



# **Annual Report of the Independent Monitoring Board at HMP/YOI Preston**

**For reporting year  
1 April 2023 to 31 March 2024**

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## Introductory sections 1 – 3

### 1. Statutory role of the IMB

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

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

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

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

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

## **2. Description of the establishment**

### **2.1 Overview**

HMP/YOI Preston is a predominantly Victorian radial prison constructed between 1840 and 1895. It operates as a category B reception prison for men (for those considered a risk to public safety but not categorised as a maximum-security threat), servicing courts across the northwest of England. It holds men aged 18 and over who have been remanded in custody, are awaiting trial, serving sentences of 12 months or less, or are awaiting transfer to another prison after sentencing. It is situated on a very confined site near Preston city centre, and experiences all the difficulties typical of this style and age of establishment. Its location, however, allows good transportation links for visitors.

### **2.2 Prison roll**

The prison roll averages around 670<sup>1</sup>, with an operational capacity (the maximum number of prisoners that can be held without risk to safety, security, good order, and the proper running of the planned regime) of 680. Being a local prison serving the courts requires the prison to release and/or transfer out approximately 50 prisoners each week in order to create spaces for those remanded to custody by the courts. This entails a consistently high administration workload.

### **2.3 Prison facilities**

In addition to the core residential accommodation and prison facilities, the following is available to the prisoners:

- a 30-bed healthcare centre, with regional beds for northwest prisons
- a 28-bed recovery wing for those with addiction problems
- a dental surgery, which meets current NHS guidelines
- a well-stocked and managed library, plus an employment hub
- an education department that includes an IT centre, which has 48 computers and an art suite
- a well-equipped PE facilities, inconveniently on three sites but well managed and delivered
- a textile workshop
- a horticulture centre
- a laundry that allows prisoner's clothes to be laundered on a personal basis.

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

### **3. Key points**

#### **Staffing levels**

HMP/YOI Preston has been allowed to recruit staff above its target establishment level. The numbers recruited have varied through the reporting year, so there has been no constant level of over-staffing. There have been times when there was a waiting period for the new recruits to be sent away for their training. During this period, a number were cross deployed as operational support staff or administration staff, in order not to lose them.

#### **3.1 Main findings**

##### **Safety**

- There were four deaths in custody during the reporting period, three of which were, apparently, from natural causes. Bearing in mind that the healthcare centre is a regional resource, and a number of prisoners were receiving end-of-life care, deaths from natural causes were inevitable.
- Self-harm rates were quite high in comparison with previous years. In every case where concerns had been raised about the wellbeing of a prisoner, an assessment, care in custody and teamwork (ACCT) review process was initiated. These are used to support prisoners who are at risk of self-harm and suicide. Between 25 and 30 ACCTs were opened every month and there were 70 reviews of open ACCTs every month. These were quality assured by Senior Officers (SOs) and Custody Managers (CMs). The IMB had close contact with the safer custody team and always receives a high level of co-operation.
- The levels of violence remained high, with 18- to 25-year-olds being the main perpetrators. This meant that the use of force was also high, although Pava spray (an incapacitant) and drawn batons were rarely used.
- Illicit items were still entering the prison and there were a number of drone incidents. The prison tightened the security of cells with windows, which can be accessed by drones.

##### **Fair and humane treatment**

- Improvements to the showers continued.
- The key worker programme was operational and is back to full delivery.
- The Time4Change model, targeting young adults (YAs), continues to run and there were other initiatives to engage with this age group.
- Issues in relation to kitchen equipment, which were noted in previous annual reports, persist.

##### **Health and wellbeing**

- Mental health care is provided seven days a week. The mental health ward has on average, between 8 and 10 patients.
- There have been great efforts to increase the time out of cells for most prisoners, which includes training and education, attendance in workshops, gym sessions and allocated library time
- All prisoners are screened for drug and alcohol addiction on arrival. Those testing positive can apply for the Inside Out Programme, based on therapeutic models such as the Alcoholics Anonymous 12-step programme.

## **Progression and resettlement**

- As a reception prison, a large portion of the education offer is delivered in bite-size courses to improve key skills level within the limited time prisoners are at the establishment.
- As a reception prison, vocational training is limited but still includes painting and decorating, as well as industrial cleaning, laundry, sewing and horticulture.
- The number of probation officers in the prison has now returned to full capacity, complemented by the recent appointment of a senior officer. The offender management unit (OMU) still includes a large number of band 4 prison officers. Although this does not follow the original POMs model, the Board is mindful that the resourcing model for the prison does aim to match the prison population.
- Family contact is through normal visits and specific family days.
- An employment hub is based in the library and is well attended by the prisoners. A number of employer facing events are being planned.
- The OMU is responsible for the sentence planning and those sentenced prisoners are allocated a POMS. There is no similar support and guidance for remand prisoners.

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

#### ***TO THE MINISTER***

- The national contract for kitchen maintenance is not well delivered at HMP/YOI Preston. The main issue is faulty equipment: the repair of crucial equipment is constantly delayed for weeks, and the subsequent costly hiring of temporary replacement equipment eats into the prison budget. What does the Minister plan to do about this?
- There are serious problems with the fabric of this Victorian prison. The reception area and the gate house are not fit for purpose and the offender management's unit's (OMU) prefabricated structure was condemned 15 years ago. How will the Minister address this problem?
- The policy whereby the NHS Reconnect service rejects some prisoners as not being suitable for their support on release is a gap in provision, which potentially results in early reoffending. What steps will the Minister take to rectify this issue?

#### ***TO THE PRISON SERVICE***

- The professionalism displayed by many prison officers in their interaction with prisoners is commendable. There are a small minority who treat prisoners in a disrespectful way, and this can be very damaging to prison and prisoner relationships. The Board recommends reviewing the refresher training and mentoring with regard to pro-social modelling, de-escalation and neurodiversity awareness.

#### ***TO THE GOVERNOR***

- Ongoing delays with PINs' (personal identification numbers that prisoners use when they want to make phone calls) applications is causing prisoners and wing staff continual frustration and needs to be addressed.
- Prisoner property continued to be a major source of concern for prisoners, as evidenced in the number of IMB applications (prisoners' written representations)

we received. Whilst there were improvements, the handling of prisoners' property should continue to be an important focus for the prison. More effective management of the cell-clearance process has the potential to considerably reduce instances of loss and, therefore, the number of complaints.

- The OMU has one senior probation officer (SPO). Other prisons typically have two SPOs to undertake these roles. We feel this issue should be a consideration in future planning.
- The F wing initiative (incentivised substance free living), which encourages prisoners to lead drug free lives, showed excellent results. An increase in the accommodation allocated to this project has the potential to increase the number prisoners that could benefit.

### 3.3 Response to the last report

Issues raised	Response given	Progress
<b>To the Minister</b>		
The inadequacies of reception remain a concern. There appear to be no viable options to increase the size of the prison campus to address this matter or to relocate the offender management unit (OMU) from its dilapidated temporary building. This is not satisfactory.	Efforts to expand the prison into the adjacent museum building have now been shelved due to cost considerations.	No further progress.
The property of prisoners is not always treated with the respect it deserves. Prisoners who move about the prison estate do not necessarily have their property moved with them on the same day. This leads to a loss of property and prisoner distress. More investment is needed, particularly in transport facilities.	There has been further central guidance, which is helpful.	Some progress.
<b>To the Prison Service</b>		
To adjust the prison's budget, so that minor capital items can be purchased during the year to ensure that more money is not spent on hiring essential items than the cost of purchasing them.	No evidence that there have been any changes.	No progress.

<b>To the Governor</b>		
Time out of cell for those prisoners not in work or education should be increased.	This has been a major focus for the Governor and there were noticeable improvements.	Good progress.
To provide more family engagement in preparation for a prisoner's release.		No change.
The key worker programme should be increased so it can operate at its designed level.		Now back to a fully operational model. All prisoners are seen weekly.



## **Evidence sections 4 – 7**

### **4. Safety**

#### **4.1 Reception and induction**

HMP/YOI Preston operates as a reception prison, taking remand and convicted prisoners from both magistrates' and Crown Courts in the northwest of England. However, it regularly receives prisoners from outside its designated catchment area, from courts in Merseyside, Carlisle, and Durham. This means that the arrival of the last prisoner is often delayed. Staff in reception and the first night centre are to be commended for efficiently processing new arrivals.

The physical limitations of reception have been a concern of the IMB over several years and has been mentioned in previous reports. Now that any expansion into the adjoining buildings (Preston Museum) has been ruled out, there is no clear suggestion of how this issue can be resolved.

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

There were four deaths in custody this year, three of which were, apparently, from natural causes. All were investigated by the Prisons and Probation Ombudsman (PPO), and one of the learning points was a review of the use of red and blue alert codes (red is for when a prisoner is bleeding and blue is for when a prisoner is not breathing).

The fourth prisoner who died apparently took his own life. The safer custody team had been working very closely with him and were very upset at this outcome. There was no criticism at the level of support and assistance he received.

The prison offers support to the families of prisoners who die in prison, as well as to prisoners who may have been affected. The prison also has an established network of support for staff who may have been affected by a death in custody.

The prison's first line of defence against self-harm is the ACCT process. Under this procedure, prisoners who are, or thinking about, self-harming can be reported to the safer custody team (SCT) by anyone with concerns. Within an hour of a report, the SCT will initiate a meeting with the prisoner and agree a course of action with them. Within 24 hours, a more detailed plan of support is developed, typically involving mental health staff and family members. The prisoner then meets with the team once a week to review their progress. In between these meetings, the prisoner will have been monitored once an hour, or more frequently if thought necessary. In extreme cases, a prisoner could be placed under constant watch. During the reporting period, 736 ACCTs were opened. The SCT believes that one reason for the high number of self-harm incidents is due to an improvement in the staff's awareness of risk factors relating to self-harm. The IMB feels that Preston's ACCT procedures are well implemented, and the SCT takes its responsibilities very seriously.

The measures to regulate the allocation of razors continued after last year's trial period. Prisoners were given a razor at set times, which was then collected, again, at set times.

Prisoners also have access to Listeners (prisoners trained by the Samaritans to provide peer support) on a 24/7 basis. If a prisoner wishes to see a Listener during night-time lock up, the duty Governor is summoned and can arrange for the prisoner to be taken to the

Listener's suite. The Board is interested to see how this development works and what additional benefits might arise from out-of-hours support.

A lot of conflict within the prison is caused by drug use and drug debts. To encourage prisoners to lead drug free lives, a new incentive scheme has been started, which involves prisoners opting to move to F wing, where there are improved facilities and less contact with other prisoners. Under this new incentivised substance free living regime, prisoners sign a compact (contract) and undertake increased levels of drug testing. The IMB believes this is an excellent initiative; an expansion of the accommodation available for this project could enable more prisoners to benefit from this opportunity.

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

The incidence of violence in the reporting period has been higher than in the two previous reporting years but has not been out of step with other comparator prisons. The main type of incidents has been prisoner-on-prisoner assault, followed by assaults on staff. All incidents are reviewed at the use of force meetings.

As previously mentioned, violence is influenced by the age of a prisoner. Preston has made steps to focus on the 18-to-25-year age group in terms of encouraging more out of cell activities and attendance at the Time4Change meetings (modelled on the HMP Pentonville initiative). Officers from Pentonville have visited Preston and facilitated sessions about grooming and consent.

#### **4.4 Use of force**

The use of force remains quite high, but Pava incapacitant sprays and drawn batons are rarely used. Use of force meetings were observed by the Board, who believe they were properly conducted.

#### **4.5 Preventing illicit items**

The prevention of illicit items primarily refers to drugs and mobile phones entering the prison, as well as to the trading or selling of medication within the prison. To help prevent the latter, almost all cells now have a lockable medicine cabinet. The re-introduction of mandatory drug tests indicates that the most popular drugs used in prison are either psychoactive substances or cannabis.

The body scanner in reception continues to identify arrivals who have items concealed within their body. In all cases, these prisoners are held in a segregated cell, where they stay until they are shown to be clear of any concealed items.

Photocopying prisoners' mail and the 'email a prisoner scheme' have helped to reduce the incidence of paper impregnated with drugs reaching prisoners. Mail, including unopened legal mail from solicitors, is regularly presented to the drug-detection dogs. If the dogs indicate a positive reaction, the mail is swabbed and the swab inserted into an atomiser, which will indicate whether or not drugs are present. If Rule 39 mail (letters protected from examination through legal privilege) is found to test positive, this is recorded, the mail photocopied, and the copy given to the prisoner. The atomiser, in general, is only used where intelligence reports indicate a suspicion of drugs.

In line with the prison estate generally, drones are a routine problem. Their ability to target specific location means that cell fabric checks are required to identify evidence of damage to the windows of the cell that would enable drugs to be taken off a drone.

Drones can be used to drop drugs into areas of the prison, hoping that they will first be spotted and collected by prisoners before staff can see the package. Vigilance by all staff is important.

Phone detectors continue to be used at night to determine the use of mobile phone. All positive indications lead to a cell search the following day.

#### **4.6 Debt**

The prevalence of debt and its implications for bullying and good order remains a concern for the Board. Prisoners are often placed in difficult positions as early as the first night centre, where limited funds make them vulnerable to 'helpful' approaches from other prisoners. Given Preston's high turnover of prisoners, this is an issue that can affect a lot of prisoners. The prison has taken steps to review the process in order to reduce the debt problem.

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

### **5.1 Accommodation**

HMP/YOI Preston is a Victorian prison and, as such, it does not meet modern accommodation or access standards. Cells do not meet the standards laid out in HM Inspectorate of Prisons' (HMIP) report, 'Life in Prison: Living Conditions'.

There is an on-going cell improvement programme as part of a contract with Amey. Cells are being provided with fixed toilet screens and upgraded furniture and windows are being mended. The in-house team 'Q branch' (involving prisoner participation) also undertake minor repair work.

The fact that the structural layout of the prison is dated does not mean that the fabric of the prison has to be dated and the prison has made significant efforts to improve conditions. The introduction of in-cell phones last year has made a huge improvement to prisoners' lives.

The Board feels that allowing prisoners to access specific, personally relevant 0800 numbers would provide them with an opportunity to manage their private affairs without jeopardising prison security.

### **5.2 Kitchens and food quality**

Overall, the kitchen team has managed an efficient and effective service during the reporting year. As with the last report, several equipment issues have been reported. Whilst the faulty equipment has ultimately been either repaired or replaced, some of these issues have taken an unacceptable length of time to resolve and have impacted negatively on the smooth running of the kitchen.

It is to the credit of the manager and their staff that, despite equipment issues, they have always managed to provide meals for all prisoners on a daily basis, although changes to planned menus are often required at short notice.

The new catering manager took over in December 2023. During the reporting year, the catering team started to make bread products in-house. This was a two-fold initiative: to cut costs and offer a training opportunity for the kitchen staff to increase their skills within the department.

There is a progressive menu choice that appears to meet the majority of ethnic, cultural and dietary requirements. However, it has been highlighted that dietary requirements could be at serious risk of not being met due to specific information not being passed on to the kitchen staff in a timely and accurate way. To ensure this risk is eliminated, the catering manager is working directly with the area concerned to ensure that 'best practice' is adhered to at all times.

The new catering manager is planning to review current menus to incorporate more home-cooked foods for prisoners, whilst taking into account any specific dietary requirements.

Following several visits from an environmental health officer (EHO) and additional in-house inspections, the kitchen department was awarded five stars in the EHO report.

### **5.3 Laundry**

New laundry arrangements have been very successful and are to be commended. The facility allows all prisoners' clothing to be labelled, washed on site and returned individually.

Inevitably, there have been some teething issues with managing the movement of laundry from the wings. However, the operation seems to be well organised, with staff often arriving early and working late to make sure the system works. The laundry is an impressive addition to the prison and a great improvement in decency for prisoners, who can now wear their own clothes and have them cleaned individually. The longer-term plan is for the laundry to be quality assured, with the prisoners obtaining a trade qualification.

### **5.4 Segregation**

The care and separation unit, or CSU, where prisoners are segregated, has 15 single-occupancy cells and one constant watch cell. A self-contained unit, it has its own servery, as well as showers and an adjudication room (where disciplinary hearings are held for prisoners who are alleged to have broken prison rules), plus direct access to three exercise yards.

Prisoners are entitled to a shower and exercise each day, which they request when picking up breakfast. They also have a radio and can request distraction packs and access to the prison's library service. They are visited each day by a Governor and a chaplain, and twice a week by a nurse and a doctor. The IMB visits the unit several times a week and interviews new arrivals. The most frequent reason for segregation is concealment of an illicit item, followed closely by GOoD, or good order or discipline (when a prisoner behaves in a way that puts other people in danger or risks causing problems in the rest of the prison). The IMB observes Rule 45 reviews (where it is determined if the prisoner should remain segregated) when they are able to do so.

In the previous reporting year, a mental health nurse was assigned to the CSU, which led to a regular and consistent input into prisoner care. During the reporting year, the post-holder left and was not replaced, which seems a retrograde step. The prison has, with some success, attempted to reduce the average length of stay in the CSU.

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

The IMB has been pleased to see the fully operational return to the key worker scheme after the inevitable curtailment caused by Covid-19 pandemic. The custody manager responsible for the operation of key working regularly quality assures key worker reports and provides support and advice through the key worker hub. The IMB has sampled key worker reports and has been impressed by the improved quality. The managers of other units (employment, healthcare and safer custody) have also acknowledged the positive input of key workers to the IMB.

### **5.6 Equality and diversity**

The equality situation in HMP/YOI Preston has been monitored by a part-time member of staff for half the year, with another member of staff taking over for the remainder of the year. The analysis of those with protected characteristics (including, among others, race, religion, age, disability, sex and sexual orientation, which it's unlawful to discriminate against) in each meeting concerning prisoners is presented in the minutes. These indicate that all groups show some disproportionality at different times in different fields.

The only group that is represented in numerous areas is the 18-25-year-olds. Their anti-social behaviour is of concern, hence the introduction of the T4C programme. The programme was suspended for part of the year but is now back in full operation.

In January, function heads were appointed as 'protected characteristic' leads. This arrangement has not had time to be implemented fully.

An immigration enforcement officer visits the prison every week, but more support could be provided by the prison to foreign national prisoners.

The chaplaincy plays a crucial role in making the prison a multi-racial and multi-religious tolerant establishment.

### **5.7 Faith and pastoral support**

The chaplaincy consists of a full-time manager and a team of 19 part-time chaplains from a diverse range of faiths. The chaplaincy team speaks to every incoming prisoner, providing an important pastoral support function alongside any specific religious observances. For any faiths not represented on site, prisoners are given a weekly faith information pack.

The chaplaincy provides pastoral support to prisoners who have requested it, as well as to men who have suffered a bereavement or who have a loved one who with a serious illness. They also attend ACCT and R45 reviews.

The chaplaincy carries out generic duties, including daily reception visits, healthcare and CSU rounds and discharges. They also respond to general applications on faith and non-faith related queries.

The multi-faith chapel provides an important focus in the prison for faith activities, as well as for prison-wide meetings, events and activities.

### **5.8 Incentives schemes**

The prison runs an incentives scheme. This is an incentive-based behaviour determined regime. It is not based on the crime committed but on the behaviour in prison. The level allocated is reviewed every three months.

When prisoners enter the prison, they are placed on the middle level, standard. They are informed that with good behaviour they can progress to enhanced level, but with poor behaviour they can be downgraded to basic. Each level has certain privileges, covering how much money they can spend and how many family visits they can; an enhanced prisoners can wear their own clothes.

### **5.9 Complaints**

The main issue with the complaints' system is the lack of acknowledgement of the receipt of a complaint. The prisoners are supposed to receive an acknowledgement as soon as the complaint is logged on to the system. This has not been happening. The prisoners feel their complaint has gone into limbo, even when eventually they do get a reply.

### **5.10 Property**

The number of applications submitted to the Board concerning property remains similar to the previous year, comprising 17% of the total applications received. These figures are

slightly enhanced by multiple applications for the same issue, where it was not resolved quickly enough for the prisoner, such as compensation for lost items.

It is clear that the cell-clearance process is not always carried out in a timely manner, leading to significant loss of property for some prisoners and additional administrative workload and financial burdens for the establishment.



## **6. Health and wellbeing**

### **6.1 Healthcare general**

During the reporting period, the healthcare contract was re-tendered and will be provided by the Practice Plus Group from 1 April. It is not anticipated that this will lead to major operational changes and most of the current staff have opted to remain, with the exception of the manager. The healthcare department is currently being well managed on an acting-up basis.

The healthcare department is adamant that prisoners are seen within the same timescale as in the community. All urgent care needs are seen on the same day via the clinician application triage pathway. Emergency calls are responded to immediately, whether it relates to physical issues such as self-harming, or medical ones such as heart attacks.

Healthcare staff are invited to all ACCT reviews and attend the majority. They also attend all Rule 45 reviews in the CSU.

As reported previously by the Board and confirmed by a recent HMIP inspection report, HMP/YOI Preston has a well-managed healthcare unit.

### **6.2 Physical health**

All prisoners have an initial healthcare screening by a nurse on arrival in reception. Those requiring medication for addictions are seen by the clinician and the following day they have a more detailed review in the first night centre.

The patients who are withdrawing from substances are offered appropriate symptomatic medications and are monitored twice throughout the night for the first three days in custody. If a patient is located on the CSU immediately from reception and are withdrawing from substances, the care pathway and checks remain in place, ensuring safety. If the body scanner in reception has indicated that a prisoner has a secreted item internally, it is always assumed that it contains addictive substances.

Prisoners are regularly screened for hepatitis C and the kitchen unit is provided with a list of prisoners subject to special diets.

Preston has a GP presence five days a week and the Board has no concerns about waiting times for appointments. The unit also has two advanced clinical practitioners.

Other appointments offered include podiatry, substance misuse (including 12-week reviews), optician, sexual health clinics, smoking cessation, vaccinations, abdominal aortic aneurysm (AAA) screening, X-rays, plus primary care clinics, including leg dressings and wound reviews.

Attendance at appointments is not 100% and collaborative working and problem solving continues to tackle the enablement issues at HMP/YOI Preston. This collaboration has seen the development of a healthcare clinic rota and also increased enabling-officer oversight.

The prison has a regional enhanced care unit, known colloquially as the 'hospital wing'. One landing is for physically ill patients and another is for patients who are mentally unwell.



The mental health service is available seven days a week and comprises psychiatry, psychology and mental health nurses. A duty worker responds to urgent needs and attends all initial ACCT reviews. The team operates a stepped-care model, ranging from self-directed care through to complex-case management. All new referrals are triaged, and an assessment completed within five days. Cases are discussed at the multidisciplinary team meeting and, if accepted onto the caseload, the patient is allocated an assigned practitioner.

### **6.3 Mental health**

The in-house mental health team (IMHT) is fully staffed, with a range of professionals, including a psychiatrist, nurses, counsellors, senior counsellors, psychological wellbeing practitioners, a higher assisted psychologist and a clinical psychologist. They provide a service seven days a week. In the reporting year, they have received 2184 referrals for mental health support and attended 1967 ACCT reviews.

Although there is a waiting list for the mental health team, the Board is not concerned about waiting times. The waiting times for mental health beds in a secure unit under the mental health act are variable and can change at any time in the referral process, as access is based on a priority need. If the prison has a prisoner who is deemed urgent, they will take the next bed that is available. The required level of security of the hospital, be it a psychiatric intensive care unit, a low, medium, or high security unit, is made on the basis of how the patient is presenting, their history of violence, their risk to others and their previous convictions. On occasion, the Ministry of Justice does not agree with the level of security so will not provide the prison with a movement order. The prison will then have to refer to another setting. There were no prisoners waiting an excessive time to be allocated a bed during the reporting year.

Appointment of a specialist officer to lead on the management of prisoners with neurodiverse conditions has been important. IMB members have been briefed on this role and anticipate that the prison and its staff will benefit from better understanding of these conditions and more appropriate management and interventions.

Prisoners are often recalled to prison on a 28-day recall. Some prisoners are coming into prison who remain acutely psychotic and, due to a lack of beds in the community, the courts, in the Board's view, appear to use the prison as a place of safety at times. This gives the mental health team little time to prepare them for release. When this is not achievable, the prisoner may have to be subject to a gate section. This is when, on the day of release, they are stopped at the gate, transferred to hospital in a secure ambulance for assessment and treatment and held under the Mental Health Act. To accomplish this, a referral is made, and the prisoner is assessed either the day before or on the day of release by a psychiatrist and an approved social worker. If they deem the prisoner to be appropriate for admission, they have to find a bed in a mental health hospital and arrange transport for the patient. This is a very time-consuming process, and if no bed can be found, then the prisoner will be released into the community.

In terms of rehabilitation, the release arrangements are crucial for vulnerable prisoners with mental health issues. The Integrated Mental Health Team (IMHT) does have regular contact with community mental health teams (CMHTs). It is sometimes difficult, however, to hand over the care to a CMHT, as they will not acknowledge the clinical diagnosis of the IMHT. These patients are often homeless and a CMHT will not accept them without

an address. If they have to go to approved premises, this is identified at the last minute, delaying the referral to a CMHT.

Reconnect is an initiative set up by the NHS to provide wraparound support for a patient. The prison refers prisoners to Reconnect on release. Some prisoners who have returned on remand may already be under the CMHT. On release, Reconnect will not accept these prisoners, who then miss out on its support.

#### **6.4 Time out of cell regime**

This has been a major focus in the prison during the past year. The Governor has committed to increasing opportunities for time out of cell, with a good deal of success. The appointment of a new activities lead from outside the Prison Service has been a key component in this success.

The overall Education offer ranges from pre-entry level to Level 2. It is geared to meet the needs of prisoners in a short-stay prison environment. Provision is divided between Prison Education Framework, delivered by (Novus) and prison-delivered activity in industry and residential areas. Novus provision has a mix of accredited and unaccredited courses in small units, enabling men to make progress whilst in a reception prison, as well as prepare them for their next custodial destination or release into the community. Prison employment opportunities exist for 'main' and vulnerable prisoners in the kitchens, recycling, waste management, horticulture and the laundry and textiles respectively. With a range of wing based and orderly roles, including Here2help, mentors and neurodiversity support reps. The overall out of cell places amount to 505 daily and 3786 weekly. These are impressive figures, typically reflecting 75% of the total prison population.

#### **Provision for under 21 year olds**

Prisoners under the age of 21 can access all the above, subject to Maths and English assessment levels and security clearance. In addition, they can also access a minimum of two gym sessions per week and participate in the Time4Change programme.

#### **Provision of physical activity for workers such as kitchen staff**

All full-time workers can access four gym sessions each week during the evenings and weekends, enabling them to fulfil their work obligations. The number of gym sessions has been increased from three to four gym sessions per week for all full-time workers, following the appointment of a new custody manger in the gym.

#### **Use of the gym**

There are dedicated weekly sessions for prisoners from G wing and a weight management class that also incorporates remedial activity. The gym functional skills' programme remains a popular option for men to combine their English and Maths development alongside physical training. Young Offenders have recently been provided with the opportunity to take part in these sessions to encourage a greater diversity of prisoners accessing the gym.

The Time4Change group has recently been provided with a dedicated Sunday morning gym session, delivered in part by the Time4Change mentors, with progress tracked by mentors on in cell Coracle laptops.

## 6.5 Drug and alcohol rehabilitation

On entry to custody, service users are triaged by the healthcare team to identify medical concerns or immediate needs. It is at this point that substance use may be disclosed, or a service user may present in a stage of withdrawal from substances. The clinical staff will discuss support options and agree a plan of action. For some, this may just be a period of observation and prescribing of symptomatic relief whilst withdrawing from the substance they have been using prior to custody. For others, prescribing may be required to support with withdrawal symptoms. Clinical Interventions are provided to help, encourage and promote a legal, controlled use of drugs or to control withdrawal if abstinence is desired.

Clinical interventions are delivered alongside psychosocial interventions through engagement with the Spectrum drug and alcohol service. This is to encourage, motivate and empower service users to play an active part in achieving abstinence from illicit and problematic substances.

There are many ways to refer into the Spectrum drug and alcohol service:

- Clinical referral: a referral can take place following healthcare screening in reception.
- Self-referral: new receptions to the prison may not always disclose recent or historic substance use on entry to custody for several different reasons. It may take a period of reflection in custody to understand or accept that substance use has been problematic.
- Offender management unit/through the gate/probation: a service user may be advised to engage with the service by their offender management team as part of their sentence.
- Other agencies: referrals can come from any agency within the establishment, including, for example, chaplaincy, the mental health team, the education unit, gym staff, etc. They can also come externally, such as from the community substance misuse teams, community clinical teams, probation service, etc.
- Personal officer: allocated personal officers may identify a need for referral during key works.

All new referrals are seen by the drug and alcohol team. Intensity of intervention and support required is explored through the assessment process:

- Recovery Initial Assessment: this takes place within three working days of the referral being received. A member of the recovery team completes a short assessment to introduce the service, discuss confidentiality and gain consent. They then discuss available interventions, start release planning and, if necessary, provide harm reduction and overdose awareness advice.
- Recovery Comprehensive Assessment: once allocated a recovery co-ordinator, the service user will be seen again within 15 working days to complete a more intensive assessment and produce a care plan and consider any onward referrals.

Once the initial assessment and care planning stage is completed, the service user will continue to work with their recovery co-ordinator throughout their time in custody and in preparation for release or transfer, where appropriate through-care support will be secured. Working with the drug and alcohol service is voluntary but encouraged, especially where service users are receiving substitute prescribing, such as methadone

maintenance, for example. Interventions that may be accessed during this time of engagement include:

### **Onward referrals**

Some of the services offered include healthcare, mental health in-reach team, gym and others, both inside and outside the prison.

### **Peer mentor scheme**

The peer mentor scheme is an extremely important part of the drug and alcohol service. Mentors are highly valued by both staff and service users for the experience and integrity they bring to the role. Anyone currently engaged with the service can apply if they are in active recovery and committed to being a role model for others.

### **Family support**

The Spectrum drug and alcohol service aims, where possible, to support families and significant others who are also affected by addiction and substance misuse.

### **Community release appointment**

When prisoners first engage, they are offered a referral to their local community service. Engagement with community drug and alcohol services is voluntary but encouraged. As release approaches, recovery co-ordinators work around support needs in the community.

### **Naloxone**

Whilst in custody, service users are offered naloxone (a medicine that rapidly reverses an opioid overdose) training and, once trained, the option to receive a naloxone pack as part of their release from custody.

### **Recovery unit**

The recovery unit is located on G wing and comprises 28 residents. In a partnership between the drug and alcohol service and the prison, the wing enables residents to develop individual motivation towards making positive changes to their drug and alcohol use. The programme offers a short-term introduction to tackling substance misuse whilst focusing on planning the next steps in their recovery, whether preparing for release or transfer to another establishment.

### **Recovery unit testimonial**

*'My feedback for G wing is nothing but positive. Not only have I been able to address my issues but now have ways to cope and manage myself in any given situation. I have realised I don't need to use anything to be a better me, I am a better me when I don't take things. My confidence and self-esteem have gone up massively since starting on this wing all thanks to Spectrum staff. I can't wait to put into practice what I have learned. I feel my life is heading in a better direction.'* *A former unit resident and peer mentor, who was positively moved back into the main population and with full-time employment, having completed the programme.*

## **7. Progression and resettlement**

### **7.1 Library**

The library continues to play an important role in the life of the prison. Over the reporting year, there has been a steady increase in the number of library visits and the number of books. In the last three months of the year, the number of visits to the library increased by 27%, and the number of books borrowed increased by 42%.

The library promotes various initiatives:

- The Turning Pages initiative is a programme where fellow prisoners act as mentors to help prisoners with their reading skills.
- Storybook Dads is a programme where prisoners can record themselves reading a bedtime story for their child. This is sent to the child; sometimes, this is the first time a child has heard their father read to them.
- Reading Ahead programme is a national scheme where a dictionary is given as a reward for people who have read six books.

Perhaps most significantly, the prison has just recently appointed a full-time reading development worker. In line with policy development across the prison estate, it is hoped that this new role will make a significant impact on the improvement of literacy and related key skills. The library is proactive in purchasing books to suit the interests of prisoners at all levels. This includes procurement of books in a range of different languages.

### **7.2 Education**

New prisoners undertake screening for both Maths and English during induction. Where needed, they are allocated to a functional skills class to raise their level. Bespoke functional skill classes are also provided, alongside the horticulture and gym offers.

The curriculum has been designed to suit the high turnover of the prison population in HMP/YOI Preston. Courses are typically delivered in bite-size sections, which most prisoners can complete during even a short stay. This means that prisoners can complete a course that will be recognised at their next prison, rather than having to start the course again.

There are a range of accredited IT qualifications available to prisoners on a bite-sized basis, but they can also gain the full award. These consist of one full-time IT class, one full-time graphics class and one full-time interactive-media class.

From over 260 questionnaires returned to the education department, there was a 96% satisfaction rating with the courses provided.

### **7.3 Vocational training, work**

Work is seen as an essential part of prison life. It provides social contact, gives prisoners an experience of a working environment and enables them to earn money. As a reception prison with a turnover of 50 prisoners a week, it only offers two vocational training courses: painting and decorating and industrial cleaning. Both are provided by the educational provider, Novus. Prisoners completing these courses obtain a City & Guilds qualification.

The prison offers approximately 400 places in employment and education each day. It aims for attendance levels of 80% but achieves, on average, just over 60%. Mindful of other demands for time (social visits, court visits, solicitors' interviews, etc) and the fact that prisoners on remand do not have to work, the Board considers this to be good performance.

Some work roles can lead to externally recognised qualifications. Posts in horticulture can obtain a City& Guilds certificate in horticulture and those in waste management can obtain the waste management training and advisory Board's qualification. The kitchens experimented with The CLINK qualification for chefs, but discovered it was not suitable to try to teach in a local prison. Listeners are trained directly by the Samaritans to their national standards before they can commence work and are monitored by Samaritans whilst practising.

#### **7.4 Offender management, progression**

During this period, the OMU has been fully staffed: a great improvement on last year. The balance between prison officers and probation officer prison offender managers (POMS) remains weighted towards prison officers. Although the Board understands that POMS are responsible for lower-risk individuals, we feel this situation would benefit from a better balance of personnel.

The OMU have completed offender assessments (OASys) in a timely way and all sentenced prisoners are seen by their allocated POMS appropriately. There is some concern that remand prisoners, who account for the 80% of the population, do not always have this level of support and guidance. The Board does note that although individuals on remand are not allocated a POM, the pre-release team (PRT) does support them.

MAPPA (multi-agency public protection arrangements) reviews, which assess and manage the risks posed by sexual and violent offenders, are attended remotely using Teams.

The early release scheme has, apparently, led to an easing of the prison population, but in remand prisons it has caused even greater churn and in turn increased work pressures. The support hub continues to offer support to prisoners on release.

The IMB has received positive feedback and is pleased with the prison's partnership with ACE Project, which supports ex-offenders to lead more stable lifestyles and provides volunteers.

From the Board's observations, weekly reducing reoffending meetings now seem to be well established.

#### **7.5 Family contact**

HMP/YOI Preston is a town centre prison in a city with a good transport hub. Regular family social visits should be one of the advantages of a prisoner located here. In early 2023, bookings were transferred to a national booking system. This did not improve the service, with families waiting over an hour for the phone to be answered. In addition, some of the families who used the email facility to book visits mistook the automatic email reply as confirmation of the visit. When they arrived at the prison, they were annoyed when they were not allowed entry. Fortunately, the booking system has improved since those concerns were reported last year.



In the visitors' centre, POPs (Partners of Prisoners) provides a family support service, which includes assisting with the 'meeting and greeting' of prisoners' families and assisting with childcare during visits.

There is partnership working with a local neighbouring church, which provides parking and visitors' centre facilities, including refreshments. It is acknowledged that family support is a vital positive factor for a prisoner's release, but there appears to be a need for more family engagement by the OMU.

## **7.6 Resettlement planning**

The employment hub is based in the library and is well attended by prisoners. The IMB has visited the hub on several occasions and been impressed by the enthusiasm of the staff. The hub is supported by a multi-agency monthly forum, attended by a number of key partnership agencies. IAG advisers (information, advice or guidance) are now fully staffed and continue to oversee the employment hub.

HMP/YOI Preston has been involved in the Future Skills Programme and HMP Academies through New Futures Networks, which may lead to some funding being awarded to deliver industry recognised training with jobs on release.

From the Board's observations, the employment hub appears to be very well managed. All convicted prisoners are interviewed 12 weeks before release and tracked. A number of other agencies are involved and attend the prison on a regular basis. These include: Job Centre, Novus, ACE Project and Re-cycling Lives in Preston, etc. Vacancies are advertised on Way-Out TV and posters displayed on G and F wings. These systems are overseen by an employment advisory board, involving all partners. The IMB is invited to attend for monitoring purposes.

## 8. The work of the IMB

### Board statistics

Recommended complement of Board members	15
Number of Board members at the start of the reporting period	5
Number of Board members at the end of the reporting period	9
Total number of visits to the establishment	225

Four new members were appointed after a successful recruitment campaign in autumn 2023. Induction will take some time, but the development of new members is important, as several members of the highly experienced existing Board are approaching the end of their 15-year terms.

### Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	12	17
B	Discipline, including adjudications, incentives scheme, sanctions	3	6
C	Equality	4	3
D	Purposeful activity, including education, work, training, time out of cell	15	13
E1	Letters, visits, telephones, public protection, restrictions	38	40
E2	Finance, including pay, private monies, spends	12	11
F	Food and kitchens	9	21
G	Health, including physical, mental, social care	30	44
H1	Property within the establishment	22	7
H2	Property during transfer or in another facility	4	46
H3	Canteen, facility list, catalogues	5	5
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, re-categorisation	17	15
J	Staff/prisoner concerns, including bullying	21	22
K	Transfers	7	7
L	Miscellaneous	37	47
	<b>Total number of applications</b>	<b>236</b>	<b>304</b>



## **Annex A**

### **Key service providers**

Healthcare has been provided by Spectrum Community Health CIC, but this transferred to the Practice Plus Group from April 2024. It provides:

- primary healthcare services
- integrated substance misuse services
- pharmacy services
- GP sessions
- mental health services
- non-clinical substance misuse services
- optical services
- a range of therapies (including physiotherapy and podiatry).

Dental services are commissioned directly by NHS England

Prison education framework provider: Novus

Escort contractor: GEOAmey

Works contractor: Amey

### **Partner agencies**

Organisations supporting families of prisoners: Partners of Prisoners (POPS)

Library services: Lancashire County Council

Employment hub: Career Connect; Through the Gate; Prison Employment Lead

Department for Work and Pensions



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