



Annual Report of the Independent Monitoring Board at HMP/YOI Stoke Heath

**For the reporting year
1 May 2019 – 30 April 2020**

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Introductory sections 1 - 3

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 is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- 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
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- 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.

The Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) is an international human rights treaty designed to strengthen protection for people deprived of their liberty. The protocol recognises that such people are particularly vulnerable and aims to prevent their ill-treatment through establishing a system of visits or inspections to all places of detention. OPCAT requires that States designate a National Preventive Mechanism to carry out visits to places of detention, to monitor the treatment of and conditions for detainees and to make recommendations for the prevention of ill-treatment. The Independent Monitoring Board (IMB) is part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

HMP/YOI Stoke Heath, in Market Drayton, Shropshire, is a closed category C adult male and young adult training and resettlement prison holding adults aged 21 and over, and sentenced young adults (aged 18 to 21). The prison has a baseline certified normal accommodation of 662, with an operational capacity for 766 adult men, of whom 64% are from the Staffordshire and the West Midlands area. At the end of April 2020, 21% of prisoners had a release date within three months, and 57% within 12 months. The average length of stay was 13.85 months. Licence recalls accounted for 25% of prisoners and 52 were foreign national prisoners.

The prison has a variety of accommodation, much of it added over the years to the older original prison, built in the early 1960s. There are eight residential wings, one designated for drug treatment, one for induction and longer-term prisoners, and one as a progression unit for release on temporary licence (ROTL). Each wing has in-cell sanitation and a shower block. Single cell accommodation is provided in 446 cells, and two-prisoner accommodation in 168 cells. The segregation unit has 16 cells and four holding cells. The Clive unit, with capacity for 16 prisoners, sits just outside the prison and offers resettlement opportunities for a small number of category D prisoners who are in full-time employment or attending further education. The prison also has a small remand function.

The prison has two gyms, and a healthcare department, kitchen, education department, library, chaplaincy, reception and visits hall. A large manufacturing workshop, other significant workshop spaces, and horticultural and recycling areas provide employment and learning opportunities, and interventions to meet the needs of rehabilitation. However, some of the workshops have been out of use for some time.

Key service providers are:

- Physical healthcare: Shropshire Community Health NHS Trust
- Mental healthcare: North Staffordshire Combined Healthcare NHS Trust (NSCHT); Mind
- Learning and skills: Novus
- Substance misuse and wellbeing: The Forward Trust; NSCHT
- Estates and facilities management: Amey
- Prison escort service: GEOAmey
- Community and Rehabilitation Company (CRC): Wales Probation Services
- Library services: Shropshire County Council
- Visitors centre, children and families work: Barnardo's
- Samaritans

Many charitable organisations provide a wide range of additional training, support and advice, and a number of local businesses provide employment for the small number of category D prisoners who reside in the Clive unit.

3. Executive summary

3.1 Background to the report

The COVID-19 outbreak has had a significant impact on the Board's ability to gather information and discuss the contents of this annual report. The Board has therefore tried to cover as much ground as it can in these difficult circumstances, but inevitably there is less detail and supporting evidence than usual. Ministers are aware of these constraints. Regular information is being collected specifically on the prison's response to the pandemic, and that is being collated nationally.

3.2 Main judgements

How safe is the prison?

3.2.1 The Board considers that the establishment remains safe. The management of violence reduction is good and there is a strong strategic approach, underpinned by proactive policies and procedures. There are well-developed initiatives to support prisoners with prolific violent behaviour (see paragraphs 4.3.1, 4.3.2 and 4.4.1).

3.2.2 The Board notes the continued increase in the use of body-worn cameras, and their contribution to transparency and openness (see paragraph 4.3.3).

How fairly and humanely are prisoners treated?

3.2.3 The Board believes that prisoners are treated fairly and with respect. However, it has significant concerns about the segregation unit being used for holding transferred-in prisoners with severe mental health issues (see paragraph 5.2.2).

3.2.4 The small number of communal telephones often means that prisoners are not able to contact family members at peak times, causing unnecessary anxiety and stress (see paragraph 5.1.5).

3.2.5 The longstanding issue regarding the lack of accountability for prisoners' lost property continues, and has a significant negative impact on their wellbeing (see paragraph 5.8.1).

How well are prisoners' health and wellbeing needs met?

3.2.6 The Board considers that healthcare services have continued to expand and improve, with significant beneficial developments being made to quality, safety and care. In addition, partnership working between healthcare staff and the prison senior management team has greatly improved, which enables healthcare services to be provided more effectively.

How well are prisoners progressed towards successful resettlement?

3.2.7 The prison has a detailed action plan and endeavours to provide prisoners with the support needed for resettlement. However, the low rates of purposeful activity and employment upon release are indicative of the work and resource required to make improvements. The budget for both education and vocational training is totally insufficient to meet resettlement needs (see paragraphs 7.1.1, 7.2.5 and 7.5.5).

3.3 Main areas for development

TO THE MINISTER

3.3.1 Prisoners should have the opportunity to obtain qualifications in English and mathematics earlier in their sentence, before transfer to a resettlement prison (see paragraph 7.1.2).

TO THE PRISON SERVICE

3.3.2 Levels of employment on release are still very low. Much more resource needs to be allocated to vocational skills and qualifications that are in demand (see paragraph 7.5.5).

3.3.3 While funding for education and purposeful activity from the Prison Service is woefully inadequate, the Board hopes that other sources of funding and resources can be attracted into the prison from private enterprise (see paragraph 7.1.1).

3.3.4 The Board feels strongly that the paper-based system for tracking prisoners' property is out of date and would benefit from technology investment (see paragraph 5.8.1).

3.3.5 The Board considers that funding needs to be allocated for Stoke Heath as a matter of urgency to improve telephone access for prisoners (see paragraph 5.1.5).

TO THE GOVERNOR

3.3.6 The Board has registered its concern about unacceptably long waiting times for assessment for transfer to prisons with inpatient beds. The Board supports the prison's proposal to create a crisis unit within the prison's decommissioned inpatient unit, to enable care to be provided appropriately on site while waiting for assessment and transfer under the Mental Health Act. The Board hopes that this situation will be resolved quickly (see paragraphs 6.3.2 and 6.3.3).

3.3.7 The Board is concerned that while some purposeful activity provides occupation within the prison (for example, tailoring), it may not help prisoners with suitable employment upon release. Purposeful activity should, where possible, reflect opportunities for employment upon release (see paragraphs 7.1.1, 7.1.2, 7.2.3 and 7.2.5).

3.4 Progress since the last report

3.4.1 The Board is disappointed that there has been no improvement in accountability for, and management of, prisoners' property, particularly when being transferred between establishments (see paragraph 5.8.1).

3.4.2 Considerable improvements have been made on the backlog of offender risk assessments that were over 70 at the beginning of the year, and are now close to zero. All prisoners have an overview of what they need to achieve to move on (see paragraph 7.3.2).

3.4.3 The Clive unit has increased in numbers, with many residents able to get some form of external employment. This is a positive improvement to help resettlement (see paragraph 7.3.6).

3.4.4 The prison is still not able to provide sufficient purposeful activity to enable prisoners to leave their cells, provide additional income and work matched to employment prospects on release, and to help prisoners resettle at the end of their sentence (see paragraphs 7.1.1, 7.1.2, 7.2.5 and 7.5.5).

3.4.4 Careers advice and links to employers have not developed well in 2019 with the impacts of COVID-19 and poor service from providers. However, there are indications that new providers will support prisoners to be better prepared for employment upon release (see paragraph 7.2.5).

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

4.1.1 Most prisoners arriving at Stoke Heath are transfers-in, so they are familiar with prison routine. New prisoners are treated with respect. They are given a drink on arrival and, if they have not eaten, a hot microwaved meal is provided for them. Reception and waiting areas are bright and clean. The two holding rooms are small but prisoners spend no more than 15 minutes there before moving to the induction room. The aim is that prisoners spend as little time as necessary in reception before transfer to the induction wing. Reception orderlies offer support and guidance to all new arrivals. The initial induction is conducted in reception, with a further peer-led induction on the induction wing.

4.1.2 Prisoners are not held on the escorting vehicle for longer than is required. They are offered a vape on arrival and a free telephone call in reception. A canteen bag, containing basic provisions, and telephone credit are provided within 24 hours. Where the transfer of private monies between establishments has been delayed, a small advance is available and the recovery set at an affordable level.

4.1.3 Prisoners receive a health screening while in reception, with a follow-up within 72 hours, to assess their mental and physical health, any vulnerabilities, risk factors and substance misuse issues. New arrivals are also visited by a member of the chaplaincy team, and support is provided to help prisoners complete their approved visitors list so that they do not experience a delay in booking visits.

4.1.4 To enable prisoners arriving from private prisons to purchase goods from their account on reception, an induction mailbox has been developed to enable communication between establishments on the transfer of account monies. This bridges the gap for the first two weeks, until the local system is activated.

4.1.5 During the reporting year, 12 mobile phones were detected in reception, representing a substantial reduction on last year's figure of 43, notwithstanding that transfers-in were curtailed for two months of the reporting period owing to COVID-19. Prison intelligence suggests that new arrivals are aware of the prison's effective detection procedures, and that this discourages prisoners from bringing phones in. Reception is in line to receive an x-ray body scanner, which will further help with the detection of illicit items.

4.2 Suicide and self-harm, deaths in custody

4.2.1 There have been no suicides or deaths in custody this year. A significant decrease in self-harm has been recorded, from 425 last year to 328 this year. Prison debt is the reason given by prisoners for a large number of self-harm cases. The Stoke Heath prison performance indicator rating (under the HMPPS assessment system) in this area is excellent, at level 4 (Green).

4.2.2 There were 431 assessment, care in custody and teamwork (ACCT) documents opened during the reporting period, compared with 427 in the previous year.

4.3 Violence and violence reduction, self-isolation

4.3.1 The Board considers that Stoke Heath is generally a safe prison, with a low level of violence reported relative to similar establishments. The Board attributes this to an experienced staff group, with strong direction and leadership in this area from senior managers.

4.3.2 The introduction of the violence reduction prisoner representatives on each wing has been particularly useful in sharing information and identifying potential issues at an early stage. The 'challenge, support and intervention plan' process has been adopted and is addressing the most challenging prisoners, giving clear messages that violence will not be tolerated and will always be challenged.

4.3.3 There has been some resistance to the use of body-worn cameras but as officer confidence in the process grows, their use continues to increase. Footage was provided as evidence in two successful criminal prosecutions of prisoners this year, giving further visibility that violent behaviour has serious consequences.

4.3.4 The observation of the Board when speaking to prisoners is that, in general, they have confidence in the approach that Stoke Heath takes towards violence reduction. This is reflected in the low level of violent incidents.

4.4 Vulnerable prisoners, safeguarding

4.4.1 Prisoners identified as at risk, vulnerable or having problems due to issues such as self-isolation or debt are discussed at weekly safety intervention meetings, and prolific self-harming and at-risk prisoners at monthly safer prisons meetings chaired by the head of safer custody. Where appropriate, a further meeting is called, to develop plans on how best to manage those individuals through mental health support or offender management, for example. Prisoners subject to open ACCTs receive regular welfare checks and additional support where required.

4.4.2 Prisoners identified as at risk of self-harm are placed on an ACCT, managed by a designated case manager for the duration of the ACCT. Safer prisons staff interview those who are self-isolating, to determine and investigate the root cause and develop an action plan.

4.4.3 Within two hours of a prisoner being taken into segregation a health screen algorithm is completed by a nurse, who determines whether it is safe to segregate that individual. New arrivals into segregation are seen by a governor within 24 hours, to assess whether to retain them.

4.4.4 If a prisoner is on an open ACCT when taken into segregation, a mental health nurse conducts an ACCT review within 24 hours to ascertain his suitability for special accommodation. Observations may be increased – or decreased, which happens in many cases as some prisoners feel safer in segregation. If a prisoner is put on an ACCT while in isolation, initially he will be placed on five observations an hour, the first ACCT review occurring within the next 24 hours. Ideally, prisoners deemed unsuitable for segregation are moved to a safe wing but in 2019/20 the segregation unit was used to hold prisoners with extreme mental health issues while awaiting transfer for assessment to prisons with inpatient beds. This is detrimental to the wellbeing of those concerned, and clearly an unacceptable practice (see also paragraphs 5.2.2, 6.3.2 and 6.3.3).

In this reporting year, 45 prisoners on ACCTs were segregated, consistent with the same period last year, at 46.

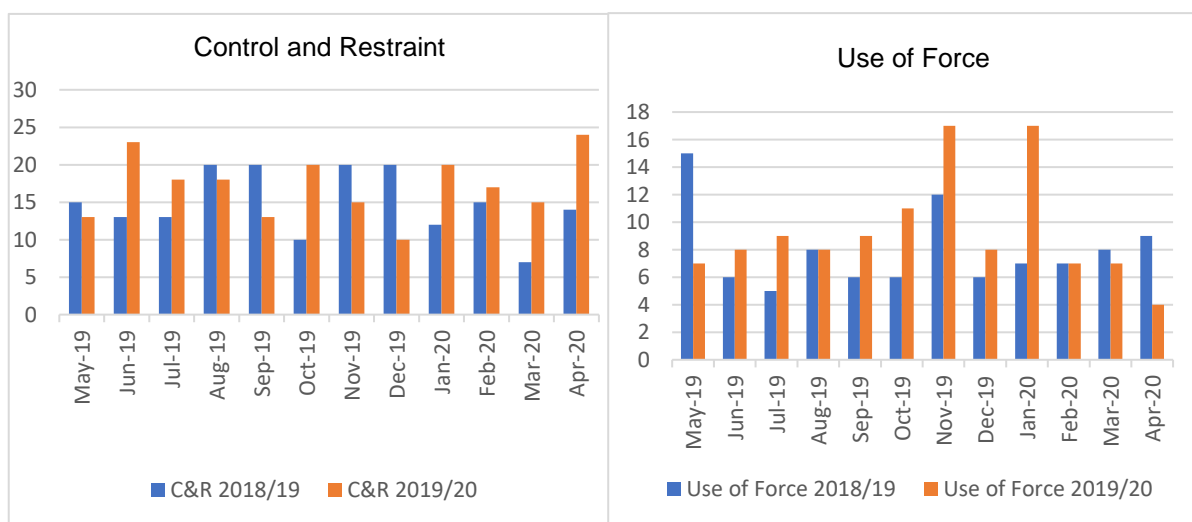
4.4.5 During the COVID-19 pandemic, there has been a special focus on prisoners identified as having difficulty in coping. Prisoners who are care leavers, vulnerable, at risk or with mental health issues are closely monitored and have been identified as a priority group for support by key workers. The Listeners' and Samaritans' telephones are available to all prisoners.

4.4.6 This year, 98 prisoners were identified as being at risk of being bullied, a reduction compared with last year, when 121 were identified as at risk. Prisoners who have been subjected to bullying are monitored over a number of weeks.

4.5 Use of force

4.5.1 There are 194 operational staff at Stoke Heath who are required to undertake relevant training. During the reporting year, 91% were trained in spontaneous protection enabling an accelerated response (SPEAR) and pepper spray (PAVA), and 180 undertook training in the use of rigid bar handcuffs. Staff trained in the use of rigid bar handcuffs were issued with a personal set of cuffs and are required to wear them as part of their PPE. Stoke Heath was the first establishment within the country, outside of the pilot sites, to implement the use of SPEAR and PAVA, and the training has been recognised as best practice, and adopted throughout the prison estate.

4.5.2 From May 2019 to April 2020, there were 319 incidents involving the use of force, 206 of which involved full control and restraint (C&R) by three or more officers (see figure below). There were 113 uses of force which did not warrant officers gaining full compliance by restraint. These typically involved one member of staff breaking up a fight purely by putting their hands on the prisoner to push them away, or more staff being involved to control the situation.



4.5.3 There were 183 incidents involving the use of handcuffs, two where batons were drawn but not used, and one where PAVA was drawn but not used. There were 19 planned interventions for the relocation of prisoners to the SRU. There were no uses of body belts.

4.5.4 A breakdown of reasons for use of force is as follows:

- 85 incidents: harm to a third party
- 64 incidents: non-compliance
- 56 incidents: assault or fighting
- 49 incidents: under the influence of drugs/a fermenting liquid (hooch), relocation, to preserve evidence and for searches
- 37 incidents: threatening behaviour
- 11 incidents: good order or discipline (GOOD), primarily incidents at height
- 8 incidents: damage
- 7 incidents: prevention of self-harm
- 2 incidents: during escorting (from one location to another within the prison).

4.5.5 There were no 'Tornado Team' callouts during the year but national support was called on three occasions, all for incidents at height. In all three incidents, the prisoners surrendered themselves and no intervention was required.

4.6 Substance misuse

4.6.1 Numbers for those receiving clinical treatment for substance misuse at Stoke Heath are capped at no more than 100 at any one time. This enables medication to be dispensed without interrupting the prison regime. Clinical treatment on arrival is nurse led and personalised to individual needs, to support successful outcomes.

4.6.2 As in all prisons, there has been an issue with the misuse of psychoactive substances and it is often difficult to identify what substance has been taken. Drug tests are part of clinical treatment to identify whether individuals are compliant with their treatment or whether they are taking other medication or substances that may affect their treatment. However, these tests can be taken only for known substances.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

5.1.1 Residential units are generally in good condition and communal areas are clean. All cells have adequate heating and ventilation, and most have curtains. Occasional complaints about cells which were too hot or cold were due to heating problems, which were quickly fixed. Access to clothing, bedding and cleaning materials is good. Those with mobility/specific needs are supported by healthcare staff and peer support groups. There is evidence of structured cleaning schedules, pre-occupancy checks and wing managers completing decency checks. Residents are encouraged to wear their own clothes, to give a sense of individuality.

5.1.2 'Active citizenship' (AC) on the residential units has created a sense of community, and changes made to accommodation and aesthetics are a result of staff and residents working together. For example, improvements to the aesthetics of exercise facilities on the drug rehabilitation F wing include flags that represent the 12 stages to recovery. The AC committee designed the yard to include planters, which can be seen from every cell location on the unit, helping mental wellbeing.

5.1.3 Plans are in place to replace metal beds in the induction unit with white wood furniture, to maximise the life of the mattresses. Using ideas and help from prisoners and staff, other wings have been painted. Soft furniture has been purchased for communal areas, and a programme of repair implemented, to replace and put furniture back into circulation. Responding to prisoner requests, some hard-standing exercise yards received additional exercise equipment, such as pull-up bars.

5.1.4 The prison has installed and re-sited new boilers in response to complaints about the instability of heating on the units last winter.

5.1.5 Stoke Heath is not on the planned programme for in-cell telephony. Prisoners are not happy with restrictions brought about by having too few communal telephones, especially highlighted during the COVID-19 crisis, when calls have been time limited. This is detrimental for prisoners' wellbeing.

5.1.6 Meals are an important part of the prisoner day, and this has been particularly true during the COVID-19 restrictions. Extra food packs sourced during lockdown have been popular. The kitchens supply a variety of meal choices each day, and food log book complaints are rare. The kitchen has six ovens but, on several occasions, breakdowns have limited hot food availability.

5.1.7 Hygiene is good, and has a 5* rating from the local council's environmental health team. Fresh food is used where possible, with 80% of food being prepared on site. The prison gardens provide about 5% of fruit and vegetables, with an aspiration to increase this next year.

5.2 Segregation, special accommodation

5.2.1 The segregation block is fully staffed, clean and tidy, and the staff have a very good approach to dealing with challenging prisoner issues. The Board has observed several instances of exceptionally good practice at review – for example, staff spending time to calm an agitated prisoner and using a 'spider' telephone in a review, to enable a family member to support a prisoner. Departments have a joined-

up approach when dealing with prisoner issues, which results in a positive resolution for the prisoner.

5.2.2 The Board has significant concerns about the segregation unit being used for holding prisoners with severe mental health issues. Stoke Heath does not have suitable secure mental health beds to accommodate this prisoner group. This situation is inappropriate and detrimental to the wellbeing of such prisoners. The Board fully supports the recent proposal, submitted by healthcare staff and supported by the Governor, to fund a crisis unit to enable care to be provided appropriately on site (see also paragraphs 4.4.4, 6.32 and 6.33).

5.3 Staff-prisoner relationships, key workers

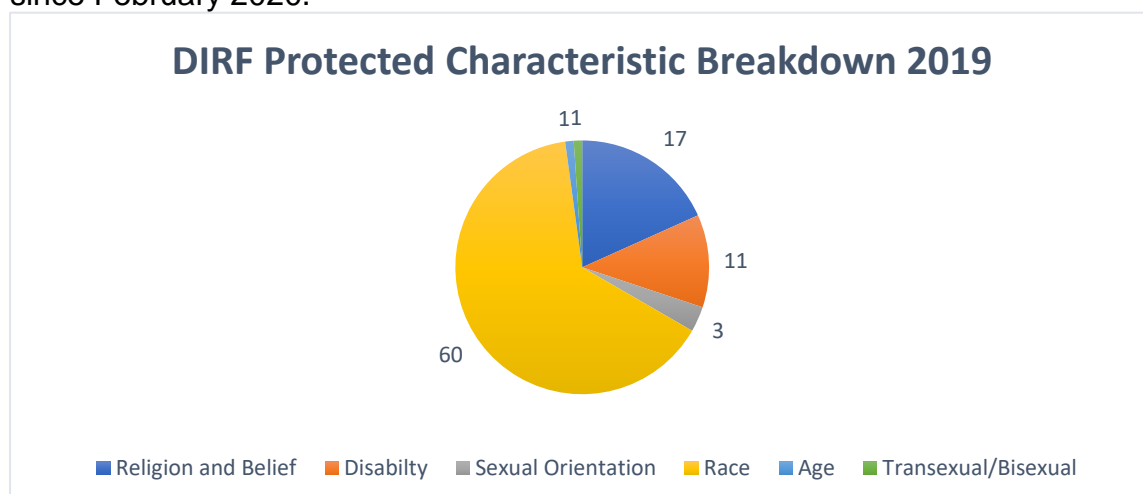
5.3.1 Staff turnover at Stoke Heath is low. The prison is currently running at 99% of its full staffing complement and had only two resignations within the reporting year. The relationship between staff and prisoners is generally good. We believe that this is partly due to continuity with key workers and wing staff. The key worker scheme has embedded well at Stoke Heath. Key workers visit prisoners fortnightly for a 1.5 hour session, which works well (see also section 7.3.3).

5.3.2 During the year, the Board has witnessed many positive instances of the prison promoting a rehabilitative culture but COVID-19 restrictions toward the latter part of the year have had a great impact on this culture. There has been minimal education provision and a lack of employer engagement or delivery of work-related qualifications, such as the Construction Skills Certificate Scheme, to support prisoners on release, and a reduction in 'through-the-gate' support such as housing.

5.4 Equality and diversity

5.4.1 Stoke Heath is characterised as comprising mainly young and predominantly white prisoners, with 75% under the age of 40. Young offenders between the ages of 18 and 21 account for 7% of the prison population. It is reassuring that staff take equality seriously, and proactively encourage a fair administration across all segments of the prison. There are prisoner focus groups for religion and beliefs; age; gender and transgender; and black, Asian and minority ethnic (BAME) individuals.

5.4.2 The number of complaints submitted on discrimination incident report forms (DIRFs) was slightly down on the previous year, from 99 to 94. To help address the relatively large number of race-related DIRFs, BAME focus groups have been held since February 2020.



5.4.3 Recruitment for new equalities representatives is continual, as the average stay at Stoke Heath is only 13.85 months. A new induction/handbook for equalities representatives has been produced, to use as a guide for current and future equalities representatives on what the role requires.

5.4.4 Prison analysis of data shows that white prisoners receive a disproportionately large number of adjudications and are charged more often than any other racial group. By comparison, the percentage of adjudications and charges for Asian prisoners is disproportionately small.

5.4.5 There has been a 10% increase in the number of offenders under the age of 25 at the prison in the last year, bringing the total to 175 and accounting for around a quarter of the prison population. Focus groups have found that young offenders find their arrival very stressful and, as a result, a transition programme is being developed to help them settle in. Once settled, they have generally welcomed the extra freedom of movement at Stoke Heath and feel that there is a mature atmosphere in the prison. There is still a perception that young offenders do not get 'good' jobs such as wing cleaners but allocation data has shown that this is not the case. The health and wellbeing champions (HAWCs) are looking to recruit a young offender.

5.4.6 A BAME focus group highlighted a number of issues, such as the preparation of halal and non-halal food on the wings, and being released from education classes in time for Friday prayers. The Board observes that discussion and interaction with staff during focus group meetings is positive, with genuine intention to understand the needs of the BAME population.

5.4.7 Focus group meetings and access to group representatives were curtailed during the COVID-19 restrictions, but Listeners and HAWCs have had limited access to some prisoners.

5.5 Faith and pastoral support

5.5.1 The faith support team comprises three full-time chaplains: Muslim, Roman Catholic and Church of England. However, during the past year, the Church of England post has been vacant and the other members of the team have, at times, worked a six-day week to provide continuity of care and support.

5.5.2 The team is augmented by part-time and volunteer chaplains from Buddhist, Catholic, Free Church, Hindu, Jehovah's Witness, Jewish, Mormon, Muslim, Pagan, Rastafarian and Sikh traditions, and, when a prisoner requests support from another faith group, efforts are made to arrange this.

5.5.3 The team works hard to convey that theirs is a multi-faith chaplaincy. Attempts to secure preferential treatment for individual faith groups are resisted and everyone who asks for help is seen. This concept has increasingly become established and accepted among the prison community. Some prisoners may seek guidance from a representative of their own faith on a matter of religious observance, but increasingly prisoners will simply ask to see 'a chaplain'.

5.5.4 The chaplains create opportunities for worship, and religious instruction and discussion, and provide pastoral care. They enable prisoners to observe religious festivals, as far as this can be done in prison, and make these celebrations as open

and inclusive as possible. They are involved in various initiatives to maintain and strengthen prisoners' links with their families, and in particular their children. Chaplains support the family days organised by Barnardo's.

5.5.5 In line with their statutory duties, the chaplains have made daily visits to the segregation unit. They have provided faith-based learning materials and also given one-to-one support, and have invited prisoners to attend services, provided that safety requirements have been met.

5.5.6 From March 2020, religious services were suspended owing to COVID-19 restrictions. The chaplains increased the frequency of their visits to the wings and offered written messages and learning materials from faith-based organisations. Prisoners have been offered support at times of family illness and bereavement, helping them to participate and talk to loved ones by means of webcasts and Zoom meetings.

5.5.7 The team is an integral part of the care provided by the establishment, and values the cooperation and support of all prison staff, and in particular the senior management team.

5.6 Incentives and earned privileges (IEPs)

5.6.1 The IEP scheme is used to incentivise good behaviour and tackle poor behaviour/breaches of the prison rules. At reception, prisoners are placed on the standard level or, if they are on the enhanced level when they transfer into the prison, they retain this status. On average, 34% of the prison population is on the enhanced IEP level, 60% on standard and 6% on basic – broadly in line with national figures.

5.6.2 The prisoner induction includes a presentation on the privileges at each level and the behavioural expectations. Individual officers and custody managers can issue IEP warnings, downgrade for persistent bad behaviour and upgrade for good engagement. A process of 'critical incident downgrade' is used in the most serious cases, whereby a prisoner can receive an immediate downgrade for the incident they are subject to adjudication for.

5.6.3 On speaking with prisoners they feel that, on the whole, the IEP scheme is fair. The Board has seen good examples of the IEP scheme being used as a positive reinforcement to shape behaviour. However, there is less confidence in the appeals process, and prisoners have indicated that appeals against IEP warnings are rarely successful. The inconsistent application of incentive warnings between prison officers can cause tension. Prisoner consultation meetings provide a forum for wing representatives to discuss IEP policies and practice with senior officers.

5.6.4 A new IEP policy was published on 13 January 2020. Further revisions introduced during the COVID-19 lockdown saw the basic IEP level being rescinded and all prisoners on basic being uplifted to standard, and all prisoners receiving minimum private cash of £15 per week. All prisoners during this period had access to a television. Those who would normally be in work received pay in line with their usual activities.

5.6.5 From October 2019, a new incentive was introduced for prisoners in the category D Clive unit, who can apply to have their earnings levy waived three

months prior to release, to help support them financially as they move back into the community.

5.6.6 An analysis of data on prisoners downgraded to the basic regime for three separate months prior to lockdown shows that the main reasons were taking drugs/being under the influence and negative/poor behaviour and making threats, predominantly in the age range 26–49. For those downgraded, 22% identified as BAME and 78% as white. While broadly proportionate to the prison population as a whole, at 31% BAME and 68% white (1% are undisclosed), this shows that prisoners who identify as white are more prone to infringements that lead to a downgrade to the basic regime.

5.7 Complaints

5.7.1 During the reporting period, 1,120 complaints were registered, compared with 1,460 for the previous period. It is noticeable that there has been a significant decrease, month on month, in complaints.

5.7.2 The Board is concerned about the quality of some of the prison's responses to complaints, which too often do not fully address prisoners' concerns. This can result in frustration and multiple complaint submissions by prisoners. However, the Board is encouraged by the assurance processes recently adopted. A senior manager has ownership of the quality assurance process for prisoner complaints, and every month a random sample of complaints is selected for test and audit. The findings, together with recommendations, are reported and discussed at senior management team meetings.

5.8 Property

5.8.1 The loss of prisoners' property in-house during and after transfer is a long-standing issue and has a negative effect on prisoners' wellbeing and behaviour. There is a lack of accountability for prisoners' property, and the Board is very concerned about the Prison Service's lack of willingness to put in place any resolution to this issue. The recording of property on paper-based property cards is outdated and requires an investment in technology.

6. Health and wellbeing

6.1 Healthcare: general

6.1.1 The Shropshire Community Health NHS Trust was awarded the contract for integrated healthcare services from April 2019, the aim being to integrate services and move away from silo working, which historically meant unnecessary duplication of tasks and less than ideal outcomes for patients. Significant planning and structure have been embedded into healthcare across all partners, led by the Trust.

6.1.2 Following a Care Quality Commission (CQC)/Her Majesty's Inspectorate of Prisons inspection in November 2018, when an improvement notice was issued, the CQC re-inspected in October 2019 using a telephone assurance process. The decision to inspect in this way was based on the development of improved systems and processes, and significant evidence having been provided to the Commission.

6.1.3 The CQC finding was that services were much improved. It said that services were well led and that senior managers in healthcare work as an integrated team; that the relationship with the prison senior management team and the attendance of healthcare staff at prison meetings had improved exceptionally and that healthcare staff were always involved in ACCT and segregation reviews.

6.1.4 NHS England commissioned a new service review between October and December 2019, taking feedback from prisoners and prison staff via focus groups and questionnaires. Overall, feedback was positive about the transition to the new provider, the continuity of service during transition and the healthcare service since the change of provider. A number of areas of best practice were highlighted as a positive change, including the HAWCs programme, patient involvement and empowerment, collaboration with partners and stakeholders, the trauma-informed approach to the patient population, leadership of the healthcare service and communication with patients.

6.1.5 Recommendations made in response to areas of concern focused on access to and waiting times for internal and external appointments, including dental appointments; the timing and consistency of dispensing medication; communication with officers regarding patient fitness for work; the consistency and identification of staff training needs; processes such as the transfer of medical records; and the use of a 360 degree approach to communicating how patient involvement has been used and outcomes achieved through it. The Board intends to monitor and report on these recommendations in the future.

6.1.6 Findings suggest that the new provider, and particularly the head of healthcare, has made a positive impact on healthcare services and the experience of patients. Patients are now significantly more actively involved in the design, delivery and governance of the service through peer-led activities and programmes run in collaboration with healthcare staff and prison officers.

6.2 Primary healthcare

6.2.1 Healthcare staffing has improved greatly during the last 12 months and, for the first time in many years, a full team of band 6 primary care nurses, both RMN and RGN, is in place. A new GP clinical lead has been appointed and is making significant improvements to quality, safety and care. Reception screening has been

enhanced and a real focus on second screens identifies and assesses need on arrival. This is helped further by the change in population over the year that now sees patients' average stay at Stoke Heath at 13.85 months, allowing for longer-term engagement and discharge planning.

6.2.2 Owing to COVID-19, no routine clinics were held during March/April, which has meant a significant increase in waiting times. Prior to this, clinic waiting times were reducing – last year, dental waiting times were 20+ weeks, but this year as low as 10 weeks. A full range of other primary care functions, such as physiotherapy, BBV/sexual health and podiatry, is in place, with acceptable waiting times. Did-not-attend rates vary greatly between clinics and depend upon what else is happening in the prison on any given day, but remain roughly the same as last year.

6.2.3 Long-term conditions and care planning are embedded in the service, with named nurses allocated during the reception process. Integrated working across all areas and teams is seeing healthcare outcomes improve continuously.

6.2.4 Staffing in the pharmacy has increased. Pharmacy services are structured and medicines reconciliation is standard – ensuring that a prisoner who arrives from another establishment has the correct amount of medication on their person. The pharmacy team also reconciles the patient's prescribed medications in the community prior to entering custody to ensure that the patient's prescription is continued and any relevant information regarding their medication(s) is obtained from their GP. There has been a focus on omitted doses and ensuring that sufficient stock and repeat prescription systems have been resolved satisfactorily. Led by the dynamic new GP, a safer prescribing multidisciplinary team is in place and attended by primary care, mental health and pharmacy staff.

6.3 Mental healthcare

6.3.1 Services, available seven days a week, are excellent and include a visiting psychiatrist, a full complement of staff and occupational therapy services. However, there remain problems in recruitment for psychology. The primary mental health caseload varies greatly (currently, 22); the secondary mental health caseload currently stands at 74. Waiting times for primary and secondary mental health appointments are within five days. Urgent cases and those who healthcare staff/the prison feel are of concern are seen immediately.

6.3.2 Transfers from Stoke Heath for assessment to prisons with inpatient beds across the Midlands have been less than acceptable – the longest waiting time being 110 days. Both the head of healthcare and the Governor have raised this issue with commissioners and NHS England. This has led to a review of the referral process but the issue is not yet resolved. The Board works closely with healthcare staff and has, at times, supported the escalation of these cases by refusing to sign the paperwork to agree that segregation is a reasonable decision.

6.3.3 The prison has a decommissioned inpatient unit, and a proposal, supported by the Governor, has been submitted to create a crisis unit to enable care to be provided appropriately on site, thus negating the need for transfer to other prison healthcare units while waiting for assessment and transfer under the Mental Health Act (see also paragraphs 4.4.4 and 5.2.2).

6.3.4 A new weekly multidisciplinary team meeting for mental health includes a HAWC for the first part of the meeting, to raise any issues with those receiving peer support and any prisoner concerns on the wings.

6.4 Social care

6.4.1 There has been little or no requirement for social care during the last 12 months. However, a memorandum of understanding has been written jointly by the prison, healthcare department and the local authority to ensure that the social care needs of prisoners are met. This provides the structure to plan and provide care and support jointly for prisoners at Stoke Heath, and will be accomplished through cooperative working via the prison health and social care partnership board.

6.4.2 There is a focus on safeguarding, and a number of concerns have been raised and investigated by healthcare staff with the Her Majesty's Prison and Probation Service safeguarding lead. Correct processes are followed, where previously, in the CQC inspection of 2018, the healthcare provision had, for example, been criticised for failing to report unexplained injuries to prisoners. Staff are reminded constantly of the importance of safeguarding and the part they play in it, and they are supported to raise any concerns.

6.5 Exercise, time out of cell

6.5.1 NHS England and the head of healthcare set a Commissioning for Quality and Innovation scheme target for social prescribing which has been exceeded. Interventions for referral for exercise include direct referral pathways from all primary and secondary health services and the ongoing health monitoring of the referral cohort. The HAWC scheme has been working on developing and promoting the 'exercise on referral' project. It has become apparent that there is a demonstrable and significant benefit to prescribing exercise in combination with healthy eating. Those who also receive interventions to monitor progress perform better than those who do not. This is evidenced by a greater coherence to the programme outcomes. The referrals also increase self-efficacy and responsibility of the individual to take control of their health.

6.5.2 There has been a huge investment in the gym to improve the damaged floor. As numbers attending the gym were not improving, a survey was undertaken which found that the prisoners wanted a more varied programme. From this, a PE programme to include clubs, circuits and healthy man sessions, together with other specific gym programmes tailored to individual needs, was developed.

6.5.3 In the normal regime, all prisoners have access to exercise each morning from 8.45am to 9.15am, and during the summer from 5.30pm to 6.30pm. Exercise yards are fitted with robust exercise equipment to encourage fitness, as well as exercise guides and benches. In 2019, prisoners were encouraged to design and develop their open space. This resulted in improved areas that are maintained by them, for them. This ownership cannot be underestimated and helps build one aspect of the community as active citizens. To support association periods, the wings are equipped with some motorised (exercise bikes, cross trainers and rowing machines) and non-motorised (resistance bands and ab wheels) equipment, games tables, board games, a television, puzzle books and a small library stock. Those who work are unlocked for the majority of the day and are only in their cells at lunchtime

and from 7pm. All prisoners are encouraged to partake in some work activity, not only to build work skills, but also to support them on their rehabilitation journey.

6.6 Drug rehabilitation

6.6.1 Drug services are run jointly by the Forward Trust, which manages psychosocial group work, and the NSCHT, which manages clinical support. During the reception healthcare assessment, prisoners identified for drug rehabilitation support are offered group or one-to-one work according to their needs. The Forward Trust also helps to facilitate Alcoholics Anonymous and Narcotics Anonymous meetings to support prisoners.

6.6.2 Prisoners on the dedicated F wing for drug rehabilitation benefit from extra gym sessions and services such as acupuncture and mindfulness, as well as peer-led groups focused on recovery. 'Active citizenship' was first rolled out on F wing as it complements the recovery ethos being built on the wing, and it has enabled a good community feel and provided good peer support. The HAWCs programme, developed as a natural extension of the peer support programme that was already in place, has also been of great support to those on F wing. Another innovation, started in January 2020, is Stepping Stones – an in-depth four-week course which supports prisoners' recovery through the setting of goals.

6.6.3 The Forward Trust and NSCHT ensure that prisoners who need support with drugs on release are referred to appropriate services in the community. An important part of the resettlement challenge has been to build good relationships with the authorities into which prisoners will be released, and relationships with Staffordshire and Stoke are generally good. However, relationships with Birmingham authorities have been more difficult and there is evidence that prisoners are not being picked up by community teams on release. The Forward Trust has a focus on improving this but plans have been delayed owing to the COVID-19 crisis.

6.7 Soft skills

6.7.1 The establishment of HAWCs, with 15 across the prison, has proved an exceptional success as part of the new contract. The HAWCs, who are all prisoners, gain a level 2 public health qualification in health improvement. Each HAWC has a focus in a specific area of healthcare; for example, one sits on the mental health multidisciplinary team meeting. Excellent leadership from the dedicated coordinator, and the Governor's belief and commitment in a rehabilitative culture, have greatly contributed to the success of the initiative.

6.7.2 The HAWCs have submitted a Big Lottery Fund application, driven by them, to continue their work in the prison's category D Clive unit. Although not yet agreed, it would see the introduction of a departure lounge, and health and wellbeing roles (similar to the ROTL jobs available to those in the Clive unit) and would enable community support and a step-down process to wrap around those within the unit.

7. Progression and resettlement

7.1 Education, library

7.1.1 Novus has managed the education department since April 2011 and was successful in tendering for the new contract starting on 1 April 2019. There has been a 32% cut in funding (over three years, from April 2019) that has had a profound impact on vocational training and the potential rehabilitation of prisoners. Under the constraints of the revised budget for vocational education, the focus for Stoke Heath is:

- to provide as much opportunity as possible for prisoners within the constraints of the budget and so maintain the number of purposeful activity spaces for them
- to increase the motivation of prisoners through individual discussion of opportunities, prior to enrolment on education courses. For example, key workers try to understand individual prisoner objectives and so motivate them to complete English and mathematics courses successfully, alongside more practical activities.

7.1.2 Currently, there are education courses for 110 prisoners every morning and 88 prisoners every afternoon – about a quarter of the prison population. In addition, 10 prisoners are being trained as mentors to support and motivate individuals through education. Many prisoners come to Stoke Heath towards the end of their sentence and take up places in English and mathematics at a low level because other establishments have failed to provide sufficient education. Other courses provided include catering, traffic management and the construction industry passport.

7.1.3 Participation in the library, run by Shropshire County Library Service, remains steady, at 60%, and supports prisoners moving into mainstream education through the Shannon Trust reading programme and the one-to-one mathematics programme.

7.2 Vocational training, work

7.2.1 In April 2019, 35% of prisoners did not have a purposeful activity, compared with 39% in April 2020, although this may improve post-COVID-19.

7.2.2 Car valeting and wrapping (covering vehicles with vinyl wrap instead of respraying), welding and industrial cleaning courses are provided, but preclude prisoners from gaining a meaningful qualification because of the cost. To compensate for the lack of qualifications, the prison has asked the Novus regional employment adviser to concentrate on these work areas in 2020/21 when making links with employers.

7.2.3 Experience of work is also offered in gardening, horticulture, kitchens, tailoring, engineering and recycling. An additional small tailoring workshop was added in 2019/20, enabling prisoners with learning challenges or other support needs to access work activity and develop softer skills, such as communication and team working, and so increase employability. Workshop space freed by the cuts will be filled with either a television recycling service which has good links with employers, or a Prison Service Industries' woodwork/upholstery service.

7.2.4 The great majority of ROTL placements are for prisoners in the Clive unit, where they are encouraged to find their own employment (subject to clearance by staff). Employment is usually in the areas of construction, painting, electrical, agriculture, catering, retail or transportation. There was a 60% increase in ROTL in the first four months of 2020 compared with the first four months of 2019. More links need to be made with local employers to increase purposeful activity and improve resettlement opportunities for prisoners.

7.2.5 Careers information, advice and guidance (IAG) was run by Acorn in 2019/20 and was not fully running until October 2019. The period from October 2019 to March 2020 provided too short a time in which to develop employer links, and this did not work well. From April 2019 to March 2020, 70 prisoners were in employment at the point of discharge and including up to six weeks post release, representing 8.6% of those released. (For 2020/21, the Forward Trust will provide IAG and the appointed adviser will focus on links to employment).

7.3 Offender management, progression

7.3.1 The prisoner population at Stoke Heath stays for an average of 13.85 months, although recently, because of pressures on local establishments, a small number have had a much shorter stay of six months or less. Shorter stays make rehabilitation programmes more challenging but for longer-stay prisoners, there is opportunity for those who are willing to engage in the educational and vocational programmes on offer, leading to better opportunities for employment.

7.3.2 Offender management has undergone change, with many external services now managed through the prison. Considerable improvements have been made on the backlog of offender risk assessments (OASys) that were over 70 at the beginning of the year, and are now close to zero. All prisoners have an overview of what they need to achieve to move on. There are still too many prisoners transferring to Stoke Heath with no offender risk assessment but the figure is improving.

7.3.3 The key worker programme has embedded into the prison. Each key worker is allocated five prisoners and has a target to see them for about 1.5 hours a fortnight. Stoke Heath falls below the target of 75% activity, to 66%, although improvements are noted, especially with the close ties to prison offender managers (POMs); (see also section 5.3.1).

7.3.4 About one-third of prisoners are eligible for home detention curfew (HDC). The offender management unit (OMU) has enabled these prisoners to leave the prison on the day of their eligibility. Only a small percentage falls outside the seven-day target. Problems arise when arranging supportive housing or hostel accommodation and medical care in areas with urban challenges.

7.3.5 The OMU is required to liaise with offender management in the community four months before the release of a prisoner. However, this is often carried out at the last minute, which is not reassuring for prisoners and is time consuming for OMU staff. This may be due to teething problems, as the OMiC process was introduced in October 2019. The COVID-19 pandemic has also not helped the situation, with community offender managers working from home and not having the information technology infrastructure to contact the POMs in the prison.

7.3.6 Some prisoners are eligible for ROTL. The Clive unit is full, with 16 prisoners in paid employment or full-time education, and prior to COVID-19 an average of five prisoners per week engaged with escorted community ROTL placements. All community project feedback reported how impressed employers were with the quality and service they received from the ROTL parties.

7.4 Family contact

7.4.1 The chaplaincy team and Barnardo's offer services to support families and significant others. Seven family days have taken place during the reporting period. Storybook Dads, run by Barnardo's, has helped prisoners to stay connected with their families. However, the service was curtailed while Barnardo's recruited to the relevant role. Recruitment was successfully completed in November 2019, and restarting Storybook Dads was given priority, four prisoners having completed it before the COVID-19 crisis again put it on hold. The Angel Tree project has enabled prisoners to send Christmas/Mother's Day cards to their families. Other services have included bereavement, serious illness and other relationship visits. At some sessions, a family engagement worker supervises play areas in the visitors centre and visits room.

7.4.2 In August 2019, two family conferences with social services and children were held, to assist fathers to regain contact with children in care. This enabled them to build on contact agreements in preparation for release. This is an ongoing initiative.

7.4.3 A family mediation service for prisoners and their families/partners has been established. The process has been tested and managed effectively but no satisfactory mediation conferences have yet taken place as the mediator withdrew services owing to COVID-19.

7.5 Resettlement planning

7.5.1 The prison has a reducing reoffending action plan which includes actions relating to accommodation; education, training, and employment; mental and physical health; drugs and alcohol; finance, benefit and debt; the families and significant others pathway; and attitudes, thinking and behaviour. This is reviewed regularly and informed by analysis of prisoner need. A bi-monthly reoffending committee is attended by representatives from most internal and external partners.

7.5.2 St Giles Trust has responsibility for the delivery of resettlement services, working with prisoners to resolve accommodation issues. The Jobcentre Plus prison work coach supports prison leavers to gain timely access to benefits and financial support, where needed, from the day of release. Between April 2019 and March 2020, 62 prisoners accessed the job club/job search, and 451 were advised on universal credit, 10 on employment and support allowance, and 64 on employment. A Stoke Heath resettlement fair in October was well attended, involving 268 prisoners.

7.5.3 Citizens Advice provides fortnightly support for benefit claims, financial advice, tenancies and tenancy payment of arrears (for which there is a high demand from prisoners), and one-to-one advice to help resolve existing debt. Resettlement workers refer prisoners with the most pressing debt needs. Novus has introduced a money management module to its employability course. Jobcentre Plus also provides advice on benefits.

7.5.4 The Prison Advice and Care Trust works with complex and challenging prisoners at risk of social exclusion. It offers a one-day workshop for prisoners approaching release, to consider the practical and emotional implications for them and their families. Through links with community groups, the CRC works with other prisoners to support their resettlement needs.

7.5.5 There were 816 discharges in 2019/20, with 70 recorded employment outcomes, representing 8.6%, which was below the prison target of 16.9% set in October 2019.

8. The work of the IMB

8.1 The Board has recruited four new members during the reporting period. However, the length of time it takes from application to interview and appointment is excessive, arising primarily from factors outside the Board's control. These delays resulted in two candidates dropping out of the 2019 recruitment exercise because they became tired of waiting, and volunteered elsewhere. This is an ongoing problem and very disheartening for the Board, given our efforts to recruit and retain applicants. Improvement is required to minimise delays in the process and to send a positive message to potential new recruits.

8.2 Board members are invited to join training sessions available at the prison, and this year some have participated in training in PAVA, a mock hostage incident, and suicide and self-harm prevention. New members have participated in online national IMB induction training and two have so far attended residential induction training, later replaced with online training for other new members owing to the COVID-19 pandemic. A planned visit to another prison to share best practice was also postponed because of the pandemic.

8.3 The Board's relationship with the prison's senior management team is very positive. All governors are helpful and give their time freely. We are welcomed at meetings, and queries and requests are dealt with promptly. Overall, the Board has a good relationship with prison and civilian staff.

Board statistics

This data includes one segregation review attended remotely via teleconference in April 2020, as Board members were unable to attend the prison owing to the restrictions caused by COVID-19.

Recommended complement of Board members	17 (reduced to 14 from 1 April 2020)
Number of Board members at the start of the reporting period	11
Number of Board members at the end of the reporting period	11
Total number of visits to the establishment	468 (1 May 2019 to end of March 2020)
Total number of segregation reviews attended	100

Applications to the IMB

This data includes 24 applications received in April 2020 and dealt with remotely, as Board members were unable to attend the prison owing to the restrictions caused by COVID-19.

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	13	12
B	Discipline, including adjudications, IEP, sanctions	8	13
C	Equality	7	10
D	Purposeful activity, including education, work, training, library, regime, time out of cell	4	22
E1	Letters, visits, telephones, public protection restrictions	14	18
E2	Finance, including pay, private monies, spends	22	17
F	Food and kitchens	4	2
G	Health, including physical, mental, social care	64	50
H1	Property within this establishment	27	36
H2	Property during transfer or in another establishment or location	102	74
H3	Canteen, facility list, catalogue(s)	3	6
I	Sentence management, including HDC, ROTL, parole, release dates, recategorisation	47	67
J	Staff/prisoner concerns, including bullying	57	60
K	Transfers	22	31
L	Miscellaneous, including complaints system	27	37
	Total number of applications	421	455



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