



Report on an unannounced inspection of

HMP Leicester

by HM Chief Inspector of Prisons

13–23 February 2023



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Introduction

Dating from the 19th century, and located in the city centre, HMP Leicester is a small reception prison, the main purpose of which is to serve the courts of Leicester and elsewhere in the East Midlands. Holding up to 348 adult men, almost all on a single wing, the prison experiences many of the operational pressures inherent in its function. For example, it receives almost 1,500 new prisoners directly from the community each year, some 40% of whom are held on remand or awaiting sentence, and the daily movement of prisoners in and out of the establishment is considerable. The prison also holds a significant number of prisoners who are foreign nationals.

We last inspected Leicester in 2018, when we observed reasonable outcomes against three of our four healthy prison tests, although we reported at the time that the prison needed to be safer. At this inspection it was pleasing to find that outcomes in safety were much better, and that outcomes remained reasonably good in respect, and rehabilitation and release planning. Only in purposeful activity, and in keeping with many other prisons we have visited, did we find that outcomes were not good enough.

Challenges for the prison included its size, the lack of facilities for prisoners and staff, and an antiquated infrastructure. Space was at a premium – hardly enough for staff to engage with prisoners, especially confidentially, and most prisoners lived in overcrowded conditions. There had been significant investment in the prison but living and working conditions were still not good enough. Locally, leaders could have done more in the meantime to demand and ensure better standards with respect to cleanliness and access to amenities, equipment and kit. Despite this, many prisoners seemed fairly content; they liked being at the prison because it was close to their homes and the strength of staff-prisoner relationships mitigated many of the problems. This strength needed to be exploited to help address the shortcomings in other key priorities, such as the better promotion of equality, more reliable arrangements for redress and more useful arrangements for consultation.

The improvement in the safety of prisoners was noticeable. They were received and inducted reasonably well, the rate of violence had reduced considerably and vulnerable prisoners received good care. There was much better management of the segregation unit and use of force had fallen by over 40%. Three prisoners had taken their own lives in 2019, but self-harm had fallen by a third and those in crisis or at risk were generally well cared for. However, leaders had yet to tackle the supply and demand of drugs: strategies needed to be re-energised, better coordinated and applied more consistently.

Similarly, the prison regime needed to be further opened up, with more activity places and more opportunities for unlock. Very few prisoners could access full-time activity, although the operation of a 'split regime' helped to mitigate the worst effects. On average, prisoners could get about five hours a day out of cell, although when we checked during the working day we found about a third locked up and only just under a quarter doing something purposeful. In contrast we found that prisoners had good access to social visits, the library and the

gym. Work to support offender management, public protection and ultimately release planning was generally both useful and effective. It was noteworthy that attempts were also being made to support the large, remanded population, a group that is often overlooked.

Overall, this is an encouraging inspection that describes a prison doing its best in difficult circumstances. The senior team was small, and each had a significant remit, but they communicated well with staff and were often seen around the prison. We were impressed by their resilience and commitment as well as their grounded assessment of the prison's strengths and weakness. They had, however, more to do to recruit and retain staff and maintain staff morale, despite the positive culture we observed.

Charlie Taylor

HM Chief Inspector of Prisons

March 2023

What needs to improve at HMP Leicester

During this inspection we identified 13 key concerns, of which four 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 prison's strategy to reduce the supply of and demand for drugs was not sufficiently robust.** There was a lack of effective joined up working between leaders and no plan to coordinate, drive and measure the effectiveness of actions taken to address issues. The frequent redeployment of staff impacted on target searching and suspicion testing, and drug testing was predictable to prisoners.
2. **Work to support prisoners' recovery from addiction was not prioritised.** The regime on the recovery unit was limited, staff had not received specialist training, and a lack of time and space reduced therapeutic support.
3. **The emergency cell call bell system did not function effectively, posing a potentially serious risk in an emergency.**
4. **There was a lack of full-time activity places and those that were available were not always filled.** Full time kitchen workers were required to live in the worst accommodation in the prison which did not incentivise prisoners to fill these roles. The split regime meant that some prisoners could not access classroom vacancies in subjects that they needed to study.

Key concerns

5. **The prison required a comprehensive strategy to tackle the underlying the issue of self-harm, for example, one that focused on risks following a prisoner's arrival, as well the risks caused by isolation and a lack of access to purposeful activity.** Leaders did not yet use data sufficiently well to inform self-harm reduction plans, and current actions were too small in scale to address the fundamental issues leading to self-harm.
6. **Many cells were in need of refurbishment and/or redecoration.** The worst accommodation was on the Parsons Unit, where many of the cells were damp with evidence of mould and cockroach infestation.
7. **The promotion of equality needed to be prioritised and energised.** The quality of work to support prisoners with protected characteristics

was inconsistent, data were not used well to improve outcomes, and there was minimal guidance and support for equality peer workers.

8. **The gym was in need of refurbishment.** Damage had been caused by a leaking roof, and a temporary platform for exercise was not fit for purpose.
9. **Prisoners' attendance and punctuality at work and education sessions was not good enough.**
10. **The standard and consistency of teacher and instructor support for prisoners with learning difficulties and/or disabilities required significant improvement.** Teachers, for example, needed to implement support plans with greater consistency.
11. **Work activities, and aspects of education provision, required improvement.** Work instructors did not plan sufficiently demanding work for many prisoners, and those who studied subjects on their wings did not benefit from well-planned lessons.
12. **The family service provider, PACT, no longer delivered any parenting courses or offered individual casework support to prisoners.**
13. **Too many prisoners who should have been released from Leicester were transferred to HMP Lincoln during the latter part of their sentence, undermining work to support resettlement and release planning.**

About HMP Leicester

Task of the prison/establishment

Category B reception and resettlement prison for adult males.

Certified normal accommodation and operational capacity (see Glossary)

Prisoners held at the time of inspection: 322

Baseline certified normal capacity: 221

In-use certified normal capacity: 212

Operational capacity: 348

Population of the prison

- 1,469 new prisoners received each year (around 122 per month).
- 68 foreign national prisoners (21% of the population).
- 30% of prisoners from black and minority ethnic backgrounds.
- 43 prisoners released into the community each month.
- 65 prisoners a month transferred to another establishment.
- 73 prisoners receiving support for substance misuse.
- 67 prisoners referred for mental health assessment each month.

Prison status (public or private) and key providers

Public

Physical health provider: Nottinghamshire Healthcare NHS Trust

Mental health provider: Nottinghamshire Healthcare NHS Trust

Substance misuse treatment provider: Nottinghamshire Healthcare NHS Trust

Dental health provider: Time for Teeth

Prison education framework provider: People Plus

Escort contractor: GEOAmey

Prison group/Department

East Midlands

Prison Group Director

Paul Cawkwell

Brief history

HMP Leicester is a Victorian prison built in 1874, behind a gatehouse dating back to 1825. It occupies a site of three acres, close to Leicester city centre. A visits and administration block was added in 1990.

Short description of residential units

There is one main wing, consisting of four landings, including special units:

- Induction unit
- Care and separation (segregation) unit
- Parsons Unit – prisoners in full-time employment
- My Recovery Unit (MRU) – prisoners addressing substance misuse.

The Welford Unit is separate from the main unit and accommodates prisoners remanded or convicted of sexual offences.

Name of governor and date in post

Jim Donaldson, November 2018

Changes of governor since the last inspection

Phil Novis, 2016 – November 2018

Independent Monitoring Board chair

Trevor Worsfold

Date of last inspection

January 2018

Date of last scrutiny visit

December 2020

Section 1 Summary of key findings

Outcomes for prisoners

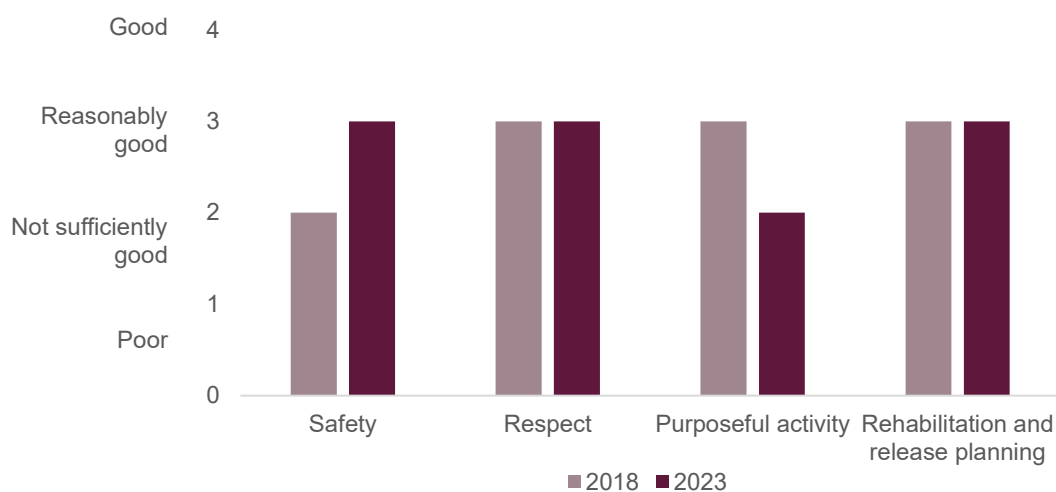
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and rehabilitation and release planning (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of Leicester, we found that outcomes for prisoners were:

- reasonably good for safety
- reasonably good for respect
- not sufficiently good for purposeful activity
- reasonably good for rehabilitation and release planning.

1.3 We last inspected Leicester in 2018. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Leicester healthy prison outcomes 2018 and 2023



Progress on key concerns and recommendations from the full inspection

1.4 At our last inspection in 2018 we made 46 recommendations, four of which were about areas of key concern. The prison fully accepted 34 of the recommendations and partially (or subject to resources) accepted seven. It rejected five of the recommendations.

1.5 At this inspection we found that two of our recommendations about areas of key concern had been achieved, one had been partially achieved and one had not been achieved. Two of the three recommendations made in the area of safety had been achieved, the third had not been achieved. The one recommendation made in respect was partially achieved. For a full list of the progress against the recommendations, please see Section 7.

Progress on recommendations from the scrutiny visit

- 1.6 In January 2021, during the COVID-19 pandemic, we conducted a scrutiny visit at the prison. Scrutiny visits (SVs) focused on individual establishments and how they were recovering from the challenges of the COVID-19 pandemic. They were shorter than full inspections and looked at key areas based on our existing human rights-based *Expectations*. For more information on SVs, visit <https://www.justiceinspectorates.gov.uk/hmiprison/about-hmi-prisons/covid-19/scrutiny-visits/>.
- 1.7 At the SV we made seven recommendations about areas of key concern. At this inspection we found that three of the recommendations had been achieved and four had not been achieved.

Notable positive practice

- 1.8 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.
- 1.9 Inspectors found three examples of notable positive practice during this inspection.
- 1.10 Prisoners in segregation were routinely assessed for weekly access to the main gym, communal religious services and group exercise. This enabled them to demonstrate trustworthiness and a reduction in risk that led to quicker reintegration onto the main wing. (See paragraph 3.29.)
- 1.11 Prisoners due for release could attend a multidisciplinary resettlement board and speak to the staff supporting their release plans. They could also attend a useful three-day pre-release course covering money management, benefits, CV writing and job applications. (See paragraph 6.34.)
- 1.12 Following discharge most prisoners could attend an excellent 'departure lounge' in the city, with links to a range of community support services to help with employment and housing needs. (See paragraph 6.37.)

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 Leaders at Leicester were unable to provide a full regime for prisoners due to ongoing staff shortages, although staff worked hard to mitigate this by the delivery of a restricted regime and support for prisoners who were most in need. Competition with other local employers, including the police and private contractors recruiting for two new prisons in the area, caused recruitment challenges. In a bid to improve retention, leaders had appointed two band five officers to support new staff and, with a cohort of new officers due to return from training, data projected a full staff complement in the near future.
- 2.3 The culture of the prison was positive, with good relationships, a committed workforce and openness to learn from others. Communication was relatively good, and the small size of the prison allowed more visible leadership from the senior team. However, frontline leaders needed to be more consistent and effective in the support they provided to staff in, for example, reinforcing key messages about expected standards of behaviour and cleanliness. Plans to address this included the imminent appointment of a duty custodial manager on the main wings every day.
- 2.4 While leaders engaged well with local partners, this did not always lead to satisfactory outcomes for many prisoners. Prison and college leaders had not done enough to provide a full regime or make sure that attendance at work and education was consistent. There was also a lack of creativity in providing prisoners with enrichment activities during recreational periods. The partnership between the prison and the health provider had failed to ensure an appropriate regime on the drug recovery wing and local health delivery boards had only recently resumed, although they should now provide the vehicle to drive improvements in this area. Weak delivery from the family services provider PACT (Prison Advice and Care Trust), and delays to major repairs by the national arm of the maintenance provider, Amey, had limited progress in these areas.
- 2.5 The priorities highlighted in the prison's self-assessment were consistent with the findings that we identified, and senior leaders demonstrated a good understanding of the prison's strengths and weaknesses. One notable exception was the absence of an effective strategy to reduce the supply and demand for drugs, and work to address this required more energy and emphasis. Also, despite

significant investment, there was still much to do to improve living and working conditions.

- 2.6 There was evidence of some good planning to continue improving outcomes at the prison, for example, in resettlement and safety, but progress was slower in work to improve equality and diversity. Leaders were open to learning from other prisons and responsive to scrutiny.
- 2.7 Our survey indicated that morale among some operational staff was low. Leaders had taken steps to understand staff concerns with good lines of communication and, for example, an employee of the month scheme. However, there were limited opportunities for formal bilateral meetings between staff and their managers. This was made worse by a lack of suitable offices, poor staff facilities and inadequate access to IT, which made it harder for staff to do their job safely and effectively.
- 2.8 The senior team was relatively small, and it was a challenge for some to deliver their full remit of work. These challenges were compounded by staff shortages, a poor infrastructure and a continual turnover of new prisoners. Despite this, most senior leaders demonstrated an impressive level of resilience and commitment.

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 Reception was a very busy environment, receiving an average of 122 new arrivals a month, as well as processing 240 movements to court a month (most of whom also returned later in the day).
- 3.2 All new arrivals were both body scanned and strip searched, which was potentially disproportionate without a regularly reviewed risk assessment.
- 3.3 Prisoners had the opportunity to speak with a peer worker, see a nurse and were interviewed by a member of staff to assess their risk levels and suitability to share a cell. Prisoner documentation was used to identify those with a history of self-harm, and new arrivals were also asked directly if they had thoughts of self-harm. In some cases, staff initiated assessment, care in custody and teamwork (ACCT) case management to support these prisoners.
- 3.4 Staff interaction with prisoners was formal and sometimes brusque as they worked through the process quickly to make sure that prisoners could move to their units as soon as possible; most spent less than two hours in reception.
- 3.5 The reception area had been refurbished since our last visit, with new flooring, a comfortable seating area and some artwork on the walls creating a more pleasant atmosphere. Holding rooms were clean and contained useful information on TV screens and in leaflets about daily life in the prison and the support available to prisoners.



Seating area in reception



Holding room 2 in reception

- 3.6 New arrivals had a first night interview with an officer when they reached the induction wing, but this was in a busy wing office, which was not sufficiently private. The interview prioritised an explanation of the prison rules in overwhelming detail rather than focusing on identifying risks and vulnerabilities. Prisoners were offered a £20 advance to buy a grocery pack, vapes or phone credit for their first week.
- 3.7 First night cells were usually clean but, as elsewhere in the prison, often missed essential items like curtains, mirrors, duvets and privacy screens (see paragraph 4.9). Staff made hourly well-being checks on all new arrivals on their first night.
- 3.8 Most prisoners received a detailed induction booklet to help them understand life in the prison, and some also received this information through a presentation by an officer and a peer worker. Some of the booklet's content was out of date, and the presentation was too detailed and unengaging. A new process to track completion of induction was not yet fully embedded.
- 3.9 Prisoners on the induction unit received the same time out of cell as unemployed prisoners elsewhere in the prison, at around two hours 15 minutes a day (see paragraph 5.2). Stays on the unit were short for most prisoners. Some vulnerable prisoners were held on the induction unit for too long due to a lack of space on the Welford Unit, although they could go to the unit each morning to shower, exercise and associate with their peers.

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

- 3.10 Most prisoners we spoke to considered HMP Leicester to be safe, and we observed a generally calm environment. However, in our survey, 22% of prisoners said that they currently felt unsafe. This figure was skewed by the perceptions of prisoners with disabilities or mental health issues who were significantly more negative about their own safety. This required further investigation by leaders (see paragraph 4.31).
- 3.11 The improvement of safety had been identified as a leadership priority and there was evident action to achieve this commitment. The number of assaults, both on staff and prisoners, had more than halved since the last full inspection, and rates were now similar to other reception prisons. There had been some recent increase in violence, but few incidents were serious. We observed staff responding quickly and professionally to challenging incidents to prevent violence escalating.

- 3.12 Vulnerable prisoners were held safely in the separate Welford residential unit. Management and support for the very small number of self-isolators had improved and was now embedded, ensuring appropriate oversight and support for their daily regime. We saw evidence that some self-isolating prisoners had progressed to the mainstream regime once their issues were resolved.
- 3.13 Recent investment in the safety team had included the appointment of a data analyst to identify and understand the main risks to be addressed. They had identified, for example, that some violence took the form of retaliation linked to illicit drug debt and the trading of vapes.
- 3.14 The safety team screened all acts of violence and safety officers undertook further investigation as part of the challenge, support and intervention plan (CSIP, see Glossary) process. However, safety officers were too often redeployed to cover staff shortages elsewhere, which affected the timeliness of investigations and their work to support prisoners more widely.
- 3.15 Targets set for prisoners supported by CSIP were often limited, lacked creativity and did not make use of local interventions. For instance, the chaplaincy led a 'Facing up to conflict' course (see paragraph 6.28), but CSIP case managers rarely made referrals for this and only 15 prisoners had been engaged in it during the previous year. The prison had recently received HMPPS funding for the enhanced support service (ESS), a dedicated multidisciplinary team that aimed to reduce the negative impact of violent and disruptive prisoner behaviour, but it was too early to assess its impact.
- 3.16 In our survey, only 30% of prisoners said that the local incentives scheme encouraged them to behave well. Leaders had established appropriate governance arrangements to manage the scheme, including regular quality assurance and good use of data to ensure fairness. There were few prisoners on the basic regime.
- 3.17 Following consultation, leaders had recently improved the rewards available on the enhanced level of the formal incentives scheme. These included access to extra weekend gym and relocation to the Parsons Unit for those in full-time work, although work to improve this residential landing would need to be advanced to make this an effective incentive (see paragraph 4.7).
- 3.18 Despite a lack of confidence in the incentives scheme, most prisoners behaved well, motivated by their wish to remain at Leicester to maintain family contact. The positive relationships with staff and reasonable time out of cell were also incentives to comply and engage, although limited purposeful activity and recreation opportunities were unhelpful.
- 3.19 There were still further opportunities to improve the oversight of safety. The current safety and violence strategies outlined HMPPS safety policy, but did not include data specific to Leicester to support the assessment and reduction of violence over time. Leaders held a monthly strategic safety meeting, where relevant data were assessed,

and there was a reasonable safety action plan. However, the meeting was often poorly attended, and it was not clear how its discussions translated into action to be added to the strategic plan. The results of the local safety survey in the summer of 2022 had not been incorporated into the safety action plan; this was a missed opportunity to address prisoner's concerns.

- 3.20 The weekly safety intervention meeting (SIM) that discussed prisoners with the most complex and immediate needs was better attended, and provided evidence of discussion and action to make sure these prisoners received adequate support.

Adjudications

- 3.21 The adjudication process had been improved through the introduction of an electronic system which allowed adjudicators to type directly into a template to record their investigation and findings quickly and clearly. Quality assurance of completed hearings and standardisation meetings were well embedded. While this had led to some improvements to the disciplinary processes, identified actions often took too long to complete. Also, although few hearings were outstanding, up to 20% were not proceeded with each quarter, often because prisoners had not been charged within required timescales.

Use of force

- 3.22 Recorded use of force had decreased by 43% since the very high levels we saw at the last inspection. Of the 179 incidents in the past six months, 94% were spontaneous and 55% resulted in full restraint (down from two-thirds at the last inspection). The incapacitant spray PAVA had been drawn four times and used once. The use of force appeared legitimate in the footage of incidents we reviewed.
- 3.23 Governance had improved. Leaders had recently started to view all footage weekly; they had already identified some poor practice that was being investigated, and ensured that good practice was highlighted. Monthly scrutiny meetings looked at a wide range of data to identify disproportionate outcomes against some protected characteristics, as well as highlighting missing documents and camera footage.
- 3.24 Only 61% of incidents had been caught on body-worn video cameras, but leaders were working to improve this. The footage we reviewed generally showed staff using minimal levels of force and employing good relations with prisoners to de-escalate situations quickly.
- 3.25 There had been an impressive reduction in the use of special accommodation, from 36 uses in the six months before the last inspection to just three in the previous 12 months. The three uses were for relatively short periods of between two and four hours. Although oversight had improved, the documents showed that only two of the uses had been authorised appropriately.

Segregation

- 3.26 There had been 200 uses of segregation during the previous year, which was similar to the last full inspection. However, on this visit, we identified major improvement in the management of segregated prisoners.
- 3.27 In our survey, 70% of prisoners who had been in segregation said that they were treated well by staff, and we observed a dedicated staff group providing good care for prisoners. Each one had an individual care plan that included steps towards reintegration, and there was good communication with the mental health team and psychology staff about the management of individuals with complex needs. Stays for most prisoners were relatively short.
- 3.28 Segregation unit cells were equipped reasonably well and included in-cell electricity and telephones. The communal areas were clean, and cells – despite showing signs of wear due to the age of the prison and their subterranean location – were regularly painted to manage any inappropriate graffiti. The small and bleak exercise yard was now only used for prisoners presenting the greatest risks, and most could exercise on the more pleasant Welford Unit yard.



The old segregation yard (left) and the Welford Unit yard (right)

- 3.29 The regime in the unit was adapted in response to the risks posed by the residents. While all prisoners received the basic entitlement of showers and outdoor exercise, many were routinely assessed for weekly access to the main gym, communal religious services and group exercise, something we do not often find in other prisons. This enabled prisoners to demonstrate trustworthiness and a reduction in risk that led to quicker reintegration onto the main wing. There was no separate servery on the unit and staff had been serving meals at cell doors. However, in response to our comments on this, leaders and staff

were quick to implement an alternative solution that enabled prisoners to collect their meals from the heated food trolley.

- 3.30 The individualised risk assessments, good support and positive staff attitude encouraged segregated prisoners to reintegrate safely.

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.

- 3.31 Security procedures were generally proportionate and there had been improvements to physical security since the last full inspection. Records evidenced that, since the introduction of a body scanner in November 2020, staff had prevented over 200 illicit items entering the prison. There had also been good work to tackle staff corruption, including a conviction of an officer during the previous 12 months. Additional funding had been used to provide enhanced gate security for the searching of staff and visitors.
- 3.32 Security intelligence was processed promptly, with a daily triage of new intelligence reports to assess immediate risks. All intelligence was discussed at a monthly tasking meeting and leaders understood the risks the prison faced, such as the supply of illicit items. However, action to respond to individual intelligence reports was sometimes limited. For example, leaders only recorded intelligence-led searches that could be resourced and completed, which did not provide accurate or reliable management information. While there was some good support from regional search staff, the frequent redeployment of security officers also impacted on target searching, which was not always prompt or effectively monitored.
- 3.33 Even though safety had been identified as a priority for the prison, and illicit items, including drugs, were a primary driver of violence (see paragraph 3.13), the prison's drug strategy was not sufficiently robust. The reducing reoffending lead had a disproportionately heavy workload, which made it difficult for them to drive the improvements needed. They had relaunched the multidisciplinary drug strategy meeting in August 2022, but attendance was poor and there was a lack of contribution from leaders of other functions; as a result, this important work had stalled. The drug strategy was not based on an assessment of local risks and did not set out a prison-wide approach to reducing drug use. Equally, there was no plan to coordinate, drive and measure the effectiveness of any actions taken.
- 3.34 In our survey, 39% of prisoners said that it was easy to get illicit drugs in the prison. Leaders had reintroduced random drug testing in March 2022 with a positive rate find of 13.6%, mostly for cannabis. Records

indicated that most tests took place at the beginning or end of the month, making the process predictable to prisoners. Only 13 suspicion tests had been conducted in this period, despite good intelligence leading to a 69% positive rate in those who were tested. Leaders attributed weaknesses in this area to the continual redeployment of key staff.

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

- 3.35 There had been three self-inflicted deaths since the last inspection, all in 2019. The safety team monitored the implementation of subsequent Prisons and Probation Ombudsman (PPO) inquiry recommendations.
- 3.36 Some serious and potentially fatal incidents had not been investigated by the prison, so leaders had not been able to identify whether they could learn from them to prevent future deaths. This was raised during the inspection and leaders committed to considering whether incidents warranted further investigation at the weekly SIM.
- 3.37 Recorded self-harm was 36% lower than at the last inspection, but still above the average for similar prisons and appeared to have stabilised over the past year.
- 3.38 The governor had appropriately identified that reducing self-harm was a priority, but the prison lacked a robust, prison-wide strategy to tackle the underlying causes of self-harm, for example, one that focused on early days in custody or engaging prisoners in purposeful activity. The use of data to identify emerging patterns of self-harm was improving following the recruitment of a safety analyst, but leaders did not yet use this data to inform their plans. Actions to reduce self-harm were small-scale and focused on some discrete actions, such as the banning of razor blades across the prison and work to improve the quality of ACCT documents.
- 3.39 Individual incidents of self-harm were discussed at the multidisciplinary SIM meeting, which also provided good oversight of prisoners with more complex needs. Staff at all levels showed a good understanding of individuals' circumstances, histories and triggers, and good staff-prisoner relationships acted as a protective factor, reducing prisoner frustrations that could lead to self-harm (see paragraph 4.1).
- 3.40 It was very concerning that the emergency cell call bell system did not always work effectively; in some areas, the light outside cells did not come on when the bell was pressed, and in other cases the light came

on, but the electronic display in the offices did not show that a bell had been pressed.

- 3.41 The prison managed several prisoners with very complex needs and a history of prolific self-harm, which often led to the need for constant supervision. In the previous year, 16 prisoners had been under constant supervision for an average of 20 days, the longest for 200 days. Most of these prisoners had good, multidisciplinary support plans, which included input from a psychologist and the mental health team.
- 3.42 At the time of our inspection, 11 prisoners were being supported by ACCT case management. Over the past six months, staff had initiated ACCTs for an average of 18 prisoners a month, and documents remained open for an average of 20 days. Over half of the ACCT documents were opened by officers or health care staff in reception for new arrivals who had a history of self-harm, which gave these prisoners additional preventive support in their early days in custody.
- 3.43 The quality of the ACCT documents we reviewed was reasonable, and there was some evidence that staff were considering prisoners' individual circumstances when creating care plans. Quality assurance of the process had improved. Leaders gave staff formal written feedback and suggestions for improvement where the quality was assessed as below standard, and common themes emerging from quality assurance were also discussed at the monthly safety meeting.
- 3.44 Access to Listeners (prisoners trained by the Samaritans to provide emotional support to other prisoners) was good, and although there were only four at the time of the inspection, it was planned to start training around 10 more. They were well-known to and respected by prisoners, and they felt well-supported by the Samaritans, from whom they received fortnightly visits. The Listener suite was a pleasant room that could be used at night as well as during the day.

Protection of adults at risk (see Glossary)

- 3.45 The prison did not have a safeguarding policy, although the governor regularly attended local safeguarding adults board meetings, and staff at all levels demonstrated a good knowledge of relevant principles and how they would identify a vulnerable adult.
- 3.46 Prisoners thought to be vulnerable were referred to the SIM and their needs discussed by a multidisciplinary team. We also saw examples where prisoners thought to be vulnerable due to mental health concerns, addiction or learning disabilities and/or difficulties were referred to external agencies to provide additional support as they were approaching release.

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 Relationships between staff and prisoners were very good. In our survey, 77% of prisoners said that staff treated them with respect and 78% that there were staff that they could turn to if they had a problem. This latter result was particularly impressive given the prison held such a transient population.
- 4.2 During our inspection, most staff were friendly and approachable, and we observed positive interactions with prisoners. Wing staff were quick to respond to requests from prisoners, and staff remained calm and professional when dealing with some challenging situations.
- 4.3 There was a good staff presence in all residential areas and most were quick to challenge low-level poor behaviour, such as prisoners vaping outside their cells. However, there were some notable exceptions, and some staff expressed frustration at the failure of their colleagues to challenge such behaviour, observing that this made it more difficult to apply the rules consistently.
- 4.4 Key working (see Glossary) had been suspended during the COVID pandemic and had resumed in 2021, which was earlier than we have seen elsewhere. By the spring of 2022, more than half the planned sessions were being undertaken. However, leaders had suspended key working in summer 2022 citing a scarcity of available staff. The scheme had recently been reintroduced for identified priority groups - older, younger and foreign national prisoners - although very few sessions had yet taken place and records did not always evidence good quality discussion (see paragraph 6.15).
- 4.5 Prisoners were doing peer work in traditional roles, such as Listeners, education mentors and wing representatives. There was scope to expand and improve this provision to motivate prisoners and support the prison community.

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

- 4.6 Many prisoners lived in overcrowded conditions, often for extended periods. At the time of our inspection, 214 prisoners - around two-thirds of the population - were living in cells accommodating more prisoners than they were designed for. There were very few single cells, with most prisoners accommodated in doubles. There were also several cells that held groups of three, four or six prisoners, and while these cells were bigger, they were still too cramped for groups of grown men living together (see also paragraph 4.8).
- 4.7 Some cells in the main building needed refurbishment and many more needed redecoration. The worst accommodation was on the Parsons Unit, which was below ground level, and many of the cells were damp with evidence of mould and cockroach infestation. The prison had recently designated the unit for use by those working in the kitchen - the only prisoners in full-time activity - but many were reluctant or refusing to transfer. The facilities and regime would have to be vastly improved to motivate full-time workers, who included many who were on the enhanced level of the incentives scheme.
- 4.8 The condition of the cells on the Welford Unit, which housed vulnerable prisoners, was generally reasonable. However, the six-person dormitory was particularly crowded and had only two plug points, which exacerbated tensions between the prisoners living there.
- 4.9 In many cells, items such as cupboards, curtains and privacy screening around the toilets were missing, broken or damaged. Cells were subject to regular decency checks, but we were not assured that all issues identified were addressed efficiently. For instance, a lack of maintenance staff to fit curtain poles meant that many cells - including all those on the Welford Unit - did not have curtains.
- 4.10 Although the prison had replaced the boilers for the main residential wing since our last inspection, some cells, particularly in the higher parts or at the ends of the main residential building, remained cold; standalone heaters purchased before the work on the boilers had been carried out were no longer available. Prisoners were provided with bedding, but no duvets were currently in stock.
- 4.11 Most showers needed deep cleaning and some needed refurbishment. Funding had been secured and work to address both these issues was due to start.

- 4.12 Many communal areas were grubby. The quality of day-to-day cleaning varied considerably between locations. Cleaners were not always well supervised and good standards were not always enforced. The ingrained dirt in many areas, particularly on floors and the stairs on the residential unit, needed deep cleaning.
- 4.13 There was no system to monitor cell call bells automatically, but managers conducted spot checks. However, we were not assured that the data gathered was an accurate representation of response times, particularly in the busy domestic periods when we had observed cell bells ringing for longer than the lengthiest time that appeared in the prison's data.

Residential services

- 4.14 The food served to prisoners was of reasonable quality. Hot and cold options were available for both the lunch and evening meals. The menu was on a four-week revolving cycle. Prisoners were consulted about food choices in regular surveys and the menu had been adapted as a result of their feedback. Meal portions were sometimes small, and in our survey, only 32% of prisoners said they got enough to eat.
- 4.15 On the main unit, meals were served to prisoners by catering staff and prisoners from a central servery. All servers wore appropriate protective equipment and food serving was supervised well by catering and wing staff. Food temperatures were checked and recorded. Because of concerns that other prisoners might seek to contaminate the food of prisoners held in the Welford Unit, their meals were prepared by catering staff and taken to the unit and served directly from the trolley.
- 4.16 The kitchen was clean and tidy, but there was some peeling paint and it needed refurbishment. There were places for 28 prisoners to work in the kitchens, but at the time of the inspection there were 11 vacancies. Positively, the prison had resumed the opportunity for those working in the kitchen to study the national vocational qualification level 1 food option.
- 4.17 The range of items available through the prison shop was reasonable. As we have found in most recent inspections, many items had recently increased in price while wage rates had stayed the same and many prisoners could not afford to buy as much as previously. Shortages also meant that prisoners did not always receive what they had ordered, although refunds were processed quickly.

Prisoner consultation, applications and redress

- 4.18 Leaders showed commitment to consulting with prisoners about their daily living with a good representation of methods to collate feedback. Surveys had been conducted and there had been some focus groups with prisoners from protected characteristic groups.

- 4.19 The prisoner council meetings were chaired by the deputy governor and well attended. They were purposeful, with a good focus on key issues. However, as meetings had only recently reconvened, with two held since October 2022, many prisoners were unaware of the arrangements.
- 4.20 Prisoners had little confidence in the applications system. In our survey, only 58% of prisoners, against 76% at the previous inspection, said it was easy to make an application. Application forms were available on the wings, sometimes by request, but many prisoners reported long delays in receiving replies. Applications were not tracked to completion, which undermined the process, and there was no formal quality assurance. This was partially mitigated by the efforts of helpful wing staff, most of whom were quick to respond to simple requests from prisoners without relying on a written application.
- 4.21 The number of complaints was high compared with similar prisons, but had reduced since the last inspection and was on a downward path over the past 12 months. They were monitored well with a monthly review identifying subject, location and recurring themes. Responses were prompt and feedback was provided to the staff investigating the complaint. Many complaints were upheld. Despite our positive findings, only 26% of prisoners in our survey felt that complaints were dealt with fairly.
- 4.22 Prisoners had access to suitable private legal visit facilities, complemented by video conferencing suites. There was no dedicated bail support officer, which was a shortcoming given that 40% of the population were on remand. There was a range of legal texts in the prison library, but no dedicated laptops or computers for prisoners to access information on legal rights.

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

- 4.23 Leaders acknowledged that work to ensure fairness and equality had not been prioritised. A meeting to coordinate and drive this work had only recommenced in September 2022, following a long break during and after nationally imposed pandemic restrictions. In the two meetings held since then, there was evidence of useful discussions, including updates from senior management leads for protected characteristic groups. Attendees also reviewed a range of data, but it was unclear

how any of this was used to improve outcomes, and the equality action plan had not been updated.

- 4.24 There were some forums to consult minority groups, but their quality varied. The younger prisoner group had met throughout 2022 with good attendance and detailed discussion on key matters. Others were held too irregularly, if at all.
- 4.25 A helpful and informative diversity and inclusion newsletter was distributed to the library every two months, providing useful information for prisoners. Four equality (peer) representatives had been appointed and had received training, which they described as helpful. However, they had only been able to meet as a group once, over five months ago, and they were not supported effectively to provide good peer support advocacy on the wings.
- 4.26 Discrimination incident reporting forms (DIRFs) were available to prisoners on the wings or from staff on request. Sixty-five DIRFs had been submitted over the past 12 months. Investigations and responses were mostly detailed and showed good attempts to explore the issue, even if the prisoner had transferred out. Quality assurance picked up investigations that were below the expected standard, suggesting good oversight.
- 4.27 The prison was located in the centre of one of the country's most diverse and multicultural cities, yet there was little engagement with the local community to provide support, raise awareness and celebrate the diversity of the prison population.

Protected characteristics

- 4.28 In our survey, prisoners with protected characteristics, except for those with disabilities, reported few differences in experience and treatment compared to those outside these groups. Prisoners we spoke who were from a black or minority ethnic background reported fair and equitable treatment. Through our observations and discussions with prisoners, we concluded that was likely to be due to predominantly strong and respectful relationships with staff (see paragraph 4.1).
- 4.29 Despite our relatively positive survey findings, there were areas where leaders clearly needed to focus more attention to provide better support. For example, leaders acknowledged that not all Gypsy, Roma or Traveller prisoners were declaring their ethnicity on reception. Prisoners from this group to whom we spoke said they did not feel understood or represented, and they received no extra support from community organisations.
- 4.30 The large number of foreign national prisoners, who made up 21% of the population, were also not given enough support. Key (and basic) information to ensure understanding and equal access to services was not translated, including that provided on arrival. The use of telephone interpreting was not known as records were not maintained, but many staff were unaware of how to access the facility despite posters

displayed across the site with instructions. We used telephone interpreting with a prisoner who did not speak any English who confirmed it was the first time he had encountered this service since arriving four months ago. A representative from the Home Office attended weekly to run an immigration surgery, but this did not meet the current demand and many foreign nationals reported not seeing him or knowing how to arrange an appointment. Three people were being held at the prison under immigration powers alone.

- 4.31 Prisoners with disabilities reported a worse experience than those without in our survey questions on safety: 65% said they felt unsafe, compared with 38%, and only 40%, against 74%, said they had not experienced any bullying or victimisation. We found some low-level unmet need for prisoners in this group, such as a partially blind prisoner who did not have his reading glasses and therefore could not engage in education. Peer support for prisoners with disabilities was not consistent across the wings, and there were no cells on the main unit with adaptations for prisoners with mobility difficulties.
- 4.32 Staff were well briefed on how to support trans prisoners and case boards were thorough and prompt. Prisoner feedback in previous case boards highlighted some negative staff and prisoner attitudes, and a common complaint that should be easy to resolve was the difficulty in obtaining make-up. There was one gender-fluid prisoner at the time of our inspection and they indicated to us that they were largely content with their treatment.
- 4.33 Despite some weaknesses in systems to support some protected groups, there were examples of more positive practice, such as the introduction of an initiative that enabled expectant and new fathers to buy gifts for their child. This was led by the senior lead for the pregnancy and maternity protected characteristic and delivered through joint working with PACT and the chaplaincy (see paragraph 6.7).

Faith and religion

- 4.34 The chaplaincy was well-integrated into the prison and had continued to provide valuable face-to-face support to prisoners of all faiths. In our survey, 83% of prisoners at Leicester, compared with 63% in similar prisons, felt their religious beliefs were respected and 86%, against 54%, that they were able to attend religious services.
- 4.35 The range of group worship available included a weekly service for prisoners on Welford Unit. Prisoners who were harder to reach, such as those in segregation, could apply to attend corporate worship for their faith and several prisoners had been approved to attend. Group worship was supplemented by weekly meditation and religious study classes that enabled more targeted discussion and exploration of faith.
- 4.36 Chaplaincy staff supported prisoners who had experienced significant life events, such as a bereavement. There was also good evidence that many prisoners were supported to attend funerals in the community in person under escort.

- 4.37 The Official Prison Visiting scheme was available at Leicester, although in very small numbers. At the time of inspection, two Official Prison Visitors offered this service with two prisoners receiving a visit and one awaiting allocation.
- 4.38 Chaplains made routine visits to prisoners due for release to provide pastoral support and, where possible, signposting to community agencies. Where release arrangements were not confirmed, the chaplaincy was active in contacting the offender management unit (OMU) on the prisoner's behalf.

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.

- 4.39 The Care Quality Commission (CQC) was unable to participate in this inspection.

Strategy, clinical governance and partnerships

- 4.40 Nottinghamshire Healthcare NHS Foundation Trust was the prime provider of health care services, supported by a small number of specialist subcontractors.
- 4.41 As a small institution, most internal relationships and communication channels worked well. However, some formal channels, such as the local delivery boards, had waned and had only just been re-established. It was important that these were embedded quickly to strengthen accountability arrangements.
- 4.42 The Trust's governance was well developed and covered all offender pathway services, including Leicester. Locally driven clinical governance oversight was mostly invested in the clinical leaders' forum which - though clearly of value - could be used more comprehensively to enhance local assurance arrangements, such as provision of local audit programmes.
- 4.43 There was clear evidence of an open reporting culture and several development plans had been introduced to ensure learning from incidents and patient deaths was understood and adopted. Clinical risks were well described with appropriate contingencies to deliver core services. Twenty-four-hour support was available with a reduced service at night. Infection prevention measures had improved since our last inspection. There was sufficient space for most primary care activity, although this was more limited for the therapeutic work delivered by the mental health and drug and alcohol (DARs) services. Vulnerable prisoners had more flexible access to the health care centre due to the location of their unit, and plans to develop satellite clinical areas in the main wing were being progressed.

- 4.44 The service lead and clinical matrons provided a close-knit and well-appreciated leadership team. Staffing was stretched with several vacancies across all pathways, with mental health services particularly affected. Senior leaders were too often called on to support frontline delivery. In most instances, care was still delivered appropriately, with a reliance on regular agency staff. Staff we spoke to were positive about working in the prison and the interactions we observed with prisoners, particularly from pharmacy staff and nurses, were calm, empathetic and professional.
- 4.45 Training records indicated a good uptake for mandatory training requirements. Staff told us there were opportunities for professional development with regular access to supervision and managerial support.
- 4.46 Sufficient, well-maintained resuscitation equipment was secured in key locations, and health care staff had the necessary training and competencies to respond to medical emergencies through well-established contingency arrangements, which we were able to observe directly during the inspection.
- 4.47 There was scope to improve the patients' complaint process. Responses were handwritten and were sometimes unclear, with little indication of any face-to-face resolution. Most responses dealt with the issues raised, but there was variability and no local quality assurance. The responses also gave no indication of how the patient could escalate the issue or appeal if they remained dissatisfied with the outcome.

Promoting health and well-being

- 4.48 There was no prison-wide approach to health promotion, although a prisoner well-being event was planned for later in 2023. Health promotion information was displayed across the prison, but there were no peer health and well-being champions, mostly due to the short stay of prisoners. Telephone interpreting services were available to facilitate health appointments when needed, and health information could be translated.
- 4.49 Blood-borne virus screening was offered routinely during reception or at secondary health screenings, which provided immunisations, vaccinations and NHS health checks. The service had a strategy for managing outbreaks of communicable diseases and followed national guidance on management of COVID-19. A range of age-appropriate screening programmes, such as retinal and abdominal aortic aneurysm (AAA), were offered periodically, and bowel cancer screening was arranged when required.
- 4.50 Smoking/vaping cessation support was available via the pharmacy team, however only one strength of vape could be purchased which limited opportunities to reduce use on a phased basis. Sexual health services were delivered by Nottingham University Hospitals through a fortnightly clinic, with condoms available on request and at release.

Primary care and inpatient services

- 4.51 All new arrivals received an initial health screen completed by a registered nurse. We observed a patient with no English who was screened using telephone interpreting effectively, which was undertaken in a competent and sensitive manner. A more comprehensive secondary health screen was completed within seven days, with referrals to other clinical teams where appropriate.
- 4.52 A GP from Inclusion Health Care offered six sessions a week and one for the substance misuse service, which was proportionate to demand. There was a nurse on duty 24 hours a day and the option of the NHS 111 telephone line for out-of-hours support if required.
- 4.53 There was a good range of primary care and allied health professional support in the health care centre, but officer escorts to appointments were inconsistent, which had led to some frustrations. Despite this, appointments were quickly rescheduled, and patients experienced only very short waits for all areas of primary care.
- 4.54 Health appointments were made via paper applications, collected daily from the wings and routinely triaged by the assistant practitioner, supported by the GP and trainee advanced clinical practitioner, who prioritised them based on clinical need.
- 4.55 Prisoners with long-term conditions identified at reception or through application were managed effectively by the GP and advanced clinical practitioner. Their respective clinics ran at the same time, ensuring that specialist medical oversight and advice were readily available. Multidisciplinary reviews of complex care were also held to ensure a more effective approach to clinical risk management. A palliative care pathway, developed since our last inspection, provided a sound and flexible framework if this support were required.
- 4.56 Two hospital escorts were allocated each day, which was insufficient to meet demand; many external secondary care appointments were rescheduled or delayed as a result. Thirty per cent of escort time was currently absorbed by one patient who needed to attend hospital three times a week, which contributed to an already acute situation.
- 4.57 Prisoners were seen before their release and given a summary of their care, along with 28 days' supply of any prescribed medication.

Social care

- 4.58 The prison had established clear processes with the local authority and the health provider for prisoners who needed social care support. The Trust had an identified and well-trained practitioner who could respond promptly when potential need was identified, establishing any initial interim arrangements and triggering formal assessments by the local authority social workers who visited the prison regularly. Occupational therapy input was available, but had to be requested, with some delays in its provision.

- 4.59 Three prisoners were receiving social care support and their care packages were appropriate, although some care plans could have been clearer about the detailed support required. Some prisoners with autism received additional input and the prison's safer custody team maintained good oversight of complex cases. Although prisoners who might need support were assessed within the expected timescales, a more accelerated response, given the short stays of many prisoners, would ensure robust identification of need.
- 4.60 There were no cells for disabled prisoners and potential adaptations were difficult to achieve. The main unit was not an appropriate environment for most prisoners with significant physical disabilities.

Mental health care

- 4.61 Prisoners were screened for their mental health on arrival and all urgent referrals were seen within two days, or five days for non-urgent cases. These and any subsequent referrals were discussed at the daily mental health team meeting and then allocated to an appropriate practitioner. New arrivals previously known to the team had an initial welfare check and were added to the caseload if required. Prisoners with a neurodiverse presentation were seen by a specialist nurse within 10 days of their arrival.
- 4.62 The mental health team's relationships with the prison were generally positive, but no officers had had recent mental health awareness training. Facilities on wings for individual therapeutic work were very limited and currently non-existent for group work.
- 4.63 The integrated multidisciplinary mental health team worked seven days a week supporting around 99 patients, about 30% of the population. The team had experienced significant vacancies and clinical leaders had been used to cover routine work too frequently. The team worked hard to deliver a stepped care model but had inevitably focused on keeping patients safe and managing acute clinical need. It had a duty worker system and attempted to support immediate risk, including through attendance at assessment, care in custody and teamwork (ACCT) case management reviews, although this was not consistent. Patients were managed and assigned support on a red-amber-green rated basis, with practitioner input varying from day to day.
- 4.64 The psychiatrist offered two sessions a week and participated in weekly team meetings. Psychological interventions were available from the psychologist and psychological well-being practitioner, but their limited availability and the paucity of suitable facilities restricted the scope to enhance provision. The patient records we reviewed did not always have a care plan, but they did show comprehensive clinical assessments and risk evaluation. A few patients being considered for transfer to community secure units were supported under the care programme approach. They received regular reviews by mental health nurses and the psychiatrist, but had no named-nurse/care coordinator, which should be developed as a priority. Four of the eight patients

identified as requiring transfer under the Mental Health Act since July 2022 had waited significantly longer than the 28 days guideline.

- 4.65 A sexual assault referral centre offered a service for up to three prisoners a week and was a positive initiative. Patients could be seen for up to 12 weeks or be referred into a community team if released locally. Prisoners with complex needs due for local release were referred to the critical time intervention service, who worked with them in the six weeks prior to and six weeks following release. Patients requiring general support from the community mental health team were referred to the central access point service to ensure continuity of care. Prisoners with identified neurodiversity needs were automatically accepted into the specialist community service on release without further assessment, which was positive.

Substance misuse treatment

- 4.66 The specialist drug and alcohol service (DARs) had limited in-house clinical staffing but this was supplemented by agency staff, most with links to community agencies, enabling the consistent delivery of effective treatment and support. Partnership arrangements, including engagement and communication between the prison and the team, could be improved. Officers received little training in this area and it was unclear whether intelligence-led referrals were made consistently, and provision in the My Recovery Unit (MRU) was not delivered against expected outcomes.
- 4.67 New arrivals who were drug or alcohol dependent accessed specialist services if required, enabling them to receive additional monitoring and individualised treatment, which included managing withdrawal where necessary. Twenty-four-hour physical monitoring was available and patients could access clinical prescribing that was flexible, evidence-based, individually tailored and reviewed appropriately. There were 75 patients receiving opiate substitution therapy, mainly on a stabilisation and maintenance basis. All new arrivals were advised of the services available, including harm-minimisation support which was accessible throughout the prisoner's stay.
- 4.68 Psychosocial support was delivered by a small team with a range of skills holding a caseload of around 20 prisoners each. There was effective joint working with the clinical team but facilities on wings for individual and group work were poor. Access to prisoners was determined by officer availability, which could fluctuate. Most support was offered on a flexible one-to-one basis and through self-directed workbooks. There were currently no peer workers and although mutual aid through Alcoholics Anonymous and Narcotics Anonymous had been identified, this could not yet be accommodated due to regime restrictions.
- 4.69 The MRU offered valuable support for new prisoners experiencing withdrawal. However, it was also expected to offer greater opportunities for recovery and this was not facilitated effectively or given the priority it required. The regime was limited and none of the officers we spoke to

were dedicated to the unit. DARs practitioners had little scope to deliver groups due to a lack of suitable space, and therapeutic support was too frequently aligned to prisoners' domestic time, which inevitably led to some friction around the choice of activity.

- 4.70 Discharge planning sought to link prisoners with appropriate community services, with plans for the Leicester community team to be on site at least one day a week. Information and advice on avoiding overdose and injuries post-release was provided, along with medication or a prescription on leaving the prison.

Medicines optimisation and pharmacy services

- 4.71 Medicines were supplied by an external pharmacy promptly, mostly as named-patient medicines with appropriate labelling and a dispensing audit trail.
- 4.72 Medicine administration was led by pharmacy technicians, supported by nurses, three times a day with provision for night-time medicines if necessary. Patients were given simple advice about their medicines by the pharmacy technicians when they collected them from the medicines hatch. Patients who missed medicines were followed up. The central administration hub allowed for controlled entry and exit with prison officers supervising the hatches. However, too many prisoners at a time were allowed into this area, rather than a one-in/one-out rotation, which limited confidentiality and enhanced opportunities for medication diversion.
- 4.73 Prescribing and administration were recorded on the SystemOne clinical IT system, but in-possession risk assessments were not always recorded appropriately. Data showed that 67% of patients were prescribed medicines in possession, but only 3% were supplied it monthly, increasing workload and reducing available pharmacy time.
- 4.74 The pharmacy opened potentially tradable pregabalin and gabapentin capsules and dispersed them in water before administering them to patients as part of a Trust policy to reduce the risk of diversion, but patients were not advised that this was not the standard licensed preparation of these medicines. Few patients were on this type of drug and the risks of diversion and mode of preparation should be reassessed to determine whether this approach was justified in this setting.
- 4.75 Patients did not have access to an onsite pharmacist, which also meant prescriptions were not clinically screened and that the service did not benefit from a pharmacist's support and clinical oversight.
- 4.76 The provision to supply medicines without the need to see a doctor was not fully utilised by all the team. There was a process for managing access to the out-of-hours medicines cupboard. Patients were supplied medicines as appropriate on transfer or release.

- 4.77 There was good medicines management on the wings with regular audits for stock medicines, and errors recorded and reviewed. Written procedures and protocols were in place. There were few local medicines management meetings and limited monitoring or review of prescribed medicines such as the mirtazapine antidepressant, which had higher than expected levels of prescribing.

Dental services and oral health

- 4.78 Time for Teeth offered a full range of NHS dental treatments. Clinics were occasionally hindered by the lack of officer escorts, but despite this there were only short waits for an assessment and delivery of ongoing care. Additional clinics had been provided flexibly when demand had outstripped activity. Applications were triaged by primary care and appointments allocated by the dental team based on a set of clear clinical criteria. The dental suite was clean and met all expected standards, with all equipment appropriately checked and maintained. Oversight was robust with clear processes for disposing waste materials and ensuring patient safety.

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 Prisoners were divided into two cohorts and most work, education and training were undertaken part time between the cohorts on a morning or afternoon basis. The rest of the regime was delivered in the period when the prisoners was not in work or education - this was known as a split regime. The only full-time prison workers were those working in the kitchen.
- 5.2 The published regime provided prisoners in part-time activities with five hours 15 minutes out of their cells each day; this included their three-hour session at work or education. Kitchen workers could be out of their cells for over seven hours a day. Prisoners who were unemployed or not available for work could expect two hours 15 minutes out of their cells.
- 5.3 In our roll checks, only 23% of prisoners were engaged in purposeful activity during the core working day and 34% were locked up.
- 5.4 During the working week, prisoners had over two hours a day out of their cell for domestic activities, including taking a shower and cleaning their cells, and had the opportunity for an hour of outdoor exercise.
- 5.5 At the weekend, the published regime specified that prisoners should have one hour 45 minutes out of their cells for domestic activities in one part of the day and the same amount of time for outdoor exercise in the other. However, the regime at the weekend was often curtailed to only one hour out of cell, in which case prisoners had to choose between domestic activities and exercise.
- 5.6 The recreational activities available to most prisoners were inadequate, leading to boredom and frustration. Pool tables were in use on the Welford Unit and, at the start of our inspection, on the induction unit. However, the latter were moved to the Parsons Unit during the inspection to incentivise kitchen workers to relocate there (but see paragraph 4.7). Some board games were available from the library.
- 5.7 The library, run by Leicester City Council, was small but welcoming. Prisoners could visit it during their domestic period, although the library was not yet open at weekends. In our survey, only 46% of prisoners considered that the library had a wide enough range of materials to

meet their needs. The managing librarian was already aware of this through a recent library survey and was looking for ways to cater for a wider range of prisoner interests. Despite the extremely small space, the librarian had found ways to lead or facilitate activities, such as model making, without closing the library for other users.

- 5.8 Most prisoners had access to PE five times a fortnight. The gym offered a range of weights and cardiovascular equipment. A flexible space upstairs was used mainly for circuit training but yoga classes also took place. The gym building was in a poor condition, with damage caused by a leaking roof. A platform for exercise had been placed on the upper floor, but this was bowing and was not a sustainable solution.
- 5.9 In our scrutiny visit in 2020, we had commented positively on the synthetic surface fitted on to the main exercise yard that had facilitated outdoor physical exercise during the pandemic restrictions. Positively, during exercise periods physical instructors were still supervising weights training for interested prisoners in this area. However, because of damage to the surface, it was no longer safe for team games.

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.

- 5.10 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.

- 5.11 Leaders and managers did not provide sufficient full-time education, skills and work activity places for prisoners. There were, however, enough part-time spaces.
- 5.12 Because leaders split the regime into two parts, a minority of prisoners could not access classroom vacancies in subjects that they needed to study. Full-time activity places in the prison kitchen were not filled consistently well because a minority of prisoners refused these work roles. They felt disincentivised by the low quality of living accommodation for full-time workers (see paragraph 4.7).
- 5.13 Staff who managed the allocations process were diligent. They worked hard to fill available spaces in both education and work. As a result, waiting lists for most subjects were short.
- 5.14 Leaders and managers offered a curriculum that met the needs of the majority of prisoners. Prison and education managers used local market information data well to plan courses that prisoners, most of whom were released into the community, would find useful for future employment. For example, prisoners could study a construction skills certification scheme (CSCS) course, which gave them entry-level certification to work on a construction site. Leaders had advanced plans to widen the curriculum to include warehousing, but it was too early to see the impact of this.
- 5.15 For the significant minority of prisoners with higher-level starting points, however, the curriculum was not challenging enough. All education courses were at level 2 or below. Leaders and managers did not provide sufficient opportunities for prisoners to study higher-level courses via distance learning, because prisoners had very little access to the 'virtual campus' (see Glossary).
- 5.16 The small number of vulnerable prisoners could not access the same array of subjects as prisoners housed on the main prison unit. For example, they could not study English for speakers of other languages (ESOL) and had minimal access to computers to support their studies.
- 5.17 Induction staff planned a thorough induction to education, skills and work. Prisoners undertook comprehensive assessments of their starting points, and staff identified learning difficulties and/or disabilities (LDD) that prisoners had. However, induction staff provided too much information to prisoners about employment and education pathways in too short a time. As a result, prisoners did not remember enough information about the opportunities available at the prison.
- 5.18 Prisoners benefited from suitable careers information, advice and guidance (CIAG). Staff with responsibility for CIAG helped prisoners to plan effectively their short- and long-term career goals and reviewed these at appropriate junctures, including help for prisoners to plan pre-release actions.

- 5.19 The local prisoner pay policy did not fully incentivise participation in education because, although pay rates for education were higher than for other activities, leaders did not make sure that the bonus system was fair. Prisoners who studied at entry level did not receive a bonus when they passed their final examinations, whereas those who studied at levels 1 and 2 did.
- 5.20 People Plus provided education courses and vocational training and these were largely of a high quality. Teachers and trainers were suitably qualified and as well as teaching qualifications, they had substantial industrial and practical expertise. In most cases, teachers and trainers planned course topics logically, and used prisoners' starting points effectively to determine what they taught. In English and mathematics, teachers focused particularly well on the varying needs of prisoners, who had very different levels of ability. Most prisoners who studied education courses developed substantial new knowledge, skills and behaviours.
- 5.21 Prison leaders and managers had recently introduced a reading strategy, which was well considered, but had not been implemented fully. For example, prisoners did not consistently access library sessions, and very few used the newly established book corners in classrooms. In work activities, there was very little focus on reading.
- 5.22 Prison leaders ensured that those with the lowest levels of reading ability got appropriate help through English classes. English teachers had completed phonics training, and peer mentors undertook training on providing reading support. As a result, most prisoners with very low levels of reading ability improved their skills.
- 5.23 The majority of prisoners who studied subjects other than English also developed their reading skills, stamina and confidence. In most subjects, teachers and trainers provided opportunities for them to develop and practise reading.
- 5.24 Most teachers and trainers explained and demonstrated new topics clearly. In the kitchen, trainers provided valuable training on the correct use of industrial catering equipment and the safe handling of food. In yoga classes, prisoners received useful individual explanations and demonstrations to help them improve their flexibility and core strength. Art teachers used their subject knowledge well to teach prisoners a variety of drawing and painting techniques.
- 5.25 Most teachers and trainers took well-planned opportunities to check prisoners' knowledge. For example, industrial cleaning instructors carefully checked that prisoner knew about the equipment they used and the personal protective equipment that they needed to wear. As a result, prisoners remembered well the topics that they learned.
- 5.26 On a few education courses, however, including on-wing provision and ESOL, prisoners did not benefit from a high enough standard of teaching. In these cases, teachers taught topics that were too challenging, moved too quickly through topics and used low-quality

resources. As a result, prisoners in these classes were confused and learned insufficient new knowledge.

- 5.27 The provision of work activities required improvement. Work instructors did not plan sufficiently demanding work for a significant number of prisoners. For example, those who worked as wing cleaners started work before they commenced appropriate training, and they did not work to a sufficiently high standard. Workshop instructors did not set prisoners appropriate targets to develop their employability skills, and prisoners mostly completed unchallenging work. Too many prisoners in work did not study towards accredited qualifications to help their future employment prospects, such as food safety qualifications for those in kitchen roles.
- 5.28 Prisoners who worked as peer mentors benefited from a high quality of accredited training. Their teachers had considered the curriculum well, which included, for example, a comprehensive focus on working with prisoners with LDD needs. As a result, peer mentors worked well with teachers to help those with LDD. However, teacher and instructor support for prisoners with LDD needs was not of a consistently high enough standard. Specialist staff produced thorough support plans for prisoners with LDD, but in too many cases teachers did not adjust their teaching to support these prisoners effectively.
- 5.29 In the large majority of subjects, such as English, mathematics, CSCS and ESOL, prisoners who completed their courses passed their final examinations. This included prisoners with LDD. However, a significant minority of prisoners did not complete their courses successfully because they moved to another prison before they could take their final examinations.
- 5.30 Prisoners' attendance rates at education, skills and work activities were not high enough, and had not improved significantly over time. Although the majority of prisoner absences were due to court appearances, a small but significant number refused to attend their activities. In a few subjects, such as ESOL and industrial cleaning, attendance was high.
- 5.31 Too few prisoners arrived punctually at education sessions and vocational training. They were often 10 to 15 minutes late because prison staff did not start movement to education swiftly enough. Once they arrived, prisoners quickly commenced their studies.
- 5.32 Prisoners behaved well in education classes and vocational training. Teaching staff had high expectations of them and challenged rare instances of unacceptable language or derogatory comments. As a result, classrooms and vocational training workshops were calm environments that enabled prisoners to concentrate on their studies.
- 5.33 Prisoners in work roles did not consistently have positive attitudes. Although those in the kitchen and workshops had a sound work ethic, those employed as wing workers did not apply themselves well to their work. In too many cases, wing cleaners lacked the necessary materials

to undertake their roles, which had a negative impact on their motivation.

- 5.34 In education classes and vocational training, teachers and instructors planned activities that allowed prisoners to extend their knowledge of British values. But although prisoners demonstrated high levels of respect towards others, and recognised the importance of individual liberty, they had only a limited knowledge of other British values, such as democracy.
- 5.35 Education managers offered a useful range of training to help prisoners towards their post-prison resettlement. These included class-based activities on CV writing, job applications and interview preparation. A newly formed employment hub also provided prisoners with easy access to employment opportunities and services, such as Jobcentre Plus. However, prisoner take-up of this support was too low. Because prisoners had very little access to the virtual campus, they could not use it to search for local jobs before their release.
- 5.36 Leaders and managers had started to use employer links well. Prisoners attended events to promote local work opportunities in sectors such as hospitality, construction and catering. As a result of these activities, and the qualifications that they studied while at the prison, a small number of prisoners got jobs after release.
- 5.37 Recently appointed managers had a realistic evaluation of the quality of education, skills and work, which had declined since the previous inspection. They used management forums to discuss key challenges, and they set useful targets to resolve these. Their actions had resulted in significant improvements in, for example, the quality of careers information, advice and guidance. However, leaders and managers had not made improvements in other areas, such as attendance rates at education, skills and work, or the number of full-time education and work places that prisoners could access.

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 The family service provider, PACT (Prison Advice and Care Trust), was contracted to run the visitors' centre and facilities in the visits hall, but the local team had been understaffed for many months. A single member of staff attended the prison most days, but the support provided was limited to meeting visitors and distributing drinks and snacks in the visits hall, with no hot food available.
- 6.2 The availability of social visits was good; sentenced prisoners could receive two visits a month and remand prisoners three a week. Sessions were available every afternoon and on Wednesday evening, and in our survey, more prisoners than at similar establishments said they had had more than one visit in the previous month (37% against 22%). However, in the previous year, population pressures had forced the transfer of many prisoners who should have been released from Leicester to Lincoln in the final six months of their sentence, which significantly increased the distance for visitors to travel.
- 6.3 Prison data indicated that there were many unused visits sessions, including on evenings and weekends, yet leaders had plans to increase the number of sessions, reportedly to offer a greater choice. Inspectors urged leaders to examine the data more carefully before resourcing this area at the expense of resourcing other regime activities. Leaders acknowledged this; they had recently introduced a visitor survey and had plans to survey prisoners to make sure that the visit offer best matched demand.
- 6.4 The visits hall was bright and welcoming, with some fixed bench seating as well as moveable tables and chairs. Prisoners could receive three adult visitors as well as three children under 10. Almost all the visitors we spoke to said they had been treated well by staff at the prison and that it had been straightforward making the booking.
- 6.5 Two family days had been held during 2022 and there were plans for a further four in the next year.

- 6.6 PACT was no longer delivering any parenting courses or offering individual casework support to prisoners for issues such as matters at the family court.
- 6.7 Library staff still supported prisoners to record Storybook Dads messages to send to their children, but this facility was not well promoted and only a handful of recordings had been completed in the previous 12 months. The 'new fathers' gift initiative', which allowed new parents to select a gift to send to their newborn child, was positive (see paragraph 4.33).

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.

- 6.8 The primary function of the prison was to serve the local courts. About 40% of prisoners were held on remand and a further 20% had been convicted but not sentenced. Movement from the courts was high with about 120 new prisoners received each month. To keep spaces available for this, many prisoners who would have served their sentence at Leicester were transferred to HMP Lincoln. This was often close to their release date, which meant they missed some of the resettlement opportunities available at Leicester.
- 6.9 Work to reduce reoffending was reasonably well-coordinated with a range of internal and external partners. There was a real advantage to the co-location of the offender management unit (OMU), pre-release team and other staff who supported resettlement, such as the strategic housing specialist and prison employment lead.
- 6.10 The OMU was almost at full strength for prison offender managers (POMs), and their caseloads were reasonable. They were all non-operational, which meant they were not redeployed to other duties. The POMs had completed most of their required training and they all received regular supervision sessions with the senior probation officer to improve standards. It was positive that all POMs had laptops to enable remote working, including those who were directly employed. However, prison POMs did not have direct access to nDelius (the IT system for the Probation Service), which held information they might need to manage the prisoners on their caseload.
- 6.11 POMs contacted prisoners within 10 days of their arrival to explain the support they could offer, although this was not always done face to face. The prison had recently created an introductory letter in several foreign languages to make sure prisoners received consistent information about the support available from the OMU.
- 6.12 The caseloads for POMs included remand prisoners and support for this group of prisoners was better than we usually find. Shortly after

reception they were interviewed by the pre-release team to identify any resettlement needs. The team took proactive action to protect existing tenancies, such as contacting landlords and making referrals in relation to housing benefit. We also saw good examples where the team provided practical assistance to remand prisoners on financial matters, such as contacting debtors.

- 6.13 Ongoing contact between POMs and prisoners was unpredictable and often triggered by a key point in the prisoner's case, such as court dates, the completion of recategorisations or contributions to external multi-agency public protection arrangements (MAPPA) meetings. On occasion this led to very regular contact and meaningful support, for example a prisoner convicted of a terrorism offence had been very well-managed by one of the probation officer POMs. However, some prisoners we spoke to were unable to name their POM or recall much contact with them.
- 6.14 It was positive that prisoners could use their in-cell telephones to contact the duty POM, but many of the queries were for matters that would have been best dealt with by other departments, such as residential services. The purpose of the line was not explained to new arrivals during their induction. Almost half of all prisoners did not have an allocated key worker to support them with matters that did not specifically need a response from a POM.
- 6.15 Key work (see Glossary) was not well used to support the OMU. It was positive that the prison had prioritised key worker allocation to younger prisoners and foreign nationals, but the notes of key work sessions were often perfunctory and not clearly linked to prisoners' sentence plans (see paragraph 4.4).
- 6.16 Almost all eligible prisoners had an up-to-date offender assessment (OASys), which included a sentence plan. Most of the assessments had been completed by a community offender manager (COM), who retained responsibility for managing short-sentenced prisoners under the Offender Management in Custody (OMiC) model (see Glossary). The prison had recently introduced a system to identify when the COM had not completed the OASys on time and escalate the matter with senior probation officers in the community to address this.
- 6.17 Most of the sentence plans we saw were of a reasonably good standard, but progress against the plans was not always sufficient. There were no structured offending behaviour programmes (see paragraph 6.27) and the rapid turnover of prisoners gave POMs little opportunity to work with prisoners to reduce their risk or progress in their sentence. However, we saw examples of one-to-one work for a small number of prisoners who had stayed at Leicester for a longer period, such as the 'Choices and Changes' programme (a set of structured sessions to help young adults develop maturity and prepare them for release). We also saw a few examples of one-to-one work from the psychology team to help prisoners reduce their risk before release.

- 6.18 The prison did not have a defined approach for POMs to work with the large number of prisoners who had a history of domestic abuse and harassment to start reducing their risk.
- 6.19 The OASys assessment for most prisoners also included a risk management plan and most of those we reviewed were at least reasonably good. We saw evidence of appropriate communication between the POM and COM to discuss risk prior to release.
- 6.20 The prison had effective processes to engage with the COM well in advance of prisoners' release to set the MAPPA level at which they would be managed in the community. The quality of reports produced by POMs to support MAPPA meetings was reasonably good.

Public protection

- 6.21 Work on public protection was also reasonably good. POMs promptly reviewed the public protection risks presented by new arrivals. They then took appropriate action to address these, such as applying a block on contact details for victims so that no one in the prison could telephone them or send them letters.
- 6.22 In a few cases, POMs had recommended that the mail and phone calls of specific prisoners should be monitored, but the prison did not prioritise this action. Although the OMU manager had good oversight of monitoring, which we do not usually see, the staff assigned to listen to calls were frequently redeployed. Some calls had not been listened to for 10 days, so the prison would not be able to respond promptly if the prisoner were using the phone to harm others.
- 6.23 Minutes of the well-attended monthly interdepartmental risk management meeting (IRMM) showed an appropriate focus on the risk posed by prisoners on release.

Categorisation and transfers

- 6.24 Prisoners were given a security categorisation quickly after sentencing, with almost all assessed as suitable for category C conditions, and they were generally transferred promptly to another establishment to serve their sentence.
- 6.25 In the previous 12 months, over 700 prisoners had been transferred out of Leicester, with about half of these going to training establishments. However, in the same period over 300 prisoners had been transferred to HMP Lincoln at the direction of HMPPS population management unit to create spaces at Leicester for prisoners received from the courts (see paragraphs 6.2 and 6.8).
- 6.26 Few prisoners had been at Leicester for more than 12 months and in all the cases we reviewed there was a justifiable reason for those who were. Periodic reviews of categorisation were generally completed on time and records showed that a range of information was used correctly to support the decision.

Interventions

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

- 6.27 The prison did not offer any accredited offending behaviour courses, which was appropriate to its function, but it had not capitalised on the opportunities to use shorter non-accredited courses to help prisoners reduce their risks.
- 6.28 The chaplaincy coordinated the 'Facing up to conflict' distance learning course aimed at helping participants control their anger and handle conflict peacefully. However, this provision was not linked into the safety strategy or well promoted and very few prisoners had been referred to take part (see paragraph 3.15). The psychology team had previously supported the delivery of Timewise – an intervention aimed at tackling violence in custody – but due to staffing shortfalls, this was no longer delivered.
- 6.29 The prison had developed links with a range of local employers, leading to some job offers. Prisoners approaching the end of their sentence were due to be given the opportunity to participate in a week-long course in partnership with a global contract logistics company as a possible route into employment on release.
- 6.30 The prison now supported prisoners to open bank accounts and obtain identity documents before release. Prisoners could attend a helpful three-day, pre-release course, which included money management, benefit entitlement and CV writing. There was also input from psychology staff on coping strategies.
- 6.31 It was positive that the pre-release team saw all new arrivals (including those on remand) and actively supported them to sustain tenancies (see paragraph 6.12). However, a shortage of housing locally meant that in the last few months about half of prisoners did not have an address to go to on their day of release.

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.

- 6.32 The prison released about 11 prisoners a week to the community. A very small number of these were released early on home detention curfew, with about half released after their eligibility date, mainly due to delays in the community, such as police checks.
- 6.33 The pre-release team identified all prisoners nearing the end of their sentence and produced a release plan for those who were low and

medium risk. In most of the cases we reviewed, this was completed when the prisoner had three months to serve, and the plans clearly identified the resettlement needs to be addressed before release.

- 6.34 A pre-release board held a month before planned release was an effective forum for checking that resettlement needs had been identified and were being managed. Prisoners could attend in person and speak to staff from the pre-release team, health care and the substance misuse services. They could also engage with the information, advice and guidance team and a support worker from the Shaw Trust (a charity that helps individuals with complex needs into the workplace), who could take referrals to the 'departure lounge' in the city (see paragraph 6.37).
- 6.35 In the cases we reviewed, we saw persistent efforts by the pre-release team in dialogue with COMs to resolve prisoners' resettlement needs. However, this work was sometimes interrupted by the prisoner being transferred at short notice to Lincoln.
- 6.36 On the day of release prisoners were offered a rucksack containing a towel and toiletry items. Some prisoners without an address to go to had been given a mobile phone, but the supply was almost exhausted, and it was not clear that these would be replenished.
- 6.37 After they were discharged, prisoners could attend an excellent departure lounge activity centre in the city run by the Shaw Trust. This offered a comfortable space to relax, have a hot drink and food, and engage with a range of community support services. The service was open to all prisoners on licence who were unemployed with a right to work in the UK.

Section 7 Progress on recommendations from the last full inspection and scrutiny visit reports

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 2018, first night support was reasonably good but induction was weak. The number of recorded violent incidents was very high, and the level of assaults on staff was a particular concern. The prison was proactive in attempting to address this. The use of force and special accommodation was exceptionally high and governance too weak. Conditions in the segregation unit had improved a little. Drugs remained easily accessible and efforts to reduce supply had not yet been sufficiently effective. Since the previous inspection, there had been three self-inflicted deaths. The levels of self-harm had reduced slightly but remained high. There was clear evidence that the prison was responding to lessons learnt but the quality of assessment, care in custody and teamwork (ACCT) documentation was variable. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

The prison should use their local data analysis to develop and prioritise a clear set of actions to reduce levels of violence.

Achieved

Governance of the use of force and the use of special accommodation should provide regular and robust oversight and accountability, with the aim of reducing both aspects.

Achieved

Drug supply reduction should be prioritised, so that managers can act routinely on intelligence and ensure that requested searching and drug testing are completed as intended.

Not achieved

Recommendations

The reception area should be improved, to provide a more welcoming and comfortable experience for those arriving at the prison.

Achieved

All arrivals new should undergo a full and formal induction that provides them with information on how to access regime activities and services.

Not achieved

The incentives and earned privileges scheme should be relaunched, encourage good behaviour and be applied consistently, in accordance with the published policy.

Achieved

There should be regular, robust and multidisciplinary monitoring of segregation.

Achieved

The mandatory drug testing suite should provide a decent environment.

Achieved

Managers should ensure that assessment, care in custody and teamwork (ACCT) care maps reflect the safety concerns identified at the assessment interview, and that all care map actions are completed before ACCT monitoring is ended.

Achieved

Adult safeguarding procedures should be introduced, and the prison should engage with the local safeguarding adults board.

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2018, staff–prisoner relationships were a strength, and staff were now more confident in challenging and dealing with prisoners' poor behaviour. The prison was cleaner overall but further improvement and refurbishment were required. Access to basic amenities had improved. The quality of both the food provided and the prison shop list were reasonably good but meals continued to be served far too early. The application system was much better than previously, and responses to complaints were good. Equality work was developing and faith provision was good. Health services had improved but there was insufficient provision for low-level mental health problems, despite high demand. Substance misuse services were good. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendation

The programme of refurbishment and improvements to communal facilities and cells should be continued, to ensure that living conditions are of an acceptable standard.

Partially achieved

Recommendations

Cells designed for one should not be used to hold two prisoners (repeated recommendation).

Not achieved

Laundry facilities should be introduced for those prisoners entitled to wear their own clothes. (Repeated recommendation)

Achieved

Lunch should be served after noon and the evening meal after 5pm. Breakfast packs should be improved and given out on the morning they are to be eaten. (Repeated recommendation)

Not achieved

New prisoners should be able to buy items from the prison shop within 24 hours of arrival. (Repeated recommendation)

Partially achieved

Outcomes of prisoner consultation meetings should be routinely publicised and shared with prisoners, to further increase their confidence in the process.

Not achieved

All prisoners should have access to bail information and prisoners who need specialist support should be appropriately signposted. (Repeated recommendation)

Not achieved

Data to cover all protected characteristics should be routinely collated and analysed, to ensure that any inequalities are identified and addressed.

Partially achieved

There should be active consultation and support from community organisations for prisoners with each protected characteristic.

Not achieved

The buddy scheme should have greater oversight, including job descriptions and supervision.

Not achieved

The health care provider should routinely gather and analyse prisoners' views on health care, to support service development.

Not achieved

Clinical areas should be fully compliant with current infection control standards. (Repeated recommendation)

Achieved

There should be a whole-prison strategic approach to promoting health and well-being.

Not achieved

A localised pathway should be developed for patients requiring end-of-life care.

Achieved

Prisoners with potential social care needs should always be referred to the local authority for a full social care needs assessment.

Achieved

Adaptations for those with disabilities should be carried out in a timely manner.

Not achieved

Patients with mental health problems should have prompt access to a comprehensive range of care-planned support that meets their identified needs, including one-to-one support, group work and psychologically informed interventions.

Not achieved

Patients requiring transfer under the Mental Health Act should be assessed and transferred within agreed Department of Health time frames.

Not achieved

Confidentiality should be improved when medication is dispensed from the main treatment room.

Achieved

In-possession reviews should take place regularly and assess both the patient and the medicine.

Achieved

Prisoners' access to dentistry should be consistent and clinic lists should be well managed.

Achieved

Purposeful activity

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

At the last inspection, in 2018, there was insufficient time out of cell, but the regime ran predictably. Far fewer prisoners were locked up during the core day. The range of creative activities was impressive. Far fewer prisoners attended the library than at the time of the previous inspection, and the gym was in a poor condition. Ofsted rated education, skills and work activities as good overall, which was an improvement since the previous inspection. The number and range of activity places were adequate, allocation was effective overall and attendance rates were appropriate for the type of prison. The quality of teaching was generally good. Most prisoners behaved well in activities and there were some high success rates, but the recording of achievement in non-accredited work required improvement. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

Prisoners should have at least 10 hours out of their cells on weekdays, including some time in the evening.

Not achieved

The gym and outside PE area should be fit for purpose.

Not achieved

The quality of teaching should be monitored more effectively, including more frequent direct observation of education classes.

Partially achieved

Work allocations should not be delayed.

Not achieved

Vulnerable prisoners should not leave education classes early to attend PE sessions.

Achieved

The number of prisoners released without employment, training or education on release should be monitored.

Not achieved

Tutors should set and monitor appropriate learning targets for all prisoners.

Achieved

The prison should identify and record prisoners' skills development and achievements for all activities undertaken.

Not achieved

Preparation for prisoners' employment on release should be promoted through practising job applications and interviews.

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 2018, visits provision had improved considerably and there was now a well-designed visits hall. The strategic management of resettlement provision was improving. Offender management had improved overall but was too reactive, and contact was inconsistent. Too many prisoners were transferred without an offender assessment system (OASys) assessment or sentence plan. Delays in releasing prisoners on home detention curfew were being addressed. Public protection arrangements in preparation for release needed further improvements. Categorisation work was up to date. The community rehabilitation company provision was strong, and preparation for release was good, but the number

of prisoners released without sustainable accommodation was not monitored. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

The visitors centre should provide comprehensive advice and support for prisoners' families.

Not achieved

The offending-related needs of different types of prisoners should be analysed and used to inform specific provision for them where needed.

Not achieved

All sentenced prisoners should have a sentence plan which is based on their risk of harm and likelihood of reoffending, and is managed actively to ensure progression.

Achieved

Release planning for all high risk of harm prisoners should be more robust, including oversight by the interdepartmental risk management team, better communication about risks with the community-based offender manager and confirmation of the most appropriate multi-agency public protection arrangements (MAPPA) management level where necessary.

Achieved

Transfers should be progressive, timely and based on meeting prisoners' sentence plan targets.

Achieved

The number of prisoners released into sustainable accommodation should be monitored robustly, to evidence outcomes.

Achieved

Recommendations from the scrutiny visit

The following is a list of the recommendations made in the scrutiny visit report from December 2020.

The purpose of the Lambert unit should be clearly defined, and robust oversight should ensure appropriate use of the unit, segregation and special accommodation, and effective reintegration planning.

Achieved

All prisoners should be able to live in a clean and decent environment.

Not achieved

The needs of prisoners with protected characteristics should be identified and addressed.

Not achieved

Patients requiring assessment and treatment in mental health hospitals should be transferred expeditiously, and within the Department of Health target transfer time.

Not achieved

Prisoners should have adequate time out of their cell each day to promote health and mental well-being.

Not achieved

Prisoners who are not subject to any associated public protection restrictions should be able to re-establish and maintain relationships with their children and families.

Achieved

Prisoners should have face-to-face contact with their offender manager and resettlement worker to ensure that their risks are appropriately managed and their needs met.

Achieved

Appendix I About our inspections and reports

HM 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, 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 HM 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 outlines the priority and key concerns from the inspection and our judgements 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/hmiprisons/our-expectations/prison->

expectations/). Section 7 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:

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Deborah Butler	Team leader
Ian Dickens	Inspector
Martyn Griffiths	Inspector
Lindsay Jones	Inspector
David Owens	Inspector
Chris Rush	Inspector
Nadia Syed	Inspector
Stephen Eley	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Richard Chapman	Pharmacy inspector
Saul Pope	Lead Ofsted inspector
Nigel Bragg	Ofsted inspector
Tilly Kerner	Ofsted inspector
Vicki Locke	Ofsted inspector
Sharon McDermott	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/>

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.

Offender Management in Custody (OMiC)

The Offender Management in Custody (OMiC) model, which has been rolled out in all adult prisons, entails prison officers undertaking key work sessions with prisoners (implemented during 2018–19) and case management, which established the role of the prison offender manager (POM) from 1 October 2019. On 31 March 2021, a specific OMiC model for male open prisons, which does not include key work, was rolled out.

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).

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.

Virtual campus

Internet access to community education, training and employment opportunities for prisoners.

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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