



Report on an unannounced inspection of

## **HMP Leeds**

by HM Chief Inspector of Prisons

13 and 20–24 June 2022



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## Introduction

HMP Leeds is reception and resettlement prison located near to the city centre and holding just under 1100 adult men. Facing many of the operational challenges that are consistent with its 'front-line' responsibilities, the prison receives into custody about 388 new prisoners every month and releases back into the community approximately 172. The population comprises a mixture of remand and sentenced prisoners, the latter of which reflected the full range of sentences up to and including indeterminate sentenced men.

The old Victorian prison has a forbidding reputation and on first impression conforms to this characterful history. But this is not actually representative; despite the prison's age, on this visit we were impressed by the excellent environmental standards, cleanliness, and positive feel of both the external grounds and the built environment, all of which were indicative of energy, confidence, and potential. It is important that this potential and the optimism it encourages is reflected in the prisoner experience by, for example, making improvements to the day-to-day regime, more time out of cell, and a greater and more consistent delivery of purposeful activity. As our report demonstrates, these are key priorities for this prison.

When we last inspected Leeds in 2019, we found a prison that needed to be safer and to provide a fuller regime, but one which was reasonably respectful and was ensuring reasonable rehabilitation and resettlement outcomes. At this inspection our assessments as reflected in our healthy prison tests remained the same, not an insignificant achievement in the context of the pressures experienced by prisons emerging from the recent pandemic.

Our findings confirmed to us that Leeds is a well-led prison and that leaders and managers were visible about the wings and had a realistic understanding about the challenges and opportunities, and that priorities were communicated successfully to staff and prisoners. Leaders were also creative in terms of their preparedness to support new initiatives, including support for staff well-being and retention. Staffing levels were reasonable and better than we see in many other prisons and this was reflected in our observation of some quite caring and supportive staff-prisoner relationships.

A key challenge the prison faced was ensuring sustainable improvement in safety outcomes. Despite evidence of falling incidents of self-harm, there had been at least 8 self-inflicted deaths since our last inspection. We acknowledged the work that the prison was doing to address this major issue, although more was certainly needed. However, positive early days in custody processes and reduced levels of violence were encouraging, and in our survey, significantly fewer prisoners than before indicated to us that they felt unsafe.

Eighteen men had died from natural causes in the last two years which was a very high number, but Leeds had a regional social care unit and a palliative care suite looking after severely ill and often elderly prisoners which increased the risk of morbidity. The PPO reports had not identified thematic concerns about the care they had received, and leaders responded proactively to individual recommendation made.

The turnover in numbers and the complexity of the prison's population meant that demand for resettlement services was high. Our findings showed that convicted prisoners leaving the prison were experiencing better outcomes with respect to release planning than those who had been on remand. The prison was doing its best to mitigate these shortcomings, although it remained a clear gap. Similarly, we identified some weaknesses in the provision for the approximately 40% of prisoners who required offender management support, not the least of which was the delay caused by a lack of places elsewhere in moving convicted prisoners to an appropriate training prison.

Overall, this was a decent inspection of HMP Leeds. The prison had a capable and settled leadership as well as an experienced officer group. In most areas, outcomes were either reasonable or improving. Going forward, leaders must focus on efforts to reduce the number of self-inflicted deaths and be more ambitious in delivering a meaningful regime.

**Charlie Taylor**

HM Chief Inspector of Prisons

July 2022

# What needs to improve at HMP Leeds

During this inspection we identified 13 key concerns, of which six should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

## Priority concerns

- 1. The number of deaths at Leeds since the last inspection continued to be high, 28 in total including eight self-inflicted, one attributed to drug use and two waiting to be classified.**
- 2. Too many prisoners were living in overcrowded cells originally designed for one.**
- 3. Time out of cell for many prisoners was poor.**
- 4. Leaders had not yet made sure that there were enough activity spaces, and the education curriculum was too narrow to meet the needs of a substantial proportion of prisoners.**
- 5. Leaders and managers did not allocate prisoners to work activities that related to their aspirations or future career goals.**
- 6. Almost half of prisoners were remanded and they had very little support with planning for their resettlement.** Support available to them should be equivalent to other prisoners being released.

## Key concerns

- 1. The recently opened complex needs unit (CNU) had a clear aim of supporting prisoners with vulnerabilities including mental health problems.** Clarity concerning its approach and methodology, as well as structures and systems of governance and oversight were, however, lacking.
- 2. Prisoners with reduced or limited mobility were disadvantaged by a poor physical environment which made it difficult for them to access some areas or services.**
- 3. Some of the very basic processes and services needed in prison, such as an effective application system, the quality and quantity of food, and an efficient ordering system for the prison shop were poor which led to significant frustrations for prisoners.**
- 4. Prisoners identified as requiring treatment under the Mental Health Act waited too long to be transferred to hospital.**

- 5. Leaders and managers did not monitor the quality of prison-led activities, and too many prison instructors were not qualified in teaching or training.** Consequently, instructors did not take account of prisoners' existing skills or learning support needs. In too many work areas, prisoners did not gain new or valuable skills for employment, beyond those required for the job or to achieve the qualification where relevant.
- 6. Prisoner attendance at their allocated work placement during the working day was poor and required immediate and sustained improvement.**
- 7. Resettlement services aimed at ensuring prisoners were released to employment or a training place were not good enough and more targeted help to assist them on release was required.**

# About HMP Leeds

## Task of the prison/establishment

Category B reception and resettlement prison for men.

## Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 1,092

Baseline certified normal capacity: 655

In-use certified normal capacity: 641

Operational capacity: 1,110

## Population of the prison

- 4,660 new prisoners received each year (around 388 per month).
- 186 foreign national prisoners.
- 27% of prisoners from black and minority ethnic backgrounds.
- 172 prisoners released into the community each month.
- 255 prisoners receiving support for substance misuse.
- 216 prisoners referred for mental health assessment each month.

## Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group

Mental health provider: Practice Plus Group

Substance misuse treatment provider: Practice Plus Group

Prison education framework provider: Novus

Escort contractor: GEOAmey

## Prison group

Yorkshire

## Brief history

The establishment was built in 1847 and originally comprised four wings. Two further wings were added in 1993.

## Short description of residential units

A wing - incentivised substance free living (ISFL) unit for convicted prisoners and those on remand.

B wing - convicted prisoners and those on remand; supports prisoners with short sentences and resettlement.

C wing - convicted prisoners and those on remand.

D wing - induction unit.

E wing - convicted prisoners and those on remand.

F wing – vulnerable prisoners

## Name of governor and date in post

Simon Walters, March 2022

## Changes of governor since the last inspection

Steve Robson, governor, September 2015 – June 2020

Mark Scott TP, governor, June 2020 – January 2021  
Steve Robson, governor, January 2021– February 2022

**Prison Group Director**

Helen Judge

**Independent Monitoring Board chair**

Sheila Willis

**Date of last inspection**

25 November – 6 December 2019



## Section 1 Summary of key findings

- 1.1 We last inspected HMP Leeds in 2019 and made 35 recommendations, 14 of which were about areas of key concern. The prison fully accepted 26 of the recommendations and partially (or subject to resources) accepted five. It rejected four of the recommendations.
- 1.2 Section 8 contains a full list of recommendations made at the last full inspection and the progress against them.

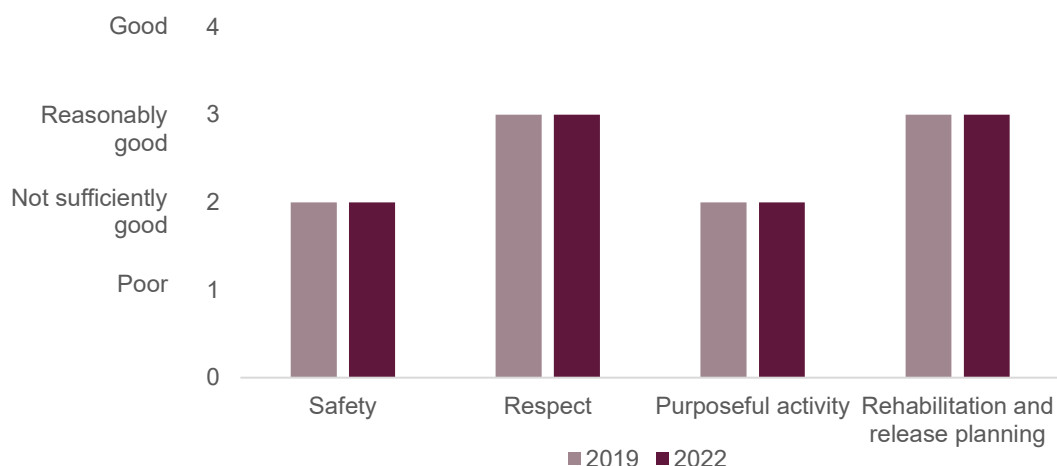
### Progress on key concerns and recommendations from the full inspection

- 1.3 Our last inspection of HMP Leeds took place before the COVID-19 pandemic and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during COVID-19 will have changed the focus for many prison leaders, we believe that it is important to report on progress in areas of key concern to help leaders to continue to drive improvement.
- 1.4 At our last full inspection, we made 14 recommendations about key concerns. At this inspection we found that three of those recommendations had been achieved, three had been partially achieved and eight had not been achieved. At this inspection we found that one recommendation in the area of safety had been achieved, two had been partially achieved and one had not been achieved. In the area of respect one recommendation had been achieved and three had not been achieved. In purposeful activity, one recommendation had been achieved, one partially achieved and one not achieved. All three recommendations on rehabilitation and release planning had not been achieved. For a full summary of the recommendations achieved, partially achieved and not achieved, please see Section 8.

### Outcomes for prisoners

- 1.5 We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.6 At this inspection of HMP Leeds, we found that outcomes for prisoners had stayed the same in all four healthy prison areas.
- 1.7 These judgements seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from COVID-19 as well as the 'regime stage' at which the prison was operating, as outlined in the HM Prison and Probation (HMPPS) National Framework for prison regimes and services.

**Figure 1: HMP Leeds healthy prison outcomes 2019 and 2022**



## Safety

At the last inspection of Leeds in 2019 we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection we found that outcomes for prisoners remained not sufficiently good.

- 1.8 The number of prisoners arriving each week was very high. Reception processes were respectful and delivered well. The use of the body scanner on all arrivals was proving very effective in preventing the entry of illicit items into the prison. Early days work to support new prisoners was now more robust.
- 1.9 There were fewer violent incidents than at the previous inspection and most prisoners felt safe. All incidents of violence were investigated but interventions that promoted changes in behaviour were limited. Challenge, support and intervention plans (CSIPs, see Glossary) were often developed without the involvement of the prisoner and targets were so broad that they lacked real purpose or clear outcomes.
- 1.10 The use of force had decreased and levels were lower than similar prisons. Oversight was better and leaders took appropriate action in response to poor practice.
- 1.11 The number of prisoners segregated had increased since the last inspection. Managerial oversight of the unit was effective, and staff had good knowledge of the prisoners in their care. Communal areas were clean and in good order, but cells had no power points for televisions or kettles and flasks for hot water were no longer provided.
- 1.12 Physical security was proportionate. An effective searching strategy and other steps to reduce the supply of drugs getting into the prison had been very effective.
- 1.13 The number of deaths at the prison remained high (see Healthcare), with 20 deaths due natural causes, eight self-inflicted and one death

linked to drug use since the last inspection. The number of self-harm incidents was lower than at our last inspection and in similar prisons, but some incidents had been very serious. There was good support for prisoners who self-harmed regularly and assessment, care in custody and teamwork (ACCT) case management was of a reasonable quality overall. Many prisoners on ACCT said they felt cared for but the Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was not effective. The new complex needs unit, providing much-needed support for some very vulnerable prisoners, was a promising initiative, but it did not yet have clear and robust pathways for allocation to the unit or pathways out.

## Respect

At the last inspection of Leeds in 2019 we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that outcomes for prisoners remained reasonably good.

- 1.14 Prisoners' perceptions about relationships with staff had improved and far fewer than at our last inspection reported verbal abuse or victimisation from staff. We observed some caring, patient and supportive interactions, with officers actively engaging with prisoners and being helpful in responding to their requests. However, a not insignificant number of prisoners we spoke to held an alternative view and expressed frustration at what they perceived as staff's unhelpfulness.
- 1.15 The prison was exceptionally clean and well maintained. Both external and internal areas were in an excellent condition creating a very positive impression for all who lived, worked and visited Leeds and suggesting ambition, initiative and potential by leaders. However, overcrowding continued to be excessive and almost all prisoners lived doubled up in cells originally designed for one.
- 1.16 Prisoners had poor perceptions of the quality and quantity of the food and this was much worse than in similar prisons. Shop provision was adequate, but there were problems with delivery and refunds. The application process for simple requests had some major weaknesses and responses to formal complaints did not always address the issues raised.
- 1.17 There was a clear commitment to the promotion of equality and diversity, although this was not informed by a specific needs' analysis or strategy. Not all discrimination complaints were recorded properly, and some that were had not been investigated or had limited examination. Prisoners from most protected and minority groups, however, reported very few disproportionate outcomes but disabled prisoners were far more negative about some aspects of their treatment and in our survey far more said they felt unsafe. A dedicated

officer provided reasonable support for foreign national prisoners, but we were not convinced that interpretation services for non-English speakers were used when needed.

- 1.18 There had been 18 deaths through natural causes since our last inspection in 2019 which was high. Health care governance and leadership arrangements were good, and prisoners had reasonable access to primary care services and specialist clinics. Initial health screening of new arrivals and early days support identified clinical risk, enabling support to be prioritised. The social care residential unit provided impressive support for older men and those with serious health conditions. Medicine management was good overall. Clinical and psychosocial support for prisoners with substance misuse needs was effective. Those requiring placement in hospital under the Mental Health Act waited too long to be transferred.

### **Purposeful activity**

At the last inspection of Leeds in 2019 we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection we found that outcomes for prisoners remained not sufficiently good.

- 1.19 Time out of cell was poor for many and we found half of all prisoners locked up during the core working day. Further restrictions were imposed by the new regime, which worsened outcomes by only allowing a small proportion of prisoners out of cell at any one time. Prisoners did not get daily access to showers, and outdoor exercise was not permitted on alternate Thursdays due to staff training sessions.
- 1.20 Prisoners had better access to the library than we have seen at most other prisons recently. The gym was fully staffed and provided a range of equipment and space for prisoners to exercise, which also included a separate spinning room with bikes. The sports hall was used for badminton, indoor football and circuit training sessions.
- 1.21 Leaders had acted swiftly to begin to address known weaknesses in education, skills and work but there were too few activity places and those available were not fully used. Too many prisoners were unemployed. The education curriculum was not sufficiently broad and there was too little vocational training. Access to workshops was not equitable. The needs of non-English speaking prisoners were not fully met. Leaders in education monitored the quality of the provision robustly. However, quality monitoring and oversight of prison-led activities had not yet restarted.
- 1.22 Too few prisoners gained useful skills for employment when at work. However, in most workshops prisoners engaged with useful progress tracking booklets. Too few prisoners allocated to workshops attended regularly, but attendance was rapidly improving in education and vocational training. Prisoners had recently begun to benefit from

helpful, individual advice and guidance from staff and peer mentors during education inductions.

- 1.23 Too few prisoners entered employment, education or training on release. The very small number of men who had been supported by the employment support service through the education provider were successful in securing employment or made progress towards being employable.

## Rehabilitation and release planning

At the last inspection of Leeds in 2019 we found that outcomes for prisoners were reasonably good against this healthy prison test.

At this inspection we found that outcomes for prisoners remained reasonably good.

- 1.24 Support to help prisoners maintain contact with their children and families was good, with an impressive range of support through Jigsaw, including Story Book Dads and a range of visits sessions such as family days and those for very young children. There was not yet a family engagement worker in post, but prisoners' family members could access a telephone counselling service, which was not something that we often see.
- 1.25 As a reception and resettlement prison, the demand for good quality resettlement support was high. Help for remanded and short sentenced prisoners was limited following the start of the new national resettlement contact but leaders were seeking to mitigate the shortcomings of this by identifying and addressing needs locally.
- 1.26 Those sentenced to over a year in prison should have moved on to other prisons to access more intensive offender management support and offending behaviour work but, due to the lack of places elsewhere, many stayed at Leeds for too long. Prison offender managers (POMs) focused adequately and appropriately on sentence-related tasks, such as parole report preparation. As some prisoners experienced long delays in moving on to training prisons, a few POMs had delivered some offence-focused interventions to promote prisoners' progression.
- 1.27 The identification of prisoners who potentially posed a risk to children or identified adults and the use of contact restrictions was managed well. But some other aspects of public protection work were weak. For example, MAPPA (multi-agency public protection arrangements) levels for higher risk prisoners was not always clearly recorded and the IRMT did not review all risk management release plans. Monitoring of telephone calls was not up to date and was too limited in scope.
- 1.28 The community integration team assessed the basic resettlement needs of new prisoners and provided help with finances and housing problems. The provision for sentenced prisoners approaching release was reasonable, but remanded prisoners were less well served.

- 1.29 The prison did not have reliable data to show how many prisoners had been released to sustainable accommodation or employment. There was no specific practical support on the day of the release other than a stock of clothing that prisoners could choose from if they had little of their own to wear.

### **Notable positive practice**

- 1.30 We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.
- 1.31 Inspectors found five examples of notable positive practice during this inspection.
- 1.32 Leaders had worked hard to improve the retention of officers and this was having an impact on the proportion staying on in post. (See paragraph 2.7) Leaders and managers had undergone specific training to support and encourage others.
- 1.33 The custody care record was a helpful document to track each prisoner's journey from arrival in reception through to the completion of induction and ensured all the key stages aimed at keeping prisoners safe were completed. (See paragraph 3.2)
- 1.34 The external environment was very well maintained, offering a positive impression for those who lived, worked, and visited and setting a tone which spoke to the prison's energy, ambition and potential. (See paragraph 4.5.)
- 1.35 A team, known locally as Q Branch, comprised of staff and prisoners had worked alongside each other to improve the external areas of the prison. They also responded promptly to minor repairs in cells to maintain decent living conditions for the population. (See paragraphs 4.5 and 4.7.)
- 1.36 Prisoners' relatives could access a one-to-one telephone counselling service through Jigsaw (a family support service available in HMP Leeds), which included signposting to other support services when needed. (See paragraph 6.6.)

## Section 2 Leadership

**Leaders provide the direction, encouragement and resources to enable good outcomes for prisoners.** (For definition of leaders, see Glossary.)

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 Leeds was a well-led establishment and senior leaders were very visible around the prison. The importance of staff well-being in promoting positive outcomes for prisoners had been recognised and there had been a range of steps taken to promote this. In our survey, 31% said their well-being was quite well supported and 14% said it was very well supported, and most officers we spoke to were very positive about their work and showed a genuine commitment to supporting prisoners in their care.
- 2.3 Senior leaders had a good understanding of the risks the prison faced and had set appropriate priorities with some ambitious measures of success. In our staff survey, 40% said the priorities had been quite well communicated to them and 31% said they had been communicated very clearly. Most staff we spoke to agreed with the priorities set with some creative initiatives from leaders to support communication. These included weekly breakfast meetings with the governor, regular meetings for all staff and updates through newsletters.
- 2.4 HMPPS leaders had not addressed the unacceptably high level of overcrowding at Leeds. Cells were originally designed to hold one prisoner but 80% of them held two. The detrimental effects of this were exacerbated by the lack of time out of cell and too few places in purposeful activity, which leaders needed to address.
- 2.5 A climate assessment report in 2020 by the Tackling Unacceptable Behaviour Unit in the Home Office showed some concerning issues about staff attitudes and behaviour. Leaders had been active in beginning to address these issues to improve the care given to prisoners, with measures including training all middle managers through a four-day leadership programme. A scheme had been introduced that established staff ambassadors which helped encourage transparency and empowered staff to report unacceptable behaviour, although 46% of the staff completing our survey said they had seen staff behaving inappropriately to each other.
- 2.6 Staff training had been difficult to deliver during the pandemic, but leaders had begun to address this now that restrictions had been lifted. Mental health awareness training was planned to start again and leaders had supported the delivery of training in trauma-informed ways of working, which looked promising.

- 2.7 There were relatively few gaps in operational staffing and the basic grade officer group was more experienced than at our last inspection. Leaders had worked hard to improve the retention of officers and this was having an impact. At this inspection we were told that 28% had under two years in service whereas in 2019 this was over half.
- 2.8 Leaders had increased the number of officers on the wings on weekdays to improve supervision and control, and work to reduce violence and drug availability had produced positive outcomes for prisoners and staff.
- 2.9 There were examples of positive partnership working. New leaders for education, skills and work had recently started and had an accurate understanding of the quality of provision. They had set a very clear vision for the curriculum, with English and mathematics development at the core. Health care leaders had established clear goals and communicated well with their team. All health care agencies and specialists worked well together.
- 2.10 Leaders showed confidence in supporting innovation and creativity across several initiatives aimed at improving outcomes for prisoners. Examples of this included the complex needs unit that had opened recently (see paragraph 3.36) and the encouragement of environmental standards in what was an old and traditional establishment which evidenced, at least symbolically the prisons aspiration and energy.



## Section 3 Safety

**Prisoners, particularly the most vulnerable, are held safely.**

### Early days in custody

Expected outcomes: Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- 3.1 Leeds received on average 388 prisoners a month mostly from local courts. Prisoners disembarked from escort vehicles swiftly and reception staff conducted initial checks respectfully. In our survey, 81% of prisoners said they were treated well in reception. Searching was thorough. All prisoners went through the body scanner and were strip searched, and this had contributed to the reduction of illicit items entering the prison (see paragraph 3.24).
- 3.2 In our survey, 66% of prisoners said they felt safe on their first night. New arrivals were interviewed in private. Leaders had conducted a very useful 'bus to bed' exercise in March 2022 tracking the journey from arrival through to induction and had implemented learning from this to begin to address gaps and weaknesses. Each new arrival now had a useful custody care plan document that aimed to address weaknesses in assessing the risk of self-harm, which was an important improvement.
- 3.3 Reception waiting rooms were clean and bright, but there was limited information for new arrivals. The high number of prisoners arriving each day placed substantial pressures on staff, and it was not uncommon for arrivals to be held in reception for up to five hours; in our survey, only 23% of prisoners said they spent less than two hours in reception, compared with 42% at similar prisons. This had a knock-on effect on the first night experience, with only 30% saying they were able to have a shower before they were locked up, compared with 56% at the previous inspection, and only 28% saying they could have a free call on the first night, against the comparator of 50%.
- 3.4 The first night cells we inspected, while mostly furnished for prisoners' basic requirements, were grubby and unwelcoming.



**First night cell with damaged flooring**

- 3.5 The induction process was not comprehensive. In our survey, only 42% of the 73% who said they received it said it covered everything they needed to know. It was delivered by officers the following day, but only lasted around 90 minutes and key agencies were not involved in seeing prisoners face to face. There were no copies available in languages other than English and there was an overdependence on using prisoners or staff to help those who could not speak English rather than using professional translation and interpreting services.

## **Managing behaviour**

Expected outcomes: Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

## **Encouraging positive behaviour**

- 3.6 Our survey indicated that more prisoners felt safer than at the previous inspection: 17%, against 36%, said they felt unsafe at the time of this inspection. Further, 43% of prisoners now said they would report their concerns to staff if they were being bullied or victimised by other prisoners compared with just 27% at our last inspection.
- 3.7 The number of recorded violent incidents had reduced since the last inspection, was continuing on a downward trend and was now lower than similar prisons. Few of these incidents were classified as serious. Around a quarter of incidents happened in cell, often as a consequence

of the frustrations felt by prisoners being locked up together for long periods (see paragraph 5.2).

- 3.8 All violent incidents were investigated, but there were few interventions to promote changes in behaviour. Challenge, support and intervention plans (CSIPs, see Glossary) were not used to full effect. Wing staff had good knowledge of which prisoners were subject to CSIP, but plans were often developed without the involvement of the prisoner, targets were too broad and most prisoners we spoke to were not aware of them.
- 3.9 Leaders used data well and had a good understanding of the causes of violence. A well-attended monthly safety meeting discussed a range of data and a comprehensive action plan was regularly reviewed to monitor progress made. It contained relevant actions that supported the strategic vision. The weekly safety intervention meeting was also well attended and provided useful advice on the support and management of individual prisoners with the most complex needs.
- 3.10 Delivery of the incentives policy had been suspended at the start of the pandemic but was reintroduced during this inspection. The new policy allowed prisoners to apply for the highest level of the scheme after being in custody for 28 days, which was much sooner than we normally see and a welcome initiative. But there was a lack of incentives to motivate and encourage good behaviour and little opportunity for prisoners to demonstrate positive behaviour as they continued to spend most of their time locked in their cell.

### **Adjudications**

- 3.11 The number of adjudications had reduced since the last inspection. In the sample we looked at most hearings were timely, and the sanctions given were proportionate for those found to be proven.
- 3.12 The quarterly adjudication standardisation meeting was effective and collected data to identify and monitor trends, which was an improvement since our last inspection. The most common adjudication charge at the prison was for destroying or damaging any part of the prison and the prison had recovered a substantial amount of money from prisoners' accounts in compensation.
- 3.13 The prison held a weekly crime clinic to make sure more serious offences were referred to the police. But the number of referrals waiting to be investigated was high and some were over 12 months old which was too long for the process to usefully deter serious poor behaviour.

### **Use of force**

- 3.14 The number of times force had been used against prisoners was lower than at our last inspection or at other similar prisons. Around 88% of incidents were spontaneous and often connected to prisoners' frustrations at the lack of regime and limited time out of cell. Staff now used body-worn cameras more frequently and footage was available

for around 64% of incidents, although not all recordings, including some planned interventions, were of sufficiently good quality.

- 3.15 Oversight of the use of force was now more effective. Leaders reviewed incidents that involved injuries, all uses of batons, as well as a sample of randomly selected spontaneous incidents. The monthly committee meeting was generally well attended and considered data that identified disproportionality, as well as the hotspots where most incidents occurred. Leaders were implementing initiatives to limit or mitigate the need to deploy force enabling staff to think of alternative options.
- 3.16 The use of batons was lower than at similar prisons. In the last year, batons had been drawn on four occasions and used once. The evidence we reviewed suggested this response had been proportionate in the circumstances. Neither special accommodation nor PAVA incapacitant spray had been used in the last 12 months. Leaders took appropriate action if they identified poor practice such as referral to the police if deemed necessary.

### **Segregation**

- 3.17 In the previous 12 months, 560 prisoners had been segregated, which was higher than in the year before our last inspection. The average length of stay was short and only one prisoner had spent over 42 days in the unit in the last 12 months before they were transferred to a mental health hospital.
- 3.18 Relationships between staff and prisoners were good. Staff had detailed knowledge of the prisoners in their care, and we saw them being professional and caring. Prisoners we spoke to were generally positive about their treatment and told us they felt well supported.
- 3.19 Managerial oversight of the unit was good. There was some reasonable reintegration planning delivered through multidisciplinary reviews, and almost all prisoners returned to normal location.
- 3.20 The unit had recently been redecorated and communal areas were clean and in good order. Cells were clean, free from graffiti and had recently had new furniture fitted. Prisoners were provided with radios and activity packs, but cells had no power points for televisions or kettles. Flasks for hot water were no longer provided so prisoners could not have a hot drink overnight.
- 3.21 The regime remained limited with little opportunity for prisoners to go off the unit, but it was positive that some had been risk assessed to exercise together.

## Security

Expected outcomes: Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance use and effective drug supply reduction measures are in place.

- 3.22 In our survey, far fewer prisoners than at the previous inspection (26% against 56%) said that it was very/quite easy to get hold of illicit drugs and far fewer said they had developed a problem with drugs whilst at Leeds (5% against 16%). Prison data supported this and showed that in the six months before the inspection, there had been a total of 192 drug finds, which was a significant reduction from the same period before the previous inspection when this was 426 finds.
- 3.23 Data collected by the security department showed that illicit items such as phones and drugs were most likely to enter the prison through reception. An effective searching strategy was in place to respond to this and included the use of the body scanner and strip searching for all new receptions and other intelligence led searches. In the previous six months the body scanner had successfully identified illicit items, such as phones and drugs, in a third of uses.
- 3.24 In addition to searching, the prison had taken a number of other effective steps which had worked well to continue to reduce the supply of drugs. These included; photocopying all incoming social mail to prevent illicit substances entering the prison on paper, the use of drug dogs who patrolled outside areas and were present on the wing and in social visits, a successful programme of covert testing which had recently led to improved knowledge of how drones may enter the prison, putting netting across all exercise yards, a new process to ensure that legal mail had no trace of drugs, and effective identification and management of staff corruption. Mandatory drug testing (MDT) and suspicion led testing had recently restarted but there was not yet sufficient data to inform leaders of the prevalent type of drug use at the prison.
- 3.25 Physical security arrangements around the prison were proportionate and there was good CCTV coverage of the outside areas and fences which had assisted in the swift identification of drones that attempted to enter the prison and the offenders involved. This and good links with the police ensured that perpetrators were identified, and necessary action was taken. Whilst the number of drones that attempted to enter the prison had reduced from around seven a month in 2021 to around three a month in 2022 this needed ongoing attention to reduce it further.
- 3.26 There had been 7984 intelligence reports submitted in the last 12 months. These had been processed promptly by security analysts, and at the time of the inspection none were outstanding. Recent

improvements in the quality of information reports submitted by wing staff had increased the number of finds during cell searches from around 26% to 50% in the twelve months before the inspection.

- 3.27 Prisoners convicted or on remand for Terrorist Act offences required their telephone calls to be listened to for a period of time to enable the prison to identify risks. However, not all calls made in languages other than English had been translated promptly and some calls had not been listened to at all.

## Safeguarding

Expected outcomes: The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

### Suicide and self-harm prevention

- 3.28 There had been 28 deaths (see paragraph 4.33) since our last inspection; eight of these were recorded as self-inflicted and one was attributed to drug use. The cause of two of deaths, including one in the segregation unit, was not known yet. Leaders had good oversight of the action plan drawn up following Prisons and Probation Ombudsman (PPO) inquiries into these deaths, which they reviewed frequently to make sure that recommendations were implemented and learning embedded.
- 3.29 There had been 631 recorded self-harm incidents in the last 12 months which was much lower than at the last inspection and other local prisons, and prison data showed that it was continuing to fall. Despite this, life-threatening incidents averaged one a month over the last six months, including one during our inspection.
- 3.30 There were 37 prisoners being monitored on assessment, care in custody and teamwork (ACCT) case management at the time of our inspection. ACCTs were opened appropriately when needed. In our prisoner survey, over half of those who had been on an ACCT said they felt cared for by staff. Many of those we spoke to who were on an ACCT and those in the complex needs unit (CNU, see paragraph 3.36) said staff were engaging and caring. Trauma-informed training was being delivered to officers, which was a positive step.
- 3.31 ACCT case reviews took place on time and had regular input from mental health staff. The quality of the entries in documents was reasonable and the reviews we looked at were comprehensive.
- 3.32 The safer custody team was well resourced and had introduced additional safeguards, such as day two welfare checks on new arrivals in custody for the first time and/or potentially facing life sentences. The weekly safety intervention meeting (SIM) provided good-quality

monitoring of those requiring additional support. Good analysis of data meant that leaders had an effective level of oversight.

- 3.33 The Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was ineffective. Listeners were not called out at night even if a prisoner requested their help. Many staff we spoke to believed the Samaritans freephone sufficed and could not identify the benefits of face-to-face peer support for prisoners in crisis. The lack of Listener suites meant that even if they were requested (day or night) there was nowhere suitable for them to go.

### **Protection of adults at risk (see Glossary)**

- 3.34 Procedures to raise safeguarding concerns were not widely advertised around the prison. Links with the local safeguarding adults board were inactive, but leaders committed to raise awareness and re-established links after the inspection.
- 3.35 Adult safeguarding training for staff had been very limited during the pandemic but had recently recommenced, prioritising trauma-informed training to segregation and CNU staff. Most wing staff we spoke to did not have a good awareness of safeguarding risks or the reporting procedures.
- 3.36 The CNU was a promising initiative with a clear aim of providing much-needed support for very vulnerable prisoners, including many with mental health problems. However, it was too soon to measure outcomes and leaders needed to make sure there were clear and agreed goals and operational criteria for the unit, including pathways in and out for prisoners. Leaders were aware of the need to develop oversight of allocation to the unit to make sure that, over time, it was able to keep a clear purpose. Staff in the unit understood its aim but said they sometimes struggled to avoid men being located there due to the lack of spaces elsewhere in the prison. Staff had been carefully selected to work in the unit and knew the prisoners well. We observed patient, caring and supportive staff interactions with prisoners that they said they appreciated.

## Section 4 Respect

**Prisoners are treated with respect for their human dignity.**

### Staff-prisoner relationships

Expected outcomes: Prisoners are treated with respect by staff throughout their time in custody and are encouraged to take responsibility for their own actions and decisions.

- 4.1 Staff prisoner relationships were generally good with, for example, 70% of respondents to our survey saying that staff treated them with respect and 73% said that there was a member of staff they could turn to if they had a problem. In a comment that was typical of our encounters, one prisoner said: "Staff are very professional and very helpful with any problems."
- 4.2 However, there remained some concerning responses to our survey. Just under half of prisoners surveyed said they had been victimised by staff and over a quarter said they had experienced verbal abuse. Whilst both these perceptions had improved since our last inspection more needed to be done to address the negative experiences of some prisoners.
- 4.3 Keywork (see Glossary) was recovering better than at other local prisons we have recently inspected. In our prisoner survey, 69% reported having a key worker, which was higher than at comparator prisons, and 61% said they were helpful. Case records we reviewed showed that most keywork sessions were delivered by the same officer. Some prisoners also felt that the recent introduction of evening activities, which enabled staff and prisoners to interact in a more informal way, was also helping to promote more positive staff prisoner relationships.
- 4.4 Employing prisoners as peer workers can play an important role in promoting positive working relationships between staff and prisoners and it had restarted well at Leeds following the pandemic restrictions. Prisoner information desk (PID) workers were available on every wing and shared useful information with prisoners about the daily regime and how to access basic services but other opportunities, such as being a Buddy or disability representative, were less well developed. (see paragraph 4.25).



## Daily life

Expected outcomes: Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

### Living conditions

- 4.5 Living conditions were impressive and external areas were very well maintained, offering a positive impression and experience for those who lived, worked and visited the prison. For example, the area immediately outside reception had been decorated with flowers, a water feature and a wall mural (see front cover photo). Many other communal areas had been improved by wall paintings, such as the corridor from reception to the complex needs unit. Much of this work had been completed by a works party involving staff and prisoners with the care and imagination that had gone in to improving the general environment indicative, if nothing else, of the leaders energy, ambition and potential.



**Corridor from reception to the complex needs unit.**



#### **F wing exercise yard**

- 4.6 Outside areas were mainly free of litter and we saw no evidence of, nor did we hear complaints about, vermin. However, litter had accumulated behind the window grilles on some of the higher floors.
- 4.7 Cells were generally clean, and in our survey far more prisoners than at the previous inspection said they could get access to cleaning materials every week and far more than in similar prisons said that communal areas were clean. Decency had been a long-standing priority for prison leaders and there was a very thorough assurance process to check the condition of cells, and make sure remedial action was taken promptly. Some of this work such as repairs to cell furniture, was completed immediately by a staff-prisoner maintenance party known locally as Q Branch. However, few cells had lockable cabinets.
- 4.8 Our main concern was overcrowding, with 80% of prisoners living doubled up in cells designed for one person. The cells were too small and in many instances the toilet was immediately next to a bed with only a sheet for screening. These cramped conditions were made worse on B wing where the windows did not allow sufficient ventilation and we saw many prisoners spending the day in their cells stripped to their underwear due to the heat.



#### **Double cell D wing**

- 4.9 Prisoners could wear their own clothing, although many chose not to or were waiting for clothing parcels to be delivered. Each wing had its own laundry, but the equipment on A wing had been out of order for many months leading to frustration. It was in the process of being replaced during the inspection.
- 4.10 All the wings had communal showers, most of which were in reasonable condition, although they opened on to the wing with only a small swing door for privacy, which was not sufficient. Prisoners could not use the showers on Saturdays, when they remained locked up for the delivery of shop orders, and every second Thursday, due to staff training (see Time out of Cell). This was reflected in our survey with only 48% of respondents said they could shower every day, which was far fewer than the 92% at the previous inspection and the 70% in comparator prisons.

#### **Residential services**

- 4.11 Prisoners' perceptions of the quality and quantity of food remained poor; in our survey, only 29%, against the comparator of 41%, said the food was good and only 23%, against 35%, said they got enough to eat at mealtimes. A recently appointed catering manager had resumed food consultation and had been given an increased budget to improve

the quality of food. Meals were served at a reasonable time and were well supervised. Kitchen workers received appropriate training.

- 4.12 The prison shop offered an adequate range and new items had recently been added as a result of prisoner consultation. Prisoners told us that when deliveries were incorrect, they waited too long for a refund. New arrivals could wait up to 11 days to receive their first shop order, which created a risk of borrowing, debt and bullying. To address this the prison had recently allowed arrivals to buy shop packs in reception, including offering an advance to those who had no money. However, there was no similar arrangement for phone credit. All new arrivals were given £1 free phone credit, but those who arrived with no money could have to wait for several weeks to accrue sufficient cash to add to this.

### **Prisoner consultation, applications and redress**

- 4.13 Regular wing meetings had been taking place, which some prisoners found useful, but the absence of a formal prison council meant that leaders from key prison areas did not formally engage in prisoner consultation. Prisoners found this disappointing and explained that the lack of consultation with key managers often left them with no alternative other than to submit complaints.
- 4.14 There were weaknesses in the application system. It was paper-based and all applications (including for health) were logged by PID workers, which potentially undermined confidentiality. Many prisoners said they often got no responses to applications. The prison did not use monitoring to track them and so leaders were unaware of where and how the process was breaking down. Understandably, many prisoners we spoke to about this were very frustrated.
- 4.15 There had been 2,635 complaints submitted in the last 12 months, which was high. Complaint forms were not readily available on all wings. Leaders had recently improved the process and records showed that responses to complaints were now on time. However, many of the responses, although polite, did not fully address the issues.
- 4.16 Senior leaders responded to confidential complaints. They were managed well and showed detailed investigation into the issues raised, including speaking with the prisoner.
- 4.17 Facilities for legal visits were excellent. They took place in private through a new video link. Up to five legal visits could take place at the same time on weekdays, and the facilities could also be used to enable court hearings, parole hearings and post-hearings with solicitors and probation. Legal texts in the library were available and prisoners could readily access them.

## Equality, diversity and faith

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary) and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

### Strategic management

- 4.18 There was a clear commitment to equality and diversity work, which included appointing a foreign national officer, as well as an equality officer and an equality custodial manager to focus on this area. The lack of an equality strategy with clear priorities, informed by an analysis of the needs of the population, meant work was not as effective as it could have been.
- 4.19 The prison had an equality action plan that included actions raised at the equality meeting and from consultation with prisoners from protected and minority groups which was useful for tracking ongoing activity.
- 4.20 The governor chaired an equality assurance meeting every two months attended by managers and prisoner equality representatives. Minutes indicated that actions were taken to resolve issues discussed. Data were considered at the meeting, but there was little evidence that its analysis led to any action.
- 4.21 Consultation meetings with prisoners from most protected characteristic groups had been held and in the previous six months almost 100 prisoners had had an opportunity to comment on equality issues. Most of these prisoners were from a black and minority ethnic background as the prison had been seeking to understand and address negative perceptions among this group. For example, it now published prisoner employment data on the prison TV to allay concerns of any disproportionality in allocation of jobs. Forums for other protected characteristics groups remained intermittent, with some poorly attended or cancelled.
- 4.22 There had been 61 discrimination incidents recorded in the previous six months. We were not convinced that all prisoner complaints suggesting an element of discrimination had been recorded as such. We found one recent example where a transgender prisoner had submitted a complaint that clearly alleged discrimination, but the matter was recorded as a general complaint and dealt with poorly.
- 4.23 The responses to discrimination incidents that we saw were generally adequate, although the investigation in some was limited. There was comprehensive quality assurance of discrimination complaints. Several were examined by the deputy governor, some were shared with

neighbouring prisons in a reciprocal quality assurance process and, more latterly, prisoners had reviewed anonymised discrimination complaints to identify areas for improvement. These assurance processes, however, only considered investigations that had been completed and we found more than a third of discrimination incidents recorded in 2022 had not yet been completed.

### **Protected characteristics**

- 4.24 Our main concern was about the outcomes for prisoners with physical disabilities. In our survey, prisoners with disabilities, compared with those without, were more likely to feel unsafe at the time of the inspection (27% against 9%) and less likely to say that they were able to lead a healthy lifestyle (in relation to physical, mental, emotional and social well-being) always or most of the time (24% against 44%). There was no formal 'Buddy' scheme so prisoners had to identify another prisoner to help them get around. Prisoners said the lift at the centre of wings A to D was often out of order, limiting access to the library and chapel.
- 4.25 Many older and less mobile prisoners lived on F wing and told us they could not easily access provision on the upper landings, such as the library and some of the recently introduced structured on wing activity held on in the classrooms on the upper landings as they did not want to use the single chairlift. Prisoners over retirement age were routinely locked up for about 23 hours a day. Prisoners from other protected and minority groups reported very few disproportionate outcomes.
- 4.26 There was reasonably good support for the large number of foreign national offenders, with a twice weekly Home Office clinic. The foreign national officer worked from the offender management unit (OMU) and had regular contact with prison offender managers (POMs) to offer advice. There was insufficient provision for speakers of other languages to learn English (ESOL) (see paragraph 5.13) and we were not convinced that interpreting services were used often enough by staff throughout the prison.
- 4.27 There were four transgender prisoners during the inspection. We spoke to three of them who said they had generally been treated well by staff and had been particularly supported by the equality officer.

### **Faith and religion**

- 4.28 The chaplaincy led a wide range of activities important to prisoners' faith, well-being and daily life. The team was visible and well regarded by many of the prisoners we spoke to.
- 4.29 A member of the team met all new arrivals and held discharge interviews with prisoners four weeks before their release. The team also worked with local university students and the bereavement charity Cruse to offer prisoners a regular counselling service.

- 4.30 The chaplaincy held weekly religious study groups and corporate worship had resumed earlier than we had seen in many prisons. In our survey, 86% of prisoners said they could attend services, against the 43% comparator. However, the decision to continue to split Muslim Friday prayers over two locations, one of which was the gymnasium, which was not a suitable place of worship, was difficult to justify given the easing of restrictions.

## Health, well-being and social care

Expected outcomes: Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

- 4.31 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations.

## Strategy, clinical governance and partnerships

- 4.32 Practice Plus Group (PPG) was the lead provider of health care at the prison with subcontracted services for substance misuse, mental health specialisms and dentistry. There was evidence of good partnership working between the prison and health care. The Health Security Agency had supported the prison during the pandemic and told us that prison leaders had engaged well and offered constructive challenge to make sure prisoner welfare was prioritised.
- 4.33 There were clear clinical governance structures for leaders to review the quality of patient provision and identify any significant service risks. There was an open reporting culture and we saw evidence of learning from incidents. There had been 18 deaths from natural causes since our last inspection which was high, but Leeds had a social care unit in addition to a palliative care suite which took prisoners from across the region. This increased the number of men being held there who had severe or terminal illnesses. There were no thematic concerns identified following the PPO investigations into these deaths and the responses to recommendations made (see paragraph 3.28) were detailed and used constructively to improve care.
- 4.34 Health care leaders were visible and effective communication arrangements provided health staff with the opportunity to speak directly with leaders and prison staff to influence decision-making.
- 4.35 There were a small number of vacancies which were covered through temporary staff and use of additional hours. The large and stable clinical team was delivering the expected range of services providing support over a 24/7 period. We saw some innovative approaches to recruitment and retention, including committing resources to enable practitioners to develop additional competencies and skills to meet

patient need. Essential training was being delivered and although supervision arrangements in some teams had abated, they were being re-established with the use of local audit to review practitioners' clinical contacts and quality of record-keeping.

- 4.36 Health support was available for all prisoners equally, including for vulnerable prisoners, and we saw interpreting services being used for non-English-speaking prisoners. The health care centre and waiting rooms looked tired but treatment rooms mostly met infection control standards with evidence of regular audit of physical environments.
- 4.37 Well-placed and regularly checked resuscitation equipment was available to a dedicated emergency response nurse to deal with any acute physical crisis 24/7. Health care staff were appropriately trained and most prison staff we spoke to had received first aid training.
- 4.38 There were few formal health care complaints, but these were managed well. Most concerns raised by patients were dealt with face to face, which enabled prompt resolution. However, there was some inconsistency of approach and no overt quality assurance of how concerns were handled. We saw some examples where outcomes were unclear, issues had not been fully considered and where escalation of the concern to a higher level would have been appropriate. Enhanced oversight of concerns management was introduced while we were on site in response to our observations.

#### **Promoting health and well-being**

- 4.39 There was no prison-wide strategy to promote health and well-being but plans to develop this and embrace social prescribing (see Glossary) in collaboration with the gym, kitchens and education were being actively progressed.
- 4.40 Each wing had a PID worker who provided prisoners with a range of health information leaflets and PPG's monthly newsletter, which contained information on the national calendar of health promotion events. There was a range of posters and information in health care clinic rooms.
- 4.41 Prisoners had access to age-appropriate immunisations and planning for autumn influenza vaccinations was due to commence. Prisoners identified as needing COVID-19 vaccinations were offered this on arrival, with reasonable uptake in line with the community.
- 4.42 National health screening programmes, such as bowel cancer, the use of X-ray and ultrasound services, had continued throughout the pandemic, as had local screening for diabetic retinopathy. Harm-minimisation advice and other provision were available on an individual basis.



## **Primary care and inpatient services**

- 4.43 Qualified health professionals screened new arrivals in reception and undertook comprehensive health assessments within the first 72 hours. Referrals to other services were made as required. Patients had access to a GP who was also available in reception until at least 9pm, which made sure that any immediate risks were addressed, including a review of first night medication.
- 4.44 Prisoners could access a full range of primary care services and there were good arrangements for out-of-hours GP support. Patients with long-term conditions and complex care needs were identified at reception and booked into a clinic for review. Most patients had an up-to-date care plan and we saw that there had been person-centred discussions when patients were reviewed, but these needed to adopt more individualised goals.
- 4.45 Nurses and GPs ran daily clinics. Patients could see a GP the same or next day for an urgent consultation or within five weeks for non-urgent appointments. Waiting lists for specialists were relatively short, such as two weeks for the physiotherapist, podiatrist and optometrist. GPs also provided monitoring and oversight of long-term conditions such as diabetes and epilepsy. Visiting specialists offered hepatology, optometry, physiotherapy, podiatry and sexual health clinics.
- 4.46 Onsite diagnostic X-ray and ultrasound facilities ran regularly, which reduced waiting times and the number of external hospital visits required.
- 4.47 During the COVID-19 restrictions, health services had made greater use of technology to provide more accessible and responsive services, which was continuing. This included use of in-cell telephones to undertake triage and welfare checks. The care records we sampled on SystemOne were good.
- 4.48 Although four slots a day were available for outside hospital appointments, an average of 11 a month were cancelled due to lack of escort staffing; the impact of this was being monitored by health care.
- 4.49 Night nurses used the prison information system to identify patients being released and arrange pre-release consultations. Wherever possible, patients were registered with a community GP so that discharge information could be transferred promptly.
- 4.50 There was one palliative care suite in the health care department. This had not been used in the last year. If its use was required, the provider had a strategy to work with the prison and outside services, including specialist end-of-life consultants and hospices.

## **Social care**

- 4.51 The prison, PPG and Leeds City Council had a memorandum of understanding to provide social care. A trained specialist nurse who was a social care assessor was part of the onsite health care team

leading the assessment and delivery of any intimate, personal care packages. Individuals needing this support lived in a dedicated social care unit that had previously operated as an inpatient unit, and facilities to support physical health and palliative care were still available and could be used when necessary.

- 4.52 The care and support provided was excellent and well-valued by the prisoners we spoke with. There was a varied regime provided by caring and supportive prison officers who knew the group well. The nursing and social care team on the unit could be redeployed elsewhere, which could potentially affect the support offered, for instance at mealtimes. This needed to be better monitored to make sure that care was delivered consistently.
- 4.53 Other prisoners with social care needs not requiring personal care living independently on the wings made use of the more accessible shower and bath facilities. There was liaison with the local authority and other agencies to plan for release and transfer, including for prisoners currently living independently on wings but who could struggle to do so on return to the community.

#### **Mental health care**

- 4.54 PPG provided mental health services supported by specialist sessions from Midland Partnership NHS Foundation Trust. Services were reasonably good, although there were some gaps in non-urgent care.
- 4.55 The team consisted of nursing, psychiatry, psychology and social work professionals. Experienced mental health practitioners received mandatory training and supervision. A vacancy rate of 40% had affected the ability to deliver services in 2022 but all vacancies had now been recruited to.
- 4.56 Mental health practitioners were available from 8am to 6pm each weekday, with shorter hours at the weekend. The team worked closely with prison staff to make sure that those in urgent need or crisis received prompt support, with mental health practitioners available to participate in ACCT meetings and support prisoners in segregation.
- 4.57 Mental health awareness training had just been reintroduced for prisoner officers, including trauma-informed practices, with some evidence that this was benefiting prisoners.
- 4.58 A senior mental health nurse made sure that referrals were followed up by auditing SystemOne. Between 150 and 200 prisoners a month were triaged. This was a significant workload and a threshold assessment grid to gauge priority of need had been introduced, which was reducing the number of unsuitable referrals. Prisoners could also access support via self-referral. All new referrals were considered within 24 hours.
- 4.59 The five-day assessment target was not always achieved and some prisoners left without completing an assessment, which presented

risks. The practice of courts imposing short sentences added to this pressure.

- 4.60 Sixty-four patients were in therapy; those with serious mental disorders, or in crisis received good care. There was a gap in service for those with mild to moderate disorders, but all received suitable medical care, and there was a credible strategy to introduce group therapies through two newly employed assistant psychologists. Support was also provided through the substance misuse team, chaplaincy, bereavement and professional counselling services, and the Samaritans. Care planning and clinical record-keeping were good. The new complex needs unit for 'at-risk' prisoners (see paragraph 3.36) was supported by the mental health team, but it was too early to judge its impact.
- 4.61 There was no pathway for prisoners with neurodiverse needs, except for medical interventions, but a learning disability nurse based at New Hall prison could give advice. There was no service for prisoners – particularly veterans – with PTSD.
- 4.62 Patients' ongoing needs were considered before their release, including liaison with GPs and community mental health teams, through the use of the care programme approach and by supply of medicines to take home.
- 4.63 As in 2019, patients waited too long to be transferred to hospital under the Mental Health Act, with an average of 70 days (ranging from 31 to 145 days) for the last 10 transfers, against a target of 28 days.

### **Substance misuse treatment**

- 4.64 Practice Plus Group delivered clinical treatment and Inclusion – part of the Midland Partnership NHS Foundation Trust – delivered psychosocial support for prisoners with addiction problems. The teams operated in an integrated and cohesive way in delivering what we judged to be effective support. Relations with the prison were positive and the teams collaborated closely to support actions stemming from the prison drug and alcohol strategy.
- 4.65 Prisoners arriving with drug and alcohol needs, including those experiencing withdrawal symptoms, received thorough assessment and prompt access to relief and treatment. Prisoners needing first night and ongoing physical observations were generally initially placed on the complex needs unit (D1), but if beds were not available on D1 there were suitable cells on the overspill wings.
- 4.66 Clinical treatment was well managed with 275 patients recorded as receiving opiate substitution treatment during the last month. Prescribing was individually tailored, and we saw examples of multidisciplinary complex case management, although there was scope to widen this approach to incorporate pain management clinics. Clinical reviews occurred at appropriate intervals and we saw evidence in the patient notes of input from the psychosocial team.

- 4.67 Prisoners could self-refer or be referred by officers or by other health care professionals. Inclusion provided support for around 275 prisoners across all wings including, for vulnerable prisoners, but A wing held many of those with substance misuse needs and had an incentivised substance free living (ISFL) function, which had recently been relaunched. Wing interview rooms were poor, but facilities on A wing were better with a dedicated group room. Other prisoners could attend A wing to access therapeutic work. The range of support was good with one-to-one sessions and group activities that reflected the needs of the population. There was an appropriate emphasis on harm minimisation and on developing coping strategies, which included low intensity support for some common mental health problems. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) continued to offer valuable mutual aid.
- 4.68 Discharge planning started early and there were established working arrangements with local services. Liaison staff from external agencies visited to meet prisoners before release if required. Training in naloxone (a drug used to prevent opiate overdose) was provided and it was supplied where appropriate before release with prescriptions for those requiring ongoing treatment.

#### **Medicines optimisation and pharmacy services**

- 4.69 Pharmacy services were delivered safely and effectively. Medicines were supplied from the in-house pharmacy. Prisoners had some access to a pharmacist, and this was being improved.
- 4.70 Stock reconciliation procedures for the provision of prescribed medication to new arrivals at reception were good with most medicines reconciled within 72 hours. A range of emergency medicines allowed patients to access medicines out of hours if needed, but there was no audit of their use. Suitable medicines were available to treat minor ailments. Controlled drugs were well managed and audited at regular intervals. Medicines were stored and transported securely, and heat-sensitive medicines were kept in suitable fridges that were continuously monitored. Some treatment rooms had limited space but were mostly adequate. Medicine administration queues were well managed by officers, but there was little privacy and evening administration started too early.
- 4.71 Prescribing and administration were completed on SystmOne. Risk assessments were attached on SystmOne and reviewed as appropriate, but they were not always followed adequately. Approximately 56% of patients received their medicines in possession. Some received their medicines daily in possession, which is not generally recommended and was not covered in the risk assessments we saw. There was little provision for administering night-time medicines and prisoners had nowhere adequate to store their medicines securely. Prisoners who did not attend for their medication were usually followed up robustly, and the matter was forwarded to a multidisciplinary team for review.

- 4.72 Patient group directions (PGDs, which enable nurses to supply and administer prescription-only medicines) included vaccinations and salbutamol inhalers, and there were non-medical prescribers onsite if needed. Prisoners leaving the prison were given prescriptions for their current medication rather than the medicines themselves; this may not always be appropriate and should be reviewed. There was a regular medicines management group meeting for the local group of prisons and local clinical governance arrangements routinely reviewed medicine management activity.

#### **Dental services and oral health**

- 4.73 Time for Teeth provided six dental sessions a week, offering a full range of NHS dental treatments. Staff gave patients oral health information at every visit. The waiting time for routine appointments was around nine weeks, which was long, but any urgent appointments were arranged for the next clinic. The primary care nurses offered pain relief and made referrals direct to the dental team promptly when this was indicated.
- 4.74 The dental suite environment met infection control standards. Staff carried out regular decontamination audits and daily equipment checks to make sure safety measures were met. Managers undertook supervision and monitored staff training and development. Patient complaints were responded to promptly by appropriate staff.

## Section 5 Purposeful activity

**Prisoners are able and expected to engage in activity that is likely to benefit them.**

### Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in activities which support their rehabilitation.

- 5.1 We found half of all prisoners locked in their cell during the core working day. Prisoners who were employed full time received around six to seven hours a day out of their cell on weekdays however, the regime for unemployed prisoners was poor with most only receiving one hour a day out of cell. For some prisoners this lack of time out of cell for many months was having a detrimental impact on the emotional well-being.
- 5.2 Time out of cell was further restricted by the new regime which only allowed a small proportion of prisoners out of cell at any one time. This was further inhibited by the fact that prisoners did not get daily access to showers, and outdoor exercise was not permitted on alternating Thursdays.
- 5.3 Within the last month, some evening activities, which included board games, quizzes and pool competitions, had started, but only for a handful of prisoners.
- 5.4 The two libraries had reopened and were popular among prisoners; almost 1,500 had attended the library in the previous six weeks and there were frequent new users from the induction wing. Library staff were welcoming and regularly assisted prisoners with information requests, such as printing sentencing guidelines and word searches. Prisoners could also use the computers for Open University work if needed.
- 5.5 As a result, prisoners' perceptions about access were better than at other similar prisons. In our survey, 54% said that they were able to visit it once a week or more, compared with 18% in other prisons, and 30%, against 20%, said they could have library materials delivered once a week or more. The recent introduction of evening library sessions three days a week was also welcomed. Of those prisoners who used the library, 64%, against 39% at the last inspection, said that it had a wide enough range of materials to meet their needs.
- 5.6 A full PE timetable was available and catered for different needs, such as sessions for prisoners who were over 45, as well as a 'PHAT' club available to those who were overweight. Evening and weekend

sessions had also been reintroduced recently and were proving popular among prisoners, with 143 attending over the weekend before our inspection.

- 5.7 The gym was fully staffed and provided a range of equipment and space for prisoners to exercise, which also included a separate spinning room with bikes. The sports hall was used for badminton, indoor football and circuit training sessions. Access to the gym was shared appropriately between the wings with most prisoners able to go to exercise sessions at the gym or sports hall twice a week if they wanted to. Vocational PE qualifications were yet to be reintroduced.



The gym

## Education, skills and work activities



This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at <https://www.gov.uk/government/publications/education-inspection-framework>.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in

the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

5.8 Ofsted made the following assessments about the education, skills and work provision:

Overall effectiveness: requires improvement

Quality of education: requires improvement

Behaviour and attitudes: requires improvement

Personal development: requires improvement

Leadership and management: requires improvement

5.9 Leaders with responsibility for education, skills and work at the prison had been recently appointed and had acted swiftly to begin addressing the weaknesses in the provision, with successfully in handling almost all the recommendations from the previous inspection. Education, skills and work had been given greater importance at the prison, with increased leadership and management resource. The quality of education had improved through targeted support for teachers. Attendance at education had improved significantly. Most prisoners on functional skills courses achieved their qualifications.

5.10 In addition, over the last three months leaders had improved the induction to education, the allocations process and prisoner pay policy. They had reopened education fully and set up a new construction academy. Leaders had begun talks with those in other prisons in the region to align the curriculum, due to the high number of prisoners moved there from HMP Leeds. However, these actions were recent and had not yet had sufficient impact on the experiences of many prisoners.

5.11 The number of purposeful activity spaces were not yet sufficient for the size of the population. As a result, almost half the prisoners were unemployed. Leaders had fully reopened education and work in June 2022, but due to a recent outbreak of COVID-19 the numbers able to attend at any one time were limited to minimise the spread of the virus. Leaders had secure plans to enable a greater proportion of prisoners to access education and work through removal of these restrictions in the near future (see paragraph 5.15).

5.12 The curriculum met the needs of most prisoners serving short sentences, on remand or following recall, who represented over three-quarters of the prison population. The main aim of leaders was for the curriculum to help prisoners gain the foundations they needed to move on to their next establishment or back into the community. As a result, there was an appropriate focus on essential skills, such as English and mathematics, and on support for resettlement needs.



- 5.13 The curriculum in vocational training and education consisted mainly of courses in English, mathematics, English for speakers of other languages (ESOL), catering and industrial cleaning. Leaders had not made sure that there was sufficient ESOL resource to meet the needs of non-English speaking prisoners. The needs of the small proportion of prisoners on longer-term sentences or with higher-level qualifications were not met due to the lack of learning and progression opportunities at level 2 and higher.
- 5.14 Leaders worked with a range of external organisations to provide a range of professional programmes, such as the construction skills certificate scheme, and courses leading to more substantial qualifications, such as the level 2 diploma in animal husbandry and birds of prey. Leaders also used external providers for enrichment activities, such as chess clubs, to develop critical thinking, and drama groups to improve confidence.
- 5.15 The allocations process was not effective. Prisoners were not allocated to work appropriate to their existing skills, knowledge and experience or their future career goals and aspirations. Some prisoners complained to inspectors about preferential treatment by officers in who was allowed to work on the wings. The wing where prisoners resided determined the workshop available to them. Leaders were working swiftly to rectify this through the removal of COVID-19 restrictions no longer necessary (see paragraph 5.11).
- 5.16 Leaders had successfully addressed the previously unfair pay for prisoners. As a result pay rates were no longer a disincentive for prisoners to take part in education, and leaders had implemented bonus payments for achievements there.
- 5.17 Prisoners had recently begun to benefit from helpful, individual advice and guidance from staff and peer mentors during education inductions. Similarly, new arrangements for ongoing careers guidance were effective in helping prisoners to make decisions about their next steps in prison and on release. Advice and guidance staff were skilled in dealing with prisoners' complex needs and challenges. However, while education allocations were appropriate, leaders were yet to ensure that enough prisoners were allocated to workshops that took account of the improved guidance.
- 5.18 Education managers had appropriate arrangements to monitor the quality of education and completed a range of informative quality assurance activities. However, prison leaders were yet to recommence rigorous monitoring and oversight of the quality of prison-led activities.
- 5.19 Teachers and most instructors were well qualified and experienced in their subjects. They received a range of internal and external training for ongoing professional development. For example, in waste management the team worked closely with the national sustainability team, and staff in education completed a range of pedagogical upskilling. However, too few prison instructors were qualified in

teaching and training. Consequently, too many prisoners did not gain new skills when in workshops.

- 5.20 Most teachers and vocational tutors planned a well-informed and structured programme of learning. As a result, prisoners acquired valuable skills and knowledge to prepare them for life and work inside and outside of prison. For example, in industrial cleaning, tutors ensured prisoners gained an understanding of topics such as biohazards. Prisoners benefited from opportunities to repeat and practise their newly acquired skills through daily cleaning duties on the wing.
- 5.21 Teachers used imaginative and creative activities in classrooms to motivate prisoners by appealing to their interests and talents. Prisoners on ESOL courses improved their communication skills through studying carefully chosen topics, such as 'what makes a good cellmate?' that promoted effective discussion and motivated them to take part, listen and contribute their views. Prisoners in English lessons gained skills in debate and discussion by considering, for example, the appropriateness of tattoos for different professions.
- 5.22 Managers accurately identified that poor mental health was a barrier to engagement with education. They had introduced a craft class to help affected prisoners express themselves and mix with others in small groups. Prisoners found the classes calming and therapeutic, particularly those who had recently entered prison. Staff delivered an engaging programme that also helped prisoners to develop a range of craft skills, including painting, charcoal, sketching, pastels and card making.
- 5.23 Teachers established prisoners' existing skills and knowledge in their subjects effectively. They used this information to plan helpful individual learning programmes. As a result, most prisoners allocated to education achieved their functional skills or ESOL qualifications. However, a minority of vocational teachers and most prison instructors did not make use of the information available to them when planning activities at work. Consequently, too often prisoners in workshops did not learn new skills.
- 5.24 Most teachers and instructors presented new information and skills clearly. As a result, prisoners gained a range of underpinning knowledge and useful skills. For example, in textiles and recycling instructors and peer mentors trained prisoners through demonstration, verbal instruction and supervised activity. Prisoners gained new skills and took on greater responsibility. However, in the prison kitchen, staff did not equip prisoners well enough with the essential knowledge and skills that they needed to fulfil their role, such as aspects of food hygiene, and too many prepared food without carrying out basic hygiene procedures.
- 5.25 Most teachers and vocational tutors checked learning thoroughly and assessed prisoners' work effectively. For example, English teachers used assessment and feedback to help prisoners revisit and redraft

their written work to correct errors. Prisoners became increasingly independent when communicating in written letters.

- 5.26 A minority of prisoners serving longer sentences benefited from qualifications in information, advice and guidance and gained roles as mentors across the prison. They used their newly gained skills and previous experience effectively to support and advocate for other prisoners. For example, in textiles the peer mentor skilfully supervised work and managed prisoners' progression on to other tasks as prisoners became more competent. The mentor in English was a qualified English teacher, who was able to give clear and helpful guidance to prisoners.
- 5.27 Prisoners with learning support needs were identified quickly at induction. Appropriately trained staff identified support strategies which were communicated to staff. As a result, these prisoners received adequate support to learn through education. However, prison instructors did not employ the support strategies identified and relied too heavily on peer workers' support for prisoners with additional needs.
- 5.28 Too few prisoners gained valuable skills for employment when at work. While most prisoners developed the skills required to achieve their course or complete their role, instructors did not help them to develop the attitudes, behaviours and values required for employment. However, in most workshops prisoners engaged with useful progress-tracking booklets that instructors used effectively to help them broaden their development and progress beyond the job at hand.
- 5.29 Most teachers promoted democratic values well through the subjects that they discussed, which included legal issues, human rights and current affairs, such as the war in Ukraine. Teachers in English and ESOL helped prisoners to explore topics such as keeping physically and mentally healthy during speaking and listening activities. As a result, prisoners understood the importance of regular sleep patterns, healthy eating, relaxation and exercise as contributory factors in good physical and mental health.
- 5.30 Too many prisoners did not access useful enrichment activities during their time at the prison. Leaders had recently introduced structured on-wing activities in the evenings to provide enrichment and wider development opportunities for prisoners. While they covered a breadth of activities, such as pool, Bible studies, employment groups, drugs and alcohol support, and quizzes, they were poorly attended and did not always run as planned.
- 5.31 Prisoners behaved with respect and followed the clear expectations set for their behaviour by staff. They felt safe at all times when in learning and work environments. Prisoners in classrooms and vocational training were highly motivated and positive about their experiences. However, in prison work areas and workshops, too many prisoners did not see the relevance of their roles to their personal goals. Prisoner

attendance in education had improved significantly and was now high, but was still too low in most work areas.

- 5.32 Too few prisoners entered employment or education and training when they left the prison. Leaders did not monitor the destinations of prisoners effectively, other than for the small proportion who were helped by the dedicated employment support team. Most of these prisoners were successful in securing employment or making further progress towards being employable. Leaders had recently introduced a range of innovative work with local, regional and national employers to raise prisoners' motivation and aspirations for employment on release, but this was too new to have had an impact as yet.

## Section 6 Rehabilitation and release planning

**Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.**

### Children and families and contact with the outside world

Expected outcomes: The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 6.1 Support to help prisoners maintain contact with their children and families remained good. In our survey, 33% said that they had been able to see family/friends in person more than once in the last month, against the comparator of 18%, and 43% said that it was easy for family and friends to travel to the prison: one prisoner in our survey commented: "It's close to home and I see familiar faces."
- 6.2 Access to visits was good for most prisoners. Positively, previous restrictions on the number of visits that prisoners on remand could receive had just been lifted and they could now have up to three a week. Despite this, during the inspection and in our survey, prisoners frequently mentioned that the visits booking line was often engaged, making it difficult and frustrating for family and friends to book slots. The online booking system was due to return. Secure video calls were also available to all prisoners.
- 6.3 The number of visitors to Leeds had still not returned to pre-pandemic levels, falling from 28,000 for the whole of 2019 to around 7,444 in the previous year. But the number of visitors was improving each month, and the recent introduction of evening visits on Monday to Wednesday helped to promote family contact and was especially appreciated by those who worked during the day.
- 6.4 The charity Jigsaw ran the welcoming visitors' centre and greeted new and returning visitors when they arrived. The visits hall was a clean and comfortable space, with hot food and sandwiches available.
- 6.5 Jigsaw had 12 part-time family workers who mostly helped to run the family intervention programme. This included dedicated weekly two-hour sessions as well as family days, an under-17s day, and parents and tots day, which enabled prisoners to play games and toys with their children during a visit.
- 6.6 Jigsaw also ran the family advice line through which family and friends could contact the prison to ask about upcoming visits or other general

enquiries. It was a well-used service, open six days a week and received around 260 calls a month. Storybook Dads, enabling prisoners to record a story for their children, was also available as part of the family intervention programme and there had been 101 completions in the previous year. Through Jigsaw, prisoners' relatives could also access a one-to-one telephone counselling service, which included signposting to other support services when needed. There was no family engagement worker in post at the time of our visit, although one was due to start.

## Reducing risk, rehabilitation and progression

Expected outcomes: Planning for a prisoner's release starts on their arrival at the prison. Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

- 6.7 Just over half the population were remanded or waiting to be sentenced, some others were serving very short sentences so there was high demand for resettlement support. Leaders were seeking to provide this despite the limitations of the national resettlement model which made no provision for the release of remanded prisoners. In the previous year, over 150 prisoners had received non-custodial sentences, been found not guilty or had charges discontinued and left custody from court without release planning in place.
- 6.8 Two additional managers had recently been appointed to the reducing reoffending team to support the prison's focus on this work and there were efforts under way to build up the available options for prisoners. There was no up-to-date population needs assessment to inform reducing reoffending work, but leaders had clear priorities and were, for example, developing partnership work and community links to enhance work and training opportunities on release. Although there had been strategic reducing reoffending meetings on alternate months in 2022, leaders were aware that they needed to develop measurable milestones to support the high-level strategy. They were already making progress in some areas, for example, joint work with the prisons that Leeds prisoners most often transferred to was aiding their education and work transitions.
- 6.9 Around 40% of the population required offender management. Due to the lack of places at other prisons, sentenced prisoners could stay too long at Leeds when they should have moved on to access interventions and other support (see paragraph 6.21). Whilst the OMU was reasonably well resourced in terms of offender managers, the delays in transfers impacted on their time as they were doing work that should have been completed elsewhere such as OASys assessments.
- 6.10 The OMU administration team had been understaffed for an extended period, which created pressure across the whole function, but new recruits had been identified to fill the gaps. It was only relatively

recently that the second senior probation officer post in the OMU had been permanently filled; two of the unit's three leaders were new to their roles.

- 6.11 In over half the sample of 20 sentence plans we looked at in detail, there had been insufficient progress. Most included an objective related to offending behaviour but achievement against these were poor, while progress against other objectives was better. Two prisoners in the sample did not have sentence plans. Both were serving short sentences and one had employment in place for release and the other had a residential rehabilitation placement.
- 6.12 POMs focused on tasks such as parole report preparation, categorisation and home detention curfew (HDC). Contact between POMs and prisoners was reasonably good, but records indicated a lack of structure to this engagement. Leaders planned to address this as part of wider work to raise the quality of offender management. Key work (see Glossary) took place reasonably frequently and consistently by the same officer in most of the sample of cases we looked at, but was not yet supporting sentence plan targets. Although remanded prisoners did not have access to an allocated POM, records showed they often had limited access to key work.
- 6.13 Eligible prisoners could access release on HDC, but in the previous 12 months just under a quarter had been released after their eligibility dates, usually for reasons outside the prison's control. These included prisoners reaching their HDC eligibility date or conditional release date shortly after being sentenced following a lengthy period on remand, waits for community checks to be completed and waiting for a place in BASS (bail accommodation and support service) accommodation.
- 6.14 There were 42 indeterminate sentence prisoners at Leeds, which was a quarter less than at the last inspection. The majority had been recalled to prison and many were waiting for parole board input before they could move from Leeds. There was little specific support for prisoners with indeterminate sentences.

### **Public protection**

- 6.15 Forty-seven per cent of the sentenced population and about a quarter of prisoners due to be released in the following three months were assessed as a high or very high risk of serious harm to others. The monthly interdepartmental risk management meeting discussed high-risk prisoners and those subject to level two or three multi-agency public protection arrangements (MAPPA) who were due for release. Some high-risk prisoners had not been referred for discussion at the meetings; OMU managers identified why this had happened and how it could be corrected for future meetings. Supervision sessions between senior probation officers and POMs provided another opportunity to check progress on high-risk prisoners approaching release.
- 6.16 There were weekly meetings to review the need to continue monitoring mail and telephone calls which enabled those for whom no concerns

had been identified to be removed promptly. However, at the time of the inspection there were 146 prisoners subject to public protection phone monitoring and there was a backlog of two to three weeks in staff listening to telephone calls. Given the amount of monitoring required, leaders had authorised listening to a sample of each call, which potentially lessened the usefulness of the monitoring. Additional equipment was being bought to allow more prompt reviews of calls, but this would depend on staff availability.

- 6.17 There were well-established processes to identify prisoners who were not allowed contact with named adults and to assess the suitability for ongoing contact with children of those who potentially posed an ongoing risk to children. Staff who managed prisoners' post and emails worked to up-to-date lists detailing the contact restrictions that prisoners had in place. Relevant information was shared electronically with receiving prisons when a prisoner transferred.
- 6.18 Handovers of high-risk cases from POMs to community offender managers (COMs) took place in the appropriate timescale. We found sufficient evidence that MAPPA levels were confirmed, although these were not always clearly recorded on electronic case notes, and that appropriate risk management was discussed between the POM and the COM.

### **Categorisation and transfers**

- 6.19 Initial categorisations, and any recategorisations, were mostly prompt; we were told that POMs spoke to prisoners to get their views on recategorisation. The administration of transfers to other prisons was managed well and use of a reserve list enabled all spaces allocated to Leeds prisoners to be filled. Despite this, a lack of spaces meant that many prisoners who should have progressed to other prisons to complete offending behaviour work remained at Leeds for too long, including those convicted of sexual offences, of whom 140 were on the transfer waiting list.
- 6.20 The problems in transferring category B prisoners that we identified at the previous inspection had been resolved and there were only eight at Leeds during the inspection. Similarly, only four category D prisoners were held there.

### **Interventions**

Expected outcomes: Prisoners are able to access interventions designed to promote successful rehabilitation.

- 6.21 As a reception and resettlement prison, Leeds was not resourced to provide accredited programmes and prisoners who needed one could experience delays in transferring elsewhere (see above). There was also a gap in provision for prisoners serving short sentences or who were recalled and who needed to address their attitudes, thinking or behaviour.



- 6.22 Some POMs had recently begun to deliver one-to-one work, which was positive. Facing up to Violence (a six-week intervention run by the Alternatives to Violence Project, AVP) was completed weekly by prisoners under the supervision of their POM and returned to AVP for certification. Young adult prisoners had been prioritised for focused key work from key workers trained to deliver Choices and Changes, an intervention designed to aid maturation. OMU managers described credible plans to broaden and extend this provision.
- 6.23 The community interventions team (CIT) identified prisoners' immediate needs soon after their arrival, and help with issues such as tenancies, mortgages and benefits claims was available. The Jobcentre Plus team could also arrange for benefits to be suspended, maintain housing elements for eligible prisoners, contact employers to keep prisoners' jobs open while they were in custody and set up Jobcentre appointments for release, as well as advising on initiatives that supported people into work after release. The CIT helped sentenced prisoners open bank accounts. Prisoners could obtain copies of their birth certificates and there was the facility to apply for provisional driving licences for identification.
- 6.24 The prison had been part of the 'Accelerator' pilot scheme (see Glossary) which had given some prisoners access to an employment adviser developing links with employers willing to offer jobs to prisoners on release. An employment hub had been running for the previous month, giving small groups of prisoners access to sessions that aided employability, such as CV writing, interview skills and disclosure of offences.
- 6.25 A housing specialist had been another element of the Accelerator pilot. Part of their initial role had been to develop links between the prison and the community and help rebuild prisoners relationships with housing providers to identify release accommodation. Regular 'housing options case review' meetings had been introduced in November 2021 to oversee any housing gaps for prisoners coming up for release. An accredited tenancy-ready course was planned to help prisoners understand their rights and responsibilities as tenants.
- 6.26 St Giles Trust was subcontracted by Shelter to provide accommodation support to sentenced prisoners. Workers were in the prison daily to complete housing assessments and make referrals. Prison data showed that about 27% of prisoners released in the previous year did not have accommodation recorded for the day they were released. There was no data about the sustainability of release accommodation.

## Release planning

Expected outcomes: The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 6.27 The need for resettlement support was high with about 1,400 releases in the previous 12 months. We found inconsistent provision for sentenced prisoners. Not all the cases that we looked at in detail had an up-to-date resettlement plan, but this did not always mean there was a poor outcome. One of these prisoners had used the employment hub, was in line for a job, had opened a bank account and arranged ID.
- 6.28 West Yorkshire Community Chaplaincy Project offered through-the-gate support to prisoners being released in West Yorkshire and their services were now also open to remand prisoners. Ongoing support was offered for as long as ex-prisoners required it as they resettled into the community.
- 6.29 Practical release arrangements needed some attention. For some prisoners being released, their discharge from reception was the first time they had seen their licence conditions. Although a stock of clothes was available for anyone who needed it, there were no holdalls to carry them in. The departure lounge was not staffed when we checked it and there was no way for prisoners to charge their phones before leaving the prison.

## Section 7 Summary of priority and key concerns

The following is a list of the priority and key concerns in this report.

### Priority concerns

1. **The number of deaths at Leeds since the last inspection continued to be high, 29 in total including eight self-inflicted, one attributed to drug use and two others still waiting to be classified.**
2. **Too many prisoners were living in overcrowded cells originally designed for one.**
3. **Time out of cell for many prisoners was poor.**
4. **Leaders had not yet made sure that there were enough activity spaces, and the curriculum was too narrow to meet the needs of a substantial proportion of prisoners.**
5. **Leaders and managers did not allocate prisoners to work activities that related to their ambitions or future career goals.**
6. **Almost half of prisoners were remanded and they had very little support with planning for their resettlement.** Support available to them should be equivalent to other prisoners being released.

### Key concerns

1. **The recently opened complex needs unit (CNU) had a clear aim of supporting prisoners with vulnerabilities including mental health problems.** Clarity concerning its approach and methodology, as well as structures and systems of governance and oversight were, however, lacking.
2. **Prisoners with reduced or limited mobility were disadvantaged by a poor physical environment which made it difficult for them to access some areas or services.**
3. **Some of the very basic processes and services needed in prison, such as an effective application system, the quality and quantity of food, and an efficient ordering system for the prison shop were poor which led to significant frustrations for prisoners.**
4. **Prisoners identified as requiring treatment under the Mental Health Act waited too long to be transferred to hospital.**
5. **Leaders and managers did not monitor the quality of prison-led activities, and too many prison instructors were not qualified in**

**teaching or training. Consequently, instructors did not help prisoners to make progress beyond gaining the basic skills required for the job or to achieve the qualification where relevant. Managers did not check the quality of these areas and did not provide training for staff to help them support prisoners to make better progress.**

- 6. Prisoner attendance at their allocated work placement during the working day was poor and required immediate and sustained improvement.**
- 7. Resettlement services aimed at ensuring prisoners were released to employment or a training place were not good enough and more targeted help to assist them on release was required.**

## Section 8 Progress on recommendations from the last full inspection

### Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison.

#### Safety

##### **Prisoners, particularly the most vulnerable, are held safely.**

At the last inspection, in 2019, the new reception area was a much better environment for arriving prisoners, and risk identification processes had improved. Levels of violence had reduced and ongoing work to reduce violence seemed to be effective. Levels of use of force were high and we found evidence of excessive force being used. There was inadequate use of body-worn cameras. Not all use of special accommodation had been recorded. The segregation unit was managed reasonably well. Security was robust and the availability of drugs had reduced substantially. Levels of self-harm remained high and there had been a large number of self-inflicted deaths. Outcomes for prisoners were not sufficiently good against this healthy prison test.

#### Key recommendations

Effective actions should be formulated and implemented to reduce the risk of prisoners accruing debt during their early days at the prison.

##### **Partially achieved**

All uses of force should be justified and proportionate, and de-escalation should be used routinely.

##### **Partially achieved**

ACCT procedures should be implemented robustly in all cases, to ensure that prisoners at risk of suicide or self-harm are given adequate supervision, care and support.

##### **Not achieved**

The safeguarding strategy should be informed by the specific characteristics of the population at Leeds. It should, in particular, identify and address the reasons for the high level of self-harming behaviour.

##### **Achieved**

## **Recommendations**

The prison should ensure that meaningful and thorough risk assessments concerning searching on reception are maintained and updated regularly, and that such risk assessments fully justify the searching regime applied.

**Achieved**

The induction programme should be supervised effectively by prison staff, and provide clear and concise information.

**Achieved**

The prison should investigate prisoners' widespread feelings of intimidation by staff and take appropriate actions.

**No longer relevant**

A broad range of adjudication data should be routinely analysed, to identify trends and emerging themes of poor behaviour.

**Achieved**

When a decision is taken to segregate a prisoner who is subject to assessment, care in custody and team work (ACCT) procedures, a defensible decision log should be completed to show the exceptional reasons for segregation, and consideration of alternatives and of the individual circumstances of the prisoner.

**Achieved**

Staff should be aware of their statutory safeguarding duties, and there should be a coordinated approach to ensuring that the safeguarding needs of prisoners are met. This should include prompt referral, care planning and ongoing monitoring.

**Not achieved**

## **Respect**

**Prisoners are treated with respect for their human dignity.**

At the last inspection, in 2019, staff–prisoner relationships were not consistently good, although key working was developing well. Overcrowding remained a serious problem, but the prison was clean and cells were well equipped. Despite some improvements, most prisoners were dissatisfied with the food provided. There were weaknesses in the management of applications and complaints. The management of equality and diversity work was reasonably good and most prisoners with diverse needs received reasonable support. Faith provision was good. Health services had improved and were generally good. Outcomes for prisoners were reasonably good against this healthy prison test.

## **Key recommendations**

Managers should ensure that staff behave respectfully towards prisoners, actively supporting them and challenging poor behaviour, in line with the principles of a rehabilitative culture.

**Achieved**

Prisoners should be held in uncrowded conditions and have cells that have space for each occupant.

**Not achieved**

All complaint responses should be timely, address the issues raised and be subject to effective quality assurance.

**Not achieved**

Prisoners with mental health needs should be supported to access a range of psychological therapies, and managers, in collaboration with commissioners, should ensure that there are sufficient resources to meet unmet need.

**Not achieved**

## **Recommendations**

Managers should ensure that relevant food and safety hygiene regulations are adhered to in all areas where food is stored, prepared or served.

**Achieved**

Applications should be tracked, to ensure that prisoners receive a timely response.

**Not achieved**

Prisoners should be able to have legal visits in full privacy.

**Achieved**

Eligible prisoners should be informed of their voting rights and enabled to exercise those rights.

**Achieved**

Black and minority ethnic and Muslim prisoners' negative perceptions of relationships with staff should be fully investigated, and the findings addressed.

**Achieved**

Custody staff should be trained in the use of an automated external defibrillator and know the location of emergency equipment.

**Not achieved**

HMPPS should work with the Department of Health, and NHS England and Improvement to ensure that the transfer of patients to hospital under the Mental Health Act occurs within agreed Department of Health timescales.

**Not achieved**

The in-possession policy should be followed robustly, and any deviations from the risk assessment and its rationale recorded accurately on SystemOne.

**Achieved**

Governance arrangements should be developed to ensure that staff training and appraisal processes are effective and keep patients safe.

**Achieved**

### **Purposeful activity**

**Prisoners are able, and expected, to engage in activity that is likely to benefit them.**

At the last inspection, in 2019, the amount of time out of cell was limited for many prisoners. The libraries and gym provided a reasonable service. Managers had been slow to address longstanding weaknesses in education, skills and work, and the quality of provision had not improved since the previous inspection. There were insufficient activity places and many were not filled. Teaching and learning were not sufficiently good. Achievement of qualifications for prisoners who completed courses was generally good, but this was not the case for English and English for speakers of other languages. Outcomes for prisoners were not sufficiently good against this healthy prison test.

### **Key recommendations**

Prisoners should receive at least 10 hours out of their cell on weekdays, including an hour of exercise in the open air.

**Not achieved**

Through actions and words, senior leaders should ensure that education, skills and work is given sufficient importance in prisoners' daily life. Senior leaders should ensure that all prisoners have appropriate access to purposeful activity and that they give managers overseeing education, skills and work the support that they need to make the necessary changes.

**Partially achieved**

Leaders and managers should improve the effectiveness of teaching, learning and assessment by identifying teachers and instructors who are underperforming and providing them with appropriate support.

**Achieved**

### **Recommendations**

A computerised integrated library management system should be introduced.

**No longer relevant**

Leaders and managers should ensure that teachers take account of prisoners' starting points, learning goals and future plans when planning their sessions.

**Achieved**

Leaders and managers should ensure that the proportion of prisoners who attend their activities increases substantially.

**Partially achieved**



Leaders and managers should measure the impact of the advice and guidance provided, to ensure that prisoners develop realistic plans for their future lives.

**Achieved**

Managers should ensure that the proportions of prisoners who achieve their qualifications in functional skills English and English for speakers of other languages improve rapidly.

**Achieved**

Managers should ensure that a greater proportion of prisoners secure employment or go on to training and education when they are released from prison.

**Partially achieved**

## **Rehabilitation and release planning**

**Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.**

At the last inspection, in 2019, visits provision was generally good and prisoners had impressive support to maintain family ties. There was effective partnership work to support rehabilitation services and release preparation. Contact between prison offender managers and prisoners was better than we normally see. Needs and risk assessments were updated promptly. Home detention curfew process were good. Public protection monitoring was well managed but the interdepartmental risk management team meeting was not sufficiently effective. Interventions to address offending-related needs were too limited for longer-stay prisoners. Prisoners received generally good resettlement planning and support. The 'resettlement market' and 'departure lounge' provided valued services. Outcomes for prisoners were reasonably good against this healthy prison test.

### **Key recommendations**

The interdepartmental risk management team meeting should be multidisciplinary and review all relevant cases, to ensure that there is sufficient oversight of risk management planning on release.

**Not achieved**

Indeterminate and category B prisoners should be transferred swiftly to establishments which are able to address their needs and support their progression.

**Partially achieved**

A range of interventions should be provided, to help prisoners to address risks and offending-related needs.

**Not achieved**

## Appendix I About our inspections and reports

Her Majesty's Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention.

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. For men's prisons the tests are:

### **Safety**

Prisoners, particularly the most vulnerable, are held safely.

### **Respect**

Prisoners are treated with respect for their human dignity.

### **Purposeful activity**

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

### **Rehabilitation and release planning**

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by Her Majesty's Prison and Probation Service (HMPPS).

### **Outcomes for prisoners are good.**

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

### **Outcomes for prisoners are reasonably good.**

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

### **Outcomes for prisoners are not sufficiently good.**

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

### **Outcomes for prisoners are poor.**

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for prisoners. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; prisoner and staff surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of recommendations from the previous inspection.

All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and the General Pharmaceutical Council (GPhC). Some are also conducted with HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

## **This report**

This report provides a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at <https://www.justiceinspectorates.gov.uk/hmiprisoners/our-expectations/prison-expectations/>). Section 7 summarises the areas of concern

from the inspection. Section 8 lists the recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

### **Inspection team**

This inspection was carried out by:

Martin Lomas	Deputy Chief Inspector
Sandra Fieldhouse	Team leader
Martyn Griffiths	Inspector
Natalie Heeks	Inspector
Angela Johnson	Inspector
David Owens	Inspector
Esra Sari	Inspector
Rebecca Stanbury	Inspector
Eleanor Ben-Ari	Researcher
Charlotte Betts	Researcher
Rachel Duncan	Researcher
Alec Martin	Researcher
Steve Eley	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Helen Jackson	Pharmacist
Sue Melvin	Pharmacist
Lynda Day	Care Quality Commission inspector
Karen Carr	Ofsted inspector
Dave Everett	Ofsted inspector
Cath Jackson	Ofsted inspector
Rebecca Perry	Ofsted inspector
Jonny Wright	Ofsted inspector

## Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find. If you need an explanation of any other terms, please see the longer glossary, available on our website at: <http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/>

### **Accelerator project**

The reducing reoffending Accelerator project supports the prime minister's crime and justice taskforce targets. Specially selected staff at 16 prisons design, implement and test new ways to support people in prison, in relation to education, health and substance misuse, employment and accommodation. The overall aim is to help them desist from crime on release and to rebuild their lives.

### **Care Quality Commission (CQC)**

CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>

### **Certified normal accommodation (CNA) and operational capacity**

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

### **Challenge, support and intervention plan (CSIP)**

Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

### **Key worker scheme**

The key worker scheme operates across the closed male estate and is one element of the Offender Management in Custody (OMiC) model. All prison officers have a caseload of around six prisoners. The aim is to enable staff to develop constructive, motivational relationships with prisoners, which can support and encourage them to work towards positive rehabilitative goals.

### **Leader**

In this report the term 'leader' refers to anyone with leadership or management responsibility in the prison system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

### **Protected characteristics**

The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

### **Protection of adults at risk**

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

### **Recovery plan**

Recovery plans are published by HMPPS and aim to ensure consistency in decision-making by governors, by setting out the requirements that must be met for prisons to move from the most restricted regime to the least as they ease COVID-19 restrictions. (<https://www.gov.uk/government/publications/covid-19-national-framework-for-prison-regimes-and-services>)

### **Social prescribing**

Non-medical intervention, social activities such as gardening, cooking, walking in a social group, endorsed and 'prescribed' by clinical staff.

### **Secure video calls**

A system commissioned by HM Prison and Probation Service (HMPPS) that requires users to download an app to their phone or computer. Before a visit can be booked, users must upload valid ID.

### **Social care package**

A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

### **Time out of cell**

Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

## **Appendix III Further resources**

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

### **Prison population profile**

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

### **Prisoner survey methodology and results**

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

### **Prison staff survey**

Prison staff are invited to complete a staff survey. The results are published alongside the report on our website.

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