

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

**For reporting year
1 May 2021 – 30 April 2022**

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Contents

Introductory sections 1 – 3	Page
1. Statutory role of the IMB	3
2. Description of the establishment	4
3. Executive summary	6
Evidence sections 4 – 7	
4. Safety	12
5. Fair and humane treatment	17
6. Health and wellbeing	22
7. Progression and resettlement	28
The work of the IMB	32
Applications to the IMB	33
Appendix HMP Styal IMB Questionnaire Through the Gate Survey	34

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, detained under Immigration Act powers 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), situated outside the fence, for up to 25 prisoners on release on temporary licence (ROTL) enabling them to work in the community; a drug recovery house which is the first in the women's estate; 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 (Waite wing) used for remand, detoxing and prisoners with discipline issues. New prisoners are now located in the induction centre (IC) on Waite wing. For the duration of the Covid-19 pandemic this has also operated as a reverse cohorting unit (RCU). There is a 10--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 rehabilitation services (DARS) and social care. Mental health care is provided by Greater Manchester Mental Health NHS Trust (GMMH). Spectrum also provides substance misuse treatment.

The prison education framework provider is Novus. Courses include numeracy, literacy and Information Technology.

GEOAmey holds the contract for works within the prison and for escort services.

Commissioned rehabilitative service (CRS) providers are: PSS (Women's turnaround) – Merseyside, Cheshire, north Wales; Tomorrow's Women – Wirral; Ingeus Justice – Greater Manchester; Lancashire Women – Lancashire; and Women's Community Matters – Cumbria.

The family services contract is held by Phoenix Futures. The mother and baby unit was run by Family Action up to 31 March 2022. From 1 April the contract to run the nursery has been held by Action for Children.

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. A new

call centre initiative set up last year was closed at the beginning of 2022. During Covid-19 access to these workspaces was severely curtailed, as was the number of community work placements accessed through ROTL.

The new Governor took up post in April 2021 and has implemented a number of new initiatives within the prison, whilst maintaining many of the measures set up during lockdown. These include a continued block on free flow, the use of escorts for prisoners attending internal appointments or placements and the reduced cohort sizes for association, exercise and group activity.

Population data¹

Receptions and releases	Apr – Jun 2021	Jul – Sep 2021	Oct – Dec 2021	Jan – Mar 2022
New receptions	200	203	192	Not Known
Releases	106	126	97	Not Known

Population by age	Apr – Jun 2021	Jul – Sep 2021	Oct – Dec 2021	Jan – Mar 2022
18 - 20	*	*	10	12
21 - 24	21	27	31	28
25 - 29	62	54	54	49
30 - 39	147	138	141	147
40 - 49	100	92	93	83
50 - 59	41	40	35	40
60 - 69	7	9	0	11
70 and over	0	0	00	3

Population by custody type	Apr – Jun 2021	Jul – Sep 2021	Oct – Dec 2021	Jan – Mar 2022
Remand	93	91	89	87
Sentenced	288	277	282	283
Non-criminal	4	1	3	3

Population by nationality	Apr – Jun 2021	Jul – Sep 2021	Oct – Dec 2021	Jan – Mar 2022
British n	369	355	352	357
Foreign national	16	14	18	15
Not recorded	0	0	4	1

¹ Source: www.gov.uk/government/statistics/offender-management-statistics-quarterly-october-to-december-2021

3. Executive summary

3.1 Background to the report

For much of this reporting year the prison has been subject to Covid restrictions and lockdowns, which have affected the normal operational flow. The Board has been carrying out face-to-face monitoring for almost all of the year. Our monitoring has been significantly enhanced by the continued flow of data and access to prisoner information provided by the prison. The attendance of the Governor and other senior staff at our Board meetings has also helped to maintain regular and effective dialogue, even when access to prisoners in isolation has been restricted.

The Board has continued to monitor, investigate and respond to applications from prisoners, both on paper and from the national 0800 applications helpline. The prison provided two new IMB application boxes to support greater access to the Board.

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, to maintain a positive and supportive environment for prisoners and to keep them safe.

3.2 Main judgements

How safe is the prison?

Close management of safety is evident. The safety and security teams work together in an intelligence hub, which produces very good coordinated data. Comprehensive analysis of the data identifies emerging patterns and trends which are shared with senior leaders at a range of strategic meetings. The combination of meetings and the oversight of actions arising ensures the prison is highly focussed on all safety aspects and is very proactive.

In addition 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. The nature of the Covid-19 restrictions on social movement, ROTL, family contacts, exercise and the lack of time out of cell has inevitably affected the morale and wellbeing of prisoners. However, staff have worked hard under difficult circumstances to support prisoners.

There has been a significant reduction in self-harm over the last year. The number of violent incidents over the year has increased but they are generally not serious. As restrictions have eased the prison has put a number of additional measures in place to limit access to drugs and other contraband, including access to regional dog units. However, the lack of appropriate technology to identify secreted items continues to be a concern.

Fire safety in the houses at Styal remains a key area of concern, despite the improvements made to accommodation over the year. A fire enforcement notice was recently in place (until 22 March 2022).

How fairly and humanely are prisoners treated?

The prison and its occupants are well served by the staff who, despite the deteriorating fabric and the testing conditions during lockdown, continue to maintain a humane regime. Relationships between staff and prisoners generally remain positive and there have been many occasions when Board members have witnessed staff professionalism and compassion.

Accommodation remains a concern with regard to decency and safety. About 70% of the population live in houses, some of which are dilapidated and not fit for purpose. Many houses suffer from damp with rotting and damaged window frames. Toilet and bathroom facilities were limited and some houses only have two toilets for about 20 women. Showers and baths are often unpleasant and in a poor state. Bedrooms are sometimes too small to hold three or four women comfortably.

How well are prisoners' health and wellbeing needs met?

During lockdown, the provision of healthcare at Styal has been as good as 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, cervical screening and smoking cessation. Take up has not been as good as in previous years. The GP service provides one-to-one consultations and other specialist health services have also been maintained. Dental services have resumed.

There are concerns around the safe and timely administration of medication. In particular, the inadequate accommodation for the pharmacy service exacerbates this problem.

Styal has a large number of prisoners with severe and enduring mental ill health. Prolonged periods of lockdown have had an inevitable impact on prisoners' mental health. The deployment of mental health nurses on reception, with follow up on the IC, means that all prisoners are assessed. Where required they have early access to mental health triage to identify need.

How well are prisoners progressed towards successful resettlement?

Work and education have both continued to be adversely impacted by the pandemic, though to a somewhat lesser extent than in the last reporting year, despite the best efforts of staff to mitigate this. The sudden withdrawal of Televerde from its contract to provide call centre work within the prison was very disappointing for the prisoners who had worked there and invested heavily in the training and the opportunity provided. Covid restrictions meant that no offending behaviour programmes ran during the year.

During periods when prisoners were able to access the library in person, the service available frequently failed to meet minimum requirements, in that all prisoners were not regularly able to access the library for at least 30 minutes per week. There were several reasons for this, including the lack of robust arrangements to cover for the literacy support officer; timetable clashes; and lack of prison staff to escort prisoners to the library.

3.3 Main areas for development

TO THE MINISTER

3.3.1 There have been capacity issues throughout the year with regard to staffing in the prison. The prison has used detached officers on a number of occasions but this has only provided temporary relief. Staff shortages are impacting on the regime in the prison, particularly the effective supervision of the houses, access to healthcare and external hospital visits, and on the movement of prisoners around the site. As HMIP indicated in their recent inspection, ‘Only with a full complement of effective and dedicated staff will this prison be able to offer the care, challenge and regime that will support the rehabilitation of this group of women’.

3.3.2 The need for escorts, due to the nature of the cohort, exacerbates what is already a critical staffing situation. Recognition needs to be given to the different demands in the female estate for gynecological services, pediatric care, and pre- and post-natal treatment. There is an urgent need to review pay and conditions at all levels in the prison service to ensure the recruitment and retention of high quality staff.

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 stage 1 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 still required to support the Governor in tackling this problem, reflecting those enhanced security resources and the technology 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. However a small number of individuals were held for long periods, with a consequent deterioration in their mental health. Nationally, there is still a pressing need for more specialist facilities that can be easily accessed, particularly psychiatric units.

TO THE PRISON SERVICE

3.3.5 There is still a significant fire risk, as indicated in last year’s report, to prisoners who reside in the 16 houses which have not yet been refurbished at Styal. A recent survey resulted in a fire enforcement notice. The prison had to provide improved fire alarms and fire doors and remove all non-fire retardant furniture, bedding and soft furnishings throughout the estate. As a consequence of this work the notice was removed on 22 March 2022.

3.3.6 Almost 70% of the population reside in the houses, which continue to present decency issues for the inhabitants, with regard to the number of toilets and bathrooms in each house. The fittings and furniture have been replaced and refurbished in most of the houses, and internal decorating has brightened up many of the communal areas. However, overcrowded bedrooms are a feature of these residences, and this lack of privacy can be detrimental to mental health and wellbeing. All residential accommodation should be decent and in a good state of repair including sufficient hygiene facilities for the numbers of women.

3.3.7 The Board remains concerned about the changes to the contracts for through the gate (TTG) Services. These services are now managed by the National Probation Service (NPS). There are a number of new external partners, based around different areas than those previously used, and very few had the requisite experience in post-release accommodation when appointed. The national guidance on short-term (female estate) and remand prisoners is awaited. The impact of these changes is being carefully monitored by the Board and consideration needs to be given to a more holistic, multi-agency approach to release arrangements to ensure fair and consistent access to support.

3.3.8 The Board has recorded a number of concerns this year with regard to the suitability and choice of clothing provided to female, transgender and non-binary prisoners, especially underwear. HMPPS does not provide a good range of prison issue clothing or underwear and appears to cater predominantly for the male estate. Those prisoners serving long sentences in particular feel strongly that their clothing helps to maintain their identity whilst in prison and the Board feels that greater attention needs to be given to this issue.

TO THE GOVERNOR

3.3.9 The implementation of the new ICT system and the provision of laptops for prisoners is relatively new and the Board is aware of the varying levels of confidence and competence amongst users. The Board will be monitoring improvements in communication between staff and staff, and staff and prisoners.

3.3.10 Access to the library facilities has been restricted over the year due to a number of contributing factors including the need for escorts, which has meant that this has continued even as the prison has moved from lockdown. The library has in the past hosted a number of activities including literacy, reading, and small group support for vulnerable prisoners and provided access to legal information sessions. All of these have contributed to the wellbeing of prisoners and a return to normal access would be beneficial to the prisoners.

3.3.11 The prison has banned all incoming parcels to prisoners as a security measure, apart from new arrivals, who are able to receive two parcels during their first 28 days at Styal. This has caused real distress to many of the prisoners, particularly those who are on long-term and life sentences. The alternatives provided, e.g. access to the prison shop and a limited supply of catalogues, do not meet the needs of many prisoners. Sizes and choice are restricted and the cost of many items is beyond the means of many of the prisoners, particularly where families are unable to provide financial subsidies towards the cost of new clothing.

3.3.12 The Board has received a number of complaints this year from the prisoners in Bollinwood regarding their lack of contact with staff and use of the facilities inside the prison. They have expressed concern about the lack of ROTL and access to the services in the community. In effect they see few incentives and do not feel that the unit provides opportunities to progress towards release. They now have a facilities list and gym access, and a regular forum (with minutes and actions) is now held with senior managers. The IMB will continue to monitor feedback including timeliness of ROTL and access to staff.

3.3.13 The distribution of medication has been a concern. Over the year the Board has observed that healthcare has not been able to consistently provide a timely, safe process for administering medicine. While we understand that some of this is down to the logistics caused by Covid, other factors that contributed to this could have been addressed. The inadequate accommodation housing the pharmacy and the way in which medicines, including methadone, are transported have negatively affected the prisoners.

3.3.14 The incentives scheme in the prison has been subject to a number of reviews over the year and as yet there appears to be no consistent interpretation and application of how the scheme operates. The Board is therefore unable to monitor the progress of any changes and their impact on the prisoners, especially those prisoners with enhanced status.

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, physical and social care needs, by health professionals on entry into the prison. The follow up in the IC 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. A new visitors' centre has been opened and construction of a new gatehouse with increased security measures is underway.

3.4.3 The development of the Stepping Stones programme continues to show signs of success with some of the most vulnerable prisoners at Styal. The programme provides alternative therapeutic and creative activities such as origami, stress management, art, music and meditation. The prisoners find it calming and helpful, and feel that the programme helps with their confidence, interpersonal skills and progression

3.4.4. The counselling service 'Time for Me' has continued to be successful. Self-referring women are able to access up to 10 hours of counseling and the service has been expanded to meet the increasing demand from prisoners. Many prisoners speak highly of this service and of the benefits they have received.

3.4.5 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. However the provision is not appropriate for long-term stays and impacts adversely on the mental health, behaviour and wellbeing of those prisoners who spend substantial amounts of time there. The segregation unit should provide a decent and comfortable environment for women.

3.4.6 Referrals to the Valentina unit are considered at the weekly safety and intervention monitoring (SIM) meeting and reviewed regularly by senior managers. Staff in the Valentina unit and the CSU continue to show a level of compassion and

professionalism that is commendable, with real insight into the needs of some of the most vulnerable prisoners at Styal.

3.4.7 In general, there has been little progress in the area of progression and resettlement because of restrictions caused by the pandemic. A notable exception is accommodation on release, despite the considerable challenges presented by the changes to the contracts for TTG services, and the discontinuation of additional funding for post-release accommodation. The percentage of prisoners released to accommodation increased to an average of 92% (from internal figures) between August 2021 – April 2022. Much of the credit for this improvement was due to the new role of housing specialist, appointed in September 2021.

3.4.8 There has been significant progress in the care of pregnant prisoners and new mothers. The PPO report into the death of a baby in custody, in 2021, made a number of recommendations, which were reflected in national changes over this reporting year. The prison now has a number of specialist medical staff, including perinatal support and a qualified midwife on site. This has resulted in far more referrals to antenatal care in hospitals. The recent appointment of two pregnancy liaison officers, both of whom have nursing, social care and mental health expertise, has greatly enhanced general provision both for pregnant prisoners and those who have recently suffered miscarriages or terminated a pregnancy. In addition this team is able to encourage pregnancy testing and raise awareness about the need to identify possible pregnancy issues at a much earlier stage.

3.4.9 The visitors' centre has been refurbished over the year, and now provides an attractive and welcoming environment for visits. In particular the new soft play area for children is bright and visible to prisoners, staff and visitors.

Evidence sections 4 – 7

4. Safety

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 peer mentors are very effective in providing ongoing support and reassurance to new arrivals. Effective risk assessment by reception officers for self-harm and suicide is now in place. However the prison has expressed concerns that prisoners arrive without documentation or notification, and often late at night when processing is more difficult.

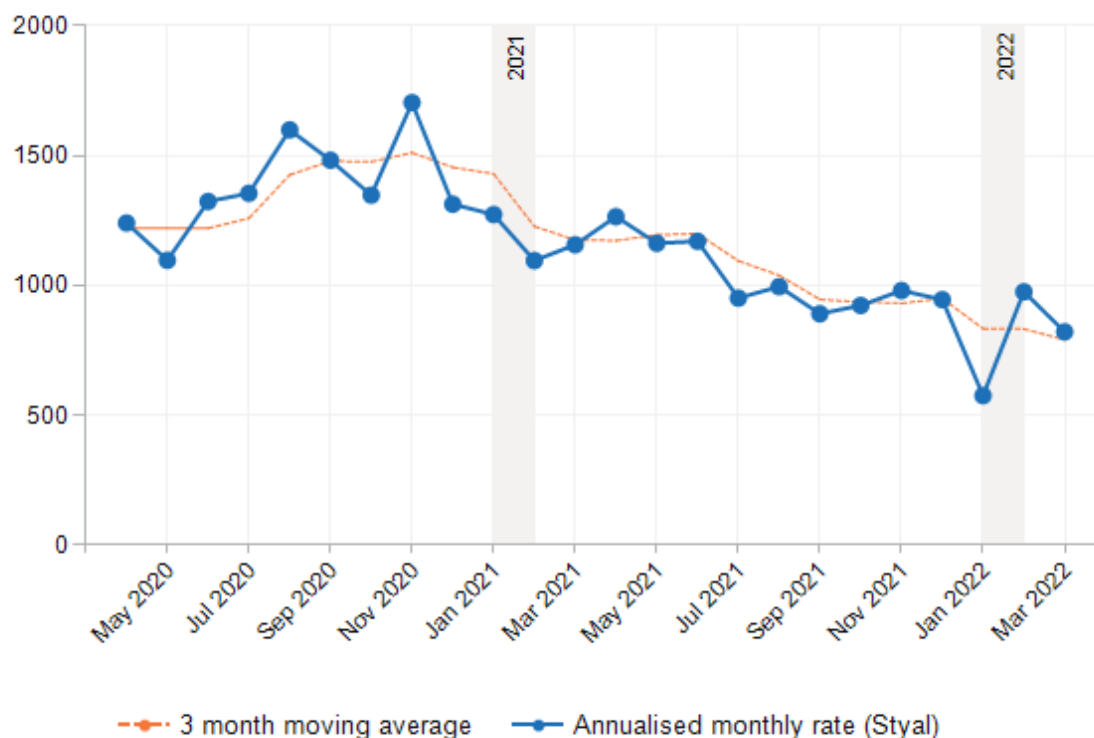
4.1.2 The IC allows for a 24-hour nursing presence and better monitoring of detoxing. To date there have been no reported deaths. The training package for all staff working in this area, including suicide and self-harm prevention and 'becoming trauma informed' has been effective, particularly with first time prisoners. The Early Days pilot is enabling a focus on first time prisoners and those with mental health issues. Demands for its services are high although it is too early to evaluate its success. Newly arrived prisoners are positive about their experience on the IC and the induction process in general.

4.2 Suicide and self-harm, deaths in custody

4.2.1 There have been no deaths in custody in this reporting year. Where prisoners have attempted to take their own lives, these incidents have been properly investigated and lessons have been learnt to inform future practice.

4.2.2 The figures show that self-harm per 1,000 prisoners has reduced by 39% over the performance year 2021-2022 compared to the previous reporting year. This demonstrates the success of the targeted intervention programmes at Styal. The majority of self-harm incidents are from prolific self-harmers (those who self-harm more than five times a month) who on average account for between 60% and 80% of the total.

4.2.3 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 and the Early Days programme. The safety team, however, remain concerned about the increase in prolific self-harmers and the increase in self-harm amongst those prisoners with learning difficulties.



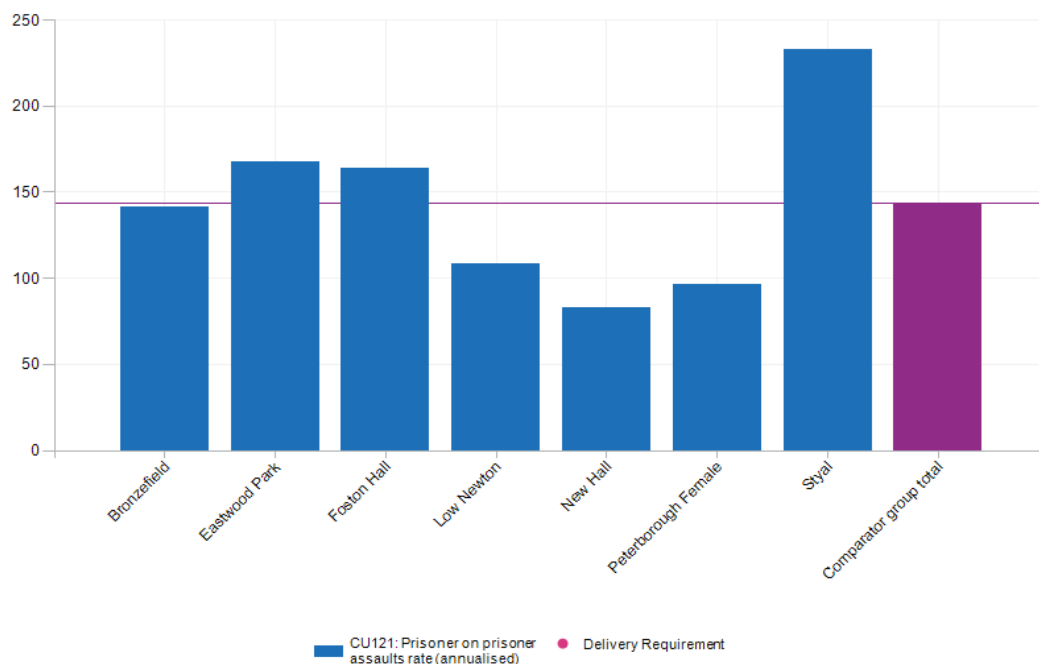
4.2.4 The HMIP inspection in September recommended that ACCT documents should record identified risk and that care plans should reflect the specific concerns and circumstances of each prisoner. To date the prison has acted upon these concerns through training and enhanced quality assurance checks, whose findings are shared at the monthly safer prisons meetings. The Board is confident of the prison's vigilance in ensuring the care of vulnerable prisoners.

4.2.5 The number of open ACCTs has reduced slightly over the year. The prison is currently reviewing the ACCT process and is focused on improving ACCT quality and case review delivery; increasing the number of ACCT assessors; and improving the early days process. The challenge, support and intervention plan (CSIP) delivery is also under review.

4.2.6 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, which are well attended and focused. A new system for recording prisoners remanded for their own safety is in place.

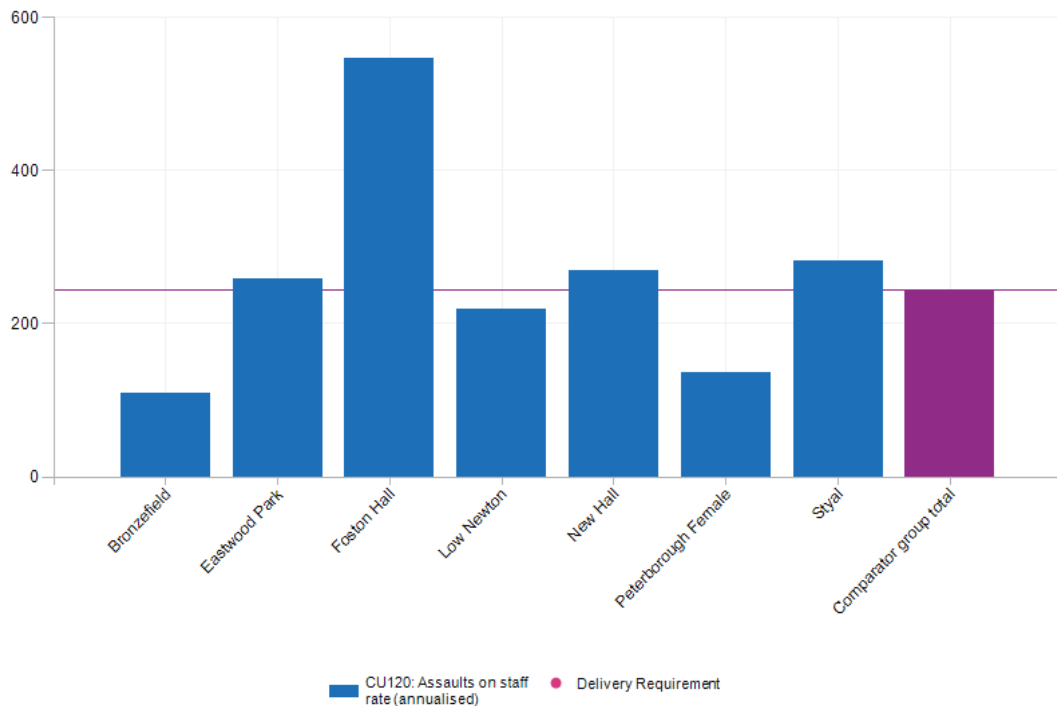
4.3 Violence and violence reduction, self-isolation

4.3.1 Assaults by prisoner on prisoner are currently the highest in the women's estate. Between August 2021 and February 2022 there is evidence of a decline in assaults but this spiked sharply in April 2022, presumably as a result of the relaxation of Covid rules and increased freedom of association.



4.3.2 Assaults by prisoners on staff have also seen a 45% increase during this reporting year as compared to the previous year, and remain the second highest in the female estate.

4.3.3 Throughout the reporting year we received 18 applications coded to 'Staff/prisoner concerns including bullying', 13 of which mentioned bullying in their context: 10 by other prisoners, six by officers including three physical assaults by prisoners and one physical assault by officers. Five of these applications were made by the same prisoner in a single month. The Board looked into each of these concerns and found that the prisoners were either released from custody, moved to another part of the prison or that concerns were unfounded.



4.4 Use of force

4.4.1 From the period April 2021 to March 2022, there were 318 use of force (UoF) incidents recorded, of which 29 were planned and 289 unplanned. This is a rise on the number recorded from the previous year and still remains the highest from within the female estate. The numbers have steadily increased throughout the year with a spike during the month of October (49 unplanned UoF), which correlates with other prison statistics around violence. Included in this were 66 occasions where staff had to use personal protection techniques and 120 times when handcuffs were used.

Use of force	Apr – Jun 2021	Jul – Sep 2021	Oct – Dec 2021	Jan – Mar 2022	Total
Planned	4	7	12	6	29
Unplanned	50	68	99	72	289
Total	54	75	111	78	318

4.5 Preventing illicit items

4.5.1 During and since lockdown, the prison has had 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 throw overs. Mandatory drug testing was suspended during lockdown and has only been reintroduced as the prison has moved to normal operating procedures.

4.5.2 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 legal letters and parcels from outside. Incoming parcels are now banned as part of this strategy. Intelligence provides a good flow of information which suggests that most illicit substances are brought in by returning prisoners or those attending outside hospital visits. Appropriate technology is required to enable better screening for illicit substances.

4.5.3 Drugs and other illicit substances remains a key local security objective for the prison. Staff are urged to report any intelligence or observations and the monitoring of prisoner monies, and the misuse of PIN numbers continues to be a focus.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

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. Many of the buildings housing prisoners were constructed in 1896; consequently, due to their age and design they are in a poor state of repair, with many having extensive structural problems that need to be addressed. Issues include one house with a large deep crack in its external brickwork, others have areas of internal damp, and most need windows replacing.

5.1.2 Within the un-refurbished houses, the main problem remains the fire risk posed to prisoners. Despite work to improve fire safety, the Crown Premises Fire Safety Inspectorate (CPFSI) still issued an enforcement notice after identifying areas of concerns such as noting that the fire stopping around the doorframe of a new fire door was substandard. Prison staff have endeavoured to reduce the fire risk for prisoners in the affected houses by implementing measures such as not locking them into their cells at night and completing a volumetric exercise on all prisoner property within the prison. This enforcement notice was withdrawn on March 22 2022.

5.1.3 The heating system within the houses is antiquated and the ambient temperature fluctuates wildly. The Board received applications from prisoners about the excessive heat in cells and rooms, which was especially challenging for those going through menopause. This issue is particularly problematic for the babies located in the MBU where it can become very cold or if the heating is on, extremely oppressive. This excess in heat is particularly evident in one of the cells which has several heating pipes running through it.

5.1.4 The Board has particular concerns about the lack of use of one house, which was refurbished during this year at a cost of approximately £800,000, although it is disappointing that standards of decency were not enhanced by the addition of more toilets and bathrooms in the redesign. The house was unusable for a large part of this year because the fire alarm was not working, and it has not yet been opened due to a reduction in the number of prisoners currently held in Styal.

5.1.5 Access to the new shop is currently restricted and there have been concerns raised about the limited range of sizes, especially with regard to underwear. The provision of clothing through outside parcels has been stopped by the prison, for understandable security reasons, but the alternative internal supply chain has not yet been raised to the same standard.

5.1.6 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. The new visitors' centre is now open, and provides a welcoming and helpful environment, with much improved facilities for children. A new gatehouse is under construction, with improved security measures, and the garden areas are being extended.

5.1.7 The Board has only received 11 applications with regard to food and the kitchens this year, and these were all satisfactorily resolved. Specific dietary requirements appear to have been met, and celebratory menus organised for cultural events throughout during the year.

5.2 Segregation

5.2.1 A careful analysis of the available data from the segregation monitoring and review Group (SMARG) clearly shows the CSU is still being used sparingly and proportionately. The last available collation shows that only nine prisoners were based on the unit for more than 14 days – one later hospitalised under the Mental Health Act. Disobeying a lawful order remains the main reason for occupation in the unit and figures show use of force is mainly reserved for prisoners who have been involved in assaults within the prison.

5.2.2 Regular inspections of the unit's documents show the staff are conscious of the importance of prisoner management. Some concerns have been expressed verbally about the care of obviously mentally disturbed prisoners and the time taken for alternative provision to be expedited. Covid again has meant there were limited opportunities for the IMB to attend reviews but scrutiny of the minutes and the daily orderly officer reports highlight that the correct processes have been observed.

5.2.3 Staff remain helpful and maintain a respectful and humane regime sometimes in the face of difficult circumstances such as the occasional 'dirty' protest. Recent decorating has taken place and there are plans in the pipeline to provide desks in the cells along with a new recreation room.

5.3 Staff-prisoner relationships

5.3.1 The majority of prisoners indicate that there was a member of staff who they could turn to if needed and most reported interactions with staff on at least a weekly basis with regard to their welfare. Relationships between staff and prisoners generally remain positive and there have been many occasions when Board members have witnessed staff professionalism and compassion.

5.3.2 Many of the staff show skill in dealing with prisoners in crisis and empathy with the degree of trauma affecting behaviour. There are a small number of occasions however, when a lack of consistency is evident in the way prisoners are dealt with, largely due to inexperience of pre-Covid conditions. This does lead to complaints from prisoners about fairness and equity. Over the year the Board has received 18 applications (from a total of 203) about unfair treatment by staff.

5.3.3 The effectiveness of the key worker scheme has been impacted by the lockdown arrangements and the staffing issues in Styal. The Board will continue to monitor this area and to consider whether the projected additional time afforded to staff by the new ICT system will enable better progress next year.

5.4 Equality and diversity

5.4.1 The continued Covid-19 restricted regime at Styal, across our reporting year had a significant impact on the pre-lockdown practice. A key finding of the HMIP inspection stated 'leaders were trying to embed equality in their work but there was no strategy, and their key priorities or measures of success were unclear'. Members of the senior management team continued to have a lead for each of the nine protected characteristics and would normally have reported on progress for their area of responsibility at a quarterly equalities meeting. These meetings only resumed in March 2022.

5.4.2 The data reported referred to a period in 2021 when its relevance has to be seen in the context of a highly transient prison population. Forum consultations with prisoners with protected characteristics did not take place for most of the Board's reporting year and this has affected the ability of prison staff to identify quickly any concerns of vulnerability linked to disability, age or learning difficulties. Support for individual prisoners with protected characteristics is usually adequate. 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. However transgender prisoners have indicated that staff misuse pronouns, and they face some difficulty in accessing basic items. Provision for prisoners with physical disabilities is limited in some key areas of the prison.

5.4.3 The prisoner council ('Queensland meetings') remained for much of the year but prisoners felt that feedback was not always detailed or specific to the issues raised by prisoners.

5.4.4 In 2021, the IMB took part in a survey by the Criminal Justice Alliance, the focus of which was to explore the experiences of Black, Asian and minority ethnic women prisoners. At Styal, 17 returns were received out of 41 distributed surveys. This revealed that a minority of the relevant prisoners considered that they were treated less well than other prisoners. Styal's outcome was consistent with findings of the survey, which concluded that the experiences of Black individuals held in the women's prisons are particularly bad, especially regarding discriminatory incidents.

5.4.5 As part of an HMIP inspection in Styal in 2021, the survey of the prisoners indicated that although the percentage of Black or minority ethnic background population (9%) was small, their experiences of reception into Styal were significantly worse than White prisoners. HMIP indicated that 'Support for individual women with protected characteristics was adequate but responses to discrimination incident report forms were not always robust'. However, our Board, in its own findings, concluded that there was a consistent and appropriate oversight of the administration of the discrimination incident reporting form process which had looked at the 11 complaints lodged within the reporting year.

5.5 Faith and pastoral support

5.5.1 The pastoral role undertaken by the chaplaincy in Styal is highly valued in the prison. During the pandemic the ongoing Covid-19 restrictions impacted significantly on the role of the chaplaincy. For much of the period the managing chaplain was the sole member of staff.

5.5.2 During the run up to both Eid and Easter the chaplaincy staff returned to the prison and normal celebrations and services resumed around April. In time the chaplaincy's normal strong and regular presence in all areas of the prison was re-established coupled with their critical role in supporting women who are vulnerable and/or who may have experienced significant loss.

5.5.3 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. Covid-19 restrictions also meant the prisoners did not access the chapel. Some of the chaplaincy team provide support to the Stepping Stones programme through meditation sessions and use of the reflection garden (see below).



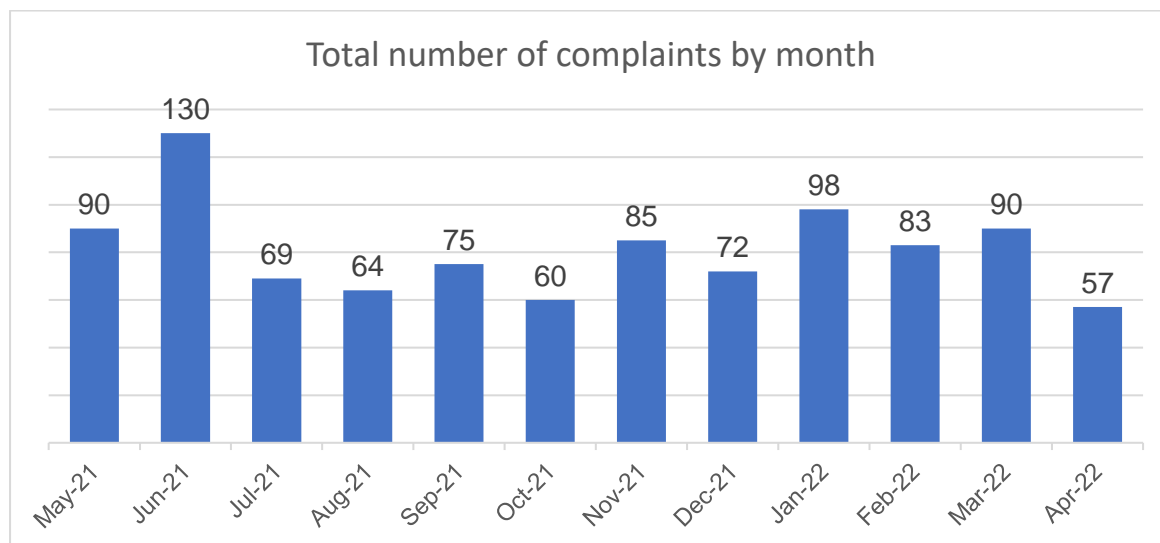
5.6 Incentives schemes

5.6.1 The incentives scheme in the prison has been subject to a number of reviews over the year and as yet, despite a new standard operating procedure being issued recently there appears to be lack of clarity and consistency of how the scheme operates. The Board is therefore unable to monitor the progress of any changes and their impact on the prisoners, especially those prisoners with enhanced status.

5.6.2 Whilst the use of the 'basic' level was limited during Covid restrictions, a number of women have raised queries with the IMB in relation to perceived lack of benefits of having 'enhanced' status. One of these benefits, the ability to purchase cooking ingredients via the bistro, is, in effect, limited to those prisoners living on houses with self-catering facilities.

5.7 Complaints

5.7.1 There were 973 prison complaints in total in the reporting year.



5.7.2 The prison has a good system for prisoner complaints. However, the loss of a dedicated complaints clerk in the last few months has prevented the Board from monitoring responses as thoroughly as last year. The Board looked at 34 replies to complaints of which only three were upheld. All of the replies monitored showed each complaint was investigated.

5.7.3 All the responses sampled were timely and addressed the detail of the prisoner's complaint clearly and respectfully. An improvement on last year was that the respondent explained their role, and why they had been asked to deal with the complaint.

5.7.4 There were only three examples where the board felt it was unreasonable to have expected the prisoner to understand the issue or prison process that caused the problem. The majority of responses were fair and reasonable. Some were also helpful in that they suggested other ways to resolve the problem.

5.8 Property

5.8.1 The prison has official guidance and systems in place to manage property including preventing and dealing with any loss. Clear guidance is given to prisoners on entry with regard to property entitlement, and only 18 applications relating to property were submitted in this reporting year.

6. Health and wellbeing

6.1 Healthcare: general

6.1.1 Spectrum Community Health continued to provide primary healthcare, social care and drug and alcohol services within the regime restrictions in place to manage Covid-19. Delivery of a full service was made more difficult by clinical staff absences and the shortage of officers needed to escort women to appointments. Despite operational difficulties most women received primary care that was at least as good as that provided in the community. The in-cell telephones and the more recently provided prisoner laptops have been used to good effect.

6.1.2 Management of a replacement head of healthcare to cover maternity leave was done quickly with no disruption to access to the service. Spectrum has filled a number of posts over the reporting year. The improved communication between Spectrum and prison staff ensures that prisoners benefit from a more holistic approach to health and wellbeing. The Board monitors this through access to minutes and action plans from the fortnightly safety meeting as well as by meeting with individual prisoners.

6.1.3 Over the year the Board has been concerned that healthcare has not been able to consistently provide a timely, safe process for administering medicine. While we understand that some of this is down to the logistics caused by Covid, other factors that contributed to this could have been addressed. The inadequate accommodation housing the pharmacy and the way in which medicines, including methadone, are transported have negatively affected the prisoners.

6.1.4 Some of the accommodation provided in the main healthcare building is not adequate to meet the needs of prisoners in Styal, especially the space used by the pharmacy/dispensary. The mental health team could not provide a full service because of a lack of suitable accommodation. The January 2022 HMIP report noted that the 'healthcare building was dated and in need of remedial work'.

6.1.5 There has been a significant improvement in perinatal care.

6.1.6 Social care continues to be a strength, with some prisoners receiving significantly better care than they previously had in the community.

6.1.7 Prisoners with alcohol and drug addictions can access medical, psychological and social support that is as good as that found in large conurbations and better than what is often available in rural areas. HMIP Report January 2022 noted that the drug and alcohol service (DARS) in Styal 'delivered interventions appropriate to women's needs'.

6.1.8 Prisoners with severe mental ill health continue to be sent to Styal. There is a need for more resources in the community so that, at sentencing, prisoners can be appropriately placed and cared for.

6.2 Primary healthcare

6.2.1 Medicine administration has created problems for many prisoners especially those living in the houses. The Board monitored the time taken to give out medication to these prisoners; the shortest time was two hours and 15 minutes, the longest was four hours and 30 minutes. It took over four hours on four consecutive days in August. On two occasions in April lunchtime medication for some women was not dispensed because the morning medication was still being given out. Prisoners spoke to Board members on several occasions about how anxious it made them feel. Investigating these concerns showed several factors were involved, including staff absences (both clinical and prison staff), regime restrictions in place for Covid, many prisoners with complex needs, a fluid population and a lot of prisoners receiving several different medicines.

6.2.2 The Board investigated two applications where prisoners had been given either the wrong medicine, or a significantly wrong dose. However, the majority of applications are either about not getting a controlled medicine or not getting their medicine in a timely manner, which, in some cases, meant prisoners, could not have their lunchtime medication. The HMIP report noted that aspects of medicine administration were 'poor and presented risks to the women'.

6.2.3 Time critical medication and the methadone clinics were appropriately managed and where possible, in-possession medication was promoted.

6.2.4 The supervision of prisoners queuing at the main dispensary needs to be improved as we observed how little privacy there was for an individual when other prisoners were allowed to stand very close to the dispensary hatch out of sight of the officer. HMIP inspectors reported in January 2022 that monitoring of dispensary queues needed to be improved.

6.2.5 Despite the regime restrictions causing a large backlog, eligible prisoners were offered a range of vaccines including hepatitis A & C, MMR, meningitis and tetanus. There was a 98% take up of the flu vaccine. Take-up of the Covid vaccine was in line with that in the community. Prisoners were also able to access a range of health screenings; for example, diabetes, chlamydia and a number of cancer screenings were offered.

6.2.6 The dentist continued to provide an emergency service and we had positive feedback about this service from four women although there was a delay in prescribing antibiotics to one prisoner with a tooth abscess.

6.2.7 Prison staff are integral to prisoners' access to healthcare in that they physically escort women to and from appointments. Delays in medication administration and reduced availability of prison staff have at times impacted on access to healthcare appointments in the prison and in the community. In these cases prisoners have not been collected, arrived late for timetabled clinics or have had their external appointments cancelled because escorts have been unavailable. Women also miss appointments when administration errors mean that prison officer and healthcare appointment lists do not correlate.

6.2.8 There continues to be a problem with prisoners not attending their appointments: between 1 January 2022 and 1 May 2022 931 appointments were marked 'did not attend' (DNA) by healthcare. Recorded DNAs included cases where prisoners had declined to attend, noted as being a 'refusal'.

6.2.9 When women decline to attend appointments they are noted as being a 'refusal'. An IMB survey of women who were said to have refused their appointments found that the reasons were not always a straightforward unwillingness to attend. There were prisoners who had chosen not to accompany officers to their appointment at the healthcare centre but there were also those that said they had not been collected. Of those who declined to attend, some were unaware of an appointment and thought it had been made in error, whilst another thought it was a duplicate, as a nurse had already recently seen her. One woman with severe anxiety had had no warning of the appointment and felt unable to attend.

6.2.10 Over the reporting period, the Board received a total of 203 applications of which 48 (24%) were about healthcare: this is similar to the last reporting year (22%). For this year 19 (9%) were about not getting the medicine they felt they needed or said they had been taking prior to coming into Styal. We found that Spectrum was following NHS guidelines in respect of several controlled medicines and that prisoners had been offered alternatives. Fourteen (6.5%) applications were about waiting times for an appointment to see a GP, dentist or mental health practitioner. Four prisoners put in 13 (6%) applications.

6.2.11 Perinatal care has improved significantly in the reporting period with the introduction of the perinatal and mental health care pathways (NHS England). Styal has introduced individual care plans and appointed additional staff to support pregnant women and those with young children. A custodial manager and two pregnancy, mother and baby liaison officers (PMBLO) are located on the MBU and act as a point of contact between the prisoners and the multidisciplinary teams and agencies. An on-site midwife and a perinatal mental health nurse have also been appointed.

6.2.12 A new weekly support group has been set up by the midwife so that pregnant women and those who have recently given birth can get together. Pregnant prisoners are now benefiting from additional healthy food packs. An IMB survey showed that women found their experience of being pregnant or giving birth whilst in the prison was largely positive and all had a good relationship with the midwife and the PMBLOs. The prisoners had received extra food, milk and vitamins and had been able to get maternity clothes and practical support items such as appropriate mattresses and information leaflets where necessary. They all attended the weekly support group and welcomed the opportunity to meet other pregnant women and new mothers.

6.3 Mental healthcare

6.3.1 Greater Manchester Mental Health Foundation Trust provides mental health services. Between March 2021 and April 2022 an average of 150 prisoners at any one time were being supported by the mental health team. A range of support was provided depending on individual need; for some this meant a weekly check on their welfare or

provision of distraction packs but for others it meant ongoing individual therapeutic work.

6.3.2 Styal continues to have a number of prisoners suffering from serious mental ill health, some of whom present as being at serious risk of self-harm. In October five prisoners were either waiting for a bed in a secure mental health facility or waiting for the result of their assessment. During the reporting year eight prisoners were transferred to outside beds in secure psychiatric hospitals. Staff, including officers, provide the best care they can in the circumstances for these seriously ill prisoners who, at times, present as very challenging. The Board has observed officers showing understanding and compassion to individual prisoners whose negative behaviour was a consequence of their mental ill health.

6.3.3 When a workshop was made available, the team could support up to 50 women by running a weekly programme of themed groups but this all stopped when the rooms were no longer available. They did continue to offer support for those in custody for the first time and a sleep hygiene clinic for those suffering from insomnia. As the prison moves from a restricted regime the Board hopes that space can be found for the team to restart the groups. Prisoners attending the gym session run specifically for those with mental health issues said it helped them.

6.3.4 Styal continues to offer support to those prisoners who display symptoms of personality difficulties through ADAPT, a service jointly developed by HMPPS and the NHS. At any one time between 20 and 25 prisoners are being supported by the highly specialised team, which includes two prison officers. There are now close links with the mental health team, which benefits prisoners needing to move between services. A clinical nurse specialist does the complex assessments and delivers trauma therapy and dialectical behaviour therapy (DBT) to prisoners assessed as suitable. The HMIP report stated that the prison 'provided excellent support to some women with complex needs'.

6.3.5 The prison uses a range of therapies and approaches to identify, assess and make resources available for vulnerable prisoners, and this bespoke support continued to operate during the pandemic. The Stepping Stones programme, part of the support for prolific self-harmers, has expanded over the year and involves a number of different agencies, including the chaplaincy, mental health teams and the psychology service.. It has a range of therapies and reviews show that this programme and other strategies have impacted successfully on a number of the targeted cohort.

6.3.6 In addition, the Valentina unit continues to be in use for women who need higher levels of care. Access to the unit is carefully considered and approved at the weekly SIM meeting, so that appropriate resource can be allocated. Despite this strong, whole-prison approach, some women with acute mental health difficulties still ended up in the bleak segregation unit, where some caring staff did their best to support the women in completely unsuitable conditions.

6.4 Social care

6.4.1 All prisoners assessed in reception as needing social care are seen the following day or within 48 hours if they arrive on Friday. If the assessment indicates that a prisoner has learning difficulties the specialist nurse practitioner, who is in two days a week, will liaise with the lead for social care.

6.4.2 The plan to appoint a part-time social care assistant did not materialise so the one full-time social care practitioner looks after seven to nine prisoners at any one time. A general healthcare assistant is available to help out.

6.4.3 Despite the small number of staff the standard of care is high. The Board has observed how older prisoners with age-related disabilities are well supported and how those who cannot, for whatever reason, manage their personal care are helped to shower and use clean clothes. Emphasis is placed on decency and promoting independence with over 50% of those prisoners needing personal care progressing to being able to completely look after themselves. Prisoners with learning difficulties benefit from the continuity of care that the lead for the service provides.

6.4.4 Unlike in the community, prisoners who suffer from incontinence do not have to attend a specialist clinic as Spectrum do the assessment and provide any products they need. This is a very positive approach to maintaining dignity as, in a female prison, individuals present with this problem at a much younger age as a result of past experiences.

6.5 Exercise, regime

6.5.1 The restricted regime has negatively affected a lot of prisoners, including those who benefitted from working outdoors in the gardens. Limited time in the fresh air and restrictions on association have meant prisoners spending long periods in cells or in multi-occupancy bedrooms.

6.5.2 Improvements to the gym, including equipment and activities offered, have had a positive impact on prisoners' wellbeing.

6.6 Drug and alcohol rehabilitation

6.6.1 Drug and alcohol rehabilitation services (DARS) supported an average of 160 prisoners at any one time, including medical support during detox and withdrawal and ongoing psychological and social support.

6.6.2 The incentivised substance free living house (ISFL) is the first in the women's estate and serves a small number of prisoners (an average of eight). The house is not just for drug users but also for prisoners with other substance abuse issues, such as alcohol, and wider addictions such as gambling. The house enables prisoners to cook together and two resident peer mentors ably support them. Prisoners speak very positively about their treatment and believe it would not have been possible for them

to become substance free without the support of the house. Support from the DARs service is also highly valued.

6.6.3 As part of the through the gate service the team leader checks each day for all releases including short notice, bail and home detention curfew (HDC) to ensure a community pharmacy link is in place and to offer naloxone to all opiate users.

6.6.4 All opiate-dependent prisoners, once stable, are encouraged to reduce their use of methadone. In the 10 months from May 2021 to April 2022 94 prisoners were helped to stop using methadone so they could be considered for a place on the ISFL house.

6.6.5 As the regime restrictions eased there was an increase in 1:1 and group work. Nine groups run over five days and are well attended. An Alcoholics Anonymous group is scheduled to restart on Saturday mornings. The team has recently made use of the in-cell laptops with four prisoners completing the 'Breaking Free' course.

6.6.6 Styal offers a smoking cessation clinic and some prisoners do engage with it, but for a large number of prisoners nicotine dependency has a seriously negative effect on their wellbeing.

7. Progression and resettlement

7.1 Education, library

7.1.1 The education provider Novus reported that 410 prisoners started courses between April 2021 and March 2022. This is almost identical to the 414 starts in the previous year, which was also seriously affected by the pandemic, but well down on the two previous years' figures of 1,709 in 2018/19 and 1,743 in 2019/20. With a small number of results awaited, the success rate (defined as possible achievers minus those who have left their course early due to prison requirements) for 2021-22 is 93% (and 98% if outstanding results are confirmed as passes).

7.1.2 Face-to-face teaching was possible during the year, but class sizes were smaller than pre-pandemic to enable distancing in classrooms. For two periods, totalling about six months, learners could only be taught with others from houses in the same avenue or from the same part of the wing, depending on where they lived. In order to facilitate this, classes were reduced from four to two a week. Attendance was further disrupted because of the need for all prisoners in a house to self-isolate, often for lengthy periods.

7.1.3 Even when isolation was not a factor, attendance at classes was poor at times, which education staff attributed mainly to a lack of motivation. Board members have witnessed many positive interactions between prisoners and tutors, and prisoners have commented very favourably on the help and support they receive from both tutors and peer mentors. Assessment and induction have also presented challenges during the year, because of the difficulty in engaging prisoners when face-to-face contact was not possible.

7.1.4 The library service, which, unusually, is run by the prison, has not this year met the required minimum standard, that every prisoner should have weekly access of at least 30 minutes. There have been three major reasons for this. Arrangements to cover for the literacy support officer when she is absent, are not regular or robust; prison timetabling resulted in some prisoners facing clashes in activities. In addition, staffing shortages sometimes meant that no officer was available to escort prisoners to their timetabled session.

7.1.5 This last issue was particularly acute for prisoners wanting to benefit from the Toe by Toe programme offered by volunteers trained by the Shannon Trust, based in the library, for prisoners who cannot read. These sessions are short and therefore put further demand on staff escorts. No additional activities took place in the library during the year because of the lack of space to fulfil pandemic requirements.

7.2 Vocational training, work

7.2.1 Covid restrictions limited the availability of vocational training for a second year, although most prisoners on vocational courses did receive some practical training during the year. Prisoners taking qualifications in hair and beauty were adversely affected because the close customer contact needed to deliver these services meant that restrictions applied for longer than in other areas.

7.2.2 During 2021 the prison undertook significant preparatory work for the installation of a new call centre, set up by an outside company, Televerde. Once fully operational it would employ 18 prisoners. Televerde carried out recruitment and training but by February 2022 it was evident that they had withdrawn from the contract. This was very disappointing for the prisoners who had been employed in the call centre after undergoing significant training and who found the work interesting and rewarding. There continues to be a shortage of activity places in the prison. Efforts to find suitable employers to fill these spaces continue, but are hampered by the prison's inability to supply supervisors for the workshops.

7.2.3 Covid restrictions prevented almost all prisoners from working outside the prison in the year. The Clink restaurant was open for part of the year but offered a reduced service, and employed fewer prisoners than it did pre-pandemic. By the end of the reporting year, when pandemic restrictions were reducing, it was becoming clear that there were employment opportunities for appropriately categorised prisoners in the community, but that timely re-categorisation was an issue. The Board will continue to monitor this.

7.3 Offender management, progression

7.3.1 The offender management in custody (OMiC) model was formally introduced in Styal in April 2021. Prison offender managers and key workers are identified and trained. However, the prison's ongoing staffing difficulties have had a significant impact on its operation, as staff from the offender management unit (OMU) are frequently redeployed to cover other areas with a consequent knock-on effect on their work. For this reason there is also a small backlog in offender assessment system (OASys) assessment completion.

7.3.2 The number of ROTL approvals has increased as the prison has progressed through the various stages of Covid management, with a minimum figure of two in August 2021 and a maximum of 186 in April 2022. The total figure was 890 in 2021/22 compared with 30 in 2020/21 and 2,936 in 2019/20, pre-pandemic.

7.3.3 On average over the reporting year HDC approvals (148 versus 143 in the previous year when an accelerated HDC scheme was in place) were granted in a timely manner with approximately 80% of decisions being given by the eligibility deadline which is similar to performance in previous years.

7.3.4 No offending behaviour programmes ran during the year.

7.3.5 The national bail service is evolving, and Styal has retained a bail officer in place, with their contract extended to April 2023. A bail package specifically for the female estate is underway and Styal has seen success for some women granted conditional bail, and who have remained on bail due to community support, including accommodation. Figures for the past year concluded with just under half of all women for whom a bail report was requested receiving bail (36/73).

7.4 Family contact

7.4.1 Face-to-face family visits were facilitated in line with the changing national and local restrictions in force during the year. Even when visits were possible uptake was often low and numbers were in any case reduced from before the pandemic. However video calls (delivered by Purple Visits) were available throughout the year with usage increasing. The number of social video calls during the year was 2,067. No family days were run during the year.

7.4.2 At the end of March 2022 Family Action's contract to run the mother and baby unit, which included opening the nursery on four mornings a week, ended. From April 1 2022 the prison has taken on the day-to-day running of the unit, and has appointed dedicated staff. Action for Children was awarded the contract to open the nursery from Monday to Friday, both morning and afternoon. Although the new arrangements are still bedding in, there are early signs that the unit is operating in a more integrated way with the rest of the prison. The longer opening hours of the nursery increase the opportunities for mothers to attend work and education.

7.5 Resettlement planning

7.5.1 As noted in last year's report the Board had concerns about the changes to contracts for through the gate services, which replaced community rehabilitation companies following the reversion of these services to the National Probation Service in mid-2021. The period at the start of the new contracts was difficult. There was only a matter of weeks between contracts being awarded and taking effect. This did not allow sufficient time for new providers to appoint staff, who then needed to be vetted. Most new providers and staff had little or no knowledge of housing matters, one of the major concerns for prisoners approaching release.

7.5.2 In order to gain further insight about pre-release services for Styal prisoners, the Board carried out an exercise in March 2022, aiming to speak with every prisoner due for release in April 2022 who had been identified as being in need of pre-release support. Twenty-five prisoners were interviewed and completed a questionnaire which asked about resettlement support.

7.5.3 Responses were mixed, but a number specifically praised the help given by the OMU and the prison-based Department for Work and Pensions (DWP) staff regarding finance and benefits. Commissioned rehabilitative service (CRS) support was mentioned less frequently, although other responses seemed to indicate that this had been received. The Board expected to see a difference in responses between those close to release and those with a month to go, and this was validated by some prisoners. This may be as a result of the different allocation of women to either the prisoner offender management team in OMU (who oversee 'high risk' prisoners), or the resettlement team who oversee all other prisoners. It would be valuable to ensure the consistency of services offered for all prisoners, whether short- or long-term and high-risk/non high-risk category.

7.5.4 One prisoner seemed to voice the opinion of others when she said 'They all say that they are going to do something, but they all leave it to someone else'. Prisoners indicated that extra support for mental health, accompaniment to the job centre and appointments on release day would improve the transition. One prisoner suggested a 'getting out' pack with useful information, including bus and rail timetables, would be helpful.

7.5.5 At the time of interview 14 prisoners of the 25 interviewed knew what their accommodation would be on release. Prison records show that of the 57 prisoners released in April 2022 only three did not have accommodation on the first night after release. This figure is fairly typical of those achieved since September 2021, when a housing specialist, part of a national trial initiative, was appointed to Styal. His expertise has been invaluable in training and supporting staff of the new commissioned rehabilitative services.

7.5.6 Prison statistics, compiled monthly from internal records and shown to be more accurate than official records, indicate that between October 2021 and April 2022 between 88% and 96% of prisoners released went to accommodation on the first night of release. Of those who did not the great majority did not engage with services pre-release or did not attend the allocated accommodation.

7.5.7 While these figures are good, and better than those for 2020/21 when additional financial support was available for accommodation for prisoners on release, up to 32% of these releases each month were into transient or short-term accommodation. This includes temporary accommodation with family or friends, and so did not fully resolve the situation.

8. The work of the IMB

8.1 The Board consists of a maximum of 14 members (currently 11 members) who monitor all aspects of life within the prison. Board members have visited the prison on a twice-weekly basis throughout this reporting year to carry out monitoring visits. In addition they have attended appropriate meetings, both in person and virtually, with regard to local, regional and national initiatives. Members have also maintained a training programme to ensure compliance and awareness of change and development. The Board has also undertaken surveys and thematic monitoring.

8.2 Monthly Board meetings have continued mostly in person, 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 also monitors the prison's performance statistics, and progress made on the HMIP action plan.

8.3 Applications to the Board have remained steady over the year both through the 0800 helpline, and oral and written applications from the prison. The total of 192 represents a significant reduction on last year's figures of 328, reflecting the increased presence of members in the prison and their ability to speak directly with prisoners.

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 One Board member has been on sabbatical leave for part of the year.

Board statistics

Recommended complement of Board members	14
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 (to end April 2022)	288
Total number of segregation reviews attended (to end April 2022)	25

Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year	% change
A	Accommodation, including laundry, clothing, ablutions	13	14	↑ 8%
B	Discipline, including adjudications, incentives scheme, sanctions	4	7	↑ 75%
C	Equality	1	4	↑ 300%
D	Purposeful activity, including education, work, training, library, regime, time out of cell	5	8	↑ 60%
E1	Letters, visits, telephones, public protection restrictions	24	16	↓ 33%
E2	Finance, including pay, private monies, spends	8	10	↑ 25%
F	Food and kitchens	12	11	↓ 8%
G	Health, including physical, mental, social care	99	48	↓ 52%
H1	Property within this establishment	19	21	↑ 11%
H2	Property during transfer or in another establishment or location	1	1	→ 0%
H3	Canteen, facility list, catalogue(s)	3	3	→ 0%
I	Sentence management, including HDC, ROTL, parole, release dates, re-categorisation	42	20	↓ 52%
J	Staff/prisoner concerns, including bullying	48	18	↓ 63%
K	Transfers	1	3	↑ 200%
L	Miscellaneous, including complaints system	48	19	↓ 60%
	Total number of applications	328	203	↓ 38%

Appendix 1

Styal IMB Questionnaire on Through the gate services March/April 2022

1. How long have you been in this prison?

2. Have you been seen by anyone within the prison to talk about resettlement?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If so, who, and has this been helpful?

3. Which town/region will you be living in on release?

4. Do you know where you will be living when you are released?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Is it:

Secure (i.e. your own home or with family or friends)

Insecure (less than a week/sofa-surfing)

Hostel/approved premises/rehabilitation

None (or phone number/appointment)

Comments

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

5. Do you have benefits arranged for release?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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6. Do you have work or training arranged on release?

Arranged

Leads

Sick/disability/retired/rehab

No

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

7. If you are on a drug regime (i.e. continuing regular medication, of any sort), do you have prescribing arranged?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>		<input type="checkbox"/>	

8. Are you registered with a GP?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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9. Do you have any issues such as drugs/alcohol/mental health or domestic abuse that you would like help and support with on release?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>		<input type="checkbox"/>	

If so, have you been put in touch with community organisations that might help you?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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10. Do you know the name of your COM?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Do you have an appointment to see them on release?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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11. Is there any help or support you would have liked to have received prior to release which has not been made available?

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Date of release

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Date of interview

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