



Annual Report of the Independent Monitoring Board at HMP Oakwood

**For reporting year
1 April 2024 to 31 March 2025**

Published August 2025



Contents

Introductory sections 1 – 3	Page
1. Statutory role of the IMB	3
2. Description of establishment	4
3. Key points	5
Evidence sections 4 – 7	
4. Safety	19
5. Fair and humane treatment	24
6. Health and wellbeing	29
7. Progression and resettlement	34
The work of the IMB	
Board statistics	39
Applications to the IMB	40
Annex A	
Service providers	41
Annex B	
Peer support	42
Annex C	
Stabilisation & Safety Intervention Meeting – Terms of Reference	43
Annex D	
Complaints data 2024 - 2025	44
Annex E	
IMB applications 2024 - 2025	48
Annex F	
Adjudications 2024 - 2025	49
Annex G	
IMB neurodiversity survey results: February 2025	50

All IMB annual reports are published on www.imb.org.uk

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

Operated by the private contractor, G4S, since it opened in 2012, HMP Oakwood is a very large category C training prison with an 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) of up to 2,134¹ adult men, near Wolverhampton. It is located adjacent to HMP Featherstone and HMP/YOI Brinsford. With perhaps the exception of its modernity, the prison has few particular advantages. It holds a broad range of prisoners, from those serving relatively short sentences to prisoners with life sentences and vulnerable prisoners and has a significant throughput of men from an extended catchment area. The complexity of the population is perhaps best evidenced by the increase among those considered to be a high risk of harm to others, now some 80% of all those held.

The prison is a modern facility, which is well maintained, clean and tidy.

There are six residential units, with the three main large units each holding 690 prisoners. There is one care and separation unit (CSU, for segregating prisoners) which can hold 24 prisoners.

A Controller and Deputy Controller from HMPPS (His Majesty's Prison and Probation service) are based within the prison and are active in the control and management of the contract between HMPPS and G4S. The Controller spends half their week at another establishment. However, a Contract Assurance Specialist was appointed during the reporting year.

The prison received an unannounced inspection from HM Inspectorate of Prisons (HMIP) during the reporting year (9 – 25 April 2024) to which the IMB was able to contribute. The report was published in May 2024. This inspection found outcomes for prisoners to be 'good', their highest assessment, in three of our four healthy prison tests – safety, respect and purposeful activity – and 'reasonably good' in resettlement.

The contracted providers are detailed in annex A.

There is a prison council, together with four prisoner-led initiatives (PLIs) and 11 peer support services (see annex B).

The prison has an in-house TV channel, which is being used by many departments and PLIs to circulate information to prisoners. Prisoners are also able to access religious services via the TV.

¹ 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

Safety

- During the reporting year, there have been, at any one time, up to seven prisoners in hospital requiring 24-hour bed watches and many times when there have been multiple ones. Such interventions, and their unpredictability, invariably have an effect on the operational staffing of the prison.
- There were, again, no self-inflicted deaths during the reporting period
- The number of assessment, care in custody and teamwork documents (ACCTs) opened, used to support prisoners who are at risk of self-harm and suicide, during the reporting year was 424 (including 73 who came into the prison on an open ACCT) compared to 560 in the previous year, a reduction of 24%. 191 of these were due to self-harm (45%).
- The number of self-harm incidents during the year was 1366, compared with 1388 the previous reporting year. This has stabilised, as the previous year had seen an increase of 22%.
- There were 214 incidents of prisoner-on-prisoner violence over the reporting year (132 assaults and 82 fights), compared with 236 during the previous reporting year.
- There were also 91 incidents of violence against staff (with 22 regarded as serious but none requiring hospitalisation) compared with 82 the previous year; although small in number, it still represents an 11% increase.
- In the reporting year, there were 691 use of force (UoF) incidents (compared with 555 the previous year), which equates to a mean average of 2.5% of the prison population per month, which remains very low in relation to its comparator prisons.
- During the reporting year, out of a total of 1169 finds, drugs have been found on 546 occasions (47%). For the previous year, out of a total of 768 finds, drugs were found on 260 occasions (34%).
- The Board is of the view that the prison is, generally, a safe and secure environment for prisoners.

Fair and humane treatment

- The Board has received fewer complaints regarding food and prisoners have been less vocal about its quality whilst talking to Board members whilst they have been out on the wings.
- Issues do continue to be raised about food quality and portion size.
- One in five of all adjudications (disciplinary hearings when a prisoner is alleged to have broken prison rules) were either dismissed or not proceeded with during the reporting period
- The number of key worker sessions completed during the reporting period was 77,848, which is a 28% increase from the 60,716 in the previous reporting year. There was an effectiveness rate of 70.4%.
- A total of 255 discrimination incident reporting forms (DIRFs) were submitted during the reporting year, of which 131 were investigated (124 were returned as non-DIRFs with a letter of advice) with 46% deemed to be proven. 58 related to race, 28 religion and 23 to disability.

- The prison's neurodiversity coordinator estimates that there are 900 prisoners who are neurodiverse, which is 40% of the prison population.
- There were 137 foreign national prisoners at Oakwood at the start of the reporting year, with the number ranging between 115 and 143. There were 125 at the end of the reporting year, with 10 having been served with IS91 notices (where a person is held under Immigration Act powers following completion of their sentence).
- 30% of complaints received were converted to three-day requests in this reporting year.
- Property was, again, both the biggest cause for complaint in the prison complaints system and applications (prisoners' written representations) received by the Board.

Health and wellbeing

- Practice Plus Group (PPG) continues to provide a level of care at least equivalent to that provided in the community.
- In April 2024, HMIP and CQC completed a full unannounced inspection, for which there were some excellent areas of good practice observed and shared with the team. HMIP and CQC identified two concerns and 12 regulation breaches respectively. The CQC reinspected in January 2025, and the inspectors were very complimentary of the improvements made and lifted all twelve breaches.
- This year the Board has received many complaints from prisoners who have been unable to find healthcare complaints forms on the wings (these are meant to be located on racks near to the medical hatches).
- PPG's proactive patient experience lead (PEL) holds a monthly face-to-face concerns clinic for prisoners with healthcare and prescribing concerns. This provides the opportunity for the prisoners to discuss their concerns and the PEL to arrange appropriate appointments. The clinics are well attended, with all concerns documented.
- During the reporting year, there were 543 emergency escorts to hospital A&E departments; 283 prisoners were awaiting specialist treatment; and 485 were requiring follow up. There are a high number of rescheduled appointments due to escort demand outweighing supply. Efforts continued to support onsite secondary care clinics to alleviate this pressure, with over 200 appointments facilitated.
- There were 324 prisoners on psychosocial caseloads at the end of the reporting year. A psychologist was appointed and started in the reporting year, along with mental health practitioners who offer psychological therapies.
- All transfers to a secure mental health facility exceeded the 28-day stipulated timeframe. These are monitored on a weekly basis at a regional hospital escalation meeting and escalated fortnightly with commissioners.
- The mental health team remains concerned about the lack of availability of forensic psychological secure places, which means some prisoners remain in the CSU where there is no provision or resource for enhanced mental health support.

- In February 2025 HMP Oakwood went live with the Electronic Prescription Service (EPS) along with HMP/YOI Brinsford and HMP Featherstone.

Progression and resettlement

- The head of the offender management unit (OMU) felt that although staffing for Prisoner Offender Managers (POMs) has improved this year, the Probation Service is still understaffed considering the high numbers of high risk (80%) and imprisonment for public protection (IPP) prisoners housed at Oakwood, and has come under strain at times, especially since the introduction of the SDS 40 Early Release scheme.
- At the start of this reporting period there were 101 IPP prisoners (with 75 on recall) and at the end of the year this figure had moved down to 91 (with 70 on recall). The proportion of prisoners on recall remains high, being 77%.
- Eight IPP prisoners were released or transferred during the first quarter of 2025 out of the 10 hearings that took place (80%).
- The majority of prisoners we spoke to very much appreciate the efforts of their tutors and do value education.
- There is a very successful Barbering Academy which has recently been shortlisted for a National Barber Training Award which is open to all providers, and not just in prisons.
- 'Cherry Blossom' (workshop 11 on skills C) was officially opened. It is a marketplace that includes an Iceland Training Academy (which includes quite a full range of groceries, as well as frozen food and is the first of its kind in any English prison).
- Farms and Gardens continues to expand both its footprint and its output
- The visits and family intervention team offered almost 29,000 hours for social visits (up 13% on the previous year) with 7,000 social video calls and provided 9,700 hours of enhanced interventions in the past year. They also offered 200 hours of parenting classes.
- Around 110 men are released from Oakwood each month, with one in eight homeless.
- The budget allocated to HMP Oakwood for resettlement is the same as every prison, despite the fact that it currently has the highest capacity of any English prison and does not appear to meet the needs of the current population.

3.2 Main areas for development

TO THE MINISTER

- Provision for the Probation Service in the OMU is still seemingly insufficient to meet the demand of the current prison population at HMP Oakwood. If the intention is to reduce the number of prisoners returning on recall for breaching their license conditions, then can the Minister ensure that the probation service funding is increased to be able to meet this aim?
- Of the 91 IPP prisoners at HMP Oakwood, 71 are on recall (77%). Given that the majority are ten or more years over their original tariff, will extra funding be given to the Probation Service to prioritise reducing this recall percentage for IPP prisoners?

- There is only one Neurodiversity Coordinator (appointed by the Ministry of Justice) to each prison in England, including HMP Oakwood, irrespective of its population and need. HMP Oakwood's neurodiversity coordinator currently estimates that it has 900 neurodiverse prisoners (40%). Can the Minister review the neurodiversity funding for individual prisons to support their specific needs and size of population?

TO THE PRISON SERVICE

- Since the implementation of the Prisoners' Property Policy Framework in 2022, the Board remains concerned that it is seeing a lack of adherence to the policy, particularly with missing property from incoming prisoners. The highest numbers of complaints both to the prison and to the IMB continue to concern missing property. Can this ongoing concern continue to be addressed?
- All transfers to a secure mental health facility at Oakwood continued to exceed the 28-day stipulated timeframe (with reference to the HM Inspectorate of Prisons (HMIP) thematic review, 'The Long Wait', published in February 2024). Can this ongoing concern continue to be addressed?
- Although the IMB receives the Prisons and Probation Ombudsman PPO final report on deaths in custody, it no longer receives the clinical review which previously came as an annex to the report. The Board feels that a lack of access to these reports limits its ability to monitor the outcomes of such reviews. Is it possible to allow access to such reports again?

TO THE PRISON DIRECTOR

- How can the Director ensure that standards during service at the serveries are consistently high - wearing of personal protective equipment (PPE) and ensuring equipment is working correctly)?
- Can the Director work with the Development and Assurance (D & A) department to address the issue of the availability of prison complaint forms on the houseblocks?
- Can the Director work with health champions and members of the HAS Line, a prisoner-led initiative which works with Healthcare, to address the issue of the availability of health complaint forms on the houseblocks?
- 30% of the complaints received were converted to three-day requests this reporting year. Can the Director ensure that that this proportion of conversions can be justified and that the process is demonstrated to be transparent for prisoners?
- The Board continues to be concerned about complaints regarding property lost whilst at HMP Oakwood. Can the Director review again whether there are sufficient resources to manage the internal movement of property?
- Can the Director work with the chaplaincy to facilitate a Rabbi joining their team?

- Can the Director facilitate the installation of IMB information noticeboards in the admissions area and on the induction wings to further inform and promote the work of the IMB?

3.3 Response to the last report

Issue raised	Response given	Progress
To the Minister		
1. The Board is concerned that there are ongoing recruitment and retention issues for staff working in prison mental health services when the demand is increasing. There is still a vacancy for a psychologist at HMP Oakwood, and a number of roles are being covered by agency or bank staff. What does the Minister plan to do to improve this situation?	<p>As the Board will be aware, healthcare provision for HMP Oakwood is commissioned by NHS England and delivered by Practice Plus Group (PPG). Mental Health Services have been subcontracted to the Midlands Partnership Foundation Trust (MPFT) by PPG. In respect of your concerns regarding mental healthcare vacancies, recruitment, and retention at HMP Oakwood, I would like to reassure the Board that NHS commissioners monitor outcomes including resourcing. This includes the level of use of agency and bank staff along with recruitment and retention, and all issues are discussed at monthly local delivery boards and quarterly contract review meetings.</p> <p>It is regrettable that the recruitment of a psychologist at HMP Oakwood remains challenging, however I am pleased to confirm that a locum psychologist will be recruited as a priority until this vacancy can be filled permanently. The psychology service staffing provision will be reviewed by the Midlands Partnership University Foundation Trust (MPFT)</p>	In the reporting year, the mental health team have recruited a part time psychologist and a full-time graduate mental health practitioner. There are two further full time graduate mental health practitioners on boarding. This has meant healthcare have offered psychological therapies consistently to the population and the offer will increase once the two staff are in post.

	to ensure it meets the requirement of the establishment.	
To the Prison Service		
2. The current commissioned capacity of the healthcare provision at HMP Oakwood does not appear to be sufficient to meet the needs of the current prison population, both in terms of physical and mental health. Could the Prison Service examine the current profile of the prison population at HMP Oakwood and address these concerns? For example, all transfers to a secure mental health facility at Oakwood exceed the 28-day stipulated timeframe (with reference to the HM Inspectorate of Prisons (HMIP) thematic review, 'The Long Wait', published in February 2024).	A full Health Needs Assessment has been commissioned and the outcomes from this exercise will provide clear indications for future direction and actions required to improve healthcare provision at HMP Oakwood. NHS Commissioners will continue to monitor contracts to ensure provision meets the needs of the population at the prison. The timeframes for mental health transfers is a national concern. This is actively monitored by NHS commissioners who support escalation routes to ensure the timescales can be met, where possible. The Ministry of Justice is working with the Department of Health and Social Care to reform the Mental Health Act (1983) and introduce the Mental Health Bill in this parliamentary session. The Mental Health Bill sets out vital reforms to support people with severe mental illness in the criminal justice system with the aim of speeding up access to specialist inpatient care and ensuring that offenders and defendants with severe mental health needs are able to access appropriate and timely	All transfers to a secure mental health facility at Oakwood exceed the 28-day stipulated timeframe in the reporting year.

	<p>support in the most appropriate setting. The provisions include, but are not limited to, the introduction of a statutory 28-day time limit for the transfer of patients from prison to hospital. The time limit mirrors that introduced in NHS England's good practice guidance, published in June 2021, starting at the point of an initial referral and ending at the point of the patient's admission to hospital. This time limit, together with operational improvements, aims to reduce unnecessary delays and deliver swifter access to treatment.</p>	
<p>3. The current commissioned capacity of the offender management unit (OMU), in terms of the numbers of probation officers and forensic psychological support at HMP Oakwood, does not appear to be sufficient to meet the needs of the current prison population. Could the Prison Service examine the current profile of the prison population at HMP Oakwood and address these concerns?</p>	<p>HMPPS notes the concerns of the capacity of the OMU and whether this is sufficient to meet the needs of the current prison population at HMP Oakwood. Probation Central Operations Support (COS) team have recently reviewed the prison's probation staffing level against the Offender Management in Custody (OMiC) target staffing model. The target staffing level was set at fourteen POMs to ensure adequate OMU provision and proposed changes will be considered via the National Operational Stability Panel (NOSP) in October 2024. With both the professional qualification in Probation (PQiP) and the centralised recruitment of</p>	<p>Target staffing on the OMU for POMs was reached but the Probation service is still felt to be understaffed.</p>

	<p>PQIPs in the West Midlands region, HMP Oakwood should achieve its target staffing by the end of December 2024. This will be continually reviewed to ensure it meets the demand of the prison population.</p>	
<p>4. Since the implementation of the Prisoners' Property Policy Framework in 2022, the Board still remains concerned that it is seeing a lack of adherence to the policy, particularly with missing property from incoming prisoners. This year, we received 440 complaints relating to other establishments, of which 257 (58%) were regarding property. Can this ongoing concern be addressed?</p>	<p>For property delay, in-line with the HMPPS Prisoner Property Framework, if the limit of items allowed in possession has been reached, and if there is no space on the escort to transport items safely and securely, then responsibility for transfer of any remaining items remains with the sending prison.</p> <p>Following the introduction of the Prisoners' Property Framework, prisoners must comply with volumetric control limits, since any property within these limits will be transferred with them. This includes items which are exempt from volumetric control, such as legal papers. It is not possible to transfer with a prisoner all excess property which they might have accrued above these limits and any excess property outside of these limits will be transferred within four weeks. HMPPS is aware of the problems around property and continues to explore what further can be done.</p>	<p>Property Issues continue to be a major cause of complaints both to the prison and the IMB.</p>

<p>5. The number of IPP-sentenced prisoners is continuing to rise at HMP Oakwood, with the current number, standing at 101 (which has doubled in the past 12 months). The prison is beginning to hold progression panels for IPP prisoners (starting in April 2024), but resources remain unchanged. Would a reduction in the number of IPP prisoners currently held at HMP Oakwood be considered to enable those who are here to receive the attention they merit following the parliamentary review and subsequent response from the Ministry of Justice/Prison Service?</p>	<p>HMPPS is confident that the achievements of the HMPPS IPP Action Plan has contributed to an overall reduction in the IPP population between June 2023 and June 2024. As part of the Plan, in February 2024, Phil Copple, the Director General of Operations at HMPPS commissioned each of the seven Area Executive Directors for England and Wales, as well as the Executive Directors of the Long-Term High Security Estate, the Women's Estate and Contracted Prisons to develop operational IPP delivery plans and to begin delivering those plans from summer 2024. These Delivery Plans directly target front-line delivery in support of helping those serving IPP sentences to work on and achieve the objectives within their sentence plans and move towards a future prospective safe and sustainable release, and when in the community, towards a future termination of their licence. At HMP Oakwood, the head of OMU, in collaboration with probation staff, has established an IPP panel for prisoners nearing release. HMPPS will continue to monitor the progress of the IPP action plan and consult expert organisations and campaign groups to</p>	<p>IPP panels seem to have been successful.</p> <p>The number of IPP prisoners remains high at HMP Oakwood and the proportion of those on recall has continued to be around 75%.</p>
--	--	--

	<p>ensure that we are considering all options. The Board may also be aware that on 5 September 2024 the Lord Chancellor announced that from November 2024, anyone who was released on IPP licence five or more years ago and has spent at least the last two years of that period in the community without being recalled, will have their IPP licence terminated without the need for a review by the Parole Board. The Secretary of State will also have two new 'Risk Assessed Recall Review' powers. The first enables her to not reset the two-year period after someone is re-released from a recall. Secondly, she will be able to re-release people who have been recalled at any point without referring the case to the Parole Board. These measures will make an overall difference to the number of IPP prisoners held across the estate, including HMP Oakwood.</p>	
To the Prison Director		
<p>6. The Board is concerned by the widespread dissatisfaction among prisoners of the current food provision. How can the Director ensure that the issues raised are listened to and practical solutions are explored to try to reduce this level of discontent?</p>	<p>Establish a Dedicated Review Committee:</p> <p>We have created a cross-functional committee comprising representatives from dietary, healthcare, as well as prisoner representatives.</p>	<p>The IMB has observed a number of meetings, and some progress has been made with the volume of complaints decreasing both to the prison and to the IMB. However, there are still issues with food quality and portion size.</p>

	<p>The committee will conduct a thorough review of current food provision, including menu planning, food quality, portion sizes, and dietary requirements.</p> <p>The committee will identify areas for improvement and develop actionable recommendations.</p>	
<p>7. How can the Director ensure that standards during service at the serveries are consistently high (hygiene, PPE, timings, equipment working correctly)?</p>	<p>Robust Training and Supervision:</p> <p>Initial Training: We are providing comprehensive training to all prisoners who work in the serveries on hygiene protocols, PPE usage, time management, and equipment operation.</p> <p>Effective Supervision: We have implemented a system of regular supervision and spot checks to monitor compliance with standards.</p> <p>PPE Usage: Monitor staff compliance with PPE requirements, such as gloves and hairnets by the unit managers.</p>	<p>There has been some improvement but there are still inconsistencies across the estate when PPE, for example, is not being worn. Equipment not being functional for weeks after being reported; as such, it is still a problem.</p>
<p>8. Could the Director work with the healthcare unit to try to ensure that a mental health professional is present during CSU GOoD reviews (Good Order or Discipline, where the prison determines if the prisoner should remain segregated) when</p>	<p>Standard operating procedures mandate the presence of a Health Care Team member at all GOoD reviews. In addition to this, a weekly multidisciplinary team (MDT) meeting, including a Mental Health professional, is convened</p>	<p>Although a mental health specialist does not routinely attend Good Order Reviews there does seem to be a heightened awareness of those prisoners with severe mental health conditions in the CSU and they are also discussed in other</p>

the prisoner concerned has serious mental health concerns?	every Tuesday morning to facilitate comprehensive prisoner reviews. While the presence of a Mental Health professional at all reviews is considered optimal, resource allocation and scheduling constraints may impact consistent availability, where they are unable to attend in person a report will be provided.	meetings which the IMB are invited to observe (for example, weekly Safety Intervention Meetings).
9. Although the use of body worn video cameras is very high during UoF incidents, how can the Director encourage officers to take advantage of the benefits of turning on their cameras early enough to capture the lead up to a UoF.	<p>To encourage officers to activate their body-worn video cameras early enough to capture the lead-up to a use of force (UoF) incident, the Director has implemented the following strategies:</p> <ol style="list-style-type: none"> 1. Clear Policy and Procedures: A clear and concise policy outlining the specific circumstances under which officers should activate their body-worn cameras. Ensure that officers are adequately trained on the policy and procedures. 2. Emphasis on Accountability and Transparency: Highlighting the benefits of body-worn cameras in staff training, this emphasises that the use of body-worn cameras can help to de-escalate situations and reduce the use of force. 3. Regular Training and Education: 	There has been a noticeable increase in the use of body worn video cameras during UoF incidents this year and the figures is now well above national figures.

	<p>Conduct regular training sessions to reinforce the importance of early camera activation through the annual Use of Force training. Provide constructive feedback to officers on their camera usage by the Use of Force coordinator.</p> <p>4. A proactive approach to UoF review is implemented through weekly 'scrutiny' meetings. These meetings analyse local incidents, enabling the delivery of constructive feedback, targeted guidance, and necessary training to staff, promoting best practices and minimising future incidents.</p> <p>5. To enhance oversight and strategic review, structured monthly governance meetings, chaired by the Head of Safety, are now implemented. These meetings facilitate comprehensive analyses of monthly UoF data, including trend identification and the review of relevant prison data.</p>	
--	--	--

Evidence sections 4 – 7

4. Safety

4.1 Reception

On arrival at Oakwood, induction prisoners are issued with questionnaires for equality and diversity, foreign national and safeguarding information. This is returned to the safer custody team to get updated information to assist them in identifying if any new prisoners are in need of any safeguarding measures putting into place.

The Board has observed the reception and induction of prisoners over the reporting year and has also produced an updated easy-read guide on its role, which was distributed with applications forms (for prisoners' written representations to the IMB) across the house blocks, together with an updated notice placed on all IMB applications boxes. The induction process is undergoing a review at present, including the literature it provides to new prisoners, as there had been a feeling that they were being bombarded with too much information too quickly. The Board will continue to monitor the induction process during the next reporting year. The Board also continues to be concerned about the ongoing problems of prisoners arriving very late and the long journeys that have been made in a very small cell on the transport vehicle.

During the reporting year, there have been, at any one time, up to seven prisoners in hospital requiring 24-hour bed watches. Such interventions, and their unpredictability, invariably have an effect on the operational staffing of the prison.

The Board is also concerned about the ongoing problem of property not being transferred with the prisoner, which can result in loss of clothing and personal property, some of which cannot be replaced.

The Board is of the view that the prison is, generally, a safe and secure environment for prisoners.

4.2 Suicide and self-harm, deaths in custody

There were, again, no self-inflicted deaths during the reporting period. The number of ACCTs opened during the reporting year was 424 (including 73 who came into the prison on an ACCT) compared to 560 in the previous year, a reduction of 24%. 191 of these were due to self-harm (45%). A total of 42 prisoners were put on an ACCT whilst in the CSU. The Board has daily information on the ACCTs as part of the risk register and includes visits to see prisoners on an ACCT as part of its monitoring duties. On occasion, members observe the ACCT reviews, and the Board is pleased to note that those attended are generally very thorough and comprehensive and address the needs of the prisoner and any areas of risk or concern. The Board has looked at the ACCT reports and, in most cases, they are of a satisfactory standard.

The number of self-harm incidents during the year was 1366, compared with 1388 the previous reporting year. This has stabilised as the previous year saw an increase of 22%. These incidents are monitored on a daily basis by the Board by way of the daily Duty Director report. Where there are several incidents pertaining to the same prisoner, these are followed up and the prisoner is seen by a member of the Board.

There is a range of PLIs, programmes instigated and run by prisoners to benefit their peers) in place to support prisoners who self-harm. See annex B.

During the course of the reporting year, there were eight deaths in custody. Of these, six occurred at a local hospital, one in a local hospice, with the remaining one on site (on Ash houseblock). The Board monitored these and was impressed with the way they were handled, both by the prison and Practice Plus Group.

Although the IMB receives the Prison and Probation Ombudsman (PPO) final report on deaths in custody, it no longer receives the clinical review which previously came as an annex to the report.

The PPO has reported on five of these death in custody cases during the reporting year, making the following comments and recommendations:

- The clinical reviewer found that prisoner received a good standard of health care that was equivalent to that which he might expect to receive in the community. She made one recommendation around care planning for long-term conditions that the head of healthcare will wish to address. The PPO investigator investigated the non-clinical issues relating to the prisoner's care and did not find any non-clinical issues of concern and made no recommendations.
- The clinical reviewer concluded that the clinical care the prisoner received at HMP Oakwood was of a reasonable standard and was equivalent to that which he could have expected to receive in the community. She found that healthcare staff did not always record or calculate a national early warning score (NEWS2, a tool used to detect and respond to clinical deterioration) for the prisoner. The prison has since addressed this concern. The clinical reviewer made a number of recommendations which were not directly related to the prisoner's death but which the head of healthcare will want to address. The PPO investigator investigated the non-clinical issues relating to the prisoner's care, did not identify any non-clinical learning, and made no recommendations.
- The clinical reviewer concluded that the clinical care the prisoner received at Oakwood was of a very good standard and equivalent to what he could have expected to receive in the community. She found that the prisoner received a good continuity of care from the same members of the healthcare team, who tried to provide the best care they could for him. The prisoner was a complex patient who refused any treatment for his cancer. However, he was reviewed regularly by the healthcare team and was discussed in their multi-professional complex case clinic (MPCCC) meetings. The clinical reviewer concluded the care provided by the healthcare team at Oakwood was in line with the Dying Well in Custody Charter (2018) and made no recommendations. The PPO investigator investigated the non-clinical issues relating to the prisoner's care and did not find any non-clinical issues of concern and made no recommendations.

- The clinical reviewer highlighted that the prisoner was unwell for a considerable length of time. She noted that he was a complex man who posed significant challenges for the professionals who cared for him, but that there was evidence of compassionate, holistic and dynamic care from the healthcare team at HMP Oakwood. The clinical reviewer concluded that the clinical care the prisoner received at HMP Oakwood was of a good standard and equivalent to that which he could have expected to receive in the community. The PPO investigator investigated the non-clinical issues relating to the prisoner's care, did not find any non-clinical issues of concern, and made no recommendations.
- The clinical reviewer concluded that the clinical care the prisoner received at HMP Oakwood was of a very good standard and equivalent to that which he could have expected to receive in the community. She found that the prisoner's medical records contained evidence of good care planning, which was above what she would have expected. She also found that the care coordinator provided good continuity of care and communication on the prisoner's treatment options and arranged for him to be accompanied by his wife during hospital appointments. The compassion and support demonstrated by the care coordinator was noted as being commendable. Staff made considerable efforts facilitating a prison visit with the prisoner's family under exceptional circumstances and authorised him to move to a hospice near to his family for end-of-life care. The PPO investigator investigated the non-clinical issues relating to his care, did not find any non-clinical issues of concern, and made no recommendations.

The Board will continue to monitor the recommendations of the PPO.

4.3 Violence and violence reduction

There were 214 incidents of prisoner-on-prisoner violence over the reporting year (132 assaults and 82 fights) compared with 236 during the previous reporting year. There were also 91 incidents of violence against staff (with 22 regarded as serious but none required hospitalisation) compared with 82 the previous year; although small in number, it still represents an 11% increase.

However, there was a spike in violence in March 2025, which was the highest since 2020, with 42 violent incidents and 6 staff assaults. The Board will closely monitor this area in the coming months.

The prison has taken a number of steps to address violence-related issues, including having established a violence reduction meeting in the last reporting year. The terms of reference for the group can be seen in annex C. A 'Respect' campaign was also held in February 2025 which included videos of staff and prisoners explaining how they defined 'respect'; 230 posters displayed around the prison; 3; 84 forums involving 576 prisoners and 50 staff; 3 Men's Club events with 44 prisoners and 5 staff; 4 coffee mornings involving 83 prisoners; prisoner and staff surveys.

Another has been the "Enough" campaign, which was originally introduced in November 2023, to provide an enhanced regime (a higher level of privileges in the

incentives scheme, which is a system where prisoners can earn increased privileges in order to incentivise positive behaviour) and other incentives to the 12 wings (not already on an enhanced / platinum regime) that remained violence-free for extended periods of time. However, its effectiveness at achieving extended periods of non-violence on wings seems to have waned from a year ago. An appeals process has now also been implemented for those wings where prisoners feel that they have lost their enhanced regime unfairly. See also section 5.6.

There were 451 referrals (violence = 175; challenge = 102; support = 174) in relation to challenge, support and intervention plans (CSIPs), used to support and manage prisoners who pose an increased risk of violence. A total of 174 CSIPs were opened (violence = 43 – down from 61 which is a 30% decrease; challenge - 68 up from 67; support - 61 up from 34) compared with 702 referrals in the previous year and 162 plans opened.

4.4 Use of force (UoF)

Weekly UoF meetings are regularly observed by Board members. These have been invaluable for looking at body worn video camera (BWVC) recordings of the UoF and, from the viewings, monitor how the incident has been recorded. BWVCs are, on average, worn in the case of 90% of all UoF incidents (which is up 10% on the previous year and well above the national average of 68%) after a focus on this aspect in the reporting year by the UoF co-ordinator. There is still a backlog of UoF statements that are missing several weeks after the incident occurred.

UoF interventions are recorded on the daily duty director reports.

In the reporting year, there were 691 UoF incidents (compared with 555 the previous year), which equates to a mean average of 2.5% of the prison population per month, which remains very low in relation to its comparator prisons.

The Board welcomed the introduction of monthly UoF committee meetings chaired by the head of safer custody with the following terms of reference:

- To provide a multi-disciplinary oversight of the use of force within the establishment
- To identify trends and patterns in UoF and take forward appropriate actions to address these trends, such as implementing development of the training programme and tackling any disproportionality identified
- To review any complaints or investigations emanating from use of force action
- Ensure compliance with UoF policy
- Ensure that staff within the organisation are trained to an appropriate level
- To discuss potential bespoke interventions that may aid in the reduction of use of force individually and / or collectively

Over the past two years, seven members of the Board have received spontaneous protection enabling accelerated response (SPEAR) training from the UoF co-ordinator and his team, which they found practically very useful. It is a protective, reactive offence and a combat style based on human behaviour regarding the fast reaction of the flinch and converts the body's various flinches into focused self-defence tactics. The remaining Board members are due to receive training in the coming year. Prison staff were also observed receiving the SPEAR training.

4.5 Preventing Illicit items

The Board regularly attends security meetings and is kept up to date on the actions being taken to prevent the entry into the prison of drugs, alcohol and other illicit items, such as mobile phones and weapons. The following are some examples:

- Daily searches of all staff bags through the x-ray machine.
- Prisoners who arrive at the prison are body scanned unless they have a recognised exemption.
- Prisoners are cell searched as a result of intelligence reports being submitted
- Advanced cell searches are undertaken.
- Visitors are searched by specialist staff and dogs on entry.
- Visitors can give a designated phrase to any member of staff on entering to indicate that they are carrying a parcel under duress. Staff will then liaise with the police and arrange for the visitor to be taken home and will follow it up with them later (newly introduced this year).
- CCTV is in operation throughout the prison.
- The perimeter wall is also checked periodically by Board members.

Following a Judicial Review, the security team are only allowed to body scan cohorts of prisoners after having provided evidence of potential concealment of illicit items. It is the Board's review that this restricts the prison's ability to offer a deterrent to prisoners.

There were 1676 targeted cell searches during the reporting year, which shows an increase of two-thirds on the previous one. In addition, random cell searches happen daily. The security department randomly monitor 50% of prisoners when leaving work areas.

During the reporting year, the prison referred 226 incidents to the police, compared with 109 the previous reporting year. A total of 74 were referred for internal adjudication (a disciplinary hearing held when a prisoner is alleged to have broken prison rules), compared with 67 the previous reporting year. See also annex F.

There were 1272 mandatory drug tests (MDTs) undertaken in each of the last three years.

During the reporting year, out of a total of 1169 finds, drugs have been found on 546 occasions (47%). For the previous year, out of a total of 768 finds, drugs were found on 260 occasions (34%).

5. Fair and humane treatment

5.1 Accommodation, clothing, food

Food remains a key focus of the Board this year following last year's food survey. The Board has received fewer complaints regarding food and prisoners have been less vocal about its quality whilst talking to Board members whilst out on the wings. There has also been a reduction in complaints to the prison this year regarding food.

Board members have regularly observed serveries at meal times and unfortunately there are still too many occasions when the correct personal protective equipment (PPE) is not being worn by server workers.

Board members have had meetings with the kitchen managers and attended food forums with prisoners throughout the year, which have both been much more productive than in the past.

There have been a number of changes which seem to have been appreciated, including having cold lunches (prisoners previously had two hot meals per day); tweaking some recipes to make them tastier and obtaining better quality branded desserts. A more significant change has been in reducing the number of prisoners working in the kitchen (from 40 to 29) but paying them the top rates to retain men who are committed to the position.

Issues continue to be raised about food quality and portion size, with the suggestion that better supervision and management at the serveries could improve matters.

There have been a number of complaints during the year that laundry and cooking equipment has been reported as being faulty / not working but it has taken weeks, and in some cases months, for them to be repaired or replaced.

5.2 Segregation

The CSU has 24 standard cells, with two cells providing special accommodation and a constant-watch cell. It is a clean and well-maintained unit and is also equipped with a gym and a library room. The small interview room was adapted as an education faculty during this reporting year, in order to bring more opportunities to prisoners in the CSU. The room also has anti-violence literature available and is also available to health champions. The special accommodation was not used at all during the reporting period.

Visits to the CSU take place weekly by the Board members, who speak with all prisoners to monitor their health and wellbeing. In addition, daily welfare visits are made to visit prisoners who have newly arrived, on constant watch, refusing food or engaging in 'dirty protests' (when a person deliberately urinates or defecates without the use of the proper facilities supplied, as an act of non-compliance or protest), or when the Board are alerted to any health/welfare concerns. The Board provides a letter for all new admissions to the CSU explaining the Board's role and how it can be contacted.

There were 20 prisoners held in the CSU for more than 42 days (the limit allowed without external authorisation) compared with 22 last year, and three prisoners for more than 84 days, compared with one in the previous year. The prison was proactive throughout, in endeavouring to relocate one prisoner to a more appropriate, secure psychiatric unit.

Timely reviews were held and were, invariably, well managed. The Board attends all reviews, observing 441 during the period, exactly the same number as in the previous year.

ACCTs are generally well-managed in the CSU. During the reporting period, 105 prisoners arrived in the CSU with ACCTs already opened; 42 were opened whilst in the CSU. A total of 179 prisoners were transferred to other establishments from the CSU; this is an improvement on last year.

Adjudications continued to take place throughout the reporting period within the CSU and on two house blocks. Board members observed 151 in the reporting year.

Number of adjudications 2024 to 2025	Adjudications not proceeded with (NPW) or dismissed	Percentage
7591 (6427 in 23/24)	1587 (1084 in 23/24)	21% (16.9%)

One in five of all adjudications were either dismissed or NPW during the reporting period. This is an area that the Board will continue to monitor during the next reporting period. It is noted that the number of adjudications, either NPW or dismissed, does include both prisoners in double cells, who are reported for an adjudication at which the case against the offending prisoner is found proven and the non-offending prisoner's case is dismissed.

Board members have observed a number of internal adjudicator (IA) sessions with a Judge (attending remotely via a video link) this year. A common problem has been issues with paperwork, including missing conduct reports. Another concern has been bringing prisoners who are either on life sentences / imprisonment for public protection (IPP) or on recall before the Judge when they cannot be issued with added days onto their sentences.

Mobile phone possessions are referred to the police but currently they are referred back due to staffing issues within the police force.

The CSU continues to be well-managed at first-line manager (FLM) and senior management team (SMT) level. The Board commends the CSU staff for the respect, patience and support provided to prisoners, particularly those with significant mental health issues. The CSU personnel has changed considerably over the reporting year, with some staff new to working in this area and so the Board will continue to monitor the provision to ensure that the high standards of care are maintained.

5.3 Staff and prisoner relationships, key workers

The prison has been proactive throughout the reporting year in the recruitment of staff, with a succession of cohorts of staff in training.

During the reporting year, there were 132 leavers which represents a turnover of 36%. There are 297 badged staff (with 22 currently in training) on the house blocks, compared with 305 in the previous reporting year, 23.8 operational and non-operational E1 managerial posts and 61 FLMS.

A report from HMIP in May 2024 stated: 'Staff-prisoner relationships were good and reflected the respectful community ethos across the prison. Staff were visible on the wings and engaged with prisoners well, including during association periods.' It is the Board's view that this concurs with our experience during the reporting year.

The number of key worker sessions completed during the reporting period was 77,848, which is a 28% increase from the 60,716 in the previous reporting year. There is an effectiveness rate of 70.4%.

5.4 Equality and diversity

There is an equality team led by a member of the senior management team (SMT) and a team of prisoner-led equality and care worker representatives covering all areas of the prison. There is a monthly equalities' newsletter, 'LGBT News', and updates and news of forthcoming awareness days are also supported by Oakwood Media and posters.

A total of 255 discrimination incident reporting forms (DIRFs) were submitted during the reporting year, of which 131 were investigated (124 were returned as non-DIRFs with a letter of advice) with 46% deemed to be proven. 58 related to race, 28 religion and 23 to disability. This is an area that the Board will continue to monitor closely.

Protected characteristics meetings and transgender case board reviews are both held bi-monthly.

At the end of March 2025, 662 prisoners were identified as having a disability, which equated to 31% of the total population. With some prisoners declaring that they have more than one disability, a total of 979 disabilities were recorded. The most common were mental illness (281), learning difficulties (155), reduced mobility (92) and ASD (autism spectrum disorder) (66). The prison, with the support of PLIs, is proactive in supporting prisoners with disabilities.

The Board welcomed the appointment by the MoJ of a Neurodiversity (ND) coordinator at HMP Oakwood towards the beginning of the reporting year. The Board met with her to understand her remit and hear about some of the work she had been doing. She estimates that there are in excess of 900 prisoners at this establishment that are neurodiverse (around 40%) and she made the point that there is only one of her and that each prison has been allocated one such coordinator irrespective of its size or prisoner profile. One of her initiatives has been to organise neurodiversity training for FLMS and those identified with neurodiversity can have a plan of 'reasonable adjustments' on the NOMIS / DPS profile under hidden disabilities.

There is now a neurodiversity room on the vulnerable prisoners' (VP) houseblock, which was set up by the PLI programme, ASSIST, which works with neurodiverse prisoners on this houseblock. This room has a projector to play movies, blackout blinds and sensory aids. Cooking classes, packing breakfast packs and other paid employment takes place there (as opposed to being over in industries, which tends to be very busy and noisy).

The Board decided to do a small survey of prisoners that had already been identified as being neurodiverse. 20 prisoners responded, out of the 50 surveys that were sent out. The following summarise the findings:

- The most common were autism, ADHD and dyslexia / dyscalculia / dyspraxia
- Only a quarter (four) had been diagnosed whilst in prison, with half (10) having been diagnosed prior to their conviction
- Only 10% (two) thought that they had a support plan in place
- 60% (12) said that they had not been offered any support
- Many were quite eloquent in describing their struggles (see annex G) which included anxiety, communication skills and dealing with loud noises and crowds
- They suggested a range of measures that they felt could be classed as being reasonable adjustments, which included access to psychologists and mentors, and educating officers and other prisoners about neurodiversity (see also annex G)

The Board will retain neurodiversity as one of its key foci for the coming year.

The Board has observed that the prison makes provisions for transgender prisoners. They are issued with their entitlements, including toiletry packs, as well as some female clothing if they are unable to access any by their own means. Personal ordering for toiletries and makeup is facilitated by an approved supplier or by ordering with canteen items.

There were 137 foreign national prisoners at HMP Oakwood at the start of the reporting year, with the number ranging between 115 and 143. There were 125 at the end of the reporting year, with 10 having been served with IS91 notices (a written form that allows someone to be kept in immigration detention under the powers of the Immigration Act). The Home Office holds regular surgeries with foreign national prisoners and the Board welcomed the introduction of foreign national meetings, chaired by the Head of Security, where they have a forum to discuss their life in HMP Oakwood and being able to maintain family contact. These have been well attended with good prisoner participation.

The Board will continue to monitor the management of foreign national prisoners during the coming year.

5.5 Faith and pastoral support

The chaplaincy team continues to provide good support throughout the prison and particularly to the CSU, with most religious denominations represented. There is currently no Rabbi on the team, which also causes issues for some prisoners to be able to obtain Kosher food packs. Bereavement and pastoral support are offered to all.

Oakwood Media TV provides access to faith services at different times, with Christian worship primarily on Sundays, and on Fridays for followers of Islam. During the week, there are also services for other denominations, including Sikhs and Buddhists.

5.6 Incentives schemes

The Oakwood incentives scheme, which was first introduced in September 2022, and offers entitlements and rewards for each level. The levels are bronze, silver and gold, with an additional level, platinum, for those serving life sentences. There are detailed criteria for positive awards at all levels and a defined list of serious incident downgrades, where the most serious would mean a demotion to bronze status.

Each prisoner has the opportunity to earn points by demonstrating positive behaviour, which accumulate and are available to be spent at the end of each month. When 25 points have been accumulated, they can then be exchanged for a range of benefits, including social visits' vouchers, pin phone credit and meals at kitchens. There are three levels of negative warnings, which result in points being deducted.

Another scheme, "Enough", was introduced in November 2023 and is focused on violence reduction on each wing across the main house blocks for prisoners who are not already on the platinum level. Privileges that are available on the latter include: an enhanced, structured activity regime; the facility to order dairy products and spend more money from their accounts; cooking facilities; phone credit; and receiving a themed enhanced servery meal. There is a sliding scale of incentives, which increases week by week (for up to four weeks when they start again), provided the wing remains violence free.

5.7 Complaints

There have been ongoing issues throughout the reporting year concerning the lack of availability of complaints forms (Comp1, Comp1A, Comp2, IPCI and DIRF) on the houseblocks, but especially on Cedar Houseblock.

The total number of complaints received by the prison for the reporting year, excluding those relating to Practice Plus Group and DIRFs, was 4323 (4617 in 2023-24). However, 1905 complaints were deemed by the prison to be three-day requests, as opposed to being treated as a Comp1 complaint (30%). The manager administering the system determines what constitutes a request, which is then dealt with by E1 managers either on the house blocks or via the kiosks on the landings.

The five top areas for complaints were: property (24.8%); offender assessment system (OASys, used to assess the risks and needs of prisoners) / offender management unit (OMU) (14.2%); staff (12.1%); residential (9.3%); and re-categorisation (5.2%). More information can be seen in annex D, which includes the proportion of complaints upheld.

Annex D also shows the areas for three-day requests. The Board will continue to monitor the submission of complaints, which are subsequently deemed requests, as this remains an area that confuses some prisoners, as they do not fully understand either the process or the rationale, which is different in other (public) prisons.

5.8 Property

During the reporting year, property was both the biggest single cause for complaints in the prison complaints system and applications received by the Board (see also Annex E).

The Board regularly monitors the admissions' process for new prisoners, including the reception of their property and continues to be an area of concern for it.

6. Health and wellbeing

6.1 Healthcare general

In the Board's view, Practice Plus Group (PPG) continues to provide a level of care at least equivalent to that provided in the community. Regular monthly local medicine management meetings continue to be held, as well as safer prescribing meetings.

In April 2024, HMIP and CQC completed a full unannounced inspection for which there were some excellent areas of good practice observed and shared with the team. HMIP and CQC identified two concerns and 12 regulation breaches respectively. An action plan was submitted to address these areas, and the NHS England commissioned a full health needs assessment to support this. The CQC reinspected in January 2025, and the inspectors were very complimentary of the improvements made and lifted all twelve breaches.

This year the Board has received many complaints from prisoners who have been unable to find healthcare complaints forms on the wings (these are meant to be on racks near to the medical hatches). IMB members subsequently also found that these racks were often empty.

Due to the size of the prison population, PPG does one big promotion every quarter, in addition to circulating 'bite size' material monthly, on different topics via Oakwood Media, in-cell packs and information leaflets given out by health champions. The prison continues to have open communication with families who contact PPG with their concerns.

PPG's patient experience lead (PEL) holds a monthly face-to-face concerns clinic for prisoners with healthcare and prescribing concerns. This provides the opportunity for the prisoners to discuss their worries and the PEL to arrange appropriate appointments. The clinics are well attended, with all concerns documented. The Board believes the clinics have prevented an escalation of health-related complaints. The Board has appreciated the support of the PEL in responding to health-related applications.

Although there is no physical space designated as the discharge lounge due to an expansion of the clinical services offered onsite, the team continue to offer a detailed discharge planning consultation to all clinically complex men. This was also extended to those affected by the SDS40 mass release dates to allow for a comprehensive plan to be devised at short notice as release dates changed.

During the reporting year, there were 543 emergency escorts to A&E departments; 283 prisoners were awaiting specialist treatment; and 485 were requiring follow up. The healthcare unit continues to welcome secondary care consultants on site to complete clinics, helping reduce the staff escort demand. They now have support onsite clinics for Cardiology, Ear Nose and Throat (ENT), Trauma and orthopaedics, sleep studies, and respiratory. They have facilitated over 200 onsite clinics to date.

Also in July 2024, G4S supported healthcare in facilitating a designated radiology clinic at Cannock Chase Hospital, whereby 16 people were seen in one day. This is the first of its kind and they look forward to many more initiatives.

A total of 137 prisoners are currently undergoing dental treatment, with 395 on a dental waiting list (initial and follow up) as at the end of the reporting period. Of

these, 258 prisoners are awaiting an initial appointment, with 137 awaiting follow up treatment from the dentist or dental therapist.

In February 2025, HMP Oakwood went live with the electronic prescription service (EPS) along with HMP/YOI Brinsford and HMP Featherstone. This allows the prescribers to issue electronic prescriptions when prisoners are being released that they can access from any pharmacy in England. This negated the need to issue physical medications and prevents wastage of medications upon release. There are some exceptions (blue scripts and hospital medications), but this is equivalent to the provision in the community.

Integrated healthcare quality meetings, for the Board to monitor PPG, now incorporate the patient safety meeting and are held on a bi-monthly basis and are well attended.

6.2 Physical healthcare

PPG has been proactive throughout the reporting period regarding health promotions and prevention. These have included:

- Oakwood Man's Club – this group is a safe space to discuss everyday issues with peers. Men from all areas of the prison attend this group, including men on ACCT documents, mental health patients, lifer prisoners' substance misuse caseload. They have opened up another group now on a Monday morning such is the demand. This is supported by the prison team. The PEL has sat with staff and PLI leads to help it get up off the ground and is well attended. This continues to take place three times a week on a Monday 9.30am -11.30am (main population), Monday evening 6pm-8pm (Mains) and Friday 9am-11am (ASH) for both mains houseblocks and VP prisoners. There are several examples known of men continuing to access this service in their local community post release, which is the whole point. This group prepares men who have never experienced group support for what they may experience in the community. The group continues to go from strength to strength
- 5k/10k men's health run - this took place at the end of June 2024; around 140 men supported the event, donated, ran or walked and significant amount of money has been raised for Birmingham Children's Hospital. Staff also participated in a fun packed, sunny afternoon. Over 200 people were on the start line, and this was fully supported by G4S staff with the director getting his running shoes on as well.
- The 'Smooth Dad's Project' - this is based around visits and how they engage with the children who visit who will be able to take part in making smoothies together with Dad. G4S has purchased a bike which can be peddled to make the smoothie. This project has been a resounding success in getting men and their families eating healthier in the visits area. This gives dads back some parenting responsibility, albeit for a few hours, where they can encourage children to choose more healthy options, do some exercise and also document their progress via the small booklets kept locked in visits.
- Cancer support group - men on site have requested support for those who have been diagnosed with cancer or who have a family member who has received a diagnosis. As a result, they are working on organising a group where the men

can meet up to discuss what they are going through with other men who are in a similar situation.

- Marie Curie has also recently visited and are the leading end of life charity in the UK, they will be offering support and training to men within the establishment who are currently going through treatment or offer specialised training for health champions.
- Health champion 1:1 wellbeing sessions - patients on the CSU are identified by the Safer Custody Team to take part. This involves discussing the prison menu, healthy choices and a fitness programme with the men. These are typically men who have been transferred to the CSU for their own safety (e.g. mental health). The health champions outreach, introduce and then support the patients with bespoke 1:1 session using the exercise yard or indoor areas to promote physical activity.
- In July 2024 an event was organised in small visits for World Hepatitis Day. Local healthcare agencies such as the Hep C Trust (a UK-based charity dedicated to eliminating hepatitis C by 2030) were also involved and 141 patients were tested, with no new positive cases, and seven fibro scans were completed.
- In August 2024, a recovery run was organised for Overdose Awareness Day. This was organised by the recovery champions along with the prison and psychosocial teams. Money was raised on behalf of Adfam, the leading charity to support families and friends of those affected by addiction.
- The BMI (body mass index) club is still running all the way from the Covid-19 pandemic. This is run over a 12 week session and they have slots for VP and Mains prisoners. They can only attend with a BMI over 30 and this is led by trained personal trainer health champions and G4S gym staff. This was highlighted as a real positive during the last inspection as this is an extra gym session for some of the men that are body conscious and don't like large groups. The men also get dietary advice and support with choices on the menu.
- In October 2024, the healthcare team took part in events for Black History Month. There were healthcare drop-in sessions at the evening domino dialogue events, allowing men to ask questions and learn more about healthcare services available to them whilst in a social relaxed environment. There was also an event held in the visits hall to promote mental health awareness, male cancers, sickle cell, diabetes and blood borne virus (BBV) education within the black community.
- Walk and Talk group sessions are facilitated by the health champions and encourage the elderly men on Ash houseblock to participate in a weekly stroll around the yard for an hour. A member of healthcare team attends this to maximise engagement with the men and discuss any healthcare concerns they may have. Around 30 men partake in this regularly.
- The health champions suggested that some men had asked if we could facilitate any yoga sessions. This would initially be available through the social prescribing caseload but also extended to some PLIs and also the neurodiverse caseload. Yoga sessions were trialled with resounding success. 160 men received taster sessions to spread the word around the prison and further structured sessions are now on men's timetables. There are also sessions available for the neurodiverse population; however, on occasions this particular group have failed to attend them. This is something they will work with the neurodiversity lead on to make sure these men attend and commit to the sessions as they have proved really beneficial for the men who have been able to access them.

- In February 2025, HMP Oakwood hosted a cancer awareness and wellbeing day in the gymnasium. Professionals from cancer services from across the region were in attendance and the event was well attended. Men from the VP wing and the main population had access to the event which was also supported by the newly trained cancer champions
- NHS England have provided non-recurrent social prescribing funding to support with neurodiversity resources. Sensory tiles have been ordered and will be available on Ash, Beech/Cedar wings, CSU, visits hall and the healthcare department for men to access. Healthcare will also be purchasing an artificial intelligence license for automated video generation to support healthcare messaging and health promotion. Furthermore, this funding will support 18 months' rental on a "Happiness Projector", an interactive device proven to support interaction with neurodiverse patients.

6.3 Mental health

Routine mental health referrals should be seen within five working days and urgent referrals within 48 hours. Urgent referrals are usually seen the same day. The time frames are challenging due to ongoing pressures on the service. For five months of the reporting year, the number of referrals exceeded 100 a month with November 2024 reporting 115 referrals. The average number of referrals each month was 99.

There were 307 prisoners on mental health caseloads at the end of the reporting year.

In the reporting year, the mental health team have recruited a part time psychologist and a full-time graduate mental health practitioner. There are two further full-time graduate mental health practitioners on boarding. This has meant healthcare have offered psychological therapies consistently to the population and the offer will increase once the two staff are in post.

All transfers to a secure mental health facility go over the 28-day stipulated timeframe. They are monitored on a weekly basis with a regional hospital escalation meeting and escalated fortnightly with commissioners.

The mental health team remains concerned about the lack of availability of forensic psychological secure places, which means some prisoners remain in the CSU where there is no provision or resource for enhanced mental health support.

6.4 Social care

Twelve patients were in receipt of social care packages during the reporting year. The packages are facilitated by two healthcare professionals provided by PPG. There are four social workers assigned to the prison by Staffordshire County Council. The social workers do not just cover HMP Oakwood; they cover all prisons in the Staffordshire area. From September 2024, multi-agency monthly meetings are held to discuss those referred in the month, those on caseload and those for upcoming release. This is chaired by the Safer Custody FLM and well attended by G4S, PPG, Staffordshire County Council and the Stafford Specialist Care Unit. The collaboration and communication between all parties has significantly improved in the reporting year.

Currently, there is a prison-allocated occupational therapist (OT), who comes into the prison at the request of either the head of safer custody, PPG, or the social care

team. When a social care referral is done, the OT will work alongside the social worker and, where needed, aids can be sent in for any prisoner who may need to have reasonable adjustments made for their day-to-day living. Assessments are also carried out for prisoners who are due for transfer or release, whether it is to an approved premises or even to home. This is to ensure the continuity of support.

At the end of the reporting year, there were 115 prisoners who were showing as retired, with a further 15 listed as medically retired / unfit for work.

There is a supported living wing on Ash house block for older and vulnerable prisoners who need a higher level of social care support. Much of this support is provided by their peers.

The Board continues to be impressed by the excellent level of support provided to those men who are terminally ill and pass away in prison, particularly from their peers, healthcare staff and wing officers.

6.5 Time out of cell, regime

Currently, prisoners are unlocked, on average, for 9.5 hours per day, with a weekly average for purposeful activity at just over the target of 24 hours. Prisoners who are on an enhanced regime average 11.25 hours unlocked per day.

The Director and SMT regularly review the regime and time out of cells to ensure that the wellbeing and social needs of the prisoners are accommodated. Where weekend and bank holiday regimes are affected by staffing constraints, all prisoners are notified of regime changes in advance.

6.6 Drug and alcohol rehabilitation

A dedicated drug recovery unit (DRU), located on Elm house block, supports prisoners who participate in a 16-week course. It is currently operating at its maximum capacity of 95 and does have a sizable waiting list. Throughout the reporting period, 212 prisoners started the course compared with 182 for the previous year (increase of 16%). Having successfully completed the course, 56% are released with the remainder relocated on mains houseblocks.

In October 2024 an intervention wing (CARE) for those experiencing or recovering from addiction was created on Cedar Lovers Houseblock with a community-assisted approach for those prisoners who are looking to go to the DRU. The wing is divided into four groups and activity sessions in the morning and afternoon are centred around recovery, kickstart interventions and cleaning. When observed by Board members, the atmosphere was seen to be busy but calm, with positive interactions between prisoners and staff.

6.7 Soft skills

There were over 20 peer-led groups at the beginning of the reporting year, which were reviewed and rationalised. They were operating throughout the prison and contributed to the living experience of prisoners and assisting staff in providing support and advice. The peer-led groups provide a wide range of support for prisoners including Listeners, peer mentoring and support, mentoring those with challenging behaviour, and building better relationships between prisoners and staff.

Those providing the peer-led support benefit from developing a range of life skills - see annex B.

7. Progression and resettlement

Education

Novus Education is the contracted provider for education within the prison. In addition to basic courses in English and maths (levels 1 and 2), they offer a range of courses across the house blocks, from art and performing arts to business enterprise and IT, together with a suite of employability skills units.

The Director has mandated level 2 English and maths for those prisoners who have not reached this level.

L1 and L2 courses in English and maths adopted a roll-on roll-off system this year. This meant that there should always be a roll of 12 on every course with new prisoners entering the course as soon as someone else completes it. Tutors, class assistants and attendees all seemed to be unhappy with this approach and much preferred having cohorts of 12 at the same level who progress together until they had reached the end of the course.

The Board has monitored lessons across all houseblocks during the reporting year.

The majority of prisoners we spoke to very much appreciate the efforts of their tutors and do value education.

At the end of the reporting year there were 76 prisoners on 82 distance learning courses. This is a reduction of 16% in the number of prisoners and a decrease of almost 40% in the number of courses from this time last year. The Open University had 25 learners (down from 53); Pocket Courses had 45 (down from 51) and Education Trust / other providers had 12 (down from 30).

The Board would appreciate regular meetings with the education managers so that it can then monitor more effectively.

Library

When the Board have visited the library has always been busy and has a positive, helpful, and calm atmosphere. The library continues to be a part of the Storybook Dads initiative and holds regular clubs such as chess, Scrabble and poetry reading.

Outside speakers are encouraged to come into the library to talk to the prisoners. For example, David Morrissey, known for his leading roles in "The Walking Dead", "State of Play", "The Deal" and "Dr Who" amongst many others, spoke about his life as an actor, how he filmed some of his most famous scenes and the extensive research he always does to provide a backstory for all his characters. He also explained how shy he is, and he came from a very working-class background in Liverpool but went on to attend the Royal Academy of Dramatic Art and achieve worldwide acclaim. He held the audience of about 30 prisoners and staff in the palm of his hand for about 45 minutes and then answered questions for the last 15 minutes. The prisoners seemed to very much appreciate the time he spent with them that afternoon.

They are always looking to develop new projects and produce a monthly newsletter. They are planning to host a series of music composition workshops later in the year with Clare Hammond (pianist) and Michael Betteridge (composer). This should be an amazing opportunity for prisoners to work with incredible musicians.

7.2 Vocational training, work

Industries Skills A offers courses for around 100 men in such areas as plastering, Railtrack, warehousing, bricklaying, painting and decorating, carpentry, joinery, motor vehicle maintenance, art, a gym tutoring course in the Sports Centre and hospitality/barista training. The prisoners the Board spoke to almost always found the courses worthwhile, rewarding, and enjoyable.

There is also a very successful Barbering Academy which has recently been shortlisted for a National Barber Training Award which is open to all providers and not just in prisons.

The number of prisoners in Industries Skills B and C is also high, with Skills B having a roll of 255 and Skills C with 350. Skills B offers employment in areas such as welding, light plastic assembly, sewing and embroidery, material cutting and packing and landscaping. Skills C also offers work in wood assembly / fence panelling, recycling, and furniture manufacture for the Timber Shop. The Board does still occasionally hear from prisoners complaining that the levels of pay are low in comparison to the amount of work that they have to carry out.

In January 2025 “Cherry Blossom” was officially opened. It is a supermarket training academy that focuses on rehabilitation through prisoners gaining work experience and essential skills; prisoners can use their prison earnings to purchase goods. The aim is to provide an area where prisoners can practice an experience that they might have once they have been released, to help with integration back into society post-release from prison and reduce re-offending. It is the first of its kind in any English prison. Cherry Blossom was opened by the managing director of G4S RS, Gordon Brockington, with the managing director of Iceland Foods opening its first store within a prison. It has taken 10 months to come to fruition, but it certainly is cutting edge, and much praise must be given to those behind its development. It will be available to those prisoners on Gold and Platinum (Enhanced and Super-enhanced) levels of the incentives scheme, of which there are currently 1400 who are eligible. One-hour slots can be booked (there are five slots available each day), probably on a fortnightly basis at first. The stalls will be run by long-term prisoners, and it very much is a training area. The hope is that it will act as reward for those eligible due to positive behaviour and an incentive for those who are currently on Silver or Bronze. In future this is hoped to include everyday things such as self-service checkouts, which some prisoners may well have never been exposed to.

Farms and Gardens continues to expand both its area and its output. In June 2024 it opened a Juice and Smoothie bar for staff, and they are in the process of building a Kitchen/Prep Room behind it. They have two beehives now and plan to produce honey, also for sale. Donations and sale of fresh fruit and vegetables will carry on as usual. Their existing two polytunnels were refurbished last year by renewing the covers. A number of hot rooms have been created inside full of little seedlings of flowers, fruits and vegetables. They are awaiting a delivery of a third, donated by

OCL. The landscape area is being revamped with a pathway being constructed for wheelchair/push chair users, recycling materials used in construction classes. They are in the process of cleaning the pond. 100 apple trees of the Heritage variety which were donated by the Queen's Forest have all survived in the orchard as well as a wide variety of soft fruit bushes. They are providing items for the houseblock bistros together with making them available to buy (prisoners and staff). They also donate to local charities and schools.

7.3 Offender management, progression

The Board has continued to monitor IPP-sentenced prisoners throughout the year and received regular updates from senior probation officers (based in the OMU). At the start of this reporting period there were 101 IPP prisoners (with 75 on recall) and at the end of the year this figure had moved to 91 (with 70 on recall). The proportion of prisoners on recall remains high, being 77%. Eight IPP prisoners were released or transferred during the first quarter of 2025 out of the 10 hearings (80%). Progression Panels, which began in this reporting year, would seem to have contributed to these outcomes.

The Building Choices Programme has yet to be rolled out and so until it actually happens it is hard to judge the impact, but the hope from OMU staff is that it will improve things as it will encompass the vast majority of the current courses and perhaps enable prisoners to be able to follow courses without the need to transfer to another prison to do so. The Board will continue to follow developments in this area.

The Board monitored the implementation of the SDS 40 scheme right from its introduction through to the two scheduled tranche release in September and October 2024 and beyond. This created a massive amount of extra work requiring extensive overtime which also coincided with the summer holidays. However, there was a big team effort, and both releases went very smoothly with their work being publicly recognised by the Prison Director.

The head of the OMU felt that although staffing for Prisoner Offender Managers (POMs) has improved this year, the Probation Service is still understaffed considering the high numbers of high risk (80%) and IPP prisoners housed at Oakwood, and has come under strain at times, especially since the introduction of the SDS 40 Early Release scheme.

7.4 Family contact

The visits and family intervention team offered almost 29,000 hours for social visits (up 13% on the previous year), 7,000 social video calls and provided 9,700 hours of enhanced interventions in the past year. They also offered 200 hours of parenting classes. Popular interventions have included:

- Kids Clubs (3,210 hours) have continued to be sought after every weekend, with almost all of the 120 spaces filled, and a waiting list each month.
- Family Days (3,050 hours) such as a five-hour Family Day for Dads during the school holidays, which had an Easter theme. The children had lots of activities, music and games to enjoy and the whole family took part in a quiz, bingo and carnival-style games. The families were also taken on a tour of the visits' gardens and met the resident animals and enjoyed lunch together.

Another example was the Mothers' Day Brunch and Afternoon Tea sessions which were equally well received by the prisoners and their families.

- Family Cooking (763 hours), where up to 12 prisoners and their families were given the opportunity to spend time cooking together on a Saturday afternoon. They laid the table, sat, ate and washed up, then sat together talking and playing games. These visits create an 'at home' type environment for the children.
- Lifer Lounges (383 hours) and Lifer Cooking (383 hours), where approved Platinum-level prisoners with life sentences, have had the chance to enjoy a Sunday afternoon extended visit in the lounge rooms with their families, with some also cooking and dining together beforehand.
- A new and popular innovation this year has been the 58 dog visits.

It is the view of the Board that the prison provides an exceptional provision and wishes to recognise work of the Family Interventions Coordinator. This was reiterated by a quote from the Inspection Report in May 2024: 'Work to support contact between prisoners and their families was outstanding and among the best we have seen. Unusually, a senior manager was solely dedicated to children and family work, with impressive results. Family work and its contribution to promoting rehabilitation and resettlement was a well understood priority, embedded throughout the prison's culture.'

7.5 Resettlement planning

Around 110 men are released from Oakwood each month, with one in eight homeless.

The budget allocated to HMP Oakwood for resettlement is the same as every prison, despite the fact that it currently has the highest capacity of any English prison and does not appear to meet the needs of the current population. The resettlement team feel that they could do so much more with increased funding.

There are three Jobcentre Plus Work Coaches, and they interview and build the prisoners' Universal Credit claims and book their First Contact Interview at the prisoner's local Jobcentre Plus office. All prisoners have to have their release papers before the Work Coaches can see them. Foreign national prisoners can be seen and appointments booked with coaches at their local Jobcentre, where the Habitual Residence Test will be done. An Information Sheet is given to prisoners, with contact details on so that if necessary they have the website details to register their claim for Universal Credit.

It has been two years since the Employment Hub was set up and it is working well. The feeling from the staff is they could do so much more given the resources. The prison has a good relationship with Iceland and Marstons (the pub chain). Interviews for jobs with both these employers take place at the prison. As a result, the team is able to build a good rapport with them. Dunelm held an employment event in February, and a self-employment e-commerce course began in March. This is designed to help prisoners set up their own business on release. The Hub also engages the services of a current inmate who had his own business prior to coming who has set up a prisoner-led initiative – RALPH (Resettlement Advice Line Peer Helpdesk). Prisoners are seen at least six months before they are due to be

released. Reps go around and visit them. Bank accounts and IDs are the most sought after requests. Prisoners are also given a phone line they can ring to get help. 'Through the Gates' is a session which prepares prisoners for release and hopefully makes it easier for them once they are out of the establishment. It takes at least four weeks to get a birth certificate and up to six weeks to open a bank account.

8. The work of the IMB

The Board has undertaken the following work throughout the course of the reporting year:

- Participated in regional recruitment campaigns, both in relation to offering to be on interview panels, and at recruitment campaigns e.g. radio interview.
- The Chair has been on the National IMB Clustering Working Party.
- Hosted visits from IMB Members from two other prisons during the year.
- Production of detailed guidance notes for members on all key areas of prison monitoring.
- Continued to lead the regional work on the production of an induction folder for new members across the West Midlands region together with information for BDOs.
- Carried out and published a prisoner neurodiversity survey.
- Continued to maintain a comprehensive member online resource base using Kahootz.
- Continued to maintain and support a Kahootz database for the regional Board development officers and, alongside this, arranged information sessions for them.
- Produced a series of videos shown on Oakwood TV for the prisoners to promote the work on the IMB.
- Produced letters and easy read guides about the work of the Board for all prisoners, with targeted letters for new arrivals and those prisoners in the CSU.
- Had regular meetings with SMT, PPG and Aramark catering.

Board statistics

Recommended complement of Board members	18
Number of Board members at the start of the reporting period	12 and 1 more in training
Number of Board members at the end of the reporting period	10 and 1 more in training
Total number of visits to the establishment	544

Applications to the IMB

(see also **Annex E**)

Code	Subject	2024 - 2025	2023 - 2024
A	Accommodation, including laundry, clothing, ablutions	27	21
B	Discipline, including adjudications, incentives scheme, sanctions	13	14
C	Equality	18	12
D	Purposeful activity, including education, work, training, time out of cell	30	36
E1	Letters, visits, telephones, public protection, restrictions	26	21
E2	Finance, including pay, private monies, spends	30	19
F	Food and kitchens	18	40
G	Health, including physical, mental, social care	82	69
H1	Property within the establishment	73	47
H2	Property during transfer or in another facility	104	66
H3	Canteen, facility list, catalogues	16	13
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, re-categorisation	56	58
J	Staff/prisoner concerns, including bullying	39	31
K	Transfers	18	19
L	Miscellaneous	223	128
	Total number of applications	773	594

Annex A

Service providers

- Practice Plus Group (healthcare provider replacing CARE UK from April 2019, including the provision of the pharmacy from 2021)
- GEO Amey (transport provider between prisons and the courts)
- DHL (ordering and delivery of canteen items)
- Aramark (catering services)
- Novus (education provider)
- Staffordshire Library Services
- Staffordshire County Council (social work and care support)
- Restart (social enterprise offering support)
- Invisible Walls (family support service)
- NACRO (resettlement services)

Annex B

Peer support

HMP Oakwood is at the forefront of peer led initiatives (PLIs) as a result of the support and confidence of the Director and his senior management team (SMT).

Prisoners are supported by other prisoners in two ways. The first is through PLIs and the other is through peer support services (PSS). Peer-to-peer projects are an invaluable resource in a prison environment, which houses some of the most vulnerable people and those with very challenging behaviour. Each PLI and PSS has a member of the SMT who acts as its champion, working with the project lead, to advise on job descriptions and expectations for the role.

The PLIs and PSS are expected to keep records of the work they undertake, and this is then shared with their respective champions. A representative from each PLI will also attend a monthly meeting with prison and third-party senior managers (prison council meeting).

Following a review during the last reporting year, the following are in place:

Peer led initiatives

These are unique projects that have been created from ideas by prisoners. PLIs developed from ideas that prisoners have taken to the SMT as ways they feel could help support aspects of prisoner life.

- Training, rehabilitation and culture (TRC)
- Behavioural intervention group (BIG)
- Peace and community engagement (PACE)
- Reintegration, intervention, safety and engagement (RISE)

Peer support services

These developed from prisoner-led projects. They include peer education and practical support mechanisms to help prisoners with everyday life:

- Leading individuals together (LIFT)
- Recovery champions
- Drug recovery unit (DRU)
- Health champions
- Health and safety line (HAS LINE)
- Oakwood Media
- Project Unite
- Your consultation group (YCG)
- Prisoner OMU pre-release looking at rehabilitation (POPLAR)
- Resettlement advice line peer helpdesk (RALPH)
- Family intervention team (FIT)

A booklet has been developed by the media team, available to all prisoners, to raise awareness about the roles and functions of each group.

Annex C

Stabilisation & Safety Intervention Meeting - TERMS OF REFERENCE

Purpose

To encourage strategic planning that will reduce the levels of violence and disorder by identifying trends and themes for the causes of violence and disorder within our establishments. We will use data analysis and encourage communication between departments to discuss good practice, developmental needs and outline plans of actions to improve outcomes.

Objective

To provide a safe and controlled prison environment for staff and prisoners, where prisoners feel supported and able to focus on addressing offending behaviour and future planning, without the fear for their safety and whereby staff feel they can impact on the reduction of risk associated behaviours in a safe and effective manner.

Aims

To reduce both violence and disorder within our establishments and uphold levels of decency through positive staff-prisoner interactions; ensuring procedures are fair and just; addressing disproportionality and maintaining a safe and rehabilitative environment.

MEETING SCHEDULE

Frequency	- Weekly (Save for the VRPB meeting)
Day and Time	- Tuesday of the relevant weeks 1400
Duration	- 1 hour
Minutes	- Safer Custody Administrators
Venue	- The Boardroom

CORE MEMBERSHIP

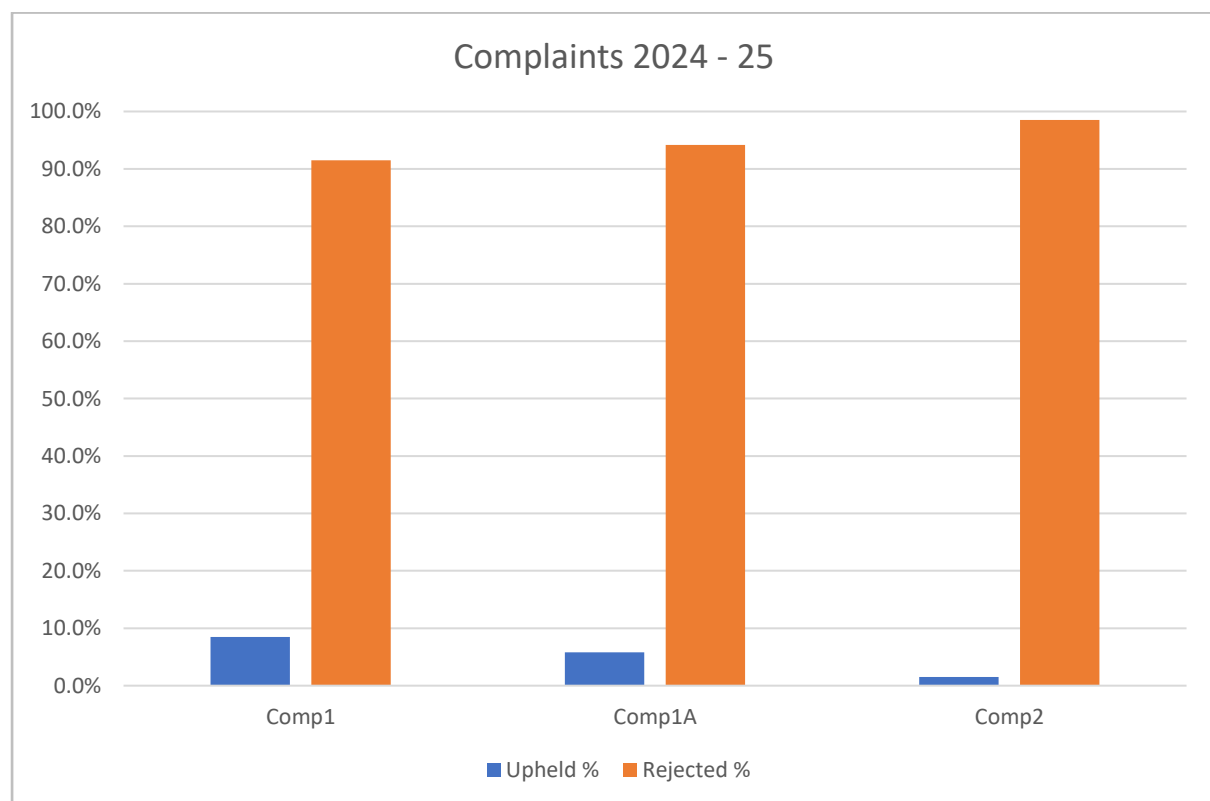
Deputy Director & Head of Safety – Chair
Head of Residence
Head of Security
E1 Managers from Each Main Residential Area
Intel Security Manager
Safer Custody - Violence Reduction Manager
Security Analyst
Mental Health Team Representative

Also invited (as observers) - IMB

Annex D

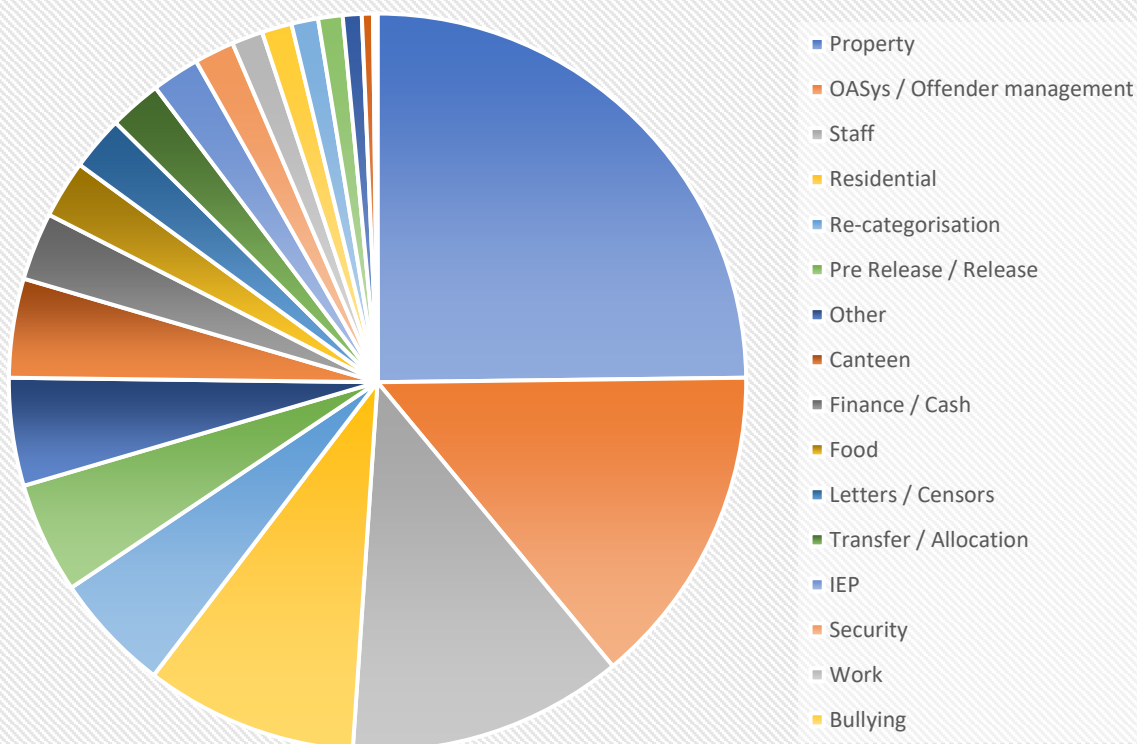
Complaints data (Comp 1s are ordinary complaints; comp 1 As are appeals; and Comp 2s are confidential complaints)

Complaints 2024 - 25			
Outcome	Comp 1	Comp 1A	Comp 2
Upheld	103	18	1
Rejected	1635	296	365
Total	1738	314	366
Upheld %	5.9%	5.7%	0.3%
Rejected %	94.1%	94.3%	99.7%

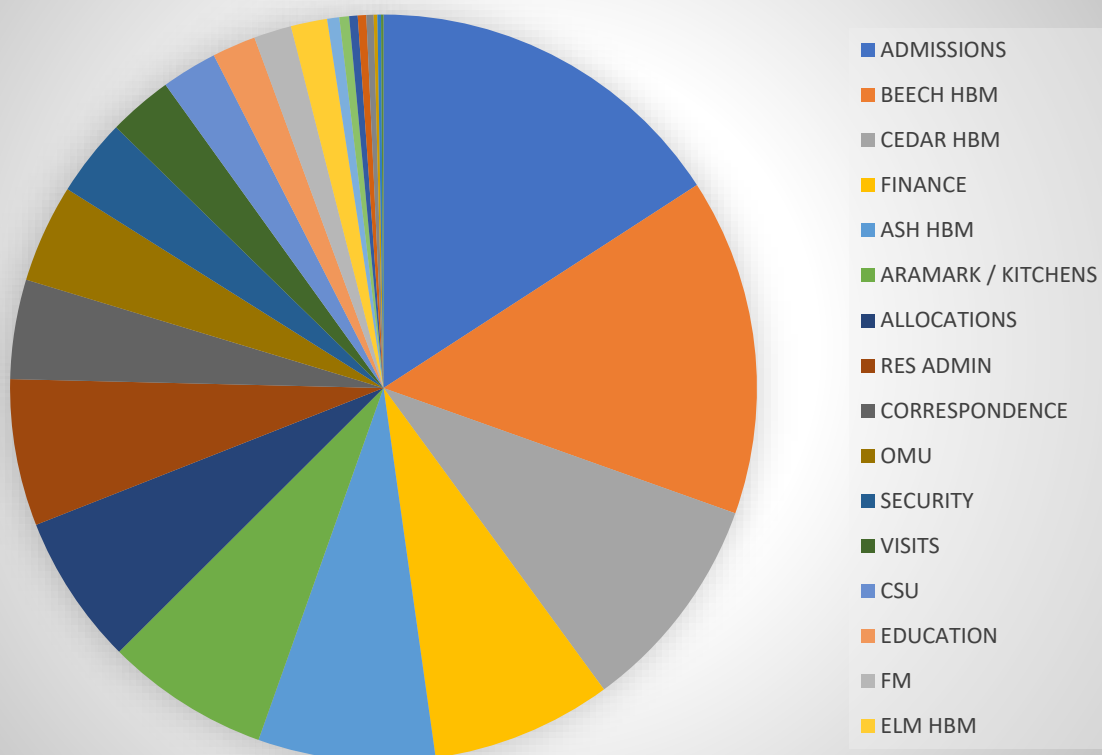


COMP1 and COMP1A by Subject (Ranked) 2024 - 25				
Complaint subject	Number	Rank	Rank 23 - 24	%
Property	509	1	1	24.8%
OASys / Offender management	291	2	5	14.2%
Staff	248	3	2	12.1%
Residential	191	4	4	9.3%
Re-categorisation	107	5	3	5.2%
Pre Release / Release	100	6	9	4.9%
Other	97	7	7	4.7%
Canteen	89	8	6	4.3%
Finance / Cash	61	9	8	3.0%
Food	52	10	11	2.5%
Letters / Censors	49	11	19	2.4%
Transfer / Allocation	47	12	12	2.3%
IEP (Incentive Scheme)	43	13	13	2.1%
Security	36	14	14	1.8%
Work	28	15	10	1.4%
Bullying	27	16	16	1.3%
Education	24	17	15	1.2%
Adjudications	22	18	18	1.1%
Visits	17	19	17	0.8%
Violence	10	20	21	0.5%
Gym	3	21	22	0.1%
Segregation	1	22	22	0.0%
Total 2024 - 25	2052			100.0%
Total 2023 - 24	1965			

COMP1 and COMP1A Combined by Subject



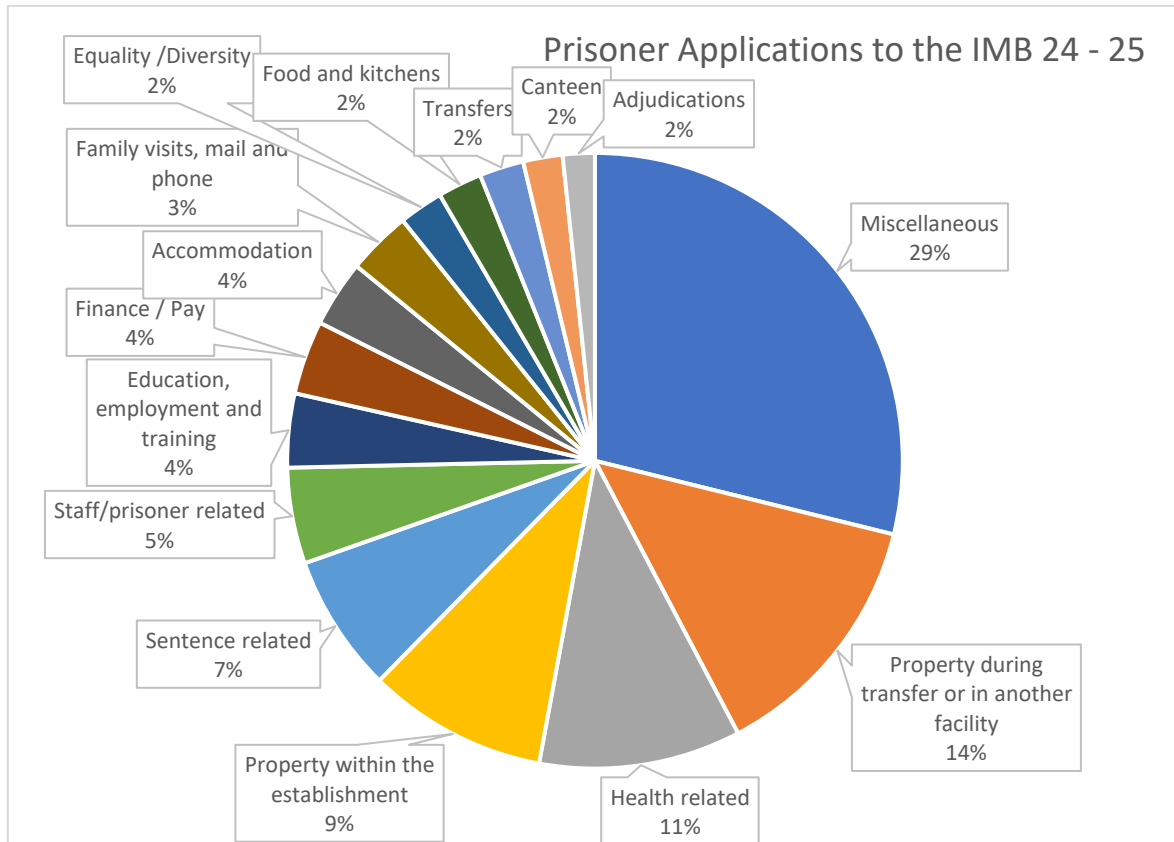
3-day Requests by Destination 2024 - 25



3-day Requests by Destination				
Logged to	Number	%	Rank	Rank 23-24
ADMISSIONS	302	15.9%	1	4
BEECH HBM	278	14.6%	2	2
CEDAR HBM	181	9.5%	3	3
FINANCE	149	7.8%	4	5
ASH HBM	146	7.7%	5	1
ARAMARK / KITCHENS	135	7.1%	6	9
ALLOCATIONS	124	6.5%	7	7
RES ADMIN	121	6.4%	8	6
CORRESPONDENCE	82	4.3%	9	8
OMU	81	4.3%	10	10
SECURITY	64	3.4%	11	12
VISITS	53	2.8%	12	14
CSU	46	2.4%	13	13
EDUCATION	36	1.9%	14	16
FM	31	1.6%	15	11
ELM HBM	30	1.6%	16	15
INDUSTRIES	10	0.5%	17	22
GYM	8	0.4%	18	20
CHAPLAINCY	7	0.4%	19	19
SAFER CUSTODY	7	0.4%	19	21
RESETTLEMENT	6	0.3%	21	22
DOUGLAS HBM	3	0.2%	22	24
LIBRARY	3	0.2%	22	22
ORDERLY OFFICE	2	0.1%	24	18
Total 2024 - 25	1905	100.0%		
Total 2023 - 24	2062			

Annex E

IMB Applications 2024 - 2025



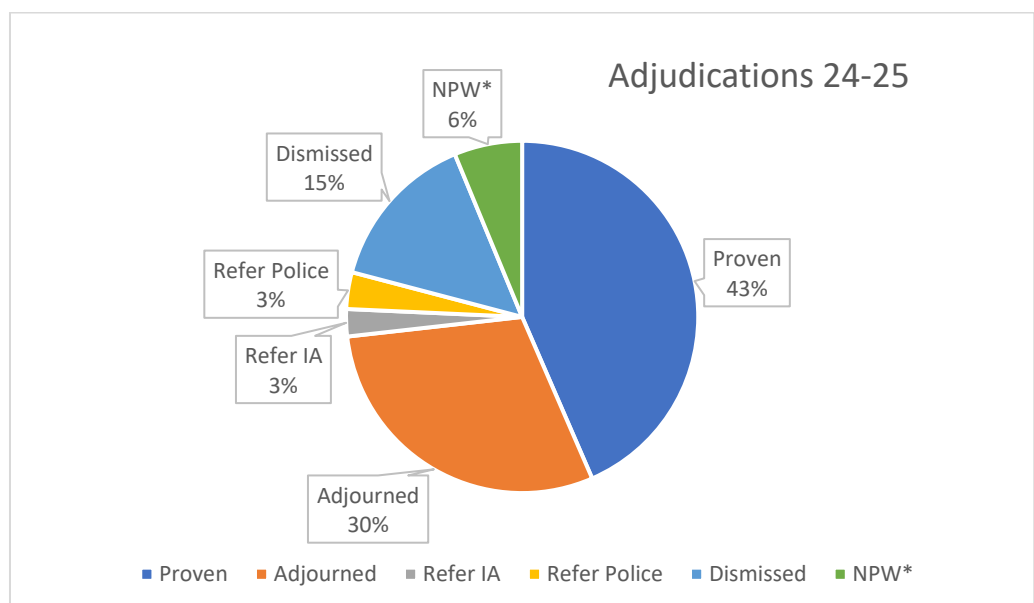
Code	Subject	2024 - 25
L	Miscellaneous	223
H2	Property during transfer or in another facility	104
G	Health related	82
H1	Property within the establishment	73
I	Sentence related	56
J	Staff/prisoner related	39
D	Education, employment and training	30
E2	Finance / Pay	30
A	Accommodation	27
E1	Family visits, mail and phone	26
C	Equality /Diversity	18
F	Food and kitchens	18
K	Transfers	18
H3	Canteen	16
B	Adjudications	13

Annex F

Adjudications 2024-2025

Month	Proven	Adjourned	Refer IA	Refer Police	Dismissed	NPW*	Total	NPW / Dism.	NPW / Dism. (%)
Apr	238	157	7	6	72	29	509	101	19.8%
May	321	145	18	12	74	42	612	116	18.9%
Jun	242	182	16	18	67	35	560	102	18.2%
Jul	301	199	19	18	81	37	655	118	18%
Aug	301	142	18	10	111	51	633	162	25.5%
Sep	231	168	9	31	59	50	548	109	19.8%
Oct	319	221	18	10	86	41	695	127	18.2%
Nov	335	262	15	29	161	55	857	216	25.5%
Dec	227	149	13	17	89	17	512	106	20.7%
Jan	266	184	24	55	100	31	660	131	19.8%
Feb	227	185	11	20	99	41	583	140	24%
Mar	293	263	22	30	114	45	767	159	20.7%
24/25	Proven	Adjourned	Refer IA	Refer Police	Dismissed	NPW*	Total	NPW / Dism.	NPW / Dism. (%)
Total	3301	2257	190	256	1113	474	7591	1587	21%

* Not Proceeded With



Annex G

IMB neurodiversity survey results: February 2025



Prisoner Neurodiversity Survey



February 2025

Neurodiversity at Oakwood

The IMB are carrying out a survey across the prison, as part of our monitoring role, to find out what prisoners feel about the support provided at Oakwood for their neurodiverse needs.

Please answer the questions as honestly as you can. There is a box at the end of any additional comments you may have.

NAME: _____

PRISON NUMBER: _____

HOUSEBLOCK: _____

TIME IN PRISON: _____ YEARS _____ MONTHS

1. What type of Neurodiversity do you have?

Check all that apply.

- ☐ Autism
- ☐ ADHD
- ☐ Dyslexia/Dyscalculia/Dyspraxia
- ☐ Tourette's Syndrome
- ☐ Other: _____

2. Do you have a formal diagnosis?

Check all that apply.

- ☐ Yes, I had this in prison
- ☐ Yes, I had this before coming to prison
- ☐ No

3. What struggles do you feel you experience in prison as part of your Neurodiversity?

4. Do you have a support plan in place from the prison?

Check all that apply.

- ☐ Yes
☐ No
☐ I'm don't know

5. What support has been offered to you to help you manage your condition? (eg. mentor, support plan ect)

6. Are there any other reasonable adjustments you feel could be put in place to support you?

ND Survey February 2025

Responses	20	Houseblock	Number
(50 surveys sent out)		ASH (VP)	11
		BEECH	3
		CEDAR	2
		DOUGLAS	2
		ELM	2
		TOTAL	20

Average Sentence Length	6 years and 1 month
Median Sentence Length	4 years and 6 months
Sentence Length Range	9 months to 14 and a half years

ND	Number
Autism	9
ADHD	10
Dyslexia / Dyscalculia / Dyspraxia	7
PTSD	3
Personality Disorder	2
Cosicoff's Syndrome	1
Total	32

Formal Diagnosis	Number
None	6
Whilst in Prison	4
Prior to being in Prison	10
Total	20

Do you have a Support Plan?	Number
Yes	2
No	13
Don't Know	5
Total	20

Support Offered	Number
None	12
Mentoring	3
LIFT / ASSIST (PLIs)	3
CSIP / Carer	1
CBT	1
Total	20

Q3: Struggles

Struggles
I struggle sharing a cell. I don't feel safe. I was attacked during the night within the first few weeks at HMP Birmingham. I'm not sleeping as I'm anxious and the mattress is so thin that I'm sleeping on the metal. I also struggle with talking to people and being understood. I'm feeling worse and worse as time goes on. There is no respite.
Understanding others; Physical difficulties with stairs due to epilepsy; avoiding loud noise on wings; social and communication difficulties.
Not many but I do have to get used to new groups of people. It is less of a problem as I am on a long-term lifer wing (D Lowers). It is a problem on Standard wings though.
Interacting with other prisoners and staff; communicating as English is not my 1st language; crows; finding a safe space to unwind.
Paranoia; split personality, Learning difficulties.
No help with my mental illness. Staff and even mentors don't understand it but they don't have it.
Sharing a cell as my padmate does not understand my set ways which stresses me out; not being given the correct meds; having to do everything on paper so not being able to use a spellchecker on a PC.
Noise; concentration; impulsive; easily agitated; anxiety; depression.
I struggle expressing my feelings and immediate issues.
Regulating my emotions.
Affected by loud and sudden noises, especially music; I have trust issues and won't open up about personal matters; I feel I am misunderstood and struggle to communicate.
Feelings of extreme anxiety; easily overwhelmed; struggle to manage things and processes without getting overwhelmed.
Reading and writing.
Racing thoughts, impulsive; hyperactive; notice noise pollution.
Get easily confused; forgetful and overwhelmed; poor balance and cognitive skills.
Not sure.
Loud noises; lots of people around me; trying to get my point across correctly in a conversation; loneliness.
Feeling sad.
I struggle with large groups and noise.
At the beginning of my sentence I suffered from depression, stress and anxiety but I am much better now.

Q6: Reasonable Adjustments

Reasonable Adjustments
Single Cell.
Translator.
Support on release.
Access to psychologists.
Single Cell
Someone who can help.
People understanding me without labelling me.
1-1 mentor support.
Seeing ND Coach with a Support Plan.
Help with reading and writing.
Go to education rather than workshops as it would have less noise.
Being placed on a VP wing on arrival.
Housed on Elm
Mentoring
Quiet spaces to decompress.
More mentoring visits.
Better Healthcare
Autism Groups for high ability people.
More regular MH checks.
Easily accessible support for ND
Better training for Officers to understand my condition.

Additional Comments

Additional Comments
Peer led initiatives are good but are not unified or communicate well.
Would like a Support Plan and a Mentor.
I don't feel I am getting enough help; I don't seem to have regular Key Worker sessions like other prisoners.
Staff to have better training on understanding what we are going through.
Some staff need more training in understanding ND.
I would like someone to come to see me please.
There isn't that much support with having issues that are hidden that people don't understand.
Most staff do what they can once they've known me for a while, but it is difficult at first when I am seen as a trouble maker.
I am scheduled to have another appointment to see the ND Co-ordinator after completing a questionnaire. They gave me a booklet which was useful.
Need more support to help me.
I'm still waiting for prescribed meds (since Dec 2024).
A brain injury card will be of great use on release.
Oakwood carries out a lot of good ideas causes but I think it struggles helping the needy during core days or upon issues that may arise.



This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at <https://www.gov.uk/government/publications>

Any enquiries regarding this publication should be sent to us at imb@justice.gov.uk