



Annual Report
of the
Independent Monitoring Board
at

HMP Peterborough Men

for reporting Year
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Monitoring fairness and respect for people in custody

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1 STATUTORY ROLE OF THE IMB

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

The Board is specifically charged to:

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

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

Main judgements

Are prisoners treated fairly?

The Board believes that overall residents are treated fairly and with respect.

The offender management in custody key worker initiative has been implemented (4.12) and experienced wing in charge officers appointed.

Most prison complaints are handled within time limits (5.2). The Board is concerned that handling of residents' property continues to be problematic, both within the prison and on transfer (7.6).

The prison regime is good, and time out of cell was more than 10 hours (7.5).

The standard of wing accommodation has improved but concerns remain: in-cell toilets are not adequately screened and lack of furniture means residents usually eat in their cells (7.1).

Are prisoners treated humanely?

The Board believes that overall residents are treated humanely and with decency.

The increased focus on safety (4.1) is starting to have positive results. However, illicit substance issues remain challenging and mandatory drug testing results exceed targets (4.15). It is hoped the intelligence-led use of the body scanner and screening of post for illicit substances will produce positive results (4.14).

The Board is concerned that some residents are held in the separation and care unit for long periods (6.3).

Improvements to the healthcare provision are ongoing, and mental health and social care provision is good (Section 8). There remains a reliance on agency nurses and locum doctors (8.3). The Board is concerned that there has been little evidence of health promotion activities (8.7).

Are prisoners prepared well for their release?

Preparation for release is very important in the prison, evidenced by the good learning and skills provision (section 9), the focus on maintaining family ties (5.3, 5.6, 11.8), and the effectiveness of the Outside Links service (11.7). Short sentences, however, make it difficult to deliver effective interventions (11.4). Accommodation on release remains an issue but the Board is pleased additional accommodation has been secured with a new charitable provider working jointly with the Sodexo CRC. (11.9).

Main Areas for Development

TO THE MINISTER

The Board remains concerned about the lack of suitable accommodation for men on release (11.3), as proper resourcing of accommodation could be cost-effective in reducing reoffending.

TO THE PRISON SERVICE

The Board is concerned that some residents are held in the Separation and Care Unit for long periods (6.3)

TO THE DIRECTOR

The Board remains concerned at the level of illicit substance use and its consequences for residents' safety.

The Board notes the improvements to the governance and delivery of healthcare were implemented following the action plan prepared in response to the care quality commission (CQC) (8.1). The prison should continue to embed these improvements into normal practice.

IMPROVEMENTS

The Board welcomes the increased emphasis on resident safety this year (4.1). There has also been a gradual improvement in the appearance of wings, which it is hoped will be enhanced by the introduction of new furniture (7.1). The daily regime has been modified and this has improved the timing of meals (7.4).

DESCRIPTION OF THE PRISON

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

HMP/YOI Peterborough men's prison is a Category B local prison. The operational capacity is 868 including 96 additional prisoner places (APP) as agreed between Her Majesty's Prison and Probation Service (HMPPS) and Sodexo. Most cells are doubled. There are three modern residential house blocks containing 12 wings, including early days in custody (the induction wing), drug detoxification and safeguarding. Facilities include a large gym, chapel, workshops, classrooms and a library.

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

The staff complement of prison custody officers (PCOs) has been increased as a consequence of changes to the prison provision requested by HMPPS, the requirements of offender management in custody (OMiC), and additional resource from Sodexo. There is a programme of continuous recruitment to meet this need.

Key services are provided as follows:

Physical healthcare by Sodexo Justice services, with the GP service contracted to Cimarron UK. Primary and secondary mental healthcare services are provided by Cambridge and Peterborough NHS Foundation Trust. Learning and skills provision is by Sodexo Justice Services. The prison also works closely with the community rehabilitation company (CRC) for Bedfordshire, Northamptonshire, Cambridgeshire and Hertfordshire (BeNCH).

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

MIND (mental health support)
St. Giles Trust (core resettlement to BeNCH and Unlock Banking)
Alcoholics Anonymous
Job Centre Plus
BASS (supported housing for those on HDC or bail)

There are also a number of third sector organisations providing specific services locally.

B Evidence sections 4 – 11

3 SAFETY

4.1 Last year the prison announced its intention to prioritise safety and a senior manager was appointed to plan and implement this. There is now a safer custody team of three, focused on violence reduction (VR) and suicide and self-harm (SASH) prevention plans.

4.2 By the beginning of the reporting year violence had increased significantly; however, it fell quickly as the plans were implemented. The trend for the last few months has shown consistent improvement both for prisoner-on-prisoner and prisoner-on-staff assaults. In 2018/19 there were 90 serious prisoner-on-prisoner assaults, compared to 59 in 2017/18 and 60 in 2016/17. However, the new strategy can be seen to be achieving traction, as assaults per month have decreased since the first four months, when the new arrangements were establishing. In 2018/19 there were 22 serious prisoner-on-staff assaults compared to 15 in 2017-8, and 16 in 2016-7. The strategy is also achieving traction here, with a recorded fall in incidents since the beginning of the reporting year.

4.3 Considerable effort has been put into training staff in and managing suicide and self-harm (SASH) prevention practices. There were 674 incidents of self-harm in 2018/19, compared to 790 in 2017/18. These figures are somewhat skewed because of prolific self-harmers who can self-harm multiple times in a single day. The prison takes SASH very seriously and the Board has observed very many examples where staff have successfully engaged with troubled residents. The only significant weakness in the delivery of SASH prevention is around assessment, care in custody, and teamwork (ACCT) administration. The prison is seen to deliver well in practical terms such as observations, interactions, reviewing progress and care plans; however, documentation can be lacking in detail.

4.4 The prison has 10 Listeners available and plans to train more.

4.5 Reception has been re-profiled to two daily shifts, becoming more efficient, particularly in handling property, an area of focus for the Board. It is now well managed and good use is made of trained peer supporters. Court and inter-prison transfers show improvement; the Board has previously been concerned about time confined in vehicles and late arrivals.

4.6 Assessment on arrival is well defined and efficient. Self-harm and suicide risk concerns from court and transport staff, and concerns by reception staff, are recorded and there is good evidence of vulnerable new arrivals being moved through quickly to receive support. Safer Custody monitor new arrivals and will often meet residents with markers for violence on arrival and ensure they are housed appropriately and understand the consequences of poor behaviour.

4.7 Induction routines are strong and run daily; there is a well-run induction wing which assists the efficiency of induction and supports vulnerable residents, particularly those new to custody.

4.8 There is an interdisciplinary complex needs group (CNG) which meets weekly. Care plans are created and updated, and any attendee can raise concerns. A good practical example of this is the support given in the way of family visits and tailored regime to a terminally ill resident who had been denied compassionate release. There are two aspects regarding the CNG that give some concern; the lack of consistent attendance across the year by clinical

health staff, and that care plans are sometimes not updated in sufficient detail or promptly enough.

4.9 In 2018/19 force was used on residents 796 times, compared to 922 times in 2017/18. The prison reduced the use of force but simultaneously tackled low level poor behaviour. The Board has not seen evidence of inappropriate use of force.

4.10 Residents generally report feeling safe but recognise the level of violence, coercion and bullying they see in others. They mainly identify perpetrators as young offenders, those on drugs, drug dealers and gangs. The prison has faced significant challenges due to residents transferred from other prisons in special measures.

4.11 Challenge and support intervention planning (CSIP) is now used in place of the previous local anti-social behaviour in prison (ASBIP) and the prison has adopted the new system with good results, although again the quality and timeliness of documented plans needs improvement. Plans use adjudications, interventions such as behaviour management programmes and restorative justice approaches and the incentives and earned privileges (IEP) system to address residents' behaviour.

4.12 The offender management in custody (OMiC) keyworker initiative has been implemented, giving each resident a support officer; although the system has so far achieved no more than 60% of targets, the Board has observed several examples of good practice. Experienced PCOs are appointed as wing in charge officers. Residents who report being bullied or who self-isolate are assessed and appropriate action is taken. A new local operating procedure was introduced by the safer custody team in July to help address this.

4.13 There is one safeguarding wing for vulnerable residents, who generally report a positive experience. They have access to regime such as a dedicated workshop and the gym, library, wellbeing centre and the Link resettlement centre.

4.14 Security is proactive, and searches and other means of disrupting supply are intelligence led. At the end of January, use of a body scanner in reception, when intelligence indicates concern, was introduced. A scanner for detecting illicit substances in incoming mail was also introduced during this year. Introduction of a dedicated regimes team has led to improved control of mass movement and attendance at appointments and scheduled activities.

4.15 Drugs and contraband are readily available, as evidenced by the mandatory drug testing (MDT) result (16.7%) exceeding target (9.8%). This gives rise to disturbing levels of drug misuse, violence and debt. The prison monitors those thought to deal in drugs and is quick to disperse players. Debt is high, which leads to violence and the need to safeguard debtors.

4.16 The prison has made a concerted effort to address poor behaviour both by maximising approved incentives, using the IEP scheme for good behaviour, and making lack of engagement and bad behaviour unpalatable. There are two enhanced status wings for the most compliant; these are quiet, safe areas allowing maximum permissible benefits. Stronger use is also made of basic status, with greater emphasis on challenging poor behaviour, both low-level such as failing to meet dress code or vaping in unauthorised areas, as well as critical areas such as threatening behaviour or failure to comply with an order.

4.17 There were no deaths in custody during the reporting year.

4 EQUALITY AND FAIRNESS

5.1 The Board monitors the prison management's approach through reviewing the diversity and inclusion meeting. The Board observes that this meeting is less regular and less well attended than in previous years.

5.2 The Board notes that 91% of complaints were answered on time within the male prison which is a fall in performance of 1% compared with last year. The Board is satisfied that residents have information about how to complain and how to escalate complaints to, for example, the Ombudsman and NHS England.

5.3 Visit numbers in the male prison ran at just under 24,000 with only just over 2000 cancelled, showing an improvement on last year. The visits hall has a supervised children's play area and family visits can be held in a separate room.

5.4 During the year a new head chaplain was appointed. Church services for Christian residents are held on Saturdays and Sundays with reasonable attendance. Muslim prayers on Fridays are very well attended and there is chaplaincy provision for other faiths in line with Prison Service Instructions. The facilities list includes specific entitlements to items required, and religious dietary requirements are met. The chaplaincy ensures that residents receive their entitlements.

5.5 The kiosk service is available in multiple languages and with pictorial symbols; however, the Board remains concerned that induction processes and materials are still only available in English.

5.6 The family matters department is putting in hand arrangements to see every new resident soon after they arrive to discuss any issues they may have in this area. The establishment has used the restorative justice approach to assist with family relationship issues with some success. Family days are arranged for residents; although demand is high only a small proportion are cleared by security.

5.7 At the end of the reporting year there were 56 residents over 50 in the establishment. An over 50s library group has been set up but the attendance has been somewhat poor and library closures disrupt provision.

5.8 At the end of the reporting year there were 91 young offenders. A consultation group was formed during the year to gain feedback from these residents.

5.9 The foreign national team sees all overseas residents within three days of arrival to explain the available support. At the end of the reporting year there were 108 foreign nationals in the prison.

5.10 The Board has recently agreed to a flexible rota approach to encourage younger employed people to join. The success of this approach will be assessed at the end of the year.

5 SEGREGATION/CARE AND SEPARATION UNIT

6.1 The separation and care unit (SCU) contains 14 cells, and maintains good levels of cleanliness, maintenance and tidiness.

6.2 The unit generally operates at full capacity; there has been no change from the previous year. Residents located there for their own interest are often not willing to return to

normal location and remain in the unit for long periods. Delays were often experienced with requested transfers to other prisons.

6.3 The Board remains concerned at the numbers held in the unit on Rule 45 (own interest), some for long periods while awaiting transfer to other prisons. Segregation for more than 42 days was approved on 16 occasions during the year.

6.4 At all times residents received an appropriate regime including access to exercise yards and showers. A care plan was set up upon entering the unit with education, work and other activities such as library attendance allowed if considered appropriate. Residents were also able to attend gym sessions at weekends. The Board notes, however, that many residents spend long periods in their cells with few opportunities for rehabilitation.

6.5 The unit was visited by the chaplaincy and nursing teams daily with visits from the doctor three times a week.

6.6 Members of the Board visit the unit at least once every week and speak to all residents, accompanied by staff but in an unlocked condition, provided this is safe. Residents may also be seen on the exercise yard or in the holding room under staff observation should they wish to speak in confidence to a Board member.

6.6 In general the Board observes staff dealing appropriately with often demanding residents.

6.7 The Board is usually informed of any new arrivals in the SCU by email or telephone and aims to speak to them within 72 hours of segregation.

6.8 The Board aims to attend all rule 45 or 49 reviews, but did not always receive timely notice during the reporting year. Documents are reviewed afterwards for reviews not attended by the Board. During the year there were 275 Rule 45 reviews of which the Board attended 235 (85%).

6.9 Residents on ACCT documentation were held in the unit on 46 occasions during the year. The Board continues to closely monitor this situation. ACCT reviews for these residents are included within the rule 45 reviews. The Board also sometimes attends ACCT reviews held at other times

6.10 There were no occasions when a Board member felt unable to confirm that proper review procedures were followed. Board members were also given full opportunity during reviews to question residents and medical staff present, as well as being informed by the review manager of all the relevant resident details prior to the review start. Post review was normally followed by full discussion on any behavioural and/or mental health (MH) issues of residents, and how quickly they could be returned to normal location.

6.11 All documentation, including daily log, segregation history sheets, initial segregation health screens, authority to segregate forms, ACCT forms etc, were in the main properly completed and up to date.

7 ACCOMMODATION (including communication)

7.1 The standard of accommodation in the prison has improved, with cleanliness being addressed by the introduction of new cleaning schedules. However, it still falls short of what is expected, with dirty floors and showers mentioned repeatedly in IMB wing monitoring reports and also on the HMIP inspection (July 2018). Flooring was replaced late 2018, in hub areas, which has improved the appearance. Decorating is ongoing. Lack of furniture or poor standard of furniture in communal wing areas was mentioned several times on wing

monitoring reports over the year. Partly as a result of this, most residents have to eat in their cells. This is of concern because in-cell toilets are not adequately screened.

7.2 Meal supervision remains problematic, with the subject being referred to regularly in rota reports. Adverse events noted include poor queue control, lack of supervision, protective clothing not worn, and concerns about opportunities for bullying or favouritism. Complaints about food show no consistent themes. Residents' feedback on food ranges from excellent to poor with some complaints about poor portion control. A new catering manager has been in place for the last six months, who is introducing more training for kitchen staff and holds meetings with residents on a regular basis to take feedback.

7.3 Temperature (both too hot and too cold, depending on season) in the residential areas was of concern and noted on a number of occasions in rota reports. Residents with medical conditions as certified by the healthcare department are provided with fans and all residents may purchase them from the canteen. During the hot summer of 2018, additional fans were provided by the prison.

7.4 The Board has observed delays and problems with the process for approving and fitting disabled facilities for the increasing numbers of residents with disabilities.

7.4 A new daily prison regime was introduced in May, with medication times being the anchor points. This has eased congestion when medicine administration and meal times clashed.

7.5 In-cell phones are available in all wings, although in the healthcare and the separation and care units this is subject to risk assessment. Currently all phone calls are limited to 10 minutes at one time, which can cause frustration. At residents' request the prison is looking into whether this policy could be changed.

7.6 The offender management in custody (OMiC) initiative or key worker project was phased in gradually from May. The time allocated is 45 minutes per resident per week. The Board notes that the level of reported interaction between residents and their key worker has been increasing but has still not achieved more than 60% of target.

7.7 Time out of cell (target 10 hours) was achieved 100% of the time, with the actual average figure being 10.47 hours.

7.8 Of 147 applications regarding accommodation, just over 50% related to property issues (55 at Peterborough, 23 at former establishments). There were 66 successful claims for missing property, and the Board considers that timely and secure cell clearance remains a weakness. The Board is concerned about the rise in complaints as unresolved property issues are a source of anxiety and frustration for residents.

7.9 Cell courtesy keys have been issued to all wings to allow residents to take responsibility for their own property; however, they continue to go missing from time to time as residents are frequently moved between cells and wings.

7.9 Relationships between staff and residents are generally good, as evidenced on wing monitoring reports. Wing in charge officers were introduced during the year to help mitigate the effect of inexperienced wing staff.

7.10 Residents' consultation meetings have been relaunched and are now held monthly, chaired by the head of male residence, and attended by other managers and representatives of each wing.

7.11 Residents' legal rights are generally respected. A solicitors' firm provides a free legal advice service in the Link once a fortnight. Wing letters are provided if needed when an adjudication is adjourned for legal advice.

8.1 Improvements to the governance and delivery of healthcare have been put in place following the action plan prepared in response to the Care Quality Commission (CQC). In January the CQC confirmed Sodexo was compliant with the warning notice issued in August 2018, but noted that some improvements were still in progress. A number of new systems and procedures are still in their infancy and will be monitored by the Board for sustainability.

8.2 Staffing levels remain a concern and there continues to be a reliance on agency nurses and locum doctors. Towards the end of the year the healthcare assistant (HCA) team was strengthened and a new head of healthcare was appointed.

8.3 Healthcare applications to the Board increased (84 this year compared to 82 last year). Issues raised included concerns about medication and referrals to hospital.

8.4 All residents are screened on arrival and the number completing secondary screening (which takes place within five days of arrival at Peterborough) improved during the year to almost 100%. A personalised care plan is drawn up for residents who have long-term conditions.

8.5 Measures have been put in place to increase officer awareness of residents with ongoing medical conditions. Residents in the separation and care unit are seen daily by clinicians and officers are alerted to conditions of which they need to be aware. ACCT review attendance by nurses is good. Healthcare staff now examine residents after all use of force incidents.

8.6 An information notice to residents was issued in May, clarifying the internal healthcare complaints process and giving details of how to complain to the Parliamentary and Healthcare Service Ombudsman and NHS England. The Board gives copies of this notice to residents who are unaware of the process.

8.7 The health promotion action group, responsible for promoting health and activities linked to local and national campaigns, was reviewed and reformed in the second half of the year. There is a healthwatch-trained representative who liaises with residents. The Board has, however, seen little evidence of systematic health promotion activity. Bowel cancer screening has now been introduced.

8.8 Appointments can be booked, and cancelled, using the electronic kiosk. There are no wait lists for GP appointments. Waiting times for podiatry, dentistry and ophthalmology clinics are under three weeks. There is still no physiotherapy provision in the prison.

8.9 Non-attendance (DNAs) across all clinics remains high (27%). Residents who are trained healthcare champions chase up non-attendance and give information to new arrivals about the healthcare provision. A team of officers challenges non-attendance.

8.10 Occupancy of the healthcare unit remains high. The unit is manned by officers with no healthcare expertise, but clinicians visit the unit daily. The Board is concerned about the lack of therapeutic activities in the unit. The Board is pleased the healthcare waiting room has been extended and improved.

8.11 The mental health provision is good and waiting times compare well with those in the community. DNAs remain high, but there has been a general decrease as a result of efforts to chase up non-attendees. There were 18 referrals to transfer residents to secure hospitals two of which were completed within two weeks.

8.12 Mental health clinicians visit the healthcare unit daily, and deliver regular awareness raising sessions for staff. They attend ACCT and segregation reviews when relevant.

8.13 The social care provision continues to demonstrate good practice. The team has been strengthened by an additional member of staff.

9 EDUCATION AND OTHER ACTIVITIES

9.1 Literacy and numeracy skills are assessed at induction and residents with skills below level 1 are allocated to classes. One to one skills development is also available. Skills for Life achievements (many of them unit achievements) were above target (2107 achievements during the year).

9.2 The education provision runs throughout the year, and few classes are cancelled. There have been some difficulties in recruiting maths teachers.

9.3 Residents on the safeguarding wing have limited access to education opportunities. However, initial assessment takes place on their wing and they can attend personal and social development classes on their houseblock. In-cell learning packs are not available but residents can request work to complete in their cell.

9.4 Trained tutors support residents who have special educational needs, such as dyslexia.

9.5 Average attendance for the year was 73%, which is below the yearly target of 80%. The prison continues to chase up non-attendance and uses strategies to engage residents. There is a bonus for achievement. Turning Pages (Shannon Trust's reading plan) is offered on the wings but engagement is challenging. There are plans to embed maths and English development in vocational workshops.

9.6 The move towards using the City and Guilds awarding body gives residents well-recognised qualifications and improves transferability to other prisons.

9.7 Distance learning opportunities (up to level 4 and Open University) are good and residents are well supported by the prison. At the end of the year 19 residents were undertaking distance learning. During the year the Skills Funding agency withdrew funding for residents, which led to a reduction in numbers.

9.8 Library closures (resulting from staff cross-deployment) continue to be a concern. When the library is closed on Fridays, it restricts access for residents from the safeguarding wing. However, the mobile library is being used more, and borrowers have increased.

9.9 The gym is well resourced and attended and is rarely closed.

10 WORK, VOCATIONAL TRAINING and EMPLOYMENT

10.1 A range of vocational training programmes is offered in the prison, including: hospitality and catering in the prison kitchen and Vita Nova II café; customer service in the call centre; work in the laundry; carpentry and multi-skills workshops; radio and media workshops; recycling workshop. It is disappointing that Railtrack training was interrupted because of staffing issues. Work in the gardens was suspended because of security concerns.

10.2 The prison has responded to feedback from residents and is investigating the possibility of offering fork-lift truck, gas and electrics training to increase employment opportunities. The regime manager develops good links with employers, and employment on release is 18%

10.3 At the end of the year there were six prisoners working outside the prison on release on temporary licence (ROTL). The prison continues to explore new ROTL opportunities and gained a placement in the Peterborough Magistrates' Court for a resident who gives information to families about prison life.

11 RESETTLEMENT PREPARATION

11.1 The effectiveness of the resettlement provision was confirmed in the July 2018 HMIP inspection report, which rated rehabilitation and release planning as 'good'.

11.2 The resettlement team work co-operatively with two community rehabilitation companies (CRCs) and share information at bi-monthly resettlement meetings.

11.3 St Giles Trust (BeNCH) has a full-time presence in the prison's Link resettlement centre. They provide a range of support, including help with bank accounts and providing photo identification. Appointments with St Giles are made using the electronic kiosk, but it is disappointing there is high non-attendance.

11.4 Finding suitable accommodation on release continued to be challenging. 32% of residents did not have sustainable accommodation on release. The Board, however, notes that the team has been proactive in securing additional accommodation through a joint project between the Sodexo CRC and NACRO in Peterborough.

11.5 Accredited programmes offered in the prison are building skills for recovery (BSR), control of violence for angry impulsive drinkers (Covaid) and the thinking skills programme (TSP). Transferring residents to prisons for other accredited programmes can create challenges for the offender custody administration (OCA) team.

11.6 The prison has developed successful non-accredited programmes including Road to Success (devised by residents to help re-integration into society) and Most in Need (which targets repeat offenders).

11.7 Outside Links continues to provide effective support for residents on release and beyond. During January, February and March, 309 men dropped into their city centre provision for support.

11.8 The family matters team worked effectively to help residents maintain and develop family contact. During the next year the team hopes to see all men on arrival. Referrals to the team (self-referral and referral by prison staff) averaged 80 per month in the last three months of the year. A number of key workers made referrals to the team.

11.9 Average length of stay on release in the last six months of the year was less than 12 weeks. It is difficult for the prison to deliver effective interventions (relating, for example, to drug and medication issues, education and resettlement preparation) to residents serving short sentences.

11.10 Total recalls for the year were 961. Twenty residents were serving sentences of imprisonment for public protection (IPP); all were beyond tariff.

C Section – Work of Board

One Board monitors both the men's and women's prisons. Two members are on rota each week. They respond to IMB applications, monitor segregation and healthcare units, monitor a wing and other areas of the prison. They prepare a weekly rota report which is circulated to senior management.

The Director attends the Board's monthly meetings to discuss issues from rota reports and respond to questions from members.

Board members present information about the IMB to new officers during their initial training.

BOARD STATISTICS	
Recommended Complement of Board Members	20
Number of Board members at the start of the reporting period	11
Number of Board members at the end of the reporting period	12
Total number of visits to the Establishment	703*
Total number of segregation reviews attended	235

*Visits across both Men's and Women's establishments

D Section - Applications

Code	Subject	Current reporting year	Previous reporting year
A	Accommodation including laundry, clothing, ablutions	29	30
B	Discipline including adjudications, IEP, sanctions	3	4
C	Equality	1	12
D	Purposeful Activity including education, work, training, library, regime, time out of cell	24	47
E 1	Letters, visits, phones, public protection restrictions	20	35
E 2	Finance including pay, private monies, spends	18	34
F	Food and kitchens	4	20
G	Health including physical, mental, social care	84	82
H 1	Property within this establishment	55	52
H 2	Property during transfer or in another establishment or location	23	18
H 3	Canteen, facility list, catalogue(s)	14	5
I	Sentence management including HDC, ROTL, parole, release dates, re-categorisation	43	68
J	Staff/prisoner concerns including bullying	104	129
K	Transfers	24	26
	Total number of IMB applications	446	562