



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

**For reporting year  
1 July 2024 to 30 June 2025**

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# Contents

<b>Introductory sections 1 – 3</b>	<b>Page</b>
1. Statutory role of the IMB	3
2. Description of the establishment	4
3. Key points	5
 <b>Evidence sections 4 – 7</b>	
4. Safety	9
5. Fair and humane treatment	13
6. Health and wellbeing	17
7. Progression and resettlement	19
 <b>The work of the IMB</b>	
Board statistics	21
Applications to the IMB	21
 <b>Annex A</b>	
Service providers	22
 <b>Annex B</b>	
Tables and graphs	23

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## Introductory sections 1 – 3

### 1. Statutory role of the IMB

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

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

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

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

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

## 2. Description of the establishment

HMP Birmingham is a busy, inner city category B reception prison (for those who do not require maximum security but for whom escape must be made very difficult), holding adult men, both convicted and on remand (when an individual is being held in prison before their trial or sentencing because the court has denied them bail). It serves the courts of Birmingham and Wolverhampton.

In late June 2025, of the 993<sup>1</sup> prisoners in the establishment, 69% were on remand, 30% were sentenced and 1% were detainees. The detainees were foreign national prisoners who had served their sentence but were detained on an immigration warrant (IS91), pending removal. Of the 993 men, six were imprisoned for public protection (IPP) prisoners, 14 were serving life sentences and 165 were on licensed recalls.

In 2018, three Victorian wings were closed for refurbishment, reducing the operational capacity (the maximum number of prisoners that can be held without serious risk to safety, security, good order and the proper running of the planned regime) from 1,450 to 997.

Prisoners are housed in nine residential wings, some of which are modern, while others are fully refurbished Victorian wings. These include a first night centre, a wing for vulnerable prisoners (VPs), a social care wing, an enhanced wing (for prisoners on the top level of the incentives scheme). There is also a healthcare wing, with 24/7 healthcare facilities for prisoners who have mental and physical health problems, alongside primary care and dental services.

Other areas include workshops, a multi-faith centre, an education department and library, an employment hub and a gym. There is also a staff café/wellbeing centre, where staff can have a meal or take a break.

Over the last few years, some of HMP Birmingham has been a building site, due to the major refurbishment of three Victorian wings and the boiler room. It had been hoped that this work would have been completed by the time of the publication of this annual report. However, the main contractor, ISG, went into administration in September 2024 and work ground to a halt. A new contractor has been appointed to develop a programme for delivery to recommence, but they have yet to start work on site. A replacement contractor is working to develop a revised timeline for completion.

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<sup>1</sup> Figures included in this report are local management information. They reflect the prison's position at the time of reporting but may be subject to change following further validation and therefore may not always tally with Official Statistics later published by the Ministry of Justice.

### **3. Key points**

#### **3.1 Main findings**

As of June 2025, pressure on the prison estate remains critical, and as a busy local prison, Birmingham experiences this pressure very acutely. The 'churn' (the rate of new admissions and transfers into the prison system) at HMP Birmingham has increased significantly over recent years. Over the period of a year, the prison receives approximately 5,000 new prisoners, which creates huge challenges. Although the prison faces many challenges, the Board finds that it is decently run and that the regime, for the most part, operates smoothly.

However, we have observed that a number of important regular meetings have not been taking place over the year. These include the equality, diversity and inclusion (EDI) meeting, meetings between residential managers and staff from the healthcare unit, and use of force management meetings, which are often cancelled at short notice.

If scheduled meetings do not take place as planned, with the associated recording and monitoring of action points, there is little accountability and progress can founder. A failure of accountability, at all levels, is a trend the Board has observed and is concerned about.

In June 2024, when writing the previous annual report, we were awaiting the arrival of a new Governing Governor. The new person started in September 2024 and the Board was pleased with the appointment of an experienced governor. He has been able to build on the success of the previous post holder, under whose leadership the prison had become 'much safer and more decent' (HMIP inspection report, May 2023).

Once again, we are obliged to report on the failing infrastructure and its effect on prisoners. While there are many problems, the one we would highlight above all others is the state of the lifts. The lifts in healthcare have been out of order for several months and lifts in education and some of the residential wings have been out of order for weeks at a time during the reporting period. This has meant that special arrangements have had to be made to enable prisoners to attend hospital appointments and to participate in social visits causing significant inconvenience for prisoners and staff.

On a, literally, brighter note, we are pleased to see that most of the wings have been repainted this year, which creates work for prisoners and a sense of pride.

#### **Safety**

- The increase in the number of deaths in custody has been a cause for concern. While most appear to have been from natural causes, others (see below) highlight deficiencies in reception screening and welfare checks.
- Throughout the year, we have had serious concerns about the care and separation Unit (CSU), with many cells unusable for long periods of time, due to damage; indeed, at one point, only four were available. This has meant prisoners having to serve cellular confinement (CC) in their own cells on the residential wings, which is far from ideal. Furthermore, it compromises the prison's ability to respond to major incidents.
- The safety team works hard to try to make the prison as safe as possible for prisoners and staff. However, HMP Birmingham remains a volatile establishment and both self-harm and assaults have increased slightly since the previous reporting year.

- Marginal improvements in the use of force in the last reporting year have not been maintained and Birmingham has the highest UoF rates in its group of comparator prisons - and by a significant margin. It has, however, the lowest use of Pava incapacitant spray compared with comparator prisons.

### **Fair and humane treatment**

- The Board maintains that cell sharing is inhumane, particularly when there is inadequate privacy screening. Having to spend so long in the company of someone one has not chosen to share with can be a flashpoint for violence.
- Wheelchair users are significantly disadvantaged in the prison, as there are not enough adapted cells; also, when the lifts are out of action, they cannot get where they need to be. In addition, sentenced wheelchair users have to wait too long to be transferred to other establishments, in the Board's view, as there are not enough suitable cells across the estate.
- There are ongoing problems with kit, leading to prisoners having insufficient bedding, clothing, kettles, etc. This may be due, in part, to the fact that the kit budget does not reflect the churn.

### **Health and wellbeing**

- The number of frail elderly prisoners needing nursing and social care continues to increase, putting pressure on beds in the 24/7 healthcare unit and the elderly prisoners' wing.

### **Progression and resettlement**

- The prolonged time a prisoner spends on remand is an ongoing issue for the prison and means they cannot be mandated to attend work and education. Due to national prison population pressures, particularly in the long-term estate, there are often delays in transferring sentenced prisoners which can delay them accessing the programmes and interventions relevant to their sentence plan.
- Key working has improved and is closely monitored to ensure that those in priority need are not forgotten.
- The new library is an excellent resource, but is scarcely used.

### **3.2 Main areas for development**

*Some of these questions have been repeated from last year's annual report, because limited or no progress was observed by the Board in the intervening year.*

### **TO THE MINISTER**

- Why was the collapse of ISG not anticipated within the Ministry? With significant work already undertaken on the refurbishment of A, B and C wings, why was more effort not made within the Ministry to instate a new contractor and get the work completed faster? From September 2024 to June 2025, no work was undertaken while still using significant amounts of public money to pay for the tower crane and scaffolding.
- We still believe that single cells remain the safest and most humane option for most prisoners in the 21<sup>st</sup> century and make no apology for asking again: what plans does the Minister have to increase the ratio of single to double cells?
- With ever increasing numbers of elderly and frail prisoners in the prison estate, what plans does the Minister have to commission secure but appropriate

accommodation for them, which will free up much needed space? Also, a long-promised ageing prisoners strategy has failed to materialise: what is the current timeline for the delivery of the strategy, and what concrete steps are being taken to ensure this timeline is met?

### **THE PRISON SERVICE**

- What plans does the Prison Service have to ensure that all the lifts in HMP Birmingham function properly?
- What steps will the Prison Service take to increase recruitment whilst also improving the process to include face-to-face interviews for prison officers?

### **TO THE GOVERNOR**

- What plans does the Governor have to reduce the occasions when force is used in the prison?
- How will the Governor increase accountability at all levels within the prison?
- What will the governor do to resolve the ongoing issue relating to shortages of kit?
- How does the Governor plan to prioritise and maximise attendance at education, employments and soft skills within the regime?

### **3.3 Response to the last report**

<b>Issue raised</b>	<b>Response given</b>	<b>Progress</b>
<b>To the Minister</b>		
What plans does the Minister have to increase the ratio of single to double cells?	Assurance that prisoners are accommodated safely even when held in crowded conditions.	No progress: and prisoners are not always safe when sharing cells. In addition, our concern is not just for safety but for decency.
What is the Minister doing to reduce time spent on remand and ensure appropriate resettlement support?	Magistrates sentencing powers have been extended to allow quicker sentencing, and provision of resettlement support for remand prisoners has been extended.	There has been some progress here, but the average time on remand is still two years.
What plans does the Minister have to provide alternative and more appropriate, accommodation for elderly and infirm prisoners?	HMPPS is considering the needs of older prisoners in its long-term estates work.	The real issue not addressed, that is, the need for custodial nursing homes for the increasing numbers requiring high levels of personal and nursing care.
<b>To the Prison Service</b>		

What will the Prison Service do to improve the failing infrastructure to make it safer and more decent for staff and prisoners, especially those with disabilities?	The prison is implementing a painting programme to improve the environment. Disabilities: the prison will ensure that personal/bespoke equipment is provided.	The painting work is welcome, but the lifts still break down with monotonous regularity, meaning that wheelchair users get stranded and cannot get where they need to be.
Could the Prison Service please review their recruitment and retention processes to reduce attrition and make it fit for purpose?	HMPPS has developed a retention strategy and also exit interviews.	The current system is no substitute for face-to-face interviews, which are the norm in all other significant roles that involve working with vulnerable people.

## Evidence sections 4 – 7

### 4. Safety

The prison has a comprehensive meeting structure to address safety, including suicide/self-harm, violence and use of force. The monthly safety review meeting analyses extensive data in relation to violence, suicide and self-harm at HMP Birmingham and formulates actions to address the issues identified. The IMB has observed five of these meetings within the year. These meetings are well attended by senior leaders and partner agencies. However, in the Board's view, more consistent attendance by heads of residence and residential managers would be beneficial, as they are crucial to ownership of safety and stability within the prison. There is a regular weekly, multi-disciplinary safety intervention meeting (SIM), attended by operational managers and partners, which directly addresses the safety needs and care planning of more complex prisoners. Further meetings exist to directly track, address and reduce the use of force.

The prison safety hub/safety team actively promotes ownership of the safety agenda throughout the prison. They work with managers and staff, particularly within residence, to support, train, coach and give feedback to improve compliance with safety and violence reduction processes. In the Board's view, the ability of the safety team to deliver proactive tracking of incidents and timely support to staff and prisoners has been undermined, throughout the reporting period, by the cross deployment of the custodial managers and other operational staff within the safety team to support delivery of the regime. The large number of deaths in custody, the resulting internal and Prisons and Probation Ombudsman (PPO) investigations, as well as attendance at Coroner's Court, has placed a significant strain on the head of safety and the safety Team. The Governor has added additional management oversight and capacity to the safety team because of the priority that safety is given in the establishment.

The Board's overall impression is that senior management have significant awareness of the incidence of violence and self-harm in the prison, gained through the appropriate collection and analysis of safety data, are aware of its triggers and causes and are keen to address the issues. There is evidence of a number of initiatives being implemented to improve safety and stability and to address recommendations made by the PPO. However, from our observations, the resulting actions and required changes in day-to-day behaviour are not always consistently tracked/embedded and are not always having the necessary impact, in terms of improving safety for prisoners. The IMB recognises the increasingly complex nature of the prisoners at HMP Birmingham including mental health, personality disorder and neurodiversity issues, and also the increasing number of prisoners with a history of violence, all of which impact the safety figures.

At the end of the reporting year, figures for self-harm and violence remain uncomfortably high. Incidents of self-harm increased from 830 in the previous year to 878 in the reporting period, with an average of 73 per month. Assaults on both prisoners and staff have also increased, from 554 in 2023-2024 to 612 this year. See *Table 1 in Annex B*.

From observing the safety review meeting, the IMB has become aware of recent efforts by the prison to more closely integrate the safety strategy, drug strategy and security strategy, as there are significant overlaps.

## **4.1 Reception and induction**

The Governor has placed an emphasis on improving both the physical environment in reception and the reception and induction processes. A project plan has been implemented, which is being taken forward by a working group. The work is scheduled to take place in the next reporting year.

In response to the PPO recommendations arising from deaths in custody at HMP Birmingham, the prison, and prison healthcare, are addressing the training of managers and staff. This is in regard to improved risk assessment in reception, the need to utilise risk information from all sources and improved sharing of all relevant risk information with staff responsible for the first night and induction. The prison has also increased manager and staff awareness of prison policy on secretion of substances and the risks to prisoners arising from secretion.

Induction for new prisoners usually takes place over five days and starts in reception. Prisoners are searched and an x-ray body scan is carried out. They are seen by a nurse and screened for health problems and substance misuse issues. Cell sharing risk assessments are also carried out in reception.

In order to promote safety, reduce violence and improve prisoner experience, the first night centre was moved in February 2025 from P wing to L wing. This is a smaller unit and is now used exclusively for prisoners on their first night and undergoing induction. Feedback from prisoners about their early days experience has generally more positive following the move to L wing, although challenges remain in ensuring that prisoners get access to all of their kit entitlement. The safety hub collects data regarding self-harm and violence on P and K wings in order to evidence reduction resulting from the move. The prison has also introduced a pilot scheme of deploying senior officers on K wing in order to improve the support and mentoring of staff.

Once in the first night centre, prisoners are assessed for education and work. Resettlement staff are available to help with practical issues such as access to PIN phones (whereby prisoners can make calls to an approved list of numbers using their PIN, or personal identification number). On several occasions during the year, the Board has received applications (prisoners' written representations) complaining about the length of time it takes for PIN numbers to be arranged following reception. It is acknowledged that thorough checks need to be made to ensure public protection and that this can impact on timescales.

Community Information Leaders (CILs), trusted and reliable prisoners who know the prison well, work on every wing and are invaluable in providing support for new prisoners who need extra help.

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

Data about incidents of self-harm is collated and analysed to determine the day, time, place, nature and stated triggers and causes. Fortunately, there are few serious incidents of self-harm requiring hospital treatment (approximately 5%), with the majority resulting in minimal harm, treated by healthcare staff in the prison. There is evidence, from the safety review meetings, of strategies being put in place to manage the trigger points, reduce risks and address the causes where possible. Data shows that the location, nature and causes of self-harm change over time and need flexibility in response.

Suicide and self-harm (SASH) training has been delivered to all staff, in response to PPO recommendations. The safety team seems to be proactive in supporting managers and staff in the delivery of individualised care planning for those at risk of self-harm, known as assessment, care in custody and teamwork (ACCT) plans. The prison is using quality assurance checks to identify areas where improvement is needed in the delivery of ACCT processes and is taking action to address this. An example of this is the implementation of CCTV quality-assurance reviews, (in the six months up to June 2025) looking at prisoner ACCT checks that have been conducted by staff, to ensure that actual checks have been undertaken as per what has been recorded in the ACCT document. This has been recognised regionally as good practice. Figures for self-harm are impacted by a small number of prisoners who are prolific. The safety intervention meeting (SIM) seeks to strengthen individual management of these prisoners via a multi-disciplinary approach.

Despite all the measures above, self-harm figures have risen from 830 in 2023-2024 to 878 this year. Prisoners who have been recalled are particularly vulnerable and are monitored closely.

There is a group of prisoners trained by the Samaritans as Listeners, to give support to prisoners at risk of suicide/self-harm, and this is coordinated by the safety team. At times, there have not been enough Listeners, due to prisoners being transferred to other establishments. The prison is developing the use of therapy dogs to visit prisoners with complex needs/at risk of suicide/self-harm.

### **Deaths in custody**

There has been a significant rise in deaths in custody, from five last year to nine this year. Six appear to have been from natural causes, although we are waiting for the PPO reports. While sad, deaths from natural causes are not unexpected, in the Board's view, in what is an ageing and often unhealthy population. Two prisoners died from causes that are, as yet, unknown; we await the PPO reports.

One death occurred in the care and separation unit (CSU), shortly after reception, from a drug overdose. It is this death that is the most concerning, the PPO report has been published and it makes for uncomfortable reading, identifying a number of failures by both prison and healthcare staff. As of June 2025, the outcome of the coroner's court is still awaited.

In particular, both prison and healthcare staff on duty were unaware of, and, therefore, did not follow, the prison's own secretion policy (which sets out procedures for managing prisoners suspected of internally secreting drugs).

Following the lessons learned from this tragic event, action plans have been put in place and both the prison and the healthcare 'secretion' policies have been updated. Staff training has taken place to ensure these policies are properly implemented. The Board has had sight of these action plans. The coroner's court relating to this death is scheduled for July 2025.

In last year's annual report, we noted a self-inflicted death. We have since had the PPO report and some of the findings are also relevant to the death referenced immediately above. These include the vital importance of meticulous reception screening, especially for mental health conditions and risks of self-harm and suicide. Both cases also demonstrate the need for proper welfare checks on prisoners when in their cells; the need for observation panels not to be covered at any time; and for staff to ascertain

that there are signs of life when checking cells and not assume a prisoner is sleeping and may in fact, have died.

Since these deaths, the prison has issued repeated notices to staff about the necessity for proper welfare and roll checks.

In the cases of the two deaths cited above, both of which happened within days of reception, the PPO reports suggested that staff may have been complacent because these were prisoners who had been in prison before and were known to staff.

### **4.3 Use of force**

In the previous reporting year, there were some improvements in the number of incidences where force was used. Unfortunately, this improvement has not been maintained and incidents of force have risen. HMP Birmingham's use of force rate is now more than any of its comparator prisons, despite body worn video camera (BWVC) and CCTV footage being used to provide proactive feedback to the officers involved.

*See Chart 1 in Annex B.*

Of all the UoF incidents, 58% were for 'escorting' or 'guiding' holds (a guiding hold usually involves an officer placing a hand behind the prisoner's upper arm or elbow to lead them in the right direction).

The causes of this concerning escalation may be multifactorial, but both the Board and senior managers have identified that one of the factors can be staff inexperience. However, regardless of their length of time in post, some staff have excellent interpersonal skills and are good at defusing situations, others are over confrontational and their attitude towards prisoners lacks both compassion and professionalism.

The rates of staff using BWVCs has improved significantly and is well over 90%. In the reporting year, Pava incapacitant spray has been drawn seven times and used three times, which is a very low rate compared with similar prisons. Batons have been drawn but not used on three occasions.

### **4.4 Preventing illicit items**

Drug finds, mandatory drug testing (MDT) and prisoners found to be 'under the influence' reveal that illicit items are finding their way into the prison. In common with many other prisons, Birmingham is subject to an almost constant barrage of 'malign actors' seeking to get illicit items into the prison. Many, however, are intercepted by prison staff, and these packages are stuffed with mobile phones, SIM cards, charging cables and drugs.

Most illicit items enter the prison in one of three ways: throw-overs, drones or reception. However, the use of the X-ray body scanner in reception has reduced the number of illicit items brought into the establishment.

Regular drug strategy meetings oversee and monitor the prison's drug and alcohol strategy. From the Board's observations, departments work well together to reduce the use of illicit items and promote recovery.

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

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

Following the transfer to L wing for induction prisoners, there appears to have been a noticeable effect on the general wellbeing of those involved, including staff, who have found managing the smaller unit less stressful.

It has been confirmed that following the refurbishment of wings A, B and C all cells within these wings will be single occupancy.

The CSU has suffered badly due to cell damage, at one point having only four operational cells. An order has been placed for special, non-destructible furniture, including beds and tables, which is still in the process of being completed and with no delivery date yet given.

The CSU is also in the process of being reorganised and is awaiting appropriate funding. The main potential change will be the relocation of the psychology team onto the wing to facilitate greater individual mental health support for the men.

Kit is still proving to be problematic, with another £32,000 having to be spent on replacement. One of the major issues is the need to send laundry to HMP Liverpool, as the on-site laundry is still not operational, despite what appears to be a total rebuild. The problem has been exacerbated by not having a considerable number of items returned from the laundry at HMP Liverpool.

The Board does not believe that there are comprehensive processes in place to monitor and track kit within the prison. This issue continually comes up at the prison council meetings.

#### **Kitchen**

Complaints about food have dramatically fallen, in part due to the more proactive stance taken by kitchen management to resolve issues, particularly individual dietary needs. Ramadan appears to have been very well catered for.

The kitchen budget has increased from £3.05 per prisoner, per day, in June 2024, to £3.12 in June 2025. In real terms, this is a decrease, given the significant food inflation. This means that maintaining a varied and balanced menu will be challenging. Given that food is an integral part of prison life, this would seem to be a poorly thought-out decision.

A significant sum has been spent to replace all the heated food trolleys, which were not fit for purpose. The new ones are far more suited to the needs of the kitchen and a more organised cleaning policy has been enforced on the wings to improve hygiene.

### **5.2 Segregation**

The Governor is making efforts to improve safety, accommodation and regime within the care and separation unit (CSU). Despite this, significant challenges remain within the unit, particularly concerning the delay in repairing and re-equipping cells damaged by prisoners such that, on most days, there are too few CSU cells available for use. This means that prisoners cannot be removed to the CSU to appropriately manage violent incidents elsewhere in the prison. The IMB regularly raises these concerns with the Governor.

*See Chart 2 in Annex B, which shows how the number of prisoners in the CSU has fallen, due to the lack of available cells.*

The CSU was moved to G wing, due to the refurbishment of A, B and C wings, and the current CSU accommodation is not purpose built, with furniture and fittings more susceptible to damage and replacement furniture apparently difficult to source. There have been a number of prisoners in the CSU with complex needs and behaviour, including vandalism of cells, which has presented significant challenges. The management structure of the CSU has been changed in Spring 2025 to give greater management oversight and more emphasis on care and responding to complex needs.

Segregation reviews are usually well attended, including by the mental health and the chaplaincy teams, the neurodiversity lead and the CSU custodial manager (CM), with the IMB also in attendance, for observational purposes. There are still some occasions where a security representative is not present, when this would have been helpful. There have been some excellent examples where residential staff have attended to ease transition onto a wing.

The psychology department has been involved in running reflective practice sessions for CSU staff, which has had a positive impact.

There has been one occasion this year when a prisoner has remained in the CSU for more than 42 days (the limit allowed without external authorisation). This was a highly complex case and efforts to locate the prisoner elsewhere in the prison failed. He was released from the CSU in June 2025 and returned to his home.

Special accommodation (where furniture, bedding and sanitation are removed, in the interests of safety) was briefly used this year, and the relevant paperwork and permissions were completed. However, the reason for this was that the prisoner moved into special accommodation had already vandalised all the available cells and this was a last resort. He was only in special accommodation for a matter of days.

### **5.3 Staff and prisoner relationships, key workers**

#### **Key working**

The Board has seen that key working has become more embedded since the last annual report. In March 2025, an external audit was conducted and found that HMP Birmingham was 'partly compliant' with expected performance and in the mid-range for comparator prisons. This was an improvement on the previous year's performance. The expectations for this external audit are based on a 100% staffing complement and, at the time, there were significant levels of staff sickness. The audit found that key workers were promptly allocated and correctly recorded but that key working sessions needed to be better aligned to sentence planning.

Since the audit, there has been an increased focus on key working and the prison's own records from May and June 2025 show that 105% of planned key working sessions were carried out. The locally set target for the number of key working sessions per week is a realistic one, in the Board's view, and takes into account the staffing levels. If a wing is short staffed, they are not expected to undertake as many key-working sessions. Every week, a list of prisoners who need a key working session is compiled by the residential business administrator and sent to each wing. This prioritises those in priority need and those who are overdue a key working session.

*See Table 2 in Annex B.*

Some wings are better at fulfilling their key working sessions than others but, overall, the situation has improved greatly and the prison has the highest figures for key working in the region.

The prison has chosen a pragmatic approach to achievable key working, which seems to be working, even though they might be falling short of the national audit standards.

The Board regularly monitors a sample of recorded key working sessions on P-NOMIS (the prison's database for managing prisoners) and finds that they are generally of a good quality.

#### **5.4 Equality, diversity and inclusion (EDI)**

From October 2024 until March 2025, there was no staff member covering the EDI role in the prison and regular meetings to monitor data and discuss trends did not take place. Since April, those responsible have been playing 'catch-up'. Meetings are supposed to take place bi-monthly but there has only been one meeting since October.

Data collection over this period has also been poor.

In the April/May 2025 reporting period, only seven discrimination incident reporting forms (DIRFs) were submitted by prisoners. This compares with over 50 for the same period in the previous year. Feedback from drop-in sessions and equality representative is that there has been a lack of confidence in the DIRF process. The Board has also observed that, on many occasions, DIRFs are not visibly available on the wings. This is clearly an issue that needs to be addressed by the new EDI lead. The Board is very hopeful that things will improve under the new leadership, but we will monitor the situation closely.

At the end of this year there were 223 prisoners in the prison who had been identified as having neurodivergent needs that require some support. *See Chart 3 in Annex B.*

An excellent initiative this year has been the introduction of 'neurodiversity visits'. This is a less crowded and more relaxed visiting session, where either the prisoner, or a family member with neurodivergent needs, would struggle in an overcrowded visits hall.

#### **5.5 Faith and pastoral support**

The chaplaincy team is well managed and all the faith groups appear to be represented and work well together. As reported last year, they are experiencing difficulties in appointing a permanent Roman Catholic chaplain, although this reflects the ongoing lack of vocations in the Catholic church generally.

Muslims remain the largest faith group in the prison, with well over 200 prisoners observing Ramadan this year. The food for Ramadan was supplied by Muslims in the local community and was of a very high standard.

The team was exceptionally busy this year, when there were seven deaths in custody over a three-month period. From our observations, they did an excellent job in supporting bereaved families, prisoners and staff over this difficult period. They do a lot of work with prisoners around bereavement and loss throughout the year.

#### **5.6 Incentives schemes**

Over the reporting year, the number of prisoners on the basic (bottom), standard (middle) and enhanced (top) regimes of the incentives scheme have remained very stable, with very little month-to-month variation.

The average prison population over the year was 982, with the mean numbers/percentages in each category being:

**Basic:** 8% (83); **Standard:** 74% (720); **Enhanced:** 18% (179)

## **5.7 Complaints**

The total number of complaints received in the reporting year was 1989. The highest number of complaints this year (571), as last year, related to property. There were 207 complaints concerning staff; 140 related to canteen; and 124 about finance.

## **5.8 Property**

The Board receives a significant number of applications about property. Two of the most common relate to a cell clearance not being carried out correctly or in a timely manner, with the result that belongings go missing. The other difficult cases to resolve are those where property goes missing when a prisoner is transferred to another establishment.

## **6. Health and wellbeing**

### **6.1 Healthcare general**

HMP Birmingham has a large and well-managed healthcare team. Although staff turnover means there has always been a need to use bank and agency staff, retention is improving. The team contains many highly skilled staff, including nurse prescribers.

HMP Birmingham has a large 24/7 healthcare unit over two floors: one for those in need of nursing care for physical health problems and one for those with mental health issues. In addition to serving Birmingham prison's population, the 24/7 healthcare unit is also a regional resource, serving prisons that do not have 24-hour healthcare provision. As a result, it is almost always very busy.

Occupational therapy has been available for those in the 24/7 healthcare unit. This has included a regular programme of games, quizzes, sensory sessions and mindfulness, which had led to improved morale on the units.

Wherever possible, the healthcare department has engaged service-user involvement, such as, for example, with hepatitis C awareness.

Overall issues facing the healthcare department at the end of this reporting period include:

- The lift in healthcare has been out of action for many months, which has had serious consequences for prisoners and staff. Prisoners at times have been unable to see their families and to access exercise in the fresh air and special arrangements have had to be made to enable hospital appointments to take place where transfer by ambulance is required. The absence of a lift has impacted on staff with disabilities and staff have had to carry heavy loads up several flights of stairs.
- Monthly meetings between the head of residence and the healthcare department have not been taking place.
- Late receptions are a cause for concern, both the prison and healthcare state that every effort is made to ensure that full reception screening takes place, however a combination of tired prisoners and time constraints can undermine this process with its attendant risks.
- Embedding the lessons learned from recent death in custody investigations across all staff remains an ongoing area of focus.
- The ageing prison population means that there are increasing numbers of prisoners with high physical needs but who present little custodial risk. These prisoners end up 'bed blocking' the 24/7 healthcare units.

### **6.2 Physical healthcare**

Primary care has had issues with staffing but recruitment is ongoing. All new staff require extra training and demonstrate competencies to work safely in the prison environment, which puts extra pressure on the team until all staff have been trained.

Particular issues facing physical healthcare, as of June 2025, are:

- Maintaining acceptable infection prevention and control (IPC) standards has been very difficult, due to poor cleaning standards.
- The medication hatches on four wings (cited in our previous annual report) are still not fit for purpose, despite funding having been agreed.

- Despite being a 'captive population', too many prisoners do not attend booked appointments in the healthcare department. Healthcare managers believe that improvement is needed in the effectiveness of officers allocated to the role of 'healthcare runner'.
- It has not been possible to hold a number of wing-based clinics (e.g. for vaccinations), negotiation needs to take place with the prison to ensure availability of supervision from prison officers.
- There are insufficient wheelchair-accessible cells in the prison.

*See Table 3 in Annex B.*

### **6.3 Mental health**

Healthcare managers have been concerned about the significant number of mentally unwell prisoners that are housed in the general population who have not been able to be accommodated in the 24/7 healthcare unit.

The mental health team invited their counterparts at HMP Northumberland and HMP Manchester to visit to conduct a peer review in early 2025. The team at HMP Birmingham received very positive feedback from the visiting teams on what they had been able to achieve in a challenging environment.

### **6.4 Social care**

At the end of the year, there were nine prisoners with social care plans, all of whom are located on J wing or in the healthcare department.

### **6.5 Time out of cell, regime**

Allocated time out of cell, at 135 minutes per day, remains unchanged since last year. Obviously, if prisoners take the opportunity to attend work or education, they will get additional time that is not behind their door.

### **6.6 Drug and alcohol rehabilitation**

Staffing has continued to be an issue, but recruitment has been ongoing and the team should be almost fully staffed by the autumn of the next reporting year.

In June 2025, there were 342 on the caseload of the drug and alcohol team, of whom 129 were prescribed opiate substitution treatment (OST). This was mainly methadone or Espranor, with a small number being prescribed Buvidal (long-acting buprenorphine). A total of 102 prisoners received a medical alcohol detoxification.

Prisoners can progress from the treatment wing (M wing) to the drug recovery wing (D wing) and then, if they meet the criteria, to G wing, which is the incentivised substance free living (ISFL) wing. Most of the group work takes place on the drug recovery wing, where they run a wide range of different interventions.

Prisoners are trained to administer nasal Naloxone so that they can help prevent overdose deaths following their release into the community.

### **6.7 Soft skills**

Prisoners have the opportunity to join the prison choir, 'Beating Time', which seems to be enjoyed by all who attend. It meets weekly in the multi-faith centre.

## **7. Progression and resettlement**

### **7.1 Education, library**

#### **Education**

HMP Birmingham is a local prison. A total of 70% of the men are in the establishment for less than 12 weeks, which presents huge challenges for education, learning and skills. The curriculum is designed with this in mind and priority is given to Maths, English and personal and personal and social development (PSD). Prisoners need to achieve Entry Level 3 in English and Maths before they can be allocated work.

Prisoners are screened for special educational needs and disabilities (SEND) and learning difficulties when they enter prison and are given appropriate support, including one-to-one sessions if required.

According to the learning and skills department, the average man in the prison left school at 12 and has no formal qualifications.

From the Board's observations, those attending education experience a calm and supportive learning environment, with well-trained and motivated teachers, the critical issue being that many prisoners who could attend do not do so. Attendance is very poor, despite the fact that peer mentors and some officers do their best to encourage attendance. The Prison Service contract with the education provider stipulates that newly received prisoners must be contacted by the education department to start their induction on their second day in prison. Some prisoners feel overwhelmed and refuse to attend, although they may later regret this when they want a job. Average attendance over the year is only 57% of those who have been allocated to education. If there are staff shortages and the regime has to be curtailed, education often suffers.

*See Chart 4, in Annex B, which shows attendance at education.*

#### **Library**

The library service is provided by Birmingham City Council and is housed in a space that was refurbished in 2024, which is bright, airy and well-resourced. Unfortunately, it is very under-used and, on some days of the week, it is not visited by prisoners at all, apart from a few who are already in the education department, just along the corridor. The librarians take requested books to the wings regularly, but there are very few visits to the library from prisoners on the wings, and none at all from vulnerable prisoners. The librarians would like to run reading groups, but this has not proved feasible, mainly due to a lack of allocated officers.

In its recent self-assessment report (2024-2025), the learning and skills department highlighted a need for a 'whole prison' approach to its reading strategy. The Board believes that a lot of work needs to be done if this is to become a reality.

### **7.2 Vocational training, work**

There are not as many opportunities for vocational work and training at HMP Birmingham compared with those in category C prisons. Prisoners can work as cleaners or painters on the wing. They can also work in the kitchens, laundry, for DHL, in the gardens, or in the workshops focused on textiles, hospitality or making commercial sheds.

### **7.3 Offender management, progression**

The offender management unit (OMU) has been exceptionally busy during the reporting year, due to the changes in legislation relating to sentences, which have been introduced at short notice. Principal among these changes has been the change from Standard Determinate Sentences from SDS 50 to SDS 40. (Previously prisoners served 50% of their sentence in prison and this has now changed to 40%) These changes have put extra pressure on the unit, as well as on probation and resettlement staff.

#### **Progression**

There are still issues with the amount of time prisoners spend on remand; then, when sentenced, the waits are too long for a transfer, particularly to the category B/long-term estate.

### **7.4 Family contact**

Prisoners can use in-cell phones to keep in touch with family, and the visits hall is also open every day for social visits. Some prisoners who use wheelchairs have not readily been able to see family when lifts have been out of order, the prison has facilitated some domestic visits on the units. As mentioned previously, social visits for prisoners or family members who have neurodivergent needs have been a great success.

### **7.5 Resettlement planning**

The expectations hub, which is run by prisoners, sends all prisoners due to be released an invitation to attend a pre-release drop-in session. These are held weekly on Tuesdays and are attended by staff from the Department of Work and Pensions (DWP), housing advisors, including an Accommodation Commissioned Rehabilitative Services provider the National Association for the Care and Rehabilitation of Offenders (NACRO), and NHS staff.

This means that they can sort out their welfare benefits and accommodation and learn about where to register with a GP before their release. Not all prisoners attend, and prisoners released at short notice can still experience problems.

Inside Job, which is a peer-led initiative run by a charity, can help prisoners to write their CVs. The charity also runs a series of employment events, where potential employers will visit the prison to meet prisoners and explain what opportunities for employment are available.

## 8. The work of the IMB

### Board statistics

Recommended complement of Board members	16
Number of Board members at the start of the reporting period	8
Number of Board members at the end of the reporting period	6
Total number of visits to the establishment	267

### Applications to the IMB

Code	Subject	2023-2024	2024-2025
A	Accommodation, including laundry, clothing, ablutions	45	16
B	Discipline, including adjudications, incentives schemes, sanctions	12	4
C	Equality	2	3
D	Purposeful activity, including education, work, training, time out of cell	16	7
E1	Letters, visits, telephones, public protection, restrictions	24	8
E2	Finance, including pay, private monies, spends	18	9
F	Food and kitchens	19	5
G	Health, including physical, mental, social care	36	21
H1	Property within the establishment	33	35
H2	Property during transfer or in another facility	3	15
H3	Canteen, facility list, catalogues	5	12
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, recategorisation	21	20
J	Staff/prisoner concerns, including bullying	45	55
K	Transfers	10	4
L	Miscellaneous	42	21
	<b>Total number of applications</b>	<b>325*</b>	<b>226*</b>

*\*The totals in the columns above do not add up because, in many cases, prisoners submit a single application form asking for assistance with more than one type of issue such as, for example, canteen and accommodation.*

## **Annex A**

### **Service providers**

- Buildings and Maintenance: Amey
- Catering: Aramark
- Education: Novus
- Healthcare: Physical Health: Birmingham Community Healthcare.
- Healthcare: Mental Health and Inside Recovery: Birmingham and Solihull Mental Health Foundation Trust
- Psychology: HMPPS
- Substance Misuse Clinical Services: Birmingham and Solihull Mental Health Foundation Trust.
- Substance Misuse Psychosocial Services: Cranstoun
- Social care: Aspect Care, commissioned by Birmingham City Council
- Visits and family contact: Prison Advice and Care Trust (PACT)

## Annex B

### Tables and graphs

Table 1: Assaults

Assaults	July 2024-June 2025	July 2023-June 2024
Prisoner on staff	222	216
(Prisoner on staff – serious)	(15)	(17)
Prisoner on prisoner	390	338
(Prisoner on prisoner – serious)	(41)	(29)
<b>Total</b>	<b>612</b>	<b>554</b>

Chart 1: Use of force

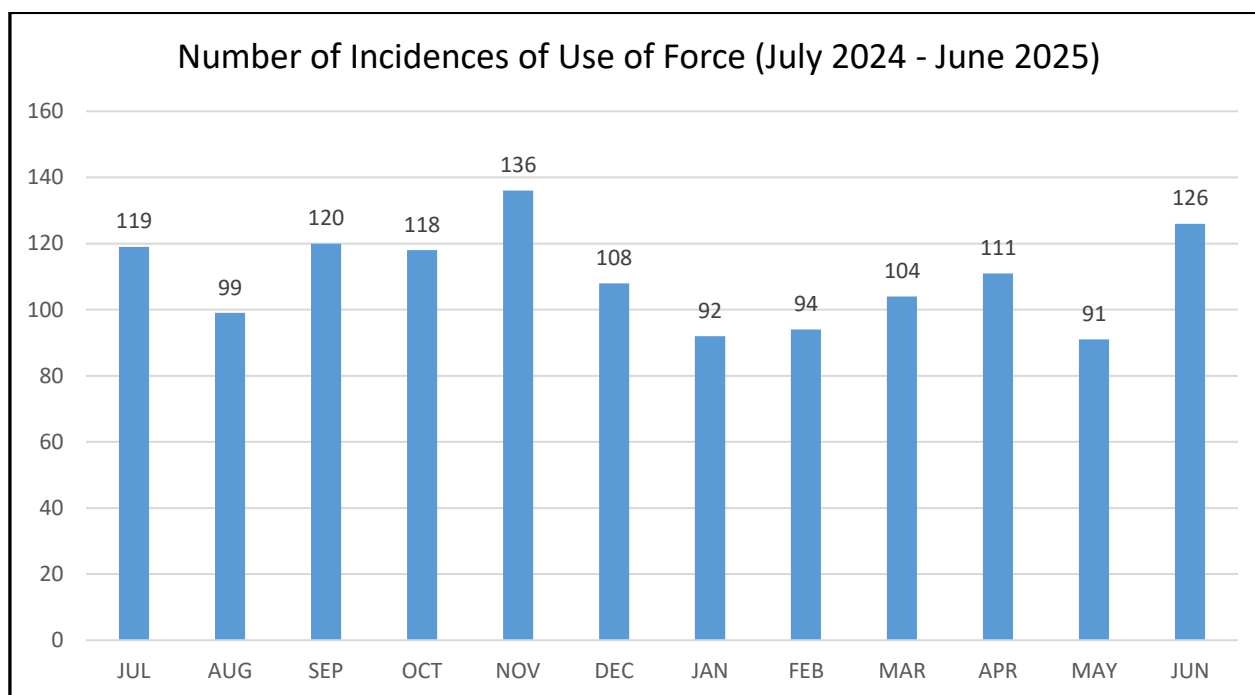


Chart 2: Numbers in the care and separation unit

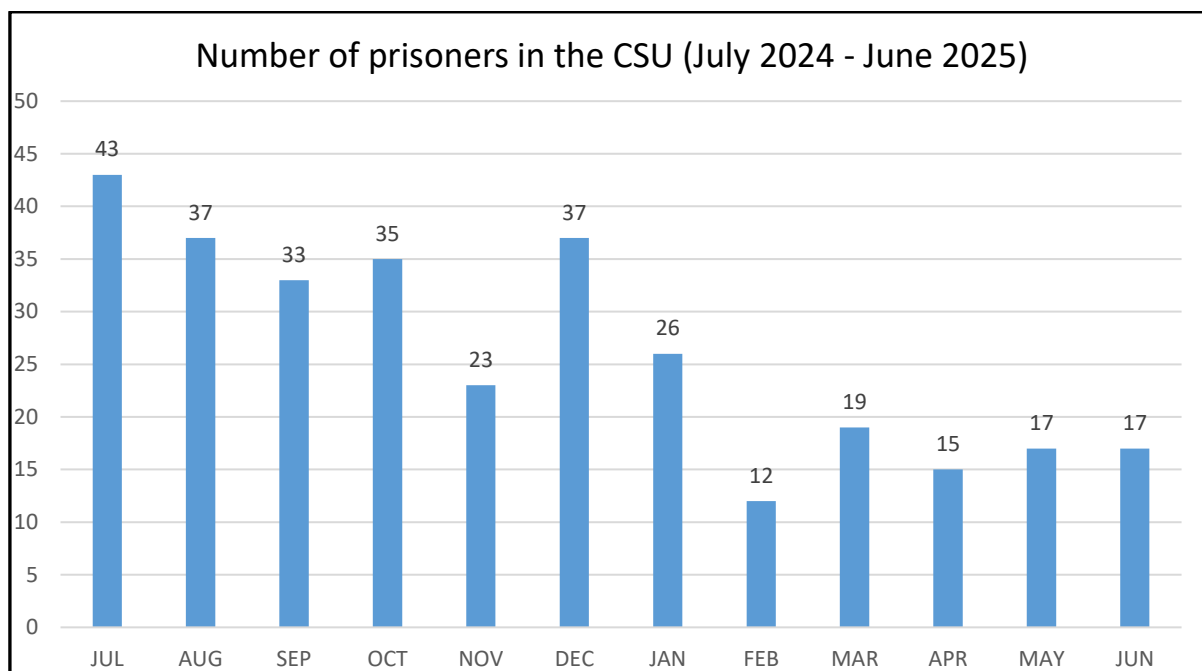


Table 2: Key working

ALL WINGS: WEEK COMMENCING	EXPECTED NUMBER OF SESSIONS, GIVEN STAFFING FIGURES	SESSIONS COMPLETED	% COMPLETED SESSIONS
05.05.2025	295	223	76%
12.05.2025	224	226	101%
19.05.2025	137	243	177%
26.05.2025	217	262	109%
02.06.2025	265	251	95%
09.06.2025	265	236	89%
16.06.2025	187	171	91%
<b>Average</b>			<b>105%</b>

Chart 3: Neurodiversity

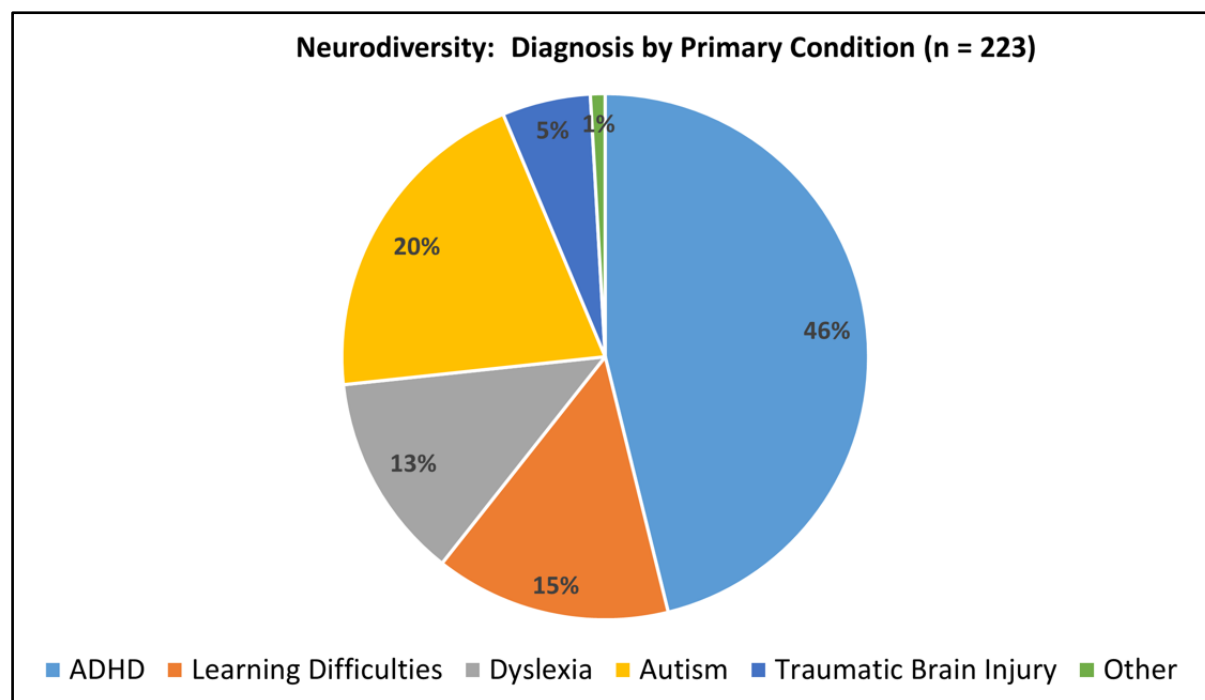
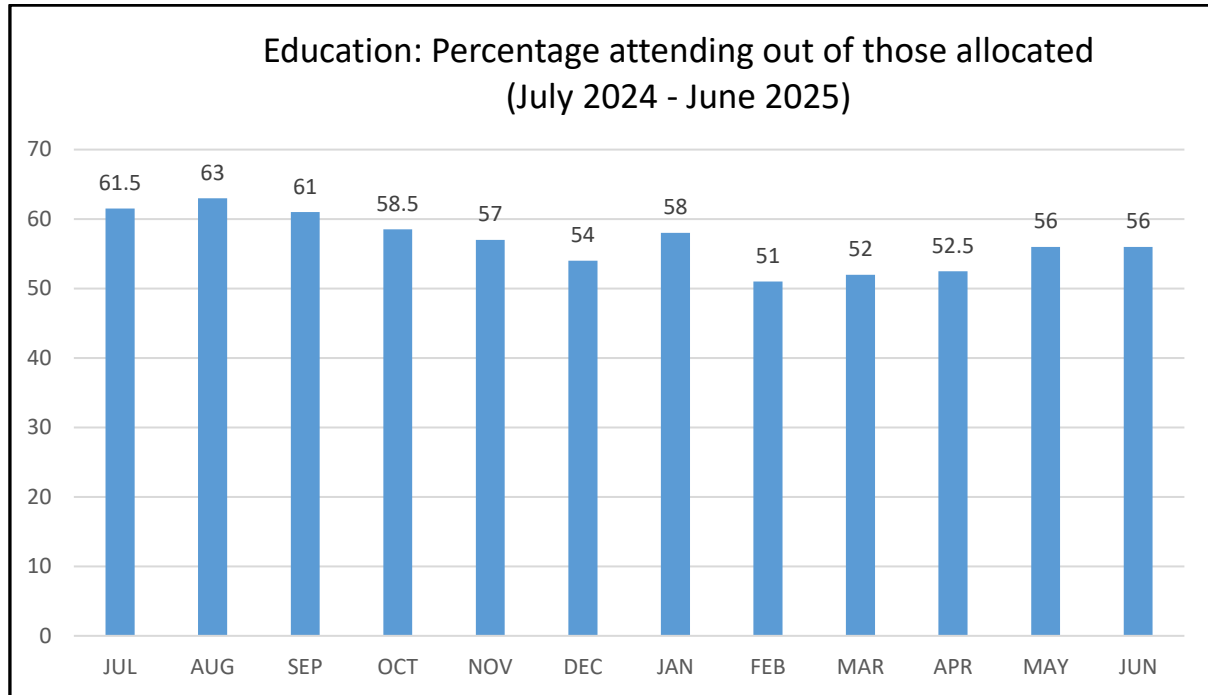


Table 3: Clinic times

Clinic	Waiting time for appointment June 2025	Average waiting times July 2024 – June 2025
GP	1 week 5 days	2 weeks
Physiotherapy	1 week 5 days	2 weeks 6 days
Chiropody	2 weeks 3 days	2 weeks 5 days
Dental (first appointment)	4 weeks 1 day	4 weeks 2 days

Chart 4: education attendance





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