).
- 3.97 There were five women under 21 at the time of our inspection. The prison did not have a specific strategy to address their needs, but they felt supported. There had been some attempt to mentor this group by linking them with older women, but this project had not yet been evaluated. In our survey, 39% of all women said they had been in local authority care. Before the pandemic, the NEPACS specialist care leaver programme had operated and the OMU had run groups to support these women. This work had ceased during COVID-19 restrictions, but there were plans to reinstate it.
- 3.98 There was little specialist support for the small group of older women, but the gym planned to offer separate sessions for the over-50s as restrictions eased (see paragraph 4.7). Health care facilitated an over-50s and a young women's support groups (see paragraph 3.49).
- 3.99 There were currently six transgender prisoners. Staff addressed them respectfully, considered their acquired gender and made sure they were able to go about their day-to-day life, for example, being able to shower privately. Transgender prisoners particularly valued the support they had received and reported having good clinical care for their transition. However, some reported delays in accessing practical aids, such as hair clippers.

Faith and religion

- 3.100 The chaplaincy had remained central to the work of the prison throughout the COVID-19 restrictions. Faith provision was very innovative and received praise from all the women we spoke to. We have rarely come across a chaplaincy of such high quality. The team's effort and creativity in supporting women was very impressive.

Chaplains made themselves visible and accessible to all women, regardless of faith.

- 3.101 Faith facilities included a chapel and a small group room. The latter provided a calm space and facilitated corporate worship for faiths of smaller numbers. Weekly Christian corporate worship was recorded on a DVD and broadcast to women on their televisions. This was very well received by women who appreciated its informality.

Chapel



- 3.102 Pastoral support was excellent. The chaplaincy carried out all its statutory duties, including visiting women on induction, those subject to ACCT case management and those regarded as vulnerable or approaching trigger dates. It also sent birthday cards to all women to remind them of the support they could receive from the team. It had produced an excellent, innovative and informal induction DVD for women to watch in their first two weeks (see paragraph 2.9). All women received an unusually good pack of toiletries from local faith charity Junction 42 on reception and again on discharge (see paragraphs 2.10 and 5.38), which were very well received.
- 3.103 The chaplaincy ran a well-being course where women could meet in a safe space, discuss their hobbies and access mental health support. It also delivered a popular 'stories of hope' initiative, in which women could watch inspirational stories about people who had overcome adversity.

Section 4 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 and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 4.1 Pandemic restrictions had greatly reduced the time that women spent out of their cells each day, which was poor, but leaders had credible plans to improve this. (See key concern and recommendation 1.40.) The current regime allowed new arrivals only about an hour a day out of cell and unemployed women had two hours a day during the working week, which was poor. During our roll checks, we found 33% of women locked up during the working day and 35% attending education, skills or work. This latter group could expect as much as seven hours a day out of cell. The five peer workers living on the enhanced landing on E wing could have up to 11 hours a day time out of cell, which was good.
- 4.2 Women could reliably access an hour a day in the open air, but the exercise yards were stark and mostly concrete. There was little for women to do and few places to sit.
- 4.3 There was currently no time for indoor association and few opportunities for social, creative or recreational activities. This was a significant gap in provision, but there were plans to address this. Very few women were employed as peer workers (see paragraph 3.8) to encourage and support constructive time out of cell for themselves and others. (See key concern and recommendation 1.40.) However, the prison had asked women about the activities they would like to see in the evenings and plans for these peer-led sessions were due to be implemented shortly. The prison also had credible plans to increase the number of women who could take time in the open air together, which would gradually increase their overall time out of cell.

Library



- 4.4 The library provided a very welcoming space, but was not currently an integral part of the prison community. It had been shut throughout the pandemic but was due to reopen the week after our inspection, although access and provision would be limited. Library staff did not meet new arrivals during their induction. The library would only be open on weekday afternoons and Saturday mornings and women would be able to visit once a week. Only one librarian was on site at a time, which limited the number of women who could attend. The provider had changed from Durham County Council to Novus since the last inspection, which meant that women could no longer request the full range of books from the county's libraries, although the librarian had a limited budget for new books. There were no orderlies to help run the library due to COVID-19 restrictions and the Shannon Trust peer worker literacy scheme had not yet restarted.
- 4.5 Prison managers had initially developed a mobile book delivery service when the pandemic started and this had been taken up by the librarians when they came back on site. This service was effective and highly valued, and had attracted women who had never visited the library before, so the librarians wanted to keep it running. About 350 books a month had been distributed to women.
- 4.6 There had been some very good efforts to involve more women in physical exercise during the pandemic period, including a walking challenge in which they completed outdoor circuits and wing competitions to encourage participation. These had engaged about 70% of the population. Staff had also taken body composition analysis scales on to wings to do health checks and engage women in thinking about their fitness.

- 4.7 The indoor gym had reopened in late April 2021. Current provision was limited, with a rota allowing wing access for up to eight women at each session. Despite these constraints, one woman subject to constant supervision had been able to use the gym regularly to help her cope (see paragraph 2.22). There were plans to improve indoor gym provision once COVID-19 restrictions eased and women from different wings could mix, including a weekly timetable that would offer specific sessions for older women, those at risk of self-harm and those with drug and alcohol problems.
- 4.8 There was still no suitable outdoor area for team sports or PE activities, just a large concrete space. Women could not use the showers in the gym after exercising, which had been the case before the pandemic.

Recommendation

- 4.9 **There should be a suitable outdoor area for PE activities and team sports.**

Education, skills and work activities



This part of the report is written by Ofsted inspectors. From May 2021 Ofsted began carrying out progress monitoring visits to prisons to assess the progress that leaders and managers were making towards reinstating a full education, skills and work curriculum. The findings and recommendations arising from their visit are set out below.

- 4.10 Ofsted assessed that leaders were making reasonable progress towards ensuring that staff could teach a full curriculum and provide support to meet prisoners' needs, including the provision of remote learning.
- 4.11 Leaders and managers had continued to offer a reasonable range of education, skills and work activities throughout the pandemic. At the time of the visit, nearly two-thirds of women were allocated to a purposeful activity place, although on reduced hours due to the restrictions. Activity places for women in certain areas of work, such as the workshop where personal protective equipment was made and the gardens, were limited by the number of instructors available.
- 4.12 During the extended periods of restrictions when women were unable to access face-to-face teaching, managers and teachers delivered education through in-cell packs. Nearly half of women completed packs, which was a higher proportion engaged in education than prior to the pandemic.

- 4.13 Teachers made sure that women received helpful feedback on the work they submitted when they returned their packs. They had developed a new learning journal that combined their own feedback and the reflections by women on what they had learned and what they needed further support with. As a result, many women who completed a pack were able to achieve their qualifications.
- 4.14 Teachers made sure that women accessed the resources they needed to complete their in-cell courses, such as calculators for those taking mathematics and dictionaries for those needing to understand the technical terms in business start-up courses.
- 4.15 Women's views on the quality and usefulness of in-cell packs were mixed. Some felt that the information in them was too basic and not based on their starting points. Others stated that they had learned new and useful knowledge that they could apply when they were released.
- 4.16 Women returned to classrooms at the end of April 2021, although on a restricted basis. They received one day a week of face-to-face teaching, with the rest of the time on courses accessed through in-cell packs. Each classroom was limited to a total of four women, all from the same wing. Women commented that they would benefit from increased contact hours in education.
- 4.17 Leaders and managers had prioritised access to learning in classrooms for women who were ready to take examinations in functional skills English and mathematics and those who were due for release. Teachers and instructors assessed the gaps in women's learning and vocational skills. They put in place one-to-one support to help them catch up with the learning they had lost.
- 4.18 Managers supported education staff to develop their teaching skills, in particular, improving their written feedback to learners. They recognised that prison instructors had not received sufficient professional development opportunities as they were redeployed to other duties during the restrictions. Plans were in place to provide those opportunities.
- 4.19 Leaders and managers had continued to offer accreditation for the majority of courses that women studied during the pandemic, including in work areas such as waste management and cleaning. They had ambitious plans to broaden the vocational curriculum. For example, they were about to introduce more meaningful qualifications for women working in the kitchens, as well as in some workshops.
- 4.20 Managers developed appropriate links with employers in the local jobs market, such as in the hospitality and manufacturing sectors, with a view to securing meaningful work for women on their release.
- 4.21 Leaders and managers did not have access to a full picture of the destinations of women on release. As a result, they were not able to evaluate the effectiveness of the curriculum for education, skills and work.

- 4.22 Managers prioritised the needs of women when allocating education, skills and work activities. They considered women's current well-being, including their mental health, as well as their prior skills and qualifications when deciding where to allocate them. Many women started with a course that built their confidence and team-working skills prior to progressing to another course or workplace.
- 4.23 Staff had effectively addressed the backlog of women awaiting induction that had built up during the period of restrictions. They had reintroduced face-to-face interviews during the past month to replace the system of remote, paper-based inductions that some women had not engaged with.
- 4.24 Staff used the information provided at induction well to identify individual women's support or learning needs. They developed learning support plans for those who had specific learning needs, such as dyslexia. Strategies to support women's mental health needs were included in their individual learning plans, which were reviewed regularly. Women valued this support as it enabled them to progress within their learning.
- 4.25 Managers provided a well-structured information, advice and guidance service to the women. In addition to the regular reviews of their individual personal plans, women were able to book appointments to discuss their next steps. They received assistance with job search and interviewing techniques in the 12 weeks prior to their release. Staff in education helped women with applications to providers to enable them to complete qualifications on release.

Recommendations

- 4.26 **Leaders and managers should increase the number of hours of face-to-face teaching that women receive as soon as it is safe to do so.**
- 4.27 **Leaders and managers need to make sure that there is adequate staffing so that all current activity places in workshops and work parties can be allocated to women in full.**
- 4.28 **Leaders and managers should devise an effective system for collecting information on the destinations of women on release, so they can evaluate the effectiveness of the education, skills and work they offer.**

Section 5 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.

- 5.1 There had been very limited oversight of work to reduce reoffending. The prison now had a needs analysis, which had been completed in May 2020 using a survey in which 60% of the population had responded, as well as some offender assessment system (OASys) data. The needs analysis had informed a reducing reoffending strategy, but this lacked a meaningful action plan to evidence success across the various resettlement pathways. (See key concern and recommendation 1.36.)
- 5.2 COVID-19 restrictions had reduced opportunities for women to achieve their sentence plan targets and some had been released without completing the offending behaviour work they needed. (See key concern and recommendation 1.40.) Group work had not been possible throughout much of the pandemic, but some one-to-one and in-cell work had continued and the range of support available was increasing. Although it involved smaller numbers than before the pandemic, the reintroduction of group work was a positive step.
- 5.3 Women living on the psychologically informed planned environment (PIPE) unit and Primrose specialist unit were especially positive about the support they received (see paragraph 2.14). For example, in our survey, 91% of women on the PIPE unit said they had done one-to-one work with a member of staff and 100% said this had helped them to achieve their sentence plan targets.
- 5.4 At the time of our inspection, 27 women were living on the PIPE unit and group work, which included socially creative sessions and reader groups, had restarted. Eight women were living on the Primrose unit, which provided intensive treatment for high-risk individuals. This was delivered jointly by clinical and operational staff using a combination of group work and one-to-one sessions.
- 5.5 Twenty women had been convicted of sexual offences and their offending behaviour needs were being addressed. Most lived on the

PIPE and Primrose units and received additional support there, while others completed bespoke one-to-one work with the psychology team.

- 5.6 The prison's needs analysis found that 58% of women had been victims of domestic abuse. The offender management unit (OMU) led the Freedom group work programme aimed to raise awareness and help women recognise the signs of domestic abuse. Delivery of the programme had been affected by the COVID-19 restrictions and only two courses had taken place in 2020 with a total of 11 completions. At the time of our inspection, 36 women were on the waiting list. The prison had just restarted delivery with a reduced capacity of four women at each session.
- 5.7 Support for women involved in sex work had been mostly unavailable during the restrictions, but three new staff from Changing Lives GAP (a Gateshead-based project helping vulnerable women involved in sex work or at risk of being sexually exploited) were about to start face-to-face work with women. There was no support available for women who had been victims of modern slavery, exploitation or human trafficking.
- 5.8 A dedicated team of psychologists from the women's estate psychology service (WEPS) were co-located alongside prison offender managers (POMs) and community rehabilitation company (CRC) resettlement staff, which enabled good joint working. They were well integrated and provided a valuable resource for the OMU. At the start of the COVID-19 restrictions, the WEPS team had focused on tasks such as attending ACCT case reviews and completing risk assessments and parole work, but more recently they had been able to deliver a tailored range of one-to-one interventions required in sentence plans. In our survey, 69% of women said that they had done one-to-one work with an offender manager or psychologist, of whom 87% reported that this helped them to achieve the objectives or targets on their sentence plan. Psychologists also provided supervision to POMs managing high-risk cases.
- 5.9 At the time of our inspection, the WEPS team was in the early stages of trialling compassion-focused trauma therapy with three women. This project aimed to work with women who were involved in prolific self-harming behaviour to help them understand these behaviours and work towards reducing their risk of self-harm. The WEPS team also worked with prison staff to formulate 'support through enhanced management' plans (see paragraph 2.37) for women who were regularly involved in violent behaviour towards others.
- 5.10 The thinking skills programme (TSP) was the main accredited offending behaviour programme available. Delivery had stopped at the start of the COVID-19 restrictions, but an adapted version had restarted in April 2021. Since then, four women had completed TSP, either through small group or individual sessions with a facilitator. The prison planned to run two more small group programmes before March 2022 with a maximum capacity of eight women in each. Fifteen women were currently on the waiting list and in the last year 13 women assessed as

needing TSP to reduce their risk had been released without completing it. (See key concern and recommendation 1.41.)

- 5.11 A total of 166 women had been released from Low Newton in the previous six months. Of these, about 84% had been released to stable and sustainable accommodation. The rest were released to short-term transient accommodation, such as temporary housing arranged through the local authority or bed and breakfasts. Seven women were released homeless.
- 5.12 There had been limited finance, benefit and debt support for women in the past year. A Jobcentre Plus adviser had been working remotely to set up universal credit application appointments for women on their release and planned to deliver face-to-face work again soon. Women could open bank accounts, but there had been delays in receiving bank cards before release and advice for women with debt issues was too limited. A POM had recently developed a new budgeting programme for women, 'Ways to help your budget', which looked promising.
- 5.13 A bail information officer now provided help for women on remand. Since the introduction of the role, 10 bail reports had been prepared and six women had been granted bail as a result.
- 5.14 COVID-19 restrictions had stopped women being released on temporary licence (ROTL). Before the pandemic, five women had been accessing ROTL frequently to complete work placements and build family ties. The prison aimed to rebuild links with employers in the community to improve ROTL opportunities for women.
- 5.15 Home detention curfew (HDC) processes were well managed, but some women were released late. In the previous six months, 56 women had been eligible for HDC of whom only 57% were released on their eligibility date. In all, 16 women had been held past their eligibility date with delays often caused by difficulties sourcing suitable accommodation in the community.

Recommendations

- 5.16 **Women who have been victims of modern slavery and human trafficking should be identified and receive specialist support.**
- 5.17 **Eligible women should be able to access release on temporary licence (ROTL) to support resettlement planning.**
- 5.18 **Women should be able to access a full range of support and advice about finance, benefit and debt.**

Motivation, engagement and progression

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

- 5.19 In our survey, 77% of women with a sentence plan said that they knew what they needed to do to achieve their targets and 66% told us that staff were helping them. These results were similar to the last inspection.
- 5.20 Offender management work had experienced some disruption during COVID-19 restrictions, but staffing levels in the OMU had been maintained. POMs had remained on site throughout and had kept in contact with women either in person or by in-cell telephone when residential units had been subject to more stringent restrictions.
- 5.21 POMs with probation service backgrounds managed high-risk cases. All POMs had regular one-to-one supervision with a senior probation officer (SPO) and, once COVID-19 restrictions allowed, team meetings, which included training sessions, would be reintroduced for OMU staff.
- 5.22 Women we spoke to knew who their POM was and POMs had good knowledge of the women on their caseload. Most women had adequate contact with their POM and this increased when events or key dates in their sentence required it. Good quality case notes for some women showed that contact was focused and purposeful. This was a crucial element of the recently introduced Offender Management in Custody (OMiC) arrangements (see Glossary of terms). Early signs were that the phased OMiC implementation was a positive step and was being managed well.
- 5.23 Nearly all sentenced women had an initial OASys assessment and sentence plan, but a third had not had a review for over a year. The sentence plans we checked took account of women's individual needs and POMs made referrals for interventions and services promptly. There was good evidence of conference telephone calls involving the woman and their prison and community offender managers in the sentence planning process. Similar three-way meetings were held to assist release planning as release dates approached.
- 5.24 Anyone remanded for an offence that could attract an indeterminate sentence was allocated a POM from the point of arrival, which increased the support available to them. Around 13% of the population were serving indeterminate sentences and a small number of these women had out-of-date sentence plans completed over three years previously, which was much too long between reviews. Most specific support for women serving long and indeterminate sentences had stopped during the pandemic. Some shared their frustration at the lack of opportunities to progress and what they saw as a limited range of interventions open to them.

- 5.25 HMPPS had temporarily suspended reviews for restricted status (see Glossary of terms) women during the early months of the pandemic, which affected a small number of women at Low Newton. For most sentenced women, categorisation reviews had continued.
- 5.26 Transfers to open prisons had been taking place when COVID-19 restrictions allowed. Few other progressive moves had been possible during the pandemic and some women assessed as suitable for open conditions had reached their release date and left custody without ever moving to an open prison. An enhanced landing on E wing provided a few peer workers with a more relaxed living environment while they waited to move to open conditions (see paragraph 2.33).
- 5.27 There were very few transfers-in of 18-year olds from the children's custodial estate. The most recent had involved staff visiting the young woman before her transfer to Low Newton to support her transition.

Recommendations

- 5.28 **All women should be involved in an annual review of their OASys assessment and sentence plan to make sure it reflects their current individual risk and needs.**
- 5.29 **Women on indeterminate and long sentences should be consulted about the support they require and provision for them should be enhanced.**

Protecting the public from harm

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

- 5.30 There was evidence of good pre-release risk management planning for women assessed as a high risk of serious harm to others. The prison had continued to hold monthly face-to-face interdepartmental risk management meetings throughout the pandemic. The meeting was chaired by the SPO and monthly attendees included security staff, psychologists, the drug and alcohol recovery team (DART) and the mental health team. Although these departments did not always attend in person, there was evidence that they submitted written contributions to make sure there was effective risk management planning. The SPO also offered interim meetings with POMs if there were emerging risks or concerns about a woman. This enabled good oversight and concerns could be quickly raised with community offender managers if necessary.
- 5.31 At the time of our inspection, 54% of the population were managed under multi-agency public protection arrangements (MAPPA). MAPPA management levels were confirmed for most relevant women approaching release in the next six months and there was evidence of timely discussions of risk between prison and community offender managers where needed. However, inconsistent recording meant that

this information was not always up to date or readily available to managers. This was quickly rectified during our visit.

- 5.32 Currently, 22 women were subject to mail and phone monitoring due to public protection concerns and this was well managed. In the cases we looked at, calls by women subject to telephone monitoring had been listened to within 24 hours. Reviews of women who were subject to monitoring were prompt and based on up-to-date information.
- 5.33 About 16% of the population were not allowed to have any form of contact with children. For these women, child contact restrictions were applied appropriately and reviewed annually.

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.

- 5.34 On average, seven women a week were released from Low Newton. In our survey, 86% of women who expected to be released in the next three months said someone was helping them prepare for their release.
- 5.35 Resettlement planning was delivered by two CRCs, Changing Lives (which supported women from Northumbria and Cumbria) and Durham and Tees Valley (which helped women from all other areas). CRC staff worked in offices next to the OMU, which aided joint working with POMs.
- 5.36 CRC workers saw women in person to discuss their needs and plan for their release far enough in advance to pick up any gaps in planning. However, when women were eligible for HDC, release planning did not begin far enough ahead of their earliest possible release date. There was ongoing follow-up work after the initial discussion of resettlement needs, particularly on finding accommodation. CRC workers liaised with other agencies and included their input in resettlement plans.
- 5.37 Some women being released benefited from the 'Reconnect' project run by the Rethink primary mental health care team. This offered through-the-gate support from community 'care navigators'. Women could get support from their allocated care navigator for up to 12 weeks before and six months after their release.
- 5.38 Junction 42, a local faith charity working alongside the chaplaincy, offered all women being released an unusually good pack of essential toiletries, sanitary and menstrual items (see also paragraphs 2.10 and 3.102). Facemasks, hand sanitiser, plain holdalls and release clothing if needed were all provided in reception before release. Mobile phones were available for those who needed one.

Release packs provided by Junction 42



Section 6 Recommendations in this report

The following is a list of repeated and new concerns and recommendations in this report.

Key concerns and recommendations

- 6.1 Key concern 1.36: Too many of the prison's priorities, such as reducing self-harm, improving outcomes for protected groups and reducing reoffending, were not underpinned by comprehensive strategies and action plans. These were either missing or limited in scope and detail. They did not provide an evidence-based way of measuring progress or demonstrating success.

Recommendation: The delivery of each of the key priorities for the prison should be supported by comprehensive strategies and detailed action plans that set out the vision for success, how this would be achieved and by when.

(To the governor)

- 6.2 Key concern 1.37: There were some key weaknesses in assessment, care in custody and teamwork (ACCT) case management for women at risk of suicide or self-harm. Some new arrivals were not placed on an ACCT despite evidence of significant risk factors. Care maps were not always proactive or used well, and some had not been added to for months and did not address the woman's current concerns.

Recommendation: All risk factors should be considered when deciding to open assessment, care in custody and teamwork (ACCT) case management on a woman, particularly those new to custody. Care maps should be regularly updated to reflect current risks and needs.

(To the governor)

- 6.3 Key concern 1.38: Acutely mentally unwell women who were at risk of taking their own lives were still being sent to Low Newton because of the lack of appropriate provision in the community. In the previous two months, six women had been admitted from the courts for their own protection, due to seeing prison as a place of safety. The prison was clearly not the appropriate place for these women as it was not properly resourced to manage their risks and needs.

Recommendation: Acutely mentally unwell women should not be sent to prison as a place of safety.

(To the Secretary of State)

- 6.4 Key concern 1.39: It was extremely unsatisfactory that the inpatient unit and primary care services remained co-located. Highly disturbed inpatients lived next to outpatient clinic rooms, the main waiting area, visiting specialist services and the palliative care suite. Some of their behaviour, such as repeated screaming and banging, was very

upsetting to others. Inpatients who needed a quiet environment instead had to cope with a daily stream of visiting outpatients. We highlighted these problems at previous inspections.

Recommendation: Primary care and inpatient facilities should not be co-located. (Repeated recommendation 2.61)
(To the Partnership Board and the governor)

- 6.5 Key concern 1.40: Too many women remained locked in their cell during the core working day. Many valuable peer support roles had stopped during COVID-19 restrictions, reducing opportunities for women to have more time out of cell, and very few creative or recreational activities were available.

Recommendation: Women should have more time out of cell through better access to peer support and opportunities for recreational and social activities that enable them to use their time constructively and creatively.
(To the governor)

- 6.6 Key concern 1.41: The COVID-19 restrictions had limited opportunities for women to achieve their sentence plan targets and some were released without completing the offending behaviour work they needed.

Recommendation: All women should be able to complete the offending behaviour work needed before their release.
(To the governor)

Recommendations

- 6.7 Recommendation 2.11: Women should always travel in separate escort vehicles to men.
(To Prisoner Escort and Custody Services)
- 6.8 Recommendation 2.16: The prison should explore and address women's perceptions of verbal abuse by staff.
(To the governor)
- 6.9 Recommendation 2.25: Women should be able to access Listeners promptly 24 hours a day.
(To the governor)
- 6.10 Recommendation 2.27: Learning from investigations of attempts by women to take their own lives should be disseminated to staff and inform the prison's action plan to reduce suicide and self-harm.
(To the governor)
- 6.11 Recommendation 2.45: Segregated women should have a reintegration plan that addresses their individual needs and sets realistic goals for returning to live among the general population.
(To the governor)

- 6.12 Recommendation 2.50: The recording of planned use of force incidents should evidence that pre- and post-incident briefings took place and that a member of health care staff was present throughout, and incidents should only use approved control and restraint techniques.
(To the governor)
- 6.13 Recommendation 2.56: Given that the use of body scanners is not allowed in women's prisons, the women's prisons estate should develop alternative and effective ways of managing women suspected of secreting drugs and other illicit items.
(To HMPPS)
- 6.14 Recommendation 3.14: Leaders should investigate whether women are prevented from making a complaint and take action to make sure the complaints process is accessible to all.
(To the governor)
- 6.15 Recommendation 3.27: All women should be able to receive parcels through the post.
(To the governor)
- 6.16 Recommendation 3.28: Cells designed to hold one woman should not be used to accommodate two.
(To HMPPS)
- 6.17 Recommendation 3.39: Health care treatment rooms should be kept clean and there should be effective measures to minimise the risk of infection.
(To the governor)
- 6.18 Recommendation 3.64: Patients being hospitalised under the Mental Health Act should be transferred within current Department of Health transfer guidelines. (Repeated recommendation 2.98)
(To the governor)
- 6.19 Recommendation 3.83: Medicines administration should adhere to best practice standards that maintain patient safety and confidentiality.
(To the governor)
- 6.20 Recommendation 3.84: Medicines should be stored under conditions that maintain their stability and quality.
(To the governor)
- 6.21 Recommendation 4.9: There should be a suitable outdoor area for PE activities and team sports.
(To the governor)
- 6.22 Recommendation 4.26: Leaders and managers should increase the number of hours of face-to-face teaching that women receive as soon as it is safe to do so.
(To the governor)
- 6.23 Recommendation 4.27: Leaders and managers need to make sure that there is adequate staffing so that all current activity places in

workshops and work parties can be allocated to women in full.
(To the governor)

- 6.24 Recommendation 4.28: Leaders and managers should devise an effective system for collecting information on the destinations of women on release, so they can evaluate the effectiveness of the education, skills and work they offer.
(To the governor)
- 6.25 Recommendation 5.16: Women who have been victims of modern slavery and human trafficking should be identified and receive specialist support.
(To the governor)
- 6.26 Recommendation 5.17: Eligible women should be able to access release on temporary licence (ROTL) to support resettlement planning.
(To the governor)
- 6.27 Recommendation 5.18: Women should be able to access a full range of support and advice about finance, benefit and debt.
(To the governor)
- 6.28 Recommendation 5.28: All women should be involved in an annual review of their OASys assessment and sentence plan to make sure it reflects their current individual risk and needs.
(To the governor)
- 6.29 Recommendation 5.29: Women on indeterminate and long sentences should be consulted about the support they require and provision for them should be enhanced.
(To the governor)

Section 7 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. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2018, women still waited too long in court cells before being moved to the prison. Support during women's early days at the prison was very good. Levels of violence had risen. Most incidents were not serious, and steps had been taken to ensure the underlying causes were understood and addressed. Care for vulnerable and complex women was good. Security arrangements were proportionate, but many women said it was easy to get drugs. Disciplinary measures were appropriate and force was only used as a last resort. Segregation was not over-used and the regime was reasonable. Psychosocial and clinical substance misuse support was good. Outcomes for women were reasonably good against this healthy prison test.

Key recommendation

The prison should be equipped with full body scanner technology to help prevent illicit substances and other items from being smuggled in. (S47)

Not achieved

Recommendations

Issues raised through consultations with women about safety should be addressed and information from exit surveys used to inform the prison's safety policy. (1.22)

Not achieved

The prison should ensure that there are always enough trained Listeners to provide 24-hour support. (1.32)

Partially achieved

Information from the local safeguarding board should be disseminated to key staff within the prison and the safeguarding policy should be updated. (1.38)

Achieved

Women's concerns about their own safety raised during adjudications should be investigated promptly. (1.48)

Achieved

The condition of the segregation unit exercise yard should be improved. (1.56, repeated recommendation 1.69)

Not achieved

Prescribing should be flexible and based on an individual approach that provides women with continuity and supports their safe release into the community. (1.69)

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, most buildings were shabby and cramped in places, but the living environment was decent. Women received what they needed every day, and they were consulted well. Staff-prisoner relationships were very good. Equality and diversity work was impressive and faith provision excellent. The complaints process was well managed. Legal services were adequate and health provision was good. There was a high demand for mental health support, but most women's needs were being met. Outcomes for women were good against this healthy prison test.

Key recommendation

Low Newton and HMPPS should, with partner organisations, explore alternatives to using the prison as a place of safety for women with significant and acute mental health problems. (S48)

Not achieved

Recommendations

Single cells should not be used as doubles. (2.9, repeated recommendation 2.10)

Achieved

The prison should investigate why so many women said they had been prevented from making a complaint and address any issues. (2.38)

Not achieved

The prison should investigate and address women's negative perceptions of the way legally privileged mail is managed. (2.44)

Partially achieved

Primary care and inpatient facilities should not be co-located. (2.61, repeated recommendation 2.62)

Not achieved (repeated as key concern and recommendation 1.41)

Emergency resuscitation equipment and medicines should be in good order, stored appropriately and easy to access. An effective monitoring system should be in place and all prison staff should be familiar with the emergency code protocol and feel confident about using it. (2.62)

Achieved

All stock medicines should be obtained in line with legal requirements. (2.82)

Achieved

In-possession medication should be prescribed, reviewed and administered by health care professionals in line with an up-to-date policy that reflects current prescribing guidelines, and includes a robust risk assessment of the patient and the medication. (2.83)

Achieved

Medicines should be administered in line with recommended dosage schedules for optimal and effective care, and procedures should be put in place to reduce the quantity of well-known tradeable medicines prescribed. (2.84)

Achieved

Patients being hospitalised under the MHA should be transferred within current Department of Health transfer guidelines. (2.98)

Not achieved (recommendation repeated, 3.64)

Purposeful activity

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

At the last inspection, in 2018, time out of cell was good and delivered reliably. Ofsted rated learning, skills and work activities good overall. Leaders had a clear vision of how they wanted to develop the provision, and partnership working was good. There were sufficient activity places and take-up was high. The range of provision was reasonable, but there were a few gaps. The quality of teaching and learning was good, although some classes required improvement. There was a strong focus on personal and social development, which was particularly important given the population. Outcomes were generally good. The library and gym provided a positive range of opportunities. Outcomes for women were good against this healthy prison test.

Recommendations

The education provider should ensure that all identified learning needs are incorporated into teaching plans so that women consistently receive the support they need. (3.18)

Not able to be assessed at this inspection

The prison should improve retention on maths and some vocational training courses. (3.25)

Not able to be assessed at this inspection

There should be a suitable outdoor area for PE activities. (3.31)

Not 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 2018, staff had a clear understanding of the population's complex resettlement needs. Offender management support was generally good, and particularly strong for high risk women. The work was less consistent for those assessed as posing a low and medium risk of harm. Public protection arrangements were strong. Through-the-gate provision was generally good, but the work was not integrated well enough to ensure outcomes were maximised. Children and families provision was reasonably good. Comprehensive support was offered to those with experience of sex work. Provision for women who had experienced domestic abuse was adequate and being further developed. Outcomes for women were reasonably good against this healthy prison test.

Key recommendation

The prison should ensure women receive consistent offender management support, especially in the lead up to their release. Managers should monitor the support and implement necessary changes. (S49)

Not achieved

Recommendations

Subject to appropriate risk assessments, ROTL should be used more widely to support resettlement planning. (4.6, repeated recommendation 4.6)

Not achieved

Resettlement plans compiled by CRC staff should be based on women's HDC eligibility date. (4.14)

Not achieved

All women released from Low Newton should have a resettlement plan, which outlines work that has been undertaken across all resettlement pathways and include any outstanding areas that need addressing. (4.28)

Achieved

The prison should ensure that outcomes for women are monitored post-release, especially in relation to accommodation, and used to inform service development. (4.29)

Not achieved

Women should be able to participate in relationship and parenting courses. (4.38, repeated recommendation 4.43)

Not achieved

The prison should explore and address the reasons why so many women do not receive visits and consider new ways in which contact with the outside world can be maintained, for example, through Skype. (4.39)

Achieved

The prison should ensure there is a sufficient range of interventions in place to address the concerns of women who have been or are at risk of domestic abuse. (4.42)

Not achieved

The prison should offer naloxone to women being released, subject to an individual risk assessment. (4.49)

Achieved

The prison should undertake a regular analysis of the needs of women based on OASys data to ensure that the range of interventions is sufficient to meet the needs of women and to reduce their risk of reoffending. (4.54)

Not 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 prisoners 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 prisoners are good.

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

Outcomes for prisoners are reasonably good.

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

Outcomes for prisoners are not sufficiently good.

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

Outcomes for prisoners are poor.

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

Our assessments might result in one of the following:

Key concerns and recommendations: identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.

Recommendations: will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections.

Examples of notable positive practice: 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 prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

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/>). The reference numbers at the end of some recommendations indicate that they are repeated and provide the paragraph location of the previous recommendation in the last report. Section 6 lists all recommendations made in the report. Section 7 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 prisoners and a detailed description of the survey methodology can be found on our website (see Appendix III: 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
Rebecca Stanbury	Inspector
Jonathan Tickner	Inspector
Donna Ward	Inspector
Caroline Wright	Inspector
Heather Acornley	Researcher
Annie Bunce	Researcher
Rahul Jalil	Researcher
Shannon Sahni	Researcher
Sarah Goodwin	Lead health and social care inspector
Tania Osborne	Health and social care inspector
Christopher Barnes	Pharmacist
Noor Mohammed	Pharmacist
Dee Angwin	Care Quality Commission inspector
Dayni Johnson	Care Quality Commission inspector
Alison Cameron-Brandwood	Ofsted inspector
Charles Searle	Ofsted inspector

Appendix II Glossary of terms

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

Buscopan

An over-the-counter antispasmodic that reduces muscle movement, which can, if crushed and smoked, cause effects such as hallucinations, palpitations and irritability.

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 prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Challenge, support and intervention plan (CSIP)

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

Community rehabilitation company (CRC)

From May 2015, rehabilitation services, both in custody and after release, were organised through CRCs, responsible for work with medium- and low-risk offenders. The National Probation Service (NPS) maintained responsibility for high- and very high-risk offenders. Following a change in policy, all offender management was brought under the NPS on 28 June 2021.

Key work

The key worker scheme is one element of the Offender Management in Custody (OMiC) model. All prison officers will 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.

NEPACS

Formerly North East Prisons After Care Society, a charity promoting the rehabilitation of offenders.

Offender Management in Custody (OMiC)

The OMiC model for the female prison estate was rolled out from April 2021. It entails prison officers undertaking key work sessions with prisoners and case management, which established the role of the prison offender manager (POM).

Personal protective equipment (PPE)

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

Psychologically informed planned environment (PIPE)

PIPEs do not provide treatment but are an important element of the pathway for prisoners with personality disorder. PIPEs are specifically designed units which support prisoners to maintain behavioural change and make further progress in addressing offending behaviours through planned and structured activities. Staff on a PIPE have additional training to develop an increased psychological understanding of their work that enables them to create a supportive environment, which promotes the development of prisoners living there and facilitates progression.

Protected characteristics

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

Protection of adults at risk

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Purple Visits

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

Restricted status

Women whose escape would present a serious risk to the public and who are required to be held in designated secure accommodation.

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 prisoners 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. 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 prisoners 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

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