

# **Annual Report of the Independent Monitoring Board at HMP Stafford**

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

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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 resident 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

Located adjacent to Stafford town centre HMP Stafford during the period of this report was

- the oldest fully operational prison in England and included a number of Grade II listed buildings
- a Category (Cat) C training prison i.e., it provided residents with the opportunity to develop their own skills so they could find work and resettle back into the community on release
- for men convicted of sexual offences
- and had a certified operational capacity of 750 residents

The prison included seven residential wings with most cells accommodating two residents. Each wing had in-cell sanitation and a shower block. Except for four cells in B wing, in-cell showers were only available in the newest wing (G). One wing (D) was used for induction, to accommodate the healthcare centre and the Support and Separation Unit (SSU). G wing also accommodated the new Special Care Unit (SCU) used to house residents who required specialist 24-hour medical care.

Brookside Cabin and garden provided a separate area for older residents, enabling indoor and outdoor activities, as well as facilities for relaxation and socialising.

Significant workshop space was provided for employment and an on-site programmes team provided a range of interventions for residents to help address their rehabilitation needs and to reduce their risk of reoffending. Although not extensive, the outside environment was exceptionally clean and tidy, supporting exercise yards, an Astroturf pitch, many flower beds, a Railtrack teaching area, beehives and a small paddock that hosted two pygmy goats.

Outside areas were further enhanced by using the artistic skills of the residents themselves as shown below by the impressive wall mural in the area in front of A wing.

Here individual animals and birds were hand-crafted, painted and stuck to the wall to deliver a 3D effect.

Fulford's Bistro, which provided catering for staff and visitors, was managed by residents, and enabled them to gain catering qualifications. To better prepare residents for life



outside of prison “Unity 7”, a residents’ meeting area and charity shop, which also supplied refreshments, was available, when possible, utilising a cashless card payment system.

Within the establishment many voluntary organisations supported the residents when Covid-19 restrictions allowed, including Samaritans (support and training for Listeners), Barnardo’s (Visitors’ Centre), Lincolnshire Action Trust (resettlement), the Shannon Trust reading plan “Turning Pages” and Chaplaincy volunteers.

It is important to note that many of the activities described, e.g., Railtrack, Brookside Cabin and Unity 7, were severely curtailed as a result of the various Covid-19 outbreaks, staff shortages or mixture of both experienced by the prison during the 2021-22 period. Also, an extensive and persistent legionella outbreak necessitated the temporary use of porta-showers, located on an outdoor prison thoroughway that provided the residents with adequate facilities as a result of the closure of many wing shower areas.

Key providers:

- physical health and social care provider - Practice Plus Group (PPG)
- mental health provider - Practice Plus Group: subcontracted to Inclusion and MPFT (Midlands Partnership NHS Foundation Trust) that together form an integrated mental health and substance misuse service
- education services - Novus and Acorn Training
- library services - Staffordshire County Council
- escort contractor - GEOAmey
- canteen\* - DHL
- facilities management - Amey plc

[\* - canteen – the equivalent of an external shop that exists outside of the prison, that residents can order from once a week for items such as toiletries]

### **3. Executive summary**

#### **3.1 Background to the report**

Other than the restrictions necessitated by the Covid-19 outbreaks the safety and humane treatment of residents (prisoners) since May last year has been severely and negatively impacted by medicines management within HMP Stafford.

This is an issue that the IMB has consistently and repeatedly raised, not only with the healthcare provider, PPG, but also with the responsible national bodies, HMPPS and NHS England, and with the regulators and oversight bodies, the CQC and the PPO.

[\* - HMPPS (HM Prison and Probation Service), CQC (Care Quality Commission), PPO (Prison and Probation Ombudsman)]

Despite this, the evident and repeated failings in medicines management continued for some time. In the Board’s view, this was because of a focus on process, rather

than outcome: on whether medicines management processes were correct rather than whether the patient received the right medication at the right time and in the right dose. A classic example of “hitting the target but missing the point”.

The Board, during this time, was criticised, especially by PPG, for not getting more involved in meetings regarding their processes. What all failed to understand was that the role of the IMB was not to “manage” but to monitor outcomes, which were dire.

In the Board’s Annual Report, published in 2020, it commented:

*The Board was concerned that, on occasion, some residents had been issued with either the wrong doses of medicine or, on very rare occasions, had been given the wrong medication. This was despite the use of dosset boxes in certain circumstances. The Board recognised that errors could be made but were reassured that every effort was made to avoid such mistakes.*

*Care UK had held several workshops, which resulted in a comprehensive plan to improve medication management.*

(N.B. Care UK has since rebranded as PPG)

However, the Board had to raise the same issue again in even stronger terms in its 2020-21 Annual Report. It contained many references to the deteriorating state of medicines management within the prison, but the most direct was:

*As the Board raised many similar issues in our annual report of the previous year we now find the state of medicine management in its entirety within the prison to be non-comparable to that available to the public within the general community and, more importantly, totally unacceptable on the grounds of resident health safety and hence in need of immediate correction.*

At the Board meeting of 6 September 2021, attended by the new Governor only hours after his arrival at the establishment, the minutes note:

#### **10. MEDS MANAGMENT:**

- *Systemic failure across the establishment*
- *New cases highlighted by XX and XX while visiting residents. One resident was without heart medication for 7 days and ended up being admitted to hospital*
- *XX and XX spoke to a resident who had been given incorrect information following an App[\*] to healthcare*
- *XX Spoke to a resident who had been without his anxiety medication for 4 days*
- *Areas of concern highlighted in the last Annual Report are still outstanding*
- *Healthcare had advised this was a regional issue, but it has since been established this is a localised problem*
- *There have been HMIP reports, 5 sets of PPO recommendations, 2 CQC recommendations and various action plans produced but there is still no resolution*

- *The Chair has spoken to the CQC but has not yet received any further response. An email had also been sent to [Prison Group Director] to which there had been an unsatisfactory response*
- *Cannot escalate the issue any further with PPG*

[\* An App (Application) is a form a resident can submit to formally draw attention to a particular concern or complaint they may have. For healthcare and the IMB this is the usual means of such a submission as it necessitates a response. The IMB will also accept verbal Apps under some circumstances.]

Despite the immediate actions of the Governor the situation continued to deteriorate.

This resulted in an email to the Director of Health and Justice, NHS England & NHS Improvement on 7 December 2021 where the question asked of her was:

*INEFFICIENCY – NEGLIGENCE – TORTURE*

*After reading this email I'll leave you to decide which description to apply.*

*I quote from an IMB App I received yesterday morning (Monday 6<sup>th</sup> December)....*

*"I ran out of ATORVASTATIN 80mg (evening med's only) on Thursday 2/12/21. On Friday evening I was told I only had enough MORPHINE 15mg to last till Sunday A.M. meds. NIL for the evening meds Sunday and A.M. meds Monday or until next supply arrives. I do not look forward to withdrawal symptoms as I have done cold turkey before believe me it is not very nice"*

At approximately the same time as this correspondence was sent, due to absence through sickness of the Head of Healthcare, the recently appointed Deputy Head of Healthcare assumed many of her roles. The effect was immediate and extremely positive. Cynics may say that this was coincidental and that what really happened was that the processes were now working. However, this is not what the Board monitored.

What the Board saw was simply someone who cared. Someone who immediately visited a resident when an issue was raised. Someone who concentrated on the outcomes and, ironically, in so doing, corrected some of the newly applied processes, which were found to not be working as desired. Discussions were then about "Welfare Visits" and not process failures.

Within a few weeks the Board monitored a move from a situation where even prison officers were submitting IMB apps because they were so concerned about the care of their residents to almost no apps at all from anyone.

As of the date of this report the situation was that PPG was now delivering the service it was commissioned for and it was now comparable to what a resident could expect if they were in their home community.

Looking forward, the Board's concern is one of "sustainability", i.e., will PPG continue to provide the commissioned service at the level required by the commissioners and continue to care?

## **Covid-19**

Covid-19 outbreaks have significantly impacted on the prison as a whole during the reporting period of this report. At the start of the reporting period the Board's May 2021 meeting minutes encouragingly noted:

- Covid-19 response moved in a phased way from Stage 4 to Stage 3, holding twice weekly meetings to review the situation
- the majority of the residents were vaccinated with the second dose being rolled out

By July 2021, 89% of eligible residents had received their first dose of vaccine and 15% their second dose. In September the IMB Apps boxes were opened for the first time in over 12 months and the App collection process returned to "normal".

At the end of October, the prison transitioned to Stage 1.

Sadly, the report of the Board's December meeting was less heartening in that:

- there were 21 Covid-19 positive residents
- 12 residents were under review
- 20 residents were currently in isolation
- 8 residents had declined a vaccination
- 292 booster vaccines had been given to date, with a further 50 residents scheduled to receive theirs on that day

During the period January – March 2022 the emphasis was very much on getting through the current outbreak and back to a more normal regime as soon as safely possible, which, by mid-April, was the case.

The Board can only praise both staff and residents for their forbearance and resilience during these extremely difficult times. Especially the management team for coping with the pressures created not just by Covid-19 but by the associated significant impacts of the medicines management issues, legionella outbreak, increased number of bed-watches and escorted hospital appointments/visits reducing an already Covid-19 ravaged workforce and their ability to deliver a normal prison regime.

## **3.2 Main judgements**

**How safe was the prison?**

With the exception of the consequences of the medicines management situation negatively impacting safety, data later in this report quantifies the low levels of violence [see 4.3] and drug abuse within the prison that demonstrated how safe it was. Residents had always commented on how safe they felt at HMP Stafford and this reporting period was no different.

### **How fairly and humanely were residents treated?**

Excluding the poor medicines management, which could not be, and was not, described as being fair and humane, then the remainder of the prison staff can only be praised, as demonstrated by the fact that prison officers were submitting IMB Apps to try and ensure the needs of their residents were met.

### **How well were residents' health and wellbeing needs met?**

Excluding the treatment received by the residents regarding their medicines management, the quality of all other aspects of care was in general assessed as good, and all departments/functions did much to ensure the residents' health and wellbeing needs were met, especially during the restrictions brought about by both Covid-19 and the legionella outbreak.

### **How well are residents progressed towards successful resettlement?**

Although not resourced as a resettlement prison and now re-designated as a training prison, HMP Stafford continued to discharge direct to the community. Remarkably, at the end of March 2022 the number discharged in the reporting period was 166 with only one of these residents having no accommodation upon release.

## **3.3 Main areas for development**

- 1. Sustained effective healthcare and medicines management that delivers for the residents of HMP Stafford and not just PPG targets**
2. For the prison to move to more of a Cat C rather than Cat B feel
3. The need to introduce modern in-cell phone technology (fixed or mobile)

## Evidence sections 4 – 7

### 4. Safety

#### 4.1 Reception and induction

Reception and induction were areas the Board were unable to monitor effectively during the reporting period owing to the difficulties of access as a result of Covid-19 outbreaks.

It was good to note that the body scanner was now in routine operation and had been found to be a valuable resource not only for new arrivals but where within-body concealment was thought to be occurring.

#### 4.2 Suicide and self-harm, deaths in custody

There were six deaths in custody (see table below). Of these two in particular, Mr P (date of death 27 May 2021) and Mr B (date of death 7 November 2021), caused the Board concern, not with regard to the deaths themselves but with issues associated with the medicines management of these residents prior to their deaths. On both occasions challenge was made to the PPO and regarding the one that went to inquest, to HM Coroner as well. Mr P was the subject referred to in the Board's previous report where he was refused pain medication as described in:

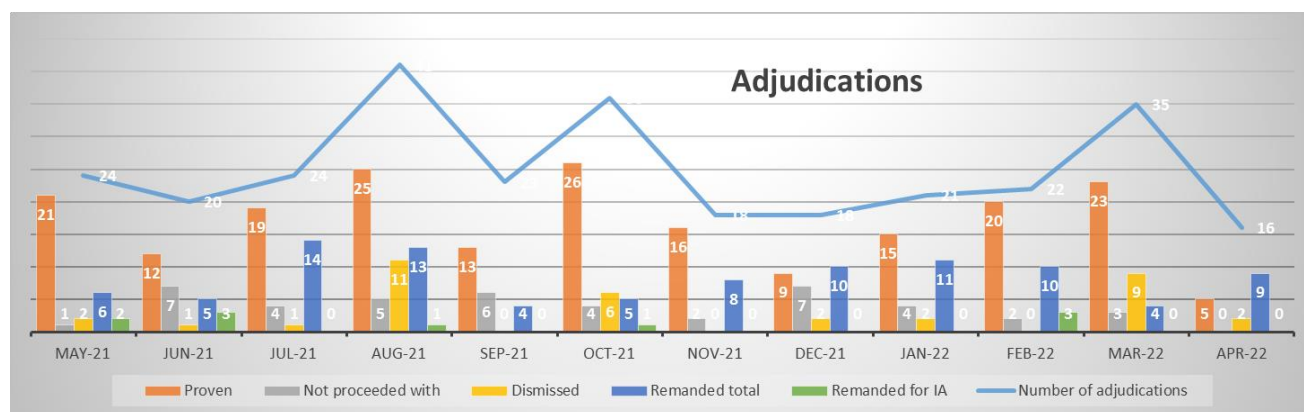
*Staff called to "Z" wing at 2300 hours due to Mr [P] being in pain and requesting his medication. Informed by healthcare that they were unable to issue medication due to not having a second member of healthcare on to countersign the issuing of the medication. Mr [P] had been refused his evening medication due to not making his way to the meds hatch, he is end of life care and potentially unable to walk that far. Mr [P] was transferred to HMP Stafford to allow him to access 24-hour healthcare and medication when needed.*

Resident	Date of death	Age at death	Location of death	Reason for death	PPO recommendations
Mr P	27/5/21	65	Hospital	Prostate cancer	Yes x 1 (1 x healthcare)
Mr B	7/11/21	59	Prison	Cardiac arrest	Yes x 4 (4 x healthcare)
Mr P	17/11/21	74	Hospital	Covid-19	Yes x 1 (1 x prison)
Mr A	18/11/21	60	Hospital	Heart failure	Yes x 5 (3 x healthcare 2 x prison)
Mr B	22/11/21	72	Hospital	Ruptured aortic aneurysm	Yes x 1 (1 x healthcare)
Mr D	16/1/22	81	Hospital	Urinary tract infection	None

### 4.3 Violence and violence reduction, self-isolation

HMP Stafford had been recognised for several years as being a “safe” prison and this, yet again, was demonstrated by the low levels of violence and use of force recorded.

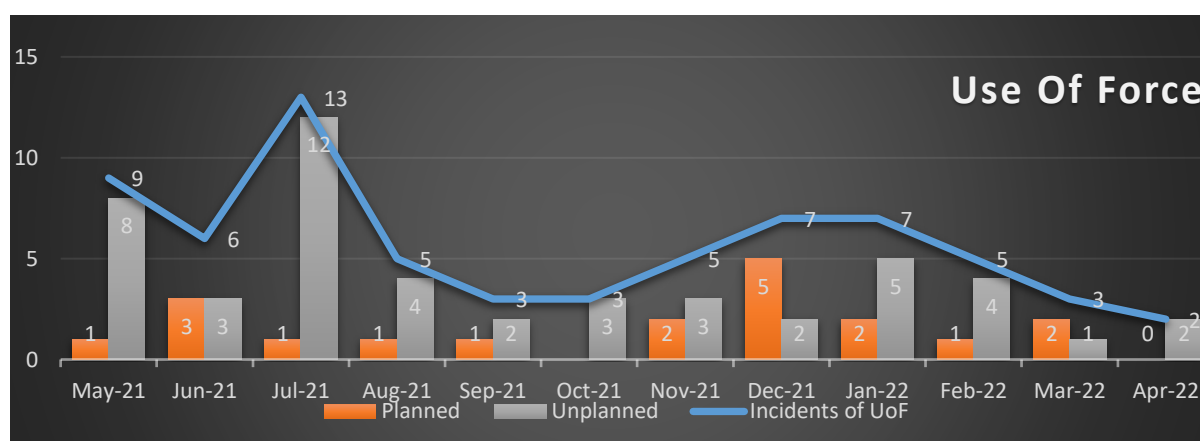
Adjudications during the reporting period totalled 298 of which 204 (68.5%) were proven, see graph below for further detail:



There was only one incident of social isolation reported during the period of this review.

### 4.4 Use of force (UoF)

The graph below shows the distribution of UoF events across the 12 months of this report. Overall, the number of events, at 68, was low and comparable to the figure of last year (66). There was no reported use of batons or PAVA (Pelargonic Acid Vanillylamide – an incapacitant spray similar to pepper spray).



Within the data there was no concern regarding bias towards any of the equalities strands e.g., age, ethnicity, religion, etc.

The Safer Custody team were frequently praised for the manner in which they undertook their work and this was recognised by residents to contribute to their feeling of safety, security and caring within the prison.

## **4.5 Preventing illicit items**

HMP Stafford had long been recognised as not having a “drug problem” and this continued. Drugs, mobile phones, hooch and any other illicit items were regularly searched for either on an ad hoc basis or as a result of intelligence gathered but only infrequently found.

The vast majority of residents spoken to told us that they wanted this situation to continue as they attributed the safety they experienced within the prison to the low levels of illicit items. However, all recognised that looking forward the likely changing demographics of the prison, i.e., younger residents, may negatively alter this situation.

## **5. Fair and humane treatment**

### **5.1 Accommodation, clothing, food**

During the year the Bunkabins, which had so ably supported a number of residents during the worst of the Covid-19 outbreaks, so allowing others to shield, were removed and the area returned to the Railtrack teaching area. Shower refurbishment, coupled with the legionella outbreak and the removal of the porta-showers, severely impacted and continued to impact the ability of residents to obtain showers as and when required, especially those with a disability who could not climb the stairs necessary to take advantage of facilities on higher wing levels.

As usual, and as per previous reports, the establishment as a whole was kept remarkably clean, tidy and looking fresh, which for a building of its age was testimony to the hard work of all involved.

Residents who moved to HMP Stafford following the Covid-19 lockdowns highlighted, yet again, the desperate need for in-cell phones as, for many coming from other prisons, this was for them now the accepted norm. As the year progressed this became more of an issue for residents owing to yet more time being spent in their cells as a result of not only Covid-19 but also staff shortages, the disrepair of many wing phones and residents selfishly “hogging” phones by making multiple calls. All of which could be resolved by the introduction of in-cell phones!

Not forgetting how little the prison had available to spend on each resident for food, within the establishment it had always been praised and this year was no exception. Upon reviewing the wing-based food comments books the Board frequently found that there were often long periods of time where no comments were entered as well as a good mixture of positives and negatives along with a range of suggestions of how menus could be varied, improved etc.

### **5.2 Segregation**

All building remodelling in and around the SSU was completed, which reduced the number of SSU cells to four, consisting of three normal and one special cell. However, since May 2021 its use varied from that of a SSU to one of a Protective Isolation Unit (PIU) according to the needs dictated by the different Covid-19 outbreaks.

Over the 12-month reporting period 29 residents in total were held in the SSU.

There were no residents in the SSU for more than 42 days. Those that required segregation, but could not be held in the SSU, were typically held in cellular confinement (CC) in appropriate cells on the residential wings.

Board members were routinely notified when a resident was taken to the SSU or placed in CC and the resident was contacted/visited where possible.

There were 13 Rule 45 reviews during the reporting period.

It was important to note that as soon as a resident was relocated to the SSU the following steps were put into action:

- reintegration plans were started in conjunction with residential staff
- Key Worker and Prison Offender Manager (POM) visits were increased
- residents still attended programmes and continued to work with education and/or Inclusion where possible
- Challenge, Support and Intervention Plan (CSIP) referrals were instigated if they had not been already
- there was collaborative working across all areas to reduce the time spent in segregation and to reduce the risk of the resident returning

### **5.3 Staff-resident relationships, Key Workers**

The impact of Covid-19 lockdowns, a shortage of staff, the high number of hospital escorts required and the inability to provide staff training as and when required all had a negative effect on the Key Worker programme. All recognised it was not where it was desired to be and steps were and are still being taken to increase the number of Key Worker sessions.

Importantly, the Board received very few criticisms regarding staff/resident relationships and during the height of the medicines management crisis, staff could not have been more supportive of the needs of the residents on their wings. Indeed, in some cases they even went as far as submitting IMB Apps on behalf of the residents to try and ensure a resolution to their issues was forthcoming.

### **5.4 Equality and diversity**

As the impact of Covid-19 started to decrease then the number of residents within the prison was allowed to increase back towards its operational capacity of 750, with at the time of this report a population of 741 versus the 677 figure of the prior year. As in previous reports the age profile of the residents remained biased towards the older individual as seen in the table "Residents Profile".

Interestingly, although the numbers did not provide evidence for this, prison staff reported a feeling of the prison drifting towards that of a younger population along with an associated increase in challenging situations.

RESIDENTS PROFILE			
MONTH	APRIL 2022		
	Numbers	% of Population	
Total Prison Population	741	100%	
IPPs	24	3.24	
Lifers	29	3.91	
Transgender	5	0.67	
Gender Fluid	0	0.00	
INCENTIVES SCHEME STATUS			
Enhanced	396	53.44	
Standard	343	46.29	
Basic	2	0.27	
ETHNICITY			
White	651	87.85	
Asian	44	5.94	
Black	33	4.45	
Mixed	7	0.94	
Other	6	0.81	
AGE PROFILE (Minimum age = 21)			
21 years to 29 years	75	10.12	
30 years to 39 years	175	23.62	
40 years to 49 years	133	17.95	
50 years to 59 years	143	19.30	
60 years to 69 years	125	16.87	
70 years plus	90	12.15	
		48.31%	29.01%

Prison staff numbers and profile (see table that follows) changed little during the last 12 months with 52.2% of the staff being over the age of 50 and hence ensuring a high degree of maturity amongst staff members. This also belied the feeling that a significant number of young staff had joined the establishment during the year. This may have been the case but it would appear they only replaced similar-aged individuals.

STAFFING PROFILE				
	April 2021		April 2022	
Age Range	Number	%	Number	%
Below 20	0	0	1	0.3
20-29	45	13.68	48	14.5
30-39	60	18.24	61	18.5
40-49	52	15.81	48	14.5
50-59	130	39.51	120	36.4
60-69	40	12.16	50	15.2
70 +	2	0.61	2	0.6
<b>TOTAL</b>	<b>329</b>	<b>100.00</b>	<b>330</b>	<b>100.00</b>

Throughout the pandemic the prison must be praised for the efforts it went to in ensuring the rights of all were met and that any and all associated events were both recognised and supported as demonstrated in the display for LGBT+ Month.



As can be seen from the table “Discrimination Incident Reporting Forms” there was, again, little difference between this reporting year and the previous one.

DISCRIMINATION INCIDENT REPORTING FORMS (DIRFs)				
		LAST YEAR	THIS YEAR	DELTA
CLASSIFICATION	CRITERIA	TOTAL	TOTAL	
DIRFs	Submitted	29	30	+1
	Resident vs Resident	9	12	+3
	Resident vs Staff	11	13	+2
	Resident vs Prison	5	3	-2
	Staff vs Resident	3	1	-2
	Staff vs Prison	1	1	0
STATE	Proven	10	12	+2
	Unproven	16	17	+1
	No outcome (withdrawn by complainant)	1	1	0
	Pending	2	0	-2
STRAND	Gypsy, Roma and Travellers	1	1	0
	Gender Reassignment	2	1	-1
	Foreign Nationals	2	0	-2
	Disability	2	5	+3
	Race	16	9	-7
	Religion	3	2	-1
	Sexual Orientation	3	11	+8
	Age	0	0	0

What was different during the last 12 months was the appalling way some Foreign National residents were treated when being sent home, especially, it would appear, those convicted of a sexual offence. On one such occasion the Board had to seek the support of the Secretariat to try and alleviate the treatment a resident was receiving as he was constantly being returned to HMP Stafford from Heathrow Airport as a result of flight cancellations or unavailable escorts. Below is part of the Board’s correspondence with the Secretariat regarding this resident:

*“During the whole of this episode I have found the attitude and application of the Borders & Enforcement/Home Office to be deplorable and in itself a form of passive torture. Their attitude is very much “well they are a Foreign National and a sex offender so what does it matter”.”*

## **5.5 Faith and pastoral support**

Covid-19 again impacted the ability of the chaplaincy to deliver all that it planned to and resulted in the cancellation, amendment or rearrangement of a number of major events such as the Christmas Carol Service.

All celebrations that required, or could be enhanced by, a “special meal/menu” were supported by the catering department, much to the appreciation of all, both staff and residents.

## **5.6 Incentives schemes**

Although Basic, as a level of the Incentives scheme, did not exist during the Covid-19 lockdowns, criticism remained that there was not enough difference between the various levels of the scheme. In part this had been acknowledged and a new scheme was now under development (see “Residents Profile” table for numbers).

## **5.7 Complaints**

During the reporting period there were 1,164 complaints, which included COMP1 (initial complaint), COMP1a (appeal to the response provided against the initial complaint) and COMP2 (confidential complaint). This compared to 536 complaints in the previous year, an increase of 117% ascribed, in part, to the growing frustrations of the impact on the daily regime brought about by the Covid-19 restrictions.

Of the 1,164 complaints, 196 were upheld by the establishment (16.8%).

The main areas of complaint related to wing or cell issues, which amounted to 215 complaints, representing 18.5% of the total.

It is important to note that medicines management issues could not be the basis for a COMP1 as these types of complaints had to be sent to PPG as a “Concern”. This meant that the senior leadership team of the prison were not always fully aware of the magnitude of the medicines management issues.

Once again, the Board wished to acknowledge the efforts of the staff in ensuring that an effective system for tracking complaints was in place. The Board often needed to review specific complaints and the details of these were provided swiftly. This enabled the Board to communicate with the resident more promptly and thoroughly and the Board was satisfied that the responses to the complaints were answered in a polite and timely manner. They were aware, however, that the responses were not always to the satisfaction of the resident making the complaint.

## **5.8 Property**

Compared to medicines management, property issues did exist throughout the year but were not a major concern. As prison transfers increased, following the various Covid-19 outbreaks, so did the Apps regarding misplaced property. Volumetric Control was also tightened within the prison during the year leading to several issues but these were dwarfed by the complaints regarding the removal of certain game consoles such as Xbox.

## **6. Health and wellbeing**

### **6.1 Healthcare general**

Whilst great criticism had been made of PPG's handling of medicines management within the prison it must be recognised that, in the main, the quality of care delivered by the patient-facing staff e.g., nurses, was rarely, if ever, negatively commented upon. Indeed, the care delivered was quite often praised and certainly on par with what could be expected within the community.

### **6.2 Physical healthcare**

Anything positive that could be commented upon here was dwarfed by the issues associated with the management of medicines within the establishment.

### **6.3 Mental health**

All comments received regarding the service delivered by the mental health and associated staff e.g., Midlands Integrated Therapy Service, were positive. Unfortunately, their work was often overshadowed throughout the reporting period by the medicines management issues.

### **6.4 Social care**

During the restrictions of the last 12 months, those delivering social and associated care (e.g., dementia nurse, Occupational Therapists) continued wherever possible, with some residents requiring multiple social care visits each day.

It was hoped that the opening of the SCU would have alleviated some of the problems, especially for officers who were not trained as carers but often left to resolve the issues. This was not found to be the case. Situations existed where a resident diagnosed with severe dementia, doubly incontinent and frequently falling was expected to cope in a cell when multiple beds were available in the SCU. Questions were asked of us regarding the sense and humanity of this situation by both residents and staff alike for which the Board had no answer.

### **6.5 Exercise, regime**

Exercise and the regime both suffered during the pandemic due to the need to isolate and the negative impact of catching the illness on both residents and especially staff attendance. Low staff numbers, coupled with an increase in both planned and unplanned (i.e., emergency) hospital visits often resulted in a higher than desirable number of wing closures, so further impacting the delivery of a "normal" regime and the ability of residents to leave their cells.

The Board was pleased to note that several refurbishments took place to the gym during this time making it a much more appealing environment, as shown in the picture that follows.



These improvements meant that the gym was now able to offer courses in Basketball, Personal Physical Fitness, Football, Stress and Stress Management Techniques, Understanding Nutrition, Performance and Healthy Eating, Weight Training Practical and Weight Training Theory.

## **6.6 Drug and alcohol rehabilitation**

Many of the programmes and interventions normally available for drug and alcohol rehabilitation were either stopped or severely curtailed during the last year owing to Covid-19. Most had restarted but, with an obvious backlog, it will take time to determine how they are performing.

## **6.7 Soft skills**

With soft skills defined as critical thinking, problem solving, public speaking, professional writing, teamwork, digital literacy, leadership, professional attitude, work ethic, career management and intercultural fluency, then evidence of their delivery can be found in sections 7.1 and 7.2, e.g., Storybook Dads.

# **7. Progression and resettlement**

## **7.1 Education, library**

The disruption caused by Covid-19 had an impact on the provision of education and vocational training and work. The impact was lessened because of the due diligence of the education team and their innovative ways of delivering education at all levels to many residents. The Board commended the level of information made available and praised the results obtained at a time when the Board was aware that such results were not as positive or forthcoming in other prisons.

The Quality Improvement Plan was managed and presented regularly and it was pleasing to note that the focus of the plan was to ensure it was quality and not operationally led.

Attendance at education sessions was good, averaging around 90%, with 780 programme starts, 661 completions and 61% of the prison population engaged in learning. Based on learner surveys, satisfaction with all elements of the process were above 70% with most 80 – 90% plus.

The agreed planned development was to introduce more higher-level courses and to progress more residents to Level 2 functional skills qualifications, so better preparing

them for their release. The plan meant that there were no areas of the prison activities where residents could not access some form of formal qualification to support their progress.

At the time of this report, the library had 645 members (including staff) and had recommenced a full operating timetable, which included opening two evenings per week and Saturday. “Storybook Dads”, a facility to enable residents to make DVDs of themselves reading stories for their children, had restarted and the number of new participants slowly increased as a result. In March 2022 the reported library activity was a healthy 831 visits.

In addition to formal training other activities included the provision of

- a “Good News” sheet every month for residents to read
- “Shakespeare UnBard”, a group who had been rehearsing for a performance of *“The Tempest”*
- “Beating Time” a choir that were in the process of producing recordings for the Koestler Awards 2022

## **7.2 Vocational training, work**

Information, advice and guidance (IAG) continued to be delivered by Acorn Training who facilitated many referrals to external organisations such as Clean Sheet and Fortel. Importantly Acorn also gathered feedback from residents successful in achieving a satisfactory outcome (training, further education, work) upon release to demonstrate to existing residents what could be achieved. Progress was also made in getting residents to complete a Record of Achievement (RoA) to display their successes, certificates, CVs, disclosure statements, positive comments and progress reviews; all valuable information when trying to gain an interview on release.

Industries staff did their utmost to keep the workshops open and residents employed during the various Covid-19 outbreaks; something truly appreciated by the residents and commented upon in their Residents’ Council meetings.

HMP Stafford had always prided itself on the number of residents “employed” within the establishment and did all that it could to ensure this happened where possible. This included the Christmas Decorations competition, which the workshops entered and were amazing in their creativity, quality and general bonhomie. Indeed, one workshop converted an office into “Santa’s Grotto”.

## **7.3 Offender management, progression**

Offender management during the period of this report had to wax and wane according to the various lockdowns and staff availability owing to Covid-19 both inside and outside of the prison.

During the final quarter of 2021 the Programmes Team were “audited” in the form of the Interventions Integrity Framework (IIF), which aimed to support and enable prisons in delivering effective practice across the range of Interventions Services (IS) programmes. The IIF was focused around four Key Lines of Enquiry (KLOE), which were integral to effective programme delivery. These were:

KLOE 1	Was the intervention(s) being delivered as designed?
KLOE 2	Was the learning environment safe, constructive and effective?
KLOE 3	Were the team enabled to effectively deliver the programme?
KLOE 4	Was the delivery of the programme supported by the wider establishment/region and management?

The final report was too detailed for inclusion in its entirety but it was encouraging to note how positive it was and although it identified some areas requiring further work these were well recognised and accepted by the Programmes Team.

#### **7.4 Family contact**

The Board recognised that maintaining family contact during the Covid-19 outbreaks for residents was difficult. Wherever possible both physical visits and social video calls (delivered by Purple Visits and its replacement) were supported. For a few months refurbishment of the Visits Hall reduced the number of physical visits that could be accommodated at any one time.

In-cell phone technology would, without question, have provided a source of increased family contact had it existed. Yet, despite all the known and obvious benefits that this would bring, it still did not feature on the list of approved HMPPS improvements for the prison. It was acknowledged by the Board that the introduction of wing-based mobile phones did alleviate the issue slightly during the worst of the lockdown periods.

The Board was encouraged to see the steps taken by all staff to enable family visits to patients in the SCU.

#### **7.5 Resettlement planning**

Although not resourced as a resettlement prison, HMP Stafford continued to discharge direct to the community. The number discharged in the reporting period was 166. This compared with 198 during the previous reporting period. During the last quarter of the reporting year, HMP Stafford was re-designated as a training prison but there had been no reduction in the numbers resettled direct (54 in the three months to the end of April 2022).

In the early part of the reporting period resettlement work continued to be impacted by Covid-19:-

- resettlement events for residents serving life sentences or indeterminate sentences for public protection (IPP) cancelled
- myth buster sessions cancelled
- a resettlement fair had been organised for November 2021 but, owing to a further Covid-19 outbreak, had to be cancelled
- resettlement induction suspended
- resettlement need assessments – as all non-essential face-to-face contact with residents was suspended, assessments were conducted via self-assessment screening using internal mail
- enrichment sessions were only offered on a self-referred needs-led basis

It was not until early 2022 that much of this work restarted.

### ***Accommodation and Transfers***

The Board was pleased to note that all, except one, residents released during the reporting period had accommodation on release, although seven were only accommodated on their day of release.

Transfers between prisons had recommenced. No resettlement transfers occurred throughout the whole year to any of the five designated resettlement prisons for HMP Stafford, although there were 33 Cat D moves to one of three designated establishments, demonstrating that despite Covid-19, some movement between prisons was taking place.

### ***Finance, Benefit and Debt***

49 successful bank account applications were made to NatWest. Owing to the impact of Covid-19, Jobcentre Plus (JCP) had suspended all face-to-face appointments during the previous reporting period. This continued until July 2021 when a JCP representative visited the prison once a week and held walk-in sessions. Unfortunately, these walk-in sessions were again suspended when there was a further outbreak but appointments were still being provided by email. Department for Work and Pensions (DWP) guidance on claiming Universal Credit (UC) during the restrictions was sent to all residents being discharged in the reporting year. Residents who had no understanding or knowledge of UC were provided with information on the new benefit.

The Board was concerned that during the first half of the reporting period there was no specialist debt advice available. However, the Probation Service had seconded one member of staff from Birmingham Resettlement to deliver debt advice but, owing to a further outbreak of Covid-19 at HMP Stafford, that member of staff was not able to attend the establishment until the last quarter of the reporting period.

### ***Proof of ID/National Insurance (NI) Numbers***

As per previous years, residents were screened at induction and when they were in their resettlement window to ensure they knew their NI numbers and had proof of identity. Residents were also supported when they applied for a driving licence. Photographic proof of ID letters to residents were supplied to those discharged without any proof of ID.

### ***Resettlement Course – Enrichment Sessions***

Apart from the first two months of the reporting period, when assessments were conducted via internal mail, enrichment sessions were re-established. Clean Sheet, Life Without Bars and Money Advice and Disclosure sessions were delivered on a 1:1 needs-led basis. This was a self-referral system that left large gaps in provision or the demand for it.

Resettlement ceased to be delivered by the Community Rehabilitation Company (CRC) in June 2021 but, following the reunification of the Probation Service, the implementation of the Enhanced Through the Gate (ETTG) Resettlement Service for non-resettlement prisons continued to be essentially the same.

During the pandemic, following the closure of several probation offices in the community and with Community Offender Managers (COMs) working remotely, probation supervision was conducted much of the time via telephone. To support this and to enable residents to maintain contact with probation, all residents being discharged were screened to ascertain if they had access to a mobile phone on release. When supplies allowed, those residents who were vulnerable, or likely to be released with no accommodation (a rare occurrence) and did not have access to a mobile phone were provided with one on release.

All residents were screened for Covid-19 prior to release.

### ***Will Writing Service***

The list of participating solicitors was disseminated to wing information desks; residents were expected to make contact with their chosen solicitor direct.

## **The work of the IMB**

Outside of the problems created by Covid-19 and prison accessibility, recruitment, retention and local (on-site) training were the major issues experienced during the 12 months of this report. Recruitment was not made any easier owing to the strictures required for public appointments. On-site training was impacted simply by the lack of ability to access the prison owing to Covid-19.

Consequently, the situation at the time of this report was that the Board consisted of four fully trained and qualified members able to perform all duties, one Board member who had just completed their training and was starting to perform solo duties and one member who was still very much in training.

There were only two Board officers, Chair and Vice-Chair. Looking forward this is likely to remain (at best) the situation for next year too.

### **Board statistics**

Recommended complement of Board members	14
Number of Board members at the start of the reporting period	10
Number of Board members at the end of the reporting period	6
Total number of visits to the establishment	205

It was important to note that responding to medicines management issues (including Death in Custody investigations), Freedom of Information Requests and reduced member availability during the last 12 months negated the ability of the Board to fulfil, to its desired extent, many of its duties. This was compounded by the cancellation or rearrangement of many prison meetings at short notice, which further reduced the ability of members to attend. Furthermore, the "Total number of visits to the establishment" listed above cannot, and must not, be construed as a proxy for the amount of time each Board member spent on prison matters, as this figure excluded the many hours spent at home making phone calls, participating in the

0800 Apps line, attending to emails, responding to data requests etc. This number of visits only directly reflected and related to the amount of expenses paid to Board members.

### Applications to the IMB (including via the 0800 telephone line)

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	2 (10.5%)	9 (4.8%)
B	Discipline, including adjudications, incentives schemes, sanctions	0	5 (2.7%)
C	Equality	1 (5.3%)	4 (2.1%)
D	Purposeful activity, including education, work, training, library, regime, time out of cell	0	5 (2.7%)
E1	Letters, visits, telephones, public protection restrictions	1 (5.3%)	5 (2.7%)
E2	Finance, including pay, private monies, spends	1 (5.3%)	3 (1.6%)
F	Food and kitchens	0	1 (0.5%)
G	Health, including physical, mental, social care	1 (5.3%)	<b>72 (38.3%)</b>
H1	Property within this establishment	1 (5.3%)	19 (10.1%)
H2	Property during transfer or in another establishment or location	0	13 (6.9%)
H3	Canteen, facility list, catalogue(s)	2 (10.5%)	3 (1.6%)
I	Sentence management, including HDC, release on temporary licence, parole, release dates, recategorisation	3 (15.8%)	12 (6.4%)
J	Staff/resident concerns, including bullying	<b>4 (21.0%)</b>	16 (8.5%)
K	Transfers	1 (5.3%)	2 (1.6%)
L	Miscellaneous, including complaints system	2 (10.5%)	19 (10.1%)
	<b>Total number of applications</b>	<b>19 (100%)</b>	<b>188 (100%)</b>

- a 10-fold increase in the number of Apps year on year from 19 to 188
- **38% of all Apps were with regard to health issues, the vast majority of which were medicines management problems**  
**N.B. For the first time that could be recalled IMB Apps were received via prison staff, especially wing officers, pleading that the Board do something about the state of healthcare within the establishment**
- issues regarding property returned in line with increased movement of residents between prisons and within the establishment as Covid-19 restrictions were lifted
- increased issues regarding sentence management were typically related to lack of access to Offender Management Unit (OMU) staff, programme availability and Cat D movements, in the main as a result of Covid-19
- the method of submitting Apps was Phone (0800 number) at 13 (6.9%) with the vast majority being Paper at 175 (93.1%)

- the average response time to an App was 8.6 days. However, this figure was inflated by a number of Apps that took over 20 days and one that took 165 days to resolve
- 142 (75.5%) Apps received a written response, 46 (24.5%) a verbal response. Of the 188 Apps, 23 (12.2%) received both a verbal and written response
- there were no serial submitters of Apps



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