



Annual Report of the Independent Monitoring Board at HMP/YOI STYAL

**For reporting year
1 May 2020 – 30 April 2021**

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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 IMB is part of the United Kingdom's National Preventive Mechanism.

2. Description of the establishment

HMP/YOI Styal is the only female prison in the North West and when fully operational holds up to 486 female prisoners, aged 18 years and over, who may be on remand, immigration detention or serving sentences ranging from five days to life. As a local prison, it receives prisoners directly from court and has a large catchment area covering the North West and North Wales. HMP/YOI Styal has a complex population of offenders consisting of short sentence (80%), and long-term offenders (20%), including lifers. It also has a significant number of prisoners who have been recalled, many of whom have issues with substance misuse and mental health.

The prison consists of 17 standalone houses accommodating approximately 20 prisoners in each, including a community house (Bollinwood) for up to 25 prisoners on release on temporary licence (ROTL) enabling them to work in the community; a drug recovery house; a mother and baby unit (MBU), which accommodates up to nine prisoners and 10 babies; and a further house which has been adapted to accommodate prisoners with disabilities.

The prison also has a cellblock with two wings (Waite wing) used for remand,

detoxing and prisoners with discipline issues. New prisoners are now located in the new induction centre (IC) on Waite wing, which has replaced the first night centre (FNC). For the duration of the Covid-19 pandemic this has also operated as a reverse cohorting unit (RCU). There is a ten-bed care and separation unit (CSU) used to house prisoners whose behaviour is such that it makes them unsuitable for housing in other areas of the prison. Prisoners can also be held here for their own safety. The Valentina unit (a time out, short stay facility) accommodates up to ten prisoners in single rooms.

Spectrum Community Health (Spectrum), a community interest company, continues to have the contract for primary healthcare, drug and alcohol reduction (DARS) and social care. Mental health care is provided by Greater Manchester West Mental Health NHS Trust (GMW). Psychosocial drug and alcohol services are also provided by Spectrum.

Education services are provided by Novus (Manchester College). Courses include numeracy, literacy and ICT.

The contract for works within the prison is held by Amey. The community rehabilitation companies (CRC) working in Styal are Shelter and Achieve (part of Cheshire and Greater Manchester CRC). The MBU is run with a partner agency, Family Action.

The establishment has a number of workshops on site with opportunities for training and rehabilitation into a working life in the community. These include laundry, catering, and gardens. Outside agencies operate Recycling Lives and the Clink restaurant and both of these have normally provided job opportunities for prisoners on release. During Covid-19 access to these spaces has been severely curtailed, as has the number of community work placements accessed through ROTL. The most recent agency is Televerde who will be operating a call centre within the prison later in the year, although most of the preparatory work for this venture has been completed during this reporting year.

The Governor left the prison in March 2021, having been in post for two years. He made a number of changes over the last year and successfully managed to steer the prison through the worst of the Covid-19 outbreak. In particular, he has been very effective in securing additional resources and funding to address the poor state of the buildings which have been reported on for several years by the IMB. The new Governor took up post in April 2021 and has identified a number of key priorities for moving forward.

3. Executive summary

3.1 Background to the report

This year has been exceptional because of the impact of the Covid-19 pandemic on the way that prisons have been run and on the ability of the Board to carry out face-to-face monitoring. In this respect, it is difficult to make realistic comparisons with previous years. However, the Board at Styal has scrutinised what has been happening at the prison, through very helpful data sharing, regular conversations with prison staff and access to minutes of meetings. The Board has continued to monitor, investigate and respond to applications from prisoners, both on paper and from the national 0800 applications helpline.

The management of the prison has been very effective in reducing the spread of the virus and keeping infection rates down to the minimum. Staff have worked tirelessly, despite the constrained circumstances of lockdown, to maintain a positive and supportive environment for prisoners and to keep them safe.

The early release scheme had little impact on the population at Styal, and the Board was surprised that more prisoners in the MBU were not released early.

3.2 Main judgements

How safe is the prison?

During this reporting period, the Governor identified the safety of the prisoners and the security of the regime as key priorities. Covid-19 has had a significant impact on the regime at Styal, leading to a number of changes which have positively affected safety, including reductions in free flow, a higher profile staff presence in the prison grounds, and an officer presence on the houses. A new induction Centre [IC] on Waite wing has been operational which allows for a 24-hour nursing presence and better monitoring of detoxing. The distribution of medication has been better controlled in smaller groups, with all prisoners being escorted to and from appointments.

The Board would usually report that the prison is safe for most prisoners, most of the time. However, given the nature of the Covid-19 restrictions on social movement and the lack of time out of cell, the Board believes that Styal has been as safe as the current situation allowed. Staff have worked hard under difficult circumstances to support prisoners.

Although there has been a reduction of the inflow of illicit substances during lockdown, we remain concerned about this issue, particularly as the lockdown restrictions begin to ease. In addition the fire concerns identified towards the end of the reporting period constitute a serious safety issue.

How fairly and humanely are prisoners treated?

The prison and its occupants are well served by the staff who, despite the deteriorating fabric and present testing conditions, continue to maintain a humane regime. There have been many occasions when Board members have been aware of staff working in a highly professional and caring way. Whilst the lockdown conditions have clearly impacted on fair and humane treatment, we believe the prison has worked effectively to protect prisoners from the virus and its consequences.

How well are prisoners' health and wellbeing needs met?

During lockdown, the provision of healthcare at Styal has been as good as, if not better in some cases, than that provided in the community. The service adapted well to the challenges of Covid-19. Health promotion and prevention remains good, with most preventive clinics and campaigns taking place, including those for flu vaccinations, breast cancer screening and smoking cessation. The GP service has provided one-to-one consultations and other specialist health services have also been maintained.

However, the mental health needs of prisoners were not fully supported which is problematic, given the number of prisoners with severe and enduring mental ill health. Despite the best efforts of the prison and healthcare staff, prolonged lockdown had an inevitable impact on prisoners' mental health.

How well are prisoners progressed towards successful resettlement?

As a result of the impact of the Covid-19 crisis, resettlement staff worked remotely, and efforts were made to continue to assess and plan for resettlement needs. Education, work opportunities and offending behaviour interventions were less available as a result of the impact of lockdown. Those prisoners on Bollinwood house were particularly affected by the restrictions placed on ROTL work placements. Short sentences allowed little time for rehabilitative efforts.

3.3 Main areas for development

TO THE MINISTER

3.3.1 There is a significant fire risk to prisoners who reside in the 16 houses which have not yet been refurbished at Styal. A recent survey has classed all of these buildings as red fire risk. These risks include the existence of false ceilings, and ceilings made of lath and plaster, which would require expensive and specialist repair to be brought within regulations. Fire doors and surrounds, which are not suitable and not fire resistant, are evident in almost 70% of the houses. Almost half of the Victorian buildings have defects related to holes caused by pipe work, internal stairs and storage areas, which are not in line with fire safety regulations.

3.3.2 As also reported last year, there continue to be significant failings in the maintenance of accommodation at the prison. Contracts with outside maintenance providers continue to result in excessive quotations and long delays in repairs and refurbishment, including health and safety related matters. These failings are resulting in further deterioration in the fabric and serious decency issues for the prisoners. Whilst significant additional resource has been made available to the prison, the cost and time of refurbishment, approximately £800,000 per house, is unlikely to be sustainable.

3.3.3 There has been a reduction in the supply, trading and use of illicit drugs during the pandemic, and this in turn has helped to reduce intimidation and bullying. As the prison returns to level 3 and level 2 the resumption of visits and more free flow is likely to impact on the amount of drugs being brought into the prison by visitors and by new and recalled prisoners. Increased resources are required to support the new Governor in tackling this problem, including better and more regular access to dogs during visits. The provision of body scanners in the female estate could also substantially help to mitigate the drugs traffic, as would the enhanced security resources more commonly found in the male estate.

3.3.4 The prison continues to be challenged by the need to manage many prisoners with severe and enduring mental health problems and complex needs. Over the year, there has been a significant reduction in the time spent by these prisoners in long-term segregation within the prison. Nationally, there is still a pressing need for more specialist facilities that can be easily accessed.

TO THE PRISON SERVICE

3.3.5 Greater consideration is needed around the issue of prison escorts. Staffing at Styal has been stretched throughout the lockdown, and it continues to be precarious at times. The cohort at Styal includes prisoners with serious mental and physical health issues, as well as pregnant prisoners and the residents of the MBU, including their children. The need for escorts exacerbates what is already a critical staffing situation, and recognition needs to be given to the different demands for hospital visits and treatment in the female estate.

3.3.6 The Board is concerned about the changes to the contracts for Through the Gate (TTG) Services, including the loss of Shelter who are a known and experienced partner. Whilst TTG services will now be managed by the National Probation Service (NPS), there will still be a number of new external partners, replacing the current partners and based around different geographical areas than those currently used. The impact of these changes will need to be carefully monitored at national level.

TO THE GOVERNOR

3.3.7 The effectiveness of the induction centre has yet to be monitored and reviewed by the Board and it would be helpful to consider its impact, once it is no longer incorporated in the RCU provision.

3.3.8 There has been some improvement in communications with the mental health team and other areas of the prison, which has led to a more holistic approach to mental health treatment. However, there is still not enough dialogue between healthcare and other staff in the prison, and the Board have been unable to access any analysis of complaints made by prisoners directly to the healthcare provider. Given the high number of applications to the IMB over the year related to healthcare issues, this raises concerns about the transparency and accountability of the provider.

3.3.9 The work of ADAPT during the last year is to be commended and we hope that this will be encouraged and supported to make even more impact in the future.

3.3.10 The distribution of medication during lockdown has led to far fewer incidents of bullying and intimidation from prisoners. The queues have been shorter, the cohorts awaiting medication have been much smaller and this has made many prisoners feel more secure about acquiring and storing their medication in their safes. It is hoped that this practice will continue as lockdown eases.

3.4 Progress since the last report

3.4.1 Most of the recommendations from the Prisons and Probation Ombudsman (PPO) reports regarding the deaths in custody in the last reporting year have been acted upon. In particular, the refurbishment and enhanced staffing of the reception area has enabled more effective assessments of prisoners' mental and physical health, by health professionals on entry into the prison. The follow up in the induction centre has also been more consistent and regular, especially with regard to detoxing.

3.4.2 There has been a lot of building work in the prison, much of which is still ongoing. To date, this has resulted in the remodelling of the car park and the refurbishment of one of the houses. A new visitor centre is being built and plans for a new gatehouse with increased security measures have been developed. The new security fencing, perimeter lighting and CCTV have greatly improved security at the prison. There has been much less evidence of throw overs, which were becoming an increasing problem last year.

3.4.3 The development of the Stepping Stones programme is showing early signs of success with some of the most vulnerable prisoners at Styal. The programme provides alternative therapeutic and creative activities and has continued throughout lockdown, helping to stabilise the behaviour of a small number of prolific self-harmers.

3.4.4 There has been a continued and significant reduction in the numbers of segregated or self-isolating prisoners, and in the amount of time spent in the CSU. Referrals to the Valentina unit are considered at the weekly safety and intervention monitoring (SIM) meeting and reviewed regularly by senior managers. Staff in both of these facilities now demonstrate a level of care and professionalism that is commendable.

3.4.5 In relation to last year's judgement on resettlement, the figures provided to us for this reporting period indicate that Styal and partner agencies have made progress in providing accommodation on release. It seems that Styal is now exceeding its target, whereas last year it was considerably below. Some of this may be due to the improved access to temporary accommodation provided by local and national initiatives, relating to homelessness during the pandemic. However, the Board is concerned that the loss of Shelter may have an adverse effect on accommodation in the future and would urge the prison to monitor the impact of this change.

3.4.6 Last year the Board identified an issue regarding unauthorised absence from work and or education. During the pandemic conditions have not been strictly comparable. However, the changes to the regime during the pandemic have meant that prisoners are escorted everywhere, including to workspaces and education. All prisoners, whether in education or working full- or part-time, now have scheduled times for appointments outside working hours. These changes seem to be making a difference to workplace attendance, where these are open. We will continue to monitor this as education and more workplaces reopen.

Evidence sections 4 – 7

4. Safety

Safety issues have been consolidated under the leadership of the head of safer prisons and equality. The remit includes the induction centre (IC), the CSU, the Valentina unit, the mother and baby unit (MBU) and the work of the suicide and self-harm team. This structural change has resulted in more consistent and comprehensive coverage of safety concerns. More recently, the psychological services, mental health teams and education are involved in providing support for some of the most vulnerable and complex prisoners.

There have been significant changes which have positively affected safety. These include reductions in free flow, a higher profile staff presence in the prison grounds, and an officer presence on the houses. In response to three deaths on the first night centre (FNC) (see last annual report) the FNC was moved to a new IC on Waite wing. The IC allows for a 24-hour nursing presence and better monitoring of detoxing. This change was made close to the end of the last reporting period and as such the Board has not been able to directly monitor this facility, although there have been no reported deaths on the IC.

The survey carried out by the PPO in May 2020 stated, "Prisoners appear to be experiencing a greater feeling of safety under the Covid-19 regime compared to before." The percentage of "strongly agree" and "agree" survey responses for questions relating to safety increased from around 57% of responses from both Waite wing and the houses before Covid-19 to around 70% of responses after Covid-19.

4.1 Reception and induction

4.1.1 The conditions in the reception area are now good. Decent toilet and hygiene facilities have been provided and there is a more welcoming atmosphere when new prisoners arrive. Healthcare staff form part of the reception process, carrying out physical and mental health assessments on arrival, which are then followed through within 24 hours. The recommendations made by the PPO's independent investigation regarding effective risk assessment by reception officers for self-harm and suicides have been implemented.

4.1.2 The FNC has now moved to Waite wing and the IC has also functioned as an RCU during Covid-19. All new prisoners access an induction programme for at least 10 days, with increased medical resource and support, including a nurse specifically designated to cover detoxification arrangements. New arrivals are also tested for Covid-19 whilst in the RCU. A training package has also been prescribed for all staff working in this area, including suicide and self-harm prevention and 'Becoming Trauma Informed' training.

4.2 Suicide and self-harm, deaths in custody

4.2.1 During the reporting period, self-harm incidents initially reduced from April to June 2020. This coincided with the move to a restricted Covid-19 regime. Information from safety questionnaires and other sources established that many of the prisoners welcomed the structure and improved security of the lockdown regime.

4.2.2 The number of self-harm incidents in November was 21% lower than October 2020. The number of self-harm incidents in December was 15% lower than November 2020. In effect, the number of self-harm incidents reduced by 33% from October to December 2020. This decline in numbers has continued from January to April 2021, with self-harm at its lowest for 18 months.

4.2.3 The number of prolific self-harmers (those who self-harm five or more times in a month) averaged between nine and 12 prisoners who account for around 78% of the self-harm at Styal. In comparing self-harm to other prisons in Styal's comparator group, the prison appears to be effectively supporting and managing higher levels of prolific self-harmers through a range of interventions including the Stepping Stones programme.

4.2.4 The procedures for opening and closing assessment, care in custody and teamwork (ACCT) documents are sound. The number of open ACCTs has reduced over the year and is now averaging around 30 per month. The majority of ACCTs are opened on reception and closed quite quickly once prisoners have settled. The prison has adopted the new version six ACCT documents although it is too early to assess the impact of this change. The majority of ACCTs are opened because of self-harm, low mood and suicidal behaviour.

4.2.5 The provision of in-cell telephones with direct access to the Samaritans and to the IMB 0800 telephone line has been beneficial to the prisoners on Waite wing. Access to both of these lines is available all day and night. The Samaritans continue to provide a valuable service, as do the staff in the chaplaincy. This has proved particularly helpful, as access to the Listener scheme within the prison has been curtailed because of lockdown restrictions.

4.2.6 The prison uses a range of therapies and approaches to identify, assess and make resources available for vulnerable prisoners, although this has been curtailed for much of the year because of Covid-19 restrictions. The Stepping Stones programme has been introduced this year as part of the support for prolific self-harmers. It includes activities designed to alleviate boredom resulting from the increased time spent in cells during lockdown. Reviews show that this programme and other strategies have impacted successfully on a number of the targeted cohort.

4.2.7 Since the last report, there have been two deaths in custody, one stillbirth and one apparently self inflicted. Staff, prisoners, and the IMB were notified and offered appropriate support, and all of the required relevant statutory agencies were involved. The use of appropriate codes during an emergency has been raised on previous investigations, as has the appropriateness of resuscitation, and all staff need to be aware of these.

4.3 Violence and violence reduction, self-isolation

4.3.1 There has been a steady reduction in levels of assaults on staff over the year. Data in February 2021 showed a drop since October 2020 and it has been at its lowest level in this reporting year. Prisoner on prisoner assaults have increased slightly over the year and are higher than last year. Data analysis shows that the reasons are down to low-level fallouts among the prisoners on the houses and Covid-19 restrictions.

4.3.2 There were 40 violent incidents in February, 24 by repeat perpetrators and on 15 repeat victims, mainly bullying. The highest number of violent incidents are on X wing, with Friday being the worst day, which is linked to canteen and debt collection. The majority of incidents occur during the core day and there are no violent incidents during night patrol. This reinforces the need for officers on the units, which will be introduced as part of the offender management in custody (OMiC) programme.

4.3.3 Challenge, support and intervention plan (CSIP) investigations now take place for all assaults, fights and unexplained injuries. Recommendations are made from the investigations as to whether any individuals should be placed on a CSIP. The decision is then made at the SIM meetings. The SIM meetings take place weekly, consider the needs of vulnerable, pregnant and disabled prisoners, and review cell

sharing arrangements and ACCTs which have been open for longer than four weeks. Strategies to support individual needs and improve safeguarding are effective and well planned. The issue of offence-related violence and bullying remains a key area of focus.

4.3.4 The number of incidents of bullying as reported is low, and these are usually related to drugs, medication and personal relationships. During Covid-19, intimidation related to medication has reduced owing to the change in distribution of medicines. The prison has identified concerns about offence-related bullying and has put measures in place to try to monitor and prevent this happening.

4.4 Vulnerable prisoners, safeguarding

4.4.1 The prison is focused on managing and supporting vulnerable prisoners within the normal population, and inappropriate behaviour from other prisoners is routinely challenged. The needs of the most vulnerable prisoners are assessed through weekly SIM meetings. However, the forums for protected characteristics have not taken place as regularly during lockdown and this has affected the ability of prison staff to identify quickly any concerns of vulnerability linked to disability, age or learning difficulties.

4.4.4 Safeguarding is effective. There are adequate safeguarding procedures in place, supported by good working relationships with Cheshire East Council.

4.5 Use of force

4.5.1 In the last twelve months a total of 265 use of force (UOF) incidents were recorded of which 122 (46%) were low level restraints in that one or two persons conducted the restraint using guiding holds only. The number of incidents on the CSU has reduced as the number of prisoners there has reduced. No concerns have been noted in the breakdown of incidents by ethnicity.

Types of Incidents	April – June 2020	July – Sept 2020	Oct-Dec 2020	Jan-March 2021
Planned	13	8	8	4
Spontaneous	57	63	64	48
Total	70	71	72	52

4.5.2 A weekly review process of all UOF is conducted by a multi-disciplinary team including a senior manager, an advocate for the prisoner, a member of the safety team and a UOF co-ordinator. All CCTV, body worn camera footage and paperwork are reviewed as part of the process and this has recently been extended to include a mandatory de-brief of all prisoners within 72 hours of involvement in a restraint incident.

4.5.3 Prisoners identified as being involved in multiple UOF incidents or violence are referred to the weekly SIM meeting for consideration with regards to interventions through other support mechanisms. This multi-disciplinary approach is now starting to achieve results with a 28% reduction in the UOF in the last quarter of the reporting period.

4.6 Substance misuse

4.6.1 During lockdown, the prison has introduced much tighter control around prisoner association and free movement within the confines of the prison grounds. Restricted visiting opportunities have reduced handovers and the improved security measures have reduced the number of throwovers. Mandatory drug testing was suspended during lockdown and has only been reintroduced as the prison has moved to level 3.

4.6.2 Almost all incoming mail is photocopied, including drawings sent in by children to prevent the ingress of paper impregnated with illicit drugs. Spice in particular has been smuggled into the prison via purported letters from solicitors and parcels from outside.

4.6.3 Two of the specific objectives for the security team in the prison, based on the Mercury intelligence reports compiled throughout the year, are the use of drugs and reducing access to controlled substances. It is believed that most of the drugs found in the prison during lockdown have arrived through reception.

5. Humane Treatment

5.1 Accommodation

5.1.1 Many areas of Styal remain in a poor state of repair and are costly to maintain. In order to keep these buildings safe, decent and habitable there are still major expensive structural maintenance issues to be addressed.

5.1.2 In particular, there is a significant fire risk to prisoners who reside in any of the 16 houses which have not yet been refurbished at Styal. A recent survey has classed all of these buildings as red. These risks include the existence of false ceilings, and ceilings made of lath and plaster, which would require expensive and specialist repair to be brought within regulations. Fire doors and surrounds, which are not suitable and not fire resistant, are evident in almost 70% of the houses. Almost half of the Victorian buildings have defects related to holes caused by pipe work, internal stairs and storage areas, which are not in line with fire safety regulations.

5.1.3 There has been significant investment in some areas of the prison over the year, which has resulted in some improvements. Work has been undertaken to refurbish one of the residential houses at a cost of £800,000. However, the house still falls short of decency standards because of the number of bathrooms and toilets available, and refurbishment of all of the houses is unlikely to be affordable. All of the houses now have functional safes in which prisoners can keep their prescribed medication, and in-cell telephony has been installed in the cells on Waite wing.

5.1.4 The reception area has been remodelled to provide better hygiene facilities and more privacy for medical assessments and consultations for prisoners on entry. New showers have been installed on Waite wing, which has also benefitted from redecoration. Security has been greatly enhanced by the provision of perimeter fencing and CCTV. Work is also in progress to build a new visitors' centre and remodelling of the gatehouse.

5.1.5 The general contract for maintenance within the prison is with Amey. The resolution of maintenance issues within the prison has shown some improvement –

in August 2020 there were 50 jobs in resolution, reducing to 22 in November 2020. The Governor has had monthly meetings with Amey to ensure greater oversight and this has proved effective in promoting greater efficiency.

5.1.6 The Board has only received six applications with regard to food and the kitchens this year and these were all satisfactorily resolved. The provision of snack packs and additional food items during the lockdown have been appreciated by prisoners, and specific dietary requirements appear to have been met.

5.1.7 It has not been possible to monitor relevant Queensland meetings, where prison staff and prisoner representatives convene to discuss prison wide issues as these have been severely curtailed because of lockdown.

5.2 Segregation

5.2.1 The pattern of use of the prison's CSU has continued along the lines as reported in last year's annual report. The unit continues to be used sparingly and is seen as a sharp reminder that for prisoners to feel safe, order and boundaries are necessary. Any synopsis of the available data shows that stays on the unit are overwhelmingly brief. There have been only a handful of cases where stays have been for more than 14 days and in the case of one prisoner solely for her protection and with her endorsement. Whilst there, the staff assist them to reflect on their recent behaviour and help them build their self-esteem by setting achievable targets which, with few exceptions, see them successfully re-integrated back into the prison community.

5.2.2 Where these prisoners have been isolated, this has often been for their own protection. For these individuals, a social care referral is made and appropriate support is then put into place. The prison has transferred a small number of prisoners to other prisons, secure psychiatric units and specialist transgender units to enable access to appropriate treatment and provision. Only a small number of prisoners have been located on the CSU during the year.

5.2.3 The recent segregation monitoring and review group (SMARG) meeting showed that in the previous nine months the unit had been used by 90 prisoners (10 as the monthly average) with only five prisoners staying for more than 14 days. Refusing to obey a lawful order makes up 30% of why prisoners are situated on the unit. Staff remain helpful and maintain a respectful and humane regime.

5.2.4 During Covid-19 there was no opportunity for the IMB to attend and monitor adjudications or reviews but scrutiny of minutes and the daily orderly officer reports indicated that processes were upheld. The Board received a very small number of applications relating to unfair practice in these settings.

5.3 Staff-prisoner/detainee relationships

5.3.1 Relationships within the prison have been supportive, and staff have responded with patience and concern to the new regimes imposed during lockdown. Many of the prisoners have expressed positive comments about staff vigilance and care during the lockdown, recognising the efforts made to keep them safe.

5.3.2 There has been a number of allegations against prison staff over the year, which have all been investigated by the prison. A number of applications have alleged bullying by staff but they have originated from a very small number of prisoners, and have not been substantiated.

5.4 Equality and diversity

5.4.1 The required introduction of a restricted regime had a significant impact on delivering the requirements of equality legislation. Members of the senior management team continued to have a lead for each of the nine protected characteristics (PC) and report on progress to a quarterly equalities meeting. Available data focuses on the frequency of use of force, adjudications, complaints, those held in segregation and the application of the IEP scheme to ensure there is no discrimination in treatment by age, race, disability etc.

5.4.2 Normally prisoners from each of the nine protected cohorts would meet in a monthly forum where they discussed their needs. Thereafter, the representatives of their PC group reported back to the monthly equalities meeting. This process, which should give them a voice at the highest level, has unfortunately been curtailed by the prison's Covid-19 regime.

5.4.3 The reliability of the data concerning prisoners with protected characteristics is based on the information given by the prisoners on admission to the prison. Some prisoners on admission do not accurately self-disclose, or are reluctant to disclose their sexuality, some refuse to disclose their ethnicity, sexual orientation or religion. Conversely, some prisoners overstate an aspect in their profile - the best example being declarations of disability. These considerations affect data outcomes from one quarter to another.

5.4.4 The number of prisoners serving short sentences has an impact on the data. Other data related to complaints by prisoners with protected characteristics may at times include serial complainants with obvious implications for validity. An interesting outcome from analysis of complaints data shows prisoners who identify as having a disability complained the most, but not about their disability.

5.4.5 The number of discrimination incident reporting forms (DIRFs) submitted has increased over the lockdown period and the March 2021 equalities meeting noted that some complaints have not gone through the regular system and therefore some were timed out. Management have investigated the DIRF process and determined a range of actions including the launch of a new DIRF process which will target an improvement in investigation procedures and detailed staff training.

5.4.6 The prison equalities action plan identifies targets for improvement but again the impact of the restricted regime has understandably led to an absence of updates and the postponement of most action points. Planned celebratory events, for instance, were scaled down.

5.4.7 IEP data continues to be scrutinised at the quarterly equalities meetings. The data highlights the under-representation of the Gypsy, Roma and Traveller cohort. It is recognised that this is because this cohort are not self-declaring on admission.

5.4.8 All prisoners identified as disabled are reviewed by healthcare staff and, where appropriate, referred to social care for additional support. Older prisoners are well cared for and supported, in healthcare and wellbeing, during their retirement.

5.5 Faith and pastoral support

The chaplaincy team comprises both employed staff and volunteers from different world faiths under the leadership of the managing chaplain. The team seeks to support all prisoners whether on remand or sentenced. The regime restrictions meant it was not always possible for new admissions to be seen by a member of the team and during restrictions only the managing chaplain had a presence in the prison. Covid-19 restrictions also meant the prisoners did not access the chapel.

5.6 Incentives and Earned Privileges (IEP)

The Board has been able to scrutinise orderly officer reports on a daily basis, which demonstrated that only a very small number of prisoners have been on basic over the reporting year. The Board reported previously the IEP scheme was to be replaced by an incentives policy as the prison felt that the existing scheme was not working satisfactorily. In developing the policy, the prisoners were to be consulted but the restricted regime prevented this planned action.

5.7 Complaints

5.7.1 The Board has continued to monitor complaints throughout the year and regularly assesses the quality and timeliness of responses. The Governor also took a keen interest in this aspect of the prison and joint efforts have resulted in a significant improvement in the way complaints have been handled. The Board monitors a random selection of complaints every month, with an emphasis on the quality of replies to see if they are fair and reasonable. This year fewer replies were hand written and there was less use of jargon and more use of plain English. Each month 10% of replies are monitored by senior staff and advice given if the reply is not thought to be adequate.

5.7.2 The number of complaints increased during the first months of lockdown; monthly averages before lockdown were 56, compared to 85 by July 2020, with a month on month increase. However it should be noted that in July 2020 65 women submitted at least one Comp1, whereas three women submitted 20 complaints, with 100 out of 105 complaints being from white British prisoners.

5.7.3 The majority of complaints, as was the case last year, were about property. For example, of the complaints submitted in July 2020, 32 were about property, 14 were about residential issues and 11 referenced letters and censors. The most frequent complainers are mirrored in our applications to the IMB and there are no obvious issues regarding the ethnicity of the complainants.

5.7.4 Complaints made to Spectrum regarding healthcare and medication are now all responded to, although there had been a delay in the system during lockdown. There were 13 complaints in the last quarter of the reporting year, four of which were about delays in receiving community medication. Patient feedback is carried out every month and in February and March 60% of patients said that their level of care

was brilliant, and 40% said it was satisfactory. 100% of patients said that they felt they were listened to and all said that they were involved in their treatment and care, having confidence and trust in the professional that cared for them.

5.8 Property

The prison has official guidance and systems in place to manage property, including preventing and dealing with any loss.

6. Health and wellbeing

6.1 Healthcare: general

6.1.1 Spectrum continued to provide primary healthcare, social care and drug and alcohol services within Covid-19 restrictions. There was additional strain early on in the pandemic when an average of six staff a week were absent due to testing positive for Covid-19 or needing to shield. The Board was told that agency staff were reluctant to cover because of the risk of infection.

6.1.2 Spectrum had an on-going problem filling a number of clinical vacancies; the recruitment and selection process seems long and drawn out. They were, however, able to appoint two paramedics to be based in the prison in an attempt to reduce the need for prisoners to go to hospital. There is still an over-reliance on agency staff, particularly with the detoxification regime on the wing and this is a concern with regard to the consistency of service and the stability of relationships with prisoners.

6.1.3 The rollout of the Covid-19 vaccination programme was in line with the national timescales. The prison made a concerted attempt to meet and listen to those prisoners who refused to be vaccinated with a view to providing information, answering questions and encouraging them to take the vaccine.

6.1.4 Despite these difficulties, prisoners received primary care that was at least as good as that provided in the community. The in-cell telephones meant prisoners could access GPs and nurse-led clinics by using them to make an appointment and be contacted by the triage nurse the following day. A prisoner being treated for cancer was able to have remote follow up appointments with her consultant when the hospital reduced outpatient clinics because of Covid-19. Dental and optician services could only provide emergency treatment.

6.1.5 Communication between Spectrum and the prison was improved by the Governor identifying a member of the senior management team to be the point of contact for healthcare. The Board has seen how identified prisoners have a health pathway plan jointly drawn up by healthcare and the prison.

6.1.6 On 18 June 2020 at approximately 9pm, a stillborn baby was delivered to a prisoner in the bathroom of one of the houses. This was a very sad and distressing event. Nobody in prison knew the prisoner was pregnant as she did not think she was or considered it to be possible. She had told healthcare that she was not pregnant and had refused a test. The prison monitors all pregnant prisoners to ensure they receive appropriate care and the Board has checked that perinatal care has been provided to pregnant prisoners throughout the pandemic. As the prisoner did not present as being pregnant she was outside of this process and therefore did not get any antenatal care.

6.1.7 The Board monitored, as far as possible, the events leading up to the birth and the care given to the mother and staff after the birth. The prisoner and her baby were taken to the maternity unit of a nearby hospital but the prisoner discharged herself as she wanted to come back to Styal; she arrived early the following morning. The senior management team made sure that she was cared for and that staff and prisoners who had been involved in the event were offered immediate and on-going emotional support.

6.2 Primary healthcare

6.2.1 As part of the refurbishment of the reception area, a consultation room was created so that a nurse can be based there to do the initial health screening. This was part of the prison plan to improve communication between staff working in reception, the IC and healthcare. A nurse now does clinical observations of those prisoners detoxing.

6.2.2 Despite the regime restrictions, prisoners were able to access cervical and breast screening services as soon as they were available. Although the women's health promotion and prevention clinic could not run face to face, telephone contact was maintained providing advice and support.

6.2.3 Over the reporting period, the Board received a total of 328 applications of which 99 were about healthcare. Of these 30 were submitted by one woman. The majority of these were about medication, dietary requirements and waiting times for an appointment to see a doctor.

6.2.4 The Board has followed up a number of applications about the reduction or withdrawal of a prescribed medication, usually a controlled drug. In the case of pregabalin, Spectrum follows NHS guidelines about its use in prisons and prisoners have a meeting with the GP to plan for the reduction and eventual withdrawal. Two prisoners did not get a follow up letter outlining what had been agreed.

6.2.5 There is a process for dealing with prisoners found to be secreting medication. The Board followed the case of one prisoner who had put in an application claiming a nurse had just refused to dispense her oxycodone. We found that she was on a reduction programme and had been seen on two occasions secreting the tablets. She was given a warning letter but did it again, after which a multi-disciplinary team met and decided, among other things, to replace the painkiller.

6.2.6 Throughout the reporting period, there have been between five and seven pregnant prisoners in Styal at any one time. Prisoners continued to have antenatal care from an external midwife. The SIM team closely monitors each prisoner and plans for her perinatal care are put in place.

6.2.7 In May 2020, a prisoner returned from hospital without her baby; she was well supported and cared for, on the Valentina unit, by healthcare and prison staff. Another pregnant prisoner was a foreign national who had poor literacy skills in her first language and who spoke very little English. The prison made sure an interpreter was available for a meeting with the probation service at which plans for the birth and the baby's care were being discussed.

6.2.8 The MBU board meets well before the birth date to assess suitability for a place on the unit so prisoners do not have the worry of not knowing what will be happening.

6.3 Mental healthcare

6.3.1 Mental health services are provided by Greater Manchester Mental Health Foundation Trust. Between March 2020 and April 2021, an average of 140 prisoners (37%) were being supported by the mental health team. There was no significant increase in either staff or self-referrals because of lockdown, but the team had more informal contact with a lot more prisoners through the provision of welfare checks. Use was made of the in-cell telephones as well as talking through the door. Workbooks and distraction packs were provided.

6.3.2 Styal continues to have a significant proportion of prisoners with enduring and at times, acute mental ill health. In Spring 2020, a prisoner with an obvious severe mental health problem was sent directly to Styal from Mold court. The prison and mental health staff put a lot of effort into finding a more suitable place for her. Over the reporting year, seven prisoners were sectioned and moved to a psychiatric in-patient ward.

6.3.3 A prisoner who self-harms for the first time will be contacted by somebody from the team within 24 hours.

6.3.4 Styal is able to offer support to those prisoners who display symptoms of personality disorder through a service jointly developed by HMPPS and the NHS. This service, known in Styal as ADAPT, is for prisoners whose personality characteristics are outside the norm and are problematic, persistent and pervasive. Throughout lockdown, they found a safe way to continue working with the prisoners and over that period, the number of prisoners increased from five to approximately 30 at the end of April 2021. The Board heard from two prisoners who felt they had made real progress for the first time in their lives, and the Board saw first-hand how the ADAPT team could build trust with some very challenging prisoners. The prisoners also benefit from a collaborative approach, which sees ADAPT, healthcare, mental health and prison safety staff working together. Given the trauma that many prisoners in Styal have faced, often starting in early childhood, the support this programme offers is a chance for them to build positive relationships.

6.4 Social care

6.4.1 Throughout lockdown, social care assessments with social services continued by phone with the dedicated lead for social care ensuring all eligible prisoners got the support they needed. On average, five prisoners received a full 35-hour package, which could include personal care. All prisoners assessed as needing special aids, such as shower seats, were supplied with them.

6.4.2 The Board monitored the care given to a seventy-year-old prisoner who was physically struggling to look after herself. The care she received was better than that provided by many local authorities. She was visited every day and helped to shower every other day, as well as being given aids such as pressure cushions. Another prisoner with learning difficulties was well supported until her release when she left, on her own, in a taxi. A flat with care support had been put in place but it was several

days before the carers made contact so she hit somebody in order to be re-called to Styal. On her arrival, she was dishevelled and hungry.

6.5 Drug and alcohol rehabilitation

6.5.1 DARS were negatively impacted by the Covid-19 restrictions as the face-to-face work stopped completely. The prisoners could not benefit from Alcoholics Anonymous and Narcotics Anonymous support groups as they stopped operating in Styal although they continued to run in the community. At the time of writing, these services are still not being offered.

6.5.2 At the local delivery board meeting in May 2020 the need for a different approach to stabilisation and substance reduction was discussed, with the Governor describing a substance misuse delivery model in which DARS would work more closely with the prison safety and security teams. One of the houses has been refurbished for prisoners who are committed to living free from substance misuse. The residents will have a degree of autonomy e.g. the house will be self-catering and they will be encouraged and supported to live free from drugs.

6.5.3 Throughout the pandemic, DARS put a lot of effort into liaising with community-based services for prisoners about to be released. It was a challenge as many community and volunteer-led services closed and pharmacies introduced restricted opening to comply with Covid-19 rules.

6.6 Time out of cell

The regime has been severely restricted by the Covid-19 lockdown. Prisoners have spent longer in their cells, often more than 20 hours at the peak of lockdown, with little time for work, association or exercise, although the gym staff provided exercise activities for prisoners in their 'bubble'. The closing of all support groups and the one-to-one counselling service was particularly hard for many prisoners. Healthcare did provide increased welfare checks, distraction packs and workbooks. The Samaritans and the chaplaincy continued to provide actual and virtual support throughout, which was seen as beneficial by the prisoners. The introduction of Purple Visits also helped to keep prisoners in contact with their families.

7. Progression and Resettlement

7.1 Education, library

7.1.1 Novus provides education in functional skills (literacy and numeracy), as well as ICT, art and English for speakers of other languages. It has not been possible to deliver tuition in classes in the past year, although for a period in the summer of 2020 tutors could meet with very small groups of students to provide educational support. For the first two months of the reporting year, Novus staff were supporting learners remotely by marking and giving feedback on set work.

7.1.2 During July and August, Novus staff developed study packs. These were available to order by any prisoner and delivered and, where appropriate, collected for marking and feedback (which was given in writing and by in-cell phone) weekly. These covered English, maths, art, hairdressing, beauty, catering, history, geography, sports & nutrition, national awareness days, poetry, creative writing, gardening and business.

7.1.3 More than 560 of these packs were distributed. The most popular were English, maths and art; most other packs also included some English and/or maths. Feedback forms returned to education were mostly very appreciative. The more highly motivated prisoners seemed to enjoy and benefit from the opportunity to learn while locked down, but the less motivated and those with poor literacy and/or English did not benefit so much as it was harder to engage and motivate them remotely and they were less likely to order and return packs. From September 2020, formal and accredited courses were reintroduced, with tuition based on study packs with telephone support.

7.1.4 Unsurprisingly, the number of course starts in the Novus reporting year 1 April 2020 to 31 March 2021 was considerably lower than in the two previous years (414, as compared with 1709 in 2018/19 and 1743 in 2019/20). The number recorded as achieving their learning aim was similarly much reduced (123 as compared with 1261 and 1213).

7.1.5 It proved challenging to carry out assessments on prisoners newly admitted to prison, as the usual computer-based tool was not available for use. A range of packs was developed for this purpose, depending on whether a prisoner was new to the system, returning to Styal or had previously been screened at another establishment. These included an application form for admission to an appropriate course; however, return rates were low despite encouragement from staff.

7.1.6 Screening for learning difficulties and disabilities was carried out by phone. Thirty-three percent of learners self-identified as having such a need, the most commonly cited need being mental health. Those identified as possibly needing additional support were seen in person by the learning disabilities practitioner, who gave practical help where possible.

7.1.7 The information advice and guidance service, provided by Novus, has continued to operate throughout the pandemic, primarily by telephone. It formulates personalised learning plans for prisoners, reviewing these according to sentence length.

7.1.8 The same service supports prisoners who wish to undertake distance learning, and was given a target of increasing the number of distance learners from 14 to 20 in the year 2020/21. This target was significantly exceeded; 52 applications were received in the year, and 36 individuals are currently undertaking distance learning, including Open University courses, with nine having completed such courses in the year. Popular subjects have included bookkeeping, business management, substance misuse and counselling.

7.1.9 Styal ranked second in the female estate in the most recent report of the Prisoners' Education Trust, which funds and supports distance learners in prison. During the pandemic, distance-learning providers devised short in-cell learning programmes and 57 subject taster courses were issued to prisoners to work through. If they wished to continue with the course, they were supported to do so in prison or given information to enable them to do so on release.

7.1.10 The library has continued to operate throughout the reporting period. Initially the literacy facilitator prepared activity packs for distribution throughout the prison. This activity was later taken over by safer custody, but the library continued to run other activities such as poetry competitions. Initially a selection of items, not only

books but DVDs, jigsaws and games, mostly from donated stock, was taken to all residential areas of the prison weekly. However, much of this stock was not returned, so instead the service was based on orders, which were collected and delivered weekly, according to a timetable.

7.1.11 As restrictions were eased in the late summer of 2020, the Shannon Trust volunteers returned to the library to work with prisoners who struggle to read. However, attendance was poor, partly due it seems, to the lack of availability of staff to escort prisoners to appointments. Nevertheless, two prisoners completed the full programme, with some additional support from fellow prisoners.

7.2 Vocational training, work

7.2.1 No vocational training has been available during the year due to the pandemic, except for bio cleaning training delivered by prison staff in response to increased need. While workbooks and short films described and demonstrated practical skills in hair and beauty, and catering and hospitality, there was no opportunity for students enrolled on these courses to practise and demonstrate their skills.

7.2.2 Numbers of workers varied throughout the year, but roughly a quarter to a third of prisoners worked to maintain essential services in the kitchens, gardens and recycling, laundry and cleaning, including bio cleaning. The pandemic created a number of challenges, notably around self-isolation, in relation to availability to do this work. Staff supervising these areas provided informal competency-based training as appropriate. The pay policy was rewritten to reflect the fact that more prisoners were working part-time, and to reward those prisoners who completed a full week's work.

7.2.3 In other areas, the Bistro remained open, mostly with reduced hours, providing a take-away service to staff, staffed by peer mentors. Similarly, the hair salon opened briefly, again staffed by peer mentors, but with no training element. Recycling Lives and the Clink also re-opened briefly, with fewer workers than previously, in compliance with risk assessments.

7.2.4 Work in the community has been severely affected by the pandemic, with only a very few prisoners having any opportunity to work outside the prison, due to the Covid-19 situation.

7.3 Offender management and progression

7.3.1 Styal has undertaken significant preparation for implementation of the OMiC model which was put on hold nationally in September 2019 and then delayed due to Covid-19. This has involved training for staff, communication to prisoners and development of record keeping systems. Since January 2021, regular wellbeing checks have been introduced for all prisoners, which will transition into key worker meetings under OMiC.

7.3.2 A local ROTL policy was developed based on the national framework incorporating some areas of local discretion. This was widely consulted on but implementation was interrupted by Covid-19. Styal has facilitated ROTL where possible but for the majority of the reporting period ROTL has been suspended or very significantly reduced. This has been determined by the tier Styal was placed in and government guidance, and was consistent with the rest of the estate. As a

result, across all ROTL categories there has been a reduction of instances of ROTL from 2936 in 2019/2020 to 30 in 2020/2021.

7.3.3 Very few releases were facilitated under the Covid-19 temporary release schemes. Two prisoners were released under the end of custody temporary release scheme and six prisoners were released under the compassionate release on temporary licence scheme (four from the MBU and two pregnant prisoners) with one remaining a serving prisoner at the end of the reporting period.

7.3.4 An accelerated home detention curfew (HDC) scheme has been introduced. 143 prisoners were released on HDC during the reporting period. 81% of prisoners received a decision prior to eligibility, falling short of the national performance target of 90%. However, Styal's approval rating is reported to be significantly above the service average. There have been high levels of short-term prisoners who are eligible for HDC immediately, however the approval process cannot be completed in less than 28 days. Lack of secure accommodation has also caused delays, as have positive Covid-19 tests and requirements around symptomatic and isolating prisoners.

7.3.5 The range of offending behaviour programmes aimed at reducing re-offending has been impacted by Covid-19. Prisoners have expressed concern that lack of access to interventions and inability to complete courses and achieve sentence plan targets makes it difficult to progress to lower risk categories. The IMB has been advised that this is being taken into consideration in prisoner categorisation reviews. The Thinking Skills Project has not been active and the Care Programme's accreditation has not been renewed for 2021. There are no offending behaviour programmes which focus on female violence.

7.3.6 Styal was involved in the pilot bail project with a bail information officer funded from December 2020 to assess unsentenced prisoners and consider the feasibility of bail applications and appeals against bail refusal. The data set is incomplete but since December 2020, at least eight unsentenced prisoners were released as a result of their bail application being reviewed, an approval rating of 44%.

7.4 Family contact

7.4.1 Over the year, opportunities for family contact have been reduced due to Covid-19 precautions, although arrangements for additional PIN credits to facilitate contact by telephone continued. In periods when visits were allowed, numbers were much reduced and no family days were possible in the year. The Storytime Project, through which prisoners were filmed reading stories and messages for their family, did not operate.

7.4.2 Purple Visits, which enable prisoners to have video calls with their families, were introduced for prisoners across the prison although take up was initially slow. It is thought that this could be connected with digital poverty and the requirements on families to download an app and comply with a number of requirements around security. Nevertheless, prisoners who did make use of this facility enjoyed it; it provided a different opportunity to engage in family life e.g. seeing pets on the video call and seeing the family's accommodation.

7.4.3 Purple Visits also helped prisoners where families live at a distance, including foreign national prisoners with families in other countries. However, security issues

and privacy concerns limited some types of contact, for example between prisoners and their children in care.

7.4.4 The MBU continued to operate. When permitted by Covid-19 restrictions, babies were taken out locally. The arrangements for resettlement of one baby in the community were difficult, because of restrictions. Visits to the future home were not possible and contact with the future carer was more limited than would usually be the case, although some did take place.

7.5 Resettlement planning

7.5.1 The Cheshire, Greater Manchester and Merseyside CRC provides the TTG resettlement service and works closely with Shelter and other organisations to secure accommodation for the prisoners. It is reported that the key performance target of 82% of prisoners in secure accommodation on release was met with an average of 85% over the period. Anecdotal evidence suggests that the number may be higher, as some local authorities offering secure accommodation do not allocate until the prisoner is released and there are known to be inaccuracies in the NPS Delius system, which are corrected after official figures are reported.

7.5.2 The improvement in the accommodation figures is attributable in part to Homeless Prevention Taskforce funding. This secured temporary accommodation for prisoners on waiting lists for more suitable accommodation or paid the deposit and rent in advance on private rented accommodation. In addition, local authorities were given more funding to address homelessness and accommodation priority levels changed so that some prisoners not previously in a priority group became priority cases.

7.5.3 Shelter maintained telephone contact with prisoners during Covid-19 and used the time not spent in prison to build relationships with existing and potential accommodation providers.

7.5.4 Despite these positives, there are ongoing challenges. Shelter monitors discharges, the aim being to review prisoners 12 weeks before release and work on their resettlement plan. In reality the resource is focused on discharges two weeks ahead as it is a constantly changing picture with significant numbers on short sentences, being released from recall, granted immediate release late in the day and allocated accommodation only on release. Styal has reported that 27% of prisoners say that accommodation advice is not helpful or only slightly helpful and that for 33% of prisoners accommodation is an outstanding issue in the last two weeks of their sentence causing stress and anxiety.

7.5.5 Preparatory work has been undertaken in advance of the change in CRC/ITTG service, which will revert to NPS management in June 2021.

7.5.6 A new OMU rehabilitation strategy is being worked on and published in stages. Data gathering on the recall element of the strategy identified a number of issues but significant numbers of recall prisoners remain in custody for long periods due to an inability to develop a plan to facilitate re-release which is linked to accommodation.

7.5.7 Other issues include immediate releases late in the day and the increasing use of fixed term recall on short notice, which has increased immediate releases but

also results in shorter periods in custody and reduced likelihood of a resettlement plan.

8. The work of the IMB

8.1 The Board consists of a maximum of 14 members who monitor all aspects of life within the prison. During Covid-19, IMB members have not attended the prison and have monitored all aspects of the prison remotely, only attending for serious incidents, including deaths in custody. A virtual rota system has enabled inclusivity of Board members.

8.2 Monthly Board meetings have continued via zoom and attendance and participation has been very good. Board members have produced written reports on a monthly basis covering all aspects of the prison and these have helped to provide an effective overview. At the monthly meeting, the Board monitors the prison's performance statistics.

8.3 Applications to the Board have risen sharply over the year largely because of the introduction of the 0800 line, although written applications from the prison have continued to filter through.

8.4 The Board Chair maintains regular contact with the Governor or Deputy Governor to discuss concerns raised by members. The Governor or Deputy Governor also attends the monthly Board meetings to give a report and answer questions.

8.5 Two Board members resigned during the reporting period, and three others were on sabbatical leave for varying amounts of time. Three new members were appointed and took up post at the beginning of 2021.

Board statistics

Recommended complement of Board members	14
Number of Board members at the start of the reporting period	12
Number of Board members at the end of the reporting period	12
Total number of visits to the establishment (to March 21)	6
Total number of segregation reviews attended (to March 21)	0

Applications to the IMB

Code	Subject	Previous Reporting Year	Current Reporting Year
A	Accommodation, including laundry, clothing, ablutions	4	13
B	Discipline, including adjudications, IEP, sanctions	11	4
C	Equality	1	1
D	Purposeful activity, including education, work, training, library, regime, time out of cell	3	5
E1	Letters, visits, telephones, public protection restrictions	9	24
E2	Finance, including pay, private monies, spends	16	8
F	Food and kitchens	2	12
G	Health, including physical, mental, social care	24	99
H1	Property within this establishment	10	19
H2	Property during transfer or in another establishment or location	1	1
H3	Canteen, facility list, catalogue(s)	0	3
I	Sentence management, including HDC, ROTL, parole, release dates, recategorisation	10	42
J	Staff/prisoner concerns, including bullying	6	48
K	Transfers	1	1
L	Miscellaneous, including complaints system	10	48
	Total number of applications	108	328



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