



Annual Report of the Independent Monitoring Board at HMP Lowdham Grange

**For reporting year
1 February 2024 to 31 January 2025**

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Contents

Introductory sections 1 – 3	Page
1. Statutory role of the IMB	3
2. Description of the establishment	4
3. Key points	5
 Evidence sections 4 – 7	
4. Safety	7
5. Fair and humane treatment	13
6. Health and wellbeing	18
7. Progression and resettlement	21
 The work of the IMB	
Board statistics	26
Applications to the IMB	26

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Introductory sections 1 – 3

1. Statutory role of the IMB

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

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

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

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

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

2. Description of the establishment

HMP Lowdham Grange, in Nottinghamshire, is part of the long-term high security estate (LTHSE), with a capacity for 888 prisoners¹. The accommodation is spread over 14 wings in five house blocks. There is a care and separation unit (CSU), with 24 cells for prisoners held in segregation. The prison usually receives category B prisoners (who do not require maximum security but for whom escape needs to be made very difficult) either from another establishment or shortly after sentencing.

Many of the prisoners are serving life sentences or sentences without a release date for imprisonment for public protection (IPP), and a large number have convictions for offences involving gang-related drugs supply and violence.

The prison was built under the Private Finance Initiative and operated for the first 25 years under contract by Serco. The contract was then awarded to Sodexo. It was the first time a privately run prison had undergone a change of contractor and the IMB raised concerns when the process did not go smoothly. Following an HMIP inspection, a 'step-in' process was initiated by HM Prison and Probation Service (HMPPS) to assist the contractor. The prison was then taken back fully under HMPPS control.

Healthcare at the prison is run by Nottinghamshire Healthcare NHS Foundation Trust. It is contracted to provide a full range of services relevant to the needs of prisoners, including physical and mental health care, dental services and opticians, all of which should equal those provided in the community.

The education service is provided by Novus, a private operator that was initially contracted to Sodexo.

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

3. Key points

3.1 Main findings

Safety

From our observations, we believe that there has been progress in making the prison a generally safer place for prisoners since HMPPS took control from the original operator in August 2024. But there are still areas of concern, as follows:

- There have been six deaths in custody since our last report.
- Prisoners report that drugs are still readily available.
- Mandatory drugs testing has shown positive results almost reaching 50%.
- There is a marked increase in the number of 'code blue' calls for prisoners unresponsive under the influence of drugs.
- Self-harm incidents have fallen slightly, but the number of individuals who self-harm has increased.
- Prisoner-on-prisoner violence has fallen, but assaults on staff are still at a high level.
- The use of force on prisoners has increased significantly.

Members have welcomed a number of positive actions to improve safety, including:

- Enhanced gate security for all staff and visitors.
- Greater vigilance to detect drone activity over the prison.
- Good liaison with Nottinghamshire Police to counter drone operations outside.
- Incoming post and parcels are scanned electronically and by sniffer dogs.
- Effective intelligence-led operations by the dedicated search team (DST).
- The introduction of inhaled naloxone to neutralise the effects of an opioid overdose.

Fair and humane treatment

- The prison complaints system has been improved, but the Board receives many applications (prisoners' written submissions) about late and inadequate responses.
- The Listeners' scheme (whereby prisoners are trained by the Samaritans to offer confidential emotional support to other prisoners) has been reintroduced, providing support to prisoners in distress.
- Prisoner and staff relationships appear to have improved.
- Food seems to generally be of a good quality, but there are complaints about portion size.

Health and wellbeing

The provision of healthcare to prisoners is still a major concern for several reasons, including:

- No head of the healthcare department for sustained periods.
- A shortage of staff, due to vacancies and sickness.
- No healthcare cover at night.
- The use of agency staff in physical and mental health care has led to lack of continuity in care.
- Long delays in finding placements for severely mentally ill prisoners in secure hospitals.
- Long waits for dentist and optician appointments.

The Board is pleased to note that there are now better working relationships between

healthcare and prison staff, and there have been improvements in social care for prisoners.

Progression and resettlement

- The number of key work sessions with prisoners is still below target.
- Delivery of behavioural courses has been hampered by staffing issues in the psychology department.
- Prisoners with category C and D status are waiting many months for transfers to suitable prisons.
- It is the view of the Board that prisoners are released without full support, due to staffing issues within probation services at the prison.

Monitoring

The prison has a duty to inform the IMB whenever there is an event classed as a 'serious incident'. The Board has had to inform the Governor that this has not happened on numerous occasions during the year.

3.2 Main areas for development

TO THE MINISTER

- What is being done to improve rehabilitation and resettlement provisions to help bring down re-offending rates?
- What is the Government planning to do about prisoners still being held on imprisonment for public protection (IPP) sentences?
- What steps are being taken to give Governors greater autonomy to introduce local initiatives to benefit prisoners?

TO THE PRISON SERVICE

- When will the Prison Service introduce effective safeguards for prisoners' property during transfers between prisons or between cells within the prison?
- What is being done to bolster mental health services to offer adequate help to the high numbers of prisoners with mental health problems?
- Is anything being done to expedite the moves of prisoners granted category C and D status to suitable establishments?

TO THE GOVERNOR

- What is being done to ensure the mistakes and omissions highlighted in the recent Prevention of Future Deaths reports by the Coroner are not repeated?

Evidence sections 4 – 7

4. Safety

The Board has noted an improvement in stability across the establishment during the year, particularly after 1 August, when HMPPS took full control. There has been a more consistent regime, with prison rules enforced by experienced officers.

The increased availability of illicit drugs has caused considerable safety risk to prisoners through the effects of their use, as well as violence related to the debts incurred.

The Board has witnessed the considerable increase in prisoners declared to be 'under the influence' and number of 'code blue' emergencies being called resulting in pressure on healthcare resources and ambulance responses.

4.1 Reception and induction

On arrival, prisoners, plus their property, which has been transferred from another establishment, are searched, including with the use of a body scanner and X-ray equipment installed in the unit.

Information related to the prison regime, first night and induction arrangements are given, and the prisoners are interviewed by a member of the healthcare team to assess their immediate needs.

Board members have commented that the reception area is often cluttered, poorly laid out and badly organised, and that holding rooms are small and bare. There is little space for prisoners' needs to be adequately assessed or for confidential conversations about their concerns.

Prisoners frequently express their frustration at being unable to access their property, which is stored in reception. This can include paperwork for appeals, family photos and important personal documents.

All arriving prisoners are then housed in a dedicated wing for a period of about two weeks, during which time various induction interviews and assessments are carried out by specialists from the healthcare and education units, as well as other teams including the safety team. The involvement of peer mentors in this period seems to be valued by prisoners.

During the reporting year, induction activity was moved to a recently refurbished wing, which gave new arrivals a better environment for settling into the prison before being moved to another location.

4.2 Suicide and self-harm, deaths in custody

4.2.1 Self-harm

The Board notes that the number of self-harm incidents in the reporting year has fallen slightly, from 844 to 821. However, the number of individuals self-harming has increased to 173, although it is important to note that there was a marked decline in the number of prisoners self-harming and the incidence of self-harm in the six months after HMPPS assumed full control of the prison.

	February 24 – July 24	August 24 – January 25	Difference	% difference
Number of self-harm incidents	550	271	-279	50.7%
Number of prisoners self-harming	124	101	-23	18.5%

Prisoners told Board members their self-harm was a result of the anxiety caused by uncertainty and constant changes to regime, as well as bullying, debt and not being able to get help with basic requests. The considerable reduction in self-harm levels during the second half of the year may reflect a more consistent regime and some stability for prisoners.

4.2.2 Deaths in custody

The Board notes, with great concern, that there have been six deaths in custody in the reporting period, bringing the total number of deaths at the prison to 20 in six years. Although the causes of the six deaths are yet to be determined by the coroner, overdoses of illicit drugs are suspected in five of them. There have also been a number of very close 'near misses', where staff intervened successfully to save lives.

During the reporting year, HM Coroner's inquests have been held in respect of three prisoners who died at the prison in 2023, during the tenure of the previous operator, Sodexo. IMB members frequently sat as observers throughout the nine-week hearing. The jury found that there were multiple failings and missed opportunities in the care these prisoners had received, which had contributed to their deaths.

HM Coroner commented that all three prisoners had vulnerabilities and that there were multiple missed opportunities to consider these, as well as a failure to share information about potential risk across the services. The Coroner was heavily critical of the failure to learn from previous deaths in custody at Lowdham Grange and found the failings identified in the culture and systems within the prison and healthcare services 'had contributed to the three self-inflicted deaths'.

4.2.3 In-cell fires

The Board notes the fall in the number of in-cell fires set by prisoners. In earlier reporting periods, they were a rare occurrence:

2024-2025	2023-2024	2022-2023
113	162	21

In-cell fires put the prisoner, staff and other prisoners at significant risk of harm and cause damage to cells. Prisoners have told Board members that they are taking this action as a protest against the restrictions of the regime. It is also noted that the number of cell fires fell by over 40% in the period after HMPPS took over the management of the prison. After witnessing the use of Hydramist (a ready-to-use unit that instantly sprays a mist of high-pressure water) to deal with a cell fire, Board members expressed concerns over the lack of staff training and guidance in its use.

4.2.4 Assessment, care in custody and teamwork (ACCT) process

The assessment, care in custody and teamwork process is the system in prisons to support prisoners at risk of self-harm and suicide.

	2024-2025	2023-2024	2022-2023
Average number of prisoners on an ACCT at the end of the month	37	50	18

The number of prisoners being supported through the ACCT process decreased from 53 at the end of May 2024 to 31 in October. However, it has risen since that time, which is believed to coincide with increased drug availability and debt in the prison.

The Board visited prisoners subject to ACCTs and found that, generally, they received limited support. Observations were being carried out by the Board; however, the recording of this was often chaotic and paperwork was sometimes difficult for Board members to locate in order to document their interaction with the prisoner.

Board members have observed that the high number of prisoners on an ACCT on some wings, plus staff unfamiliar with the wing, led to poor-quality support for some vulnerable men.

4.3 Violence and violence reduction, self-isolation

High levels of violence have continued at the prison throughout the reporting period. However, Board members have felt confident that they could continue to carry out monitoring duties on the wings. It has been notable that other staff, including those from the healthcare department and the probation team, have now returned to visiting all areas of the prison after several months of refusing to attend the wings for their safety.

	2024-2025	2023-2024	% difference
Total number of incidents of assault	450	462	-2.6%
Incidents of serious assault	51	86	-40.7%
Total number of staff assaulted	261	209	+24.9%
Total number of prisoners assaulted	196	262	-25.2%
Total number of prisoners seriously assaulted	23	58	-60.3%

The Board notes that these assaults have resulted in serious and, in some cases, life-changing injuries, to staff and prisoners.

4.3.1 Actions taken by the prison to reduce violence

Lowdham Grange houses prisoners serving long sentences for violence or threat to life, arson, firearms, drugs and robbery. Many of the prisoners require mental health treatment or have developmental or behavioural disorders.

The prison has little or no choice in the prisoners transferred into the establishment, and some of them have a history of violence and gang membership.

The main actions to reduce violence in the prison are centred on the challenge, support and intervention plans (CSIPs), used to manage prisoners who pose an increased risk of harming others.

During the reporting year, there were always a number of prisoners being managed with a CSIP. Since July, the number of prisoners being managed at the end of each month has averaged 33. However, each month, there has been a large number of planned interventions or cases awaiting investigation. This suggests that demand was greater than the supply of trained staff to support these plans at a time when violent incidents were still very high.

The Board is not aware of any measurement to identify if the CSIP plans had challenged the perpetrators of violence or supported them to change their behaviour.

In April 2024, in a measure to reduce the availability of materials to create home-made weapons, open-blade razors were removed from circulation, with prisoners being offered electric shavers instead.

4.3.2 Self-isolating prisoners

Board members continue to visit prisoners on the wings who are choosing to self-isolate. This is often related to their fears about violent reprisals and drug debt, and many have mental health needs. Staff shortages and inexperienced officers on the wings have frequently meant these prisoners were not identified and did not have access to showers or exercise or were not able to collect food from the servery.

From April 2024, there was a gradual movement to transfer all self-isolating prisoners to a specific area of one wing. The Board welcomed this change, as prisoners in this area told members that they felt safer, were getting the opportunity to leave their cells and had access to food and showers.

4.3.3 Serious incidents

The prison management has a duty to inform the IMB of such incidents, which has not been the case in many of these 20 occurrences (see table, below). This included incidents when Pava incapacitant spray was used for the first time at Lowdham Grange.

When advised and able to attend, members have observed the management of the serious incident from the command suite.

	2024-2025	2023-2024	% change
Incidents of concerted indiscipline (when two or more prisoners act together in defiance of an instruction or the regime)	7	16	-56%
Incidents of disorder (barricade, prevention of access, hostage taking)	13	15	-13%

There have been 185 incidents at height, which is a 17.8% increase on the previous year. In most cases, these incidents were in protest or frustration at the regime, or by prisoners unable to access their property. Those episodes lasted between a few minutes and two to three hours and were managed by local negotiators to ensure the safety of the prisoner.

One Board member witnessed an incident in the amenities block, where a prisoner was very concerned for his safety on the wing. The member was able to appreciate the calm and thoughtful conversation between the prisoner and an operational manager, who

sought to understand the prisoner's concerns and talk through options. He was 'talked down' and a wing move was facilitated that day.

4.4 Use of force

The Board notes that the use of force (UoF) on prisoners has increased significantly in the reporting year:

	2024-2025	2023-2024	2022-2023
Incidents of use of force	762 (includes Pava use)	414	268

It has not been possible to provide a full breakdown of how many of these actions, more than two every day, were planned, for instance when transferring a non-compliant prisoner to a different location, or spontaneous, as the records available to the Board are incomplete.

However, in the nine months to the end of October, there were:

- **124** planned UoF incidents
- **397** spontaneous UoF incidents

The Board has noted that the arrival of HMPPS staff in the prison has meant that rules were being more strictly enforced, and some prisoners complained that force was being used excessively. Other prisoners reported to Board members that there was a return to order on the wings, poor behaviour was being challenged and they felt safer.

The Board has closely monitored the introduction of the use of Pava by suitably trained officers for de-escalation in violent situations.

At a briefing during a Board meeting, members were given an overview of the training and an understanding of aftercare for anyone affected by its use. The Board is aware of nine occasions when Pava was drawn or used in the reporting year, although no Board members were advised of the incidents, which makes monitoring its use very challenging.

Governance of UoF incidents was previously judged to be very poor by HM Inspectorate of Prison (HMIP), who considered that there was insufficient oversight and accountability for custody officers.

Board members have attended the weekly and monthly UoF scrutiny meetings when possible. However, these were either cancelled or moved to different days/times, with no warning, making attendance impossible for several periods in the year.

In the few meetings where members were able to attend, there was a review of some body worn video camera (BWVC) footage and CCTV of UoF incidents, highlighting good practice, training needs and operational improvements.

Scrutiny of the number of outstanding UoF statements has been thorough and efforts have been made to deal with the considerable backlog of supporting paperwork and to ensure that all officers complete these statements in a timely manner. The Board welcomed an initiative that operational managers should be checking on prisoners who have been subject to force in the 24 hours after the event, but we have no evidence that this is happening routinely.

4.5 Preventing illicit items

The Board can report that, during the year, consistent searching of all prisoner areas has recovered a shocking quantity of illicit items, as shown in the table, below:

Type of illegal item found	2024-2025	2023-2024	% difference
Drugs	410	197	+108%
Mobile phones (including USBs, chargers and SIM cards)	309	192	+60.9%
Weapons	319	286	+11.5%
Fermenting liquid (hooch)	238	189	+25.9%
Total	1292	903	+43.1%

The supply of drugs in to prisons by a number of routes, including drones, is a well-documented national problem and the Board has serious concerns about prisoner safety and staff wellbeing when the availability of illicit drugs is so great.

Mandatory drug testing is carried out on a small sample of prisoners each month and the percentage of those testing positive for drugs has ranged from 29.7% to 48.8%, with an average of 38.2% over the year.

Members have noted that entry to Lowdham Grange is now more carefully controlled, with enhanced security and the searching of all staff and visitors.

A new substance misuse strategy has been developed and introduced, focusing on closing down the sources of supply and reducing demand within the prisoner population.

Board members have observed the thorough and targeted cell searches that have taken place throughout the year and resulted in the increased finds of mobile phones, drugs, hooch and weapons. It is noted that from February to July 2024, 185 weapons were found. However, in the following six-month period, August 2024 to January 2025, 134 weapons were found (a decrease of 27.6%), even though there were regular and repeated searches.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

Accommodation at Lowden Grange is modern by prison standards. It consists of five house blocks divided into 14 wings. All cells include a toilet and wash basin. Six wings have integral showers. The remaining eight wings have communal showers on the lower landings. Each house block has an exercise yard and there is also a sports field and well-equipped gym within the prison grounds.

Since our last report, there has been an improvement in cleanliness and tidiness, despite some periods where we observed a build-up of litter outside. We have also observed poor standards of cleanliness on wings at times but, overall, the situation has improved.

All cells have phone points and handsets for prisoner use. All numbers for outgoing calls must be approved and calls are monitored. This is an important service, which gives prisoners regular access to their families. Prisoners pay for phone credits, but free credit may be issued by the prison at times of distress or difficulty. We have received complaints throughout the reporting period that some phones, especially in the care and separation unit (CSU), are not working.

Television sets are provided for prisoners on the standard (middle) or enhanced (top) levels of the incentives scheme. This gave prisoners access to a range of in-cell activities, including education materials, pastoral support and religious services, in addition to a selection of entertainment services.

5.1.2 Clothing

Prison clothing is provided, but prisoners are allowed to wear their own clothes, except in certain circumstances. Each wing has its own laundry room, with prisoner workers having responsibility for operation and cleaning. There have been no significant complaints about machine breakdowns or maintenance.

There was a recent amnesty for prisoners to hand in black clothing, which is not allowed for security reasons, but prisoners said it was not clear what, if anything, would be provided to replace the returned clothing.

5.1.3 Food

Meals are prepared in a central kitchen and the food is delivered to house blocks in heated trolleys. Each wing has a servery with heated stations, where food is distributed to prisoners. We have continued to receive complaints about small portion sizes, witnessing ourselves some very small lunches being served. Prisoners in the CSU have complained of feeling hungry and/or finding food inedible.

Refrigerators and four microwave ovens should be available on each of the wings, with some reserved for use with halal food only. One wing reported three microwaves were broken and had not been replaced, despite several requests to the works department.

5.1.4 Property

The Board has received a large number of written applications and verbal complaints from prisoners that their property has gone missing when moving cells. It happens during moves within the prison, particularly when prisoners are located to the care and separation unit, and many complaints occur after moves between prisons, when trying to locate missing property presents greater challenges. It is distressing for prisoners who lose items of personal and sentimental value.

5.2 Segregation

5.2.1 Care and separation unit (CSU)

The segregation unit is referred to as the CSU. It is housed in a purpose-built block, which contains 24 individual cells, two showers, outdoor caged exercise areas, a kitchen servery and a laundry room. There is also a medicine dispensing room. Meals are prepared in the servery by the prison orderlies (trusted prisoners who take on work to provide services that contribute to the running of the prison) and are either distributed by staff, or prisoners attend the servery to collect their meals. We have observed both systems operating over the reporting period.

Towards the end of the reporting period, the orderlies have been returned to their house blocks at lunchtime, thereby preventing prisoners attending the servery to collect their lunch. Prisoners eat in their cells.

The CSU continues to deal with the prisoners who present with the most challenging behaviour and who often abuse their surroundings. Damage to cells is common through acts such as flooding, fire and 'dirty protests'. Cells are often out of action until either refurbishment or bio-cleaning can take place. The fabric of the unit remains tired and needs regular redecoration.

5.2.2 CSU staffing

Staffing has improved since our last report, although issues with staff continuity remain. The unit has, at times, been led by skilled and compassionate managers, but we have also observed staff who have appeared inexperienced and, at times, exhausted. Staff have frequently told us that the unit is understaffed, and this has impacted on the regime offered on many occasions. They have also told us that they have been unable to meet all of the demands placed on them. Despite this, we have observed some staff showing grit and compassion and doing their best to make life better for prisoners in a very challenging environment.

Several assaults, resulting in staff needing hospital treatment, occurred in the reporting period. Staff often have to deal with violent prisoners, which requires a four-officer unlock. They have continued to deal with dirty protests and liquids sprayed through the door.

Prisoners have continued to report that staff behave aggressively towards them, but we are not aware of any proven allegations.

5.2.3 Segregated prisoners

Despite efforts by the senior leadership team to reduce the numbers held in segregation, the unit has been close to capacity for most of the year. The average occupancy has been 20 prisoners.

Many of those in the CSU have complex mental health and behavioural challenges. There was an average of four prisoners on ACCTs during the reporting period, with a maximum of seven in a month, mostly for prisoners who self-harm.

Movement of prisoners out of the unit, either by transfer or re-integration, has improved significantly. One prisoner was detained in the unit for more than 200 days, and a small number remained for over 100 days.

Prisoners have little purposeful activity in the unit. We have not observed in-cell activities. Exercise is limited to 30 minutes a day and this has, too often, been disrupted due to staff shortages. Prisoners have continued to report feeling demoralised by a lack of progress in the unit.

5.2.4 Segregation reviews

Face-to-face reviews take place three times a week. They are chaired by a member of the senior leadership team (SLT) and we have noted there is now greater continuity in the member of staff chairing them.

We have monitored some reviews, but remain limited by the number of members on our Board. We have observed reviews being conducted fairly and are content with the procedures in place. The lack of attendance by a member of staff from the healthcare department remains a concern, but chaplaincy, psychology and mental health teams have been in attendance. Offender management teams have sometimes been present.

5.3 Staff and prisoner relationships, key workers

Board members have observed an improvement in relationships between prisoners and officers, but both have said it would have been better with greater continuity. Staff were frequently assigned to wings where they were not familiar with the prisoners accommodated there.

The number of key work sessions was well below the levels expected. Prisoners expressed frustrations at times that the lack of contact with offender management unit staff was affecting their sentence progression.

5.4 Equality and diversity

5.4.1 Diversity

The prison population is diverse in terms of age, faith, ethnicity, health, disability and nationality.

White: British, European, other	495
Black: Afro Caribbean, other	189
Asian	82
Mixed race	58
Chinese, other	13

Equality issues failed to be monitored and managed during most of the reporting year, as there was no consistent person in place as the equality officer until October. The officer had no permanent desk and no team, so there was no data to show key areas of concern for the Board to access.

The prisoner information and advice committee (PIAC) was disbanded during the reporting year. There is no minuted history of any group meetings. PIAC was superseded by User Voice, which has also been disbanded. Prisoners felt they weren't getting answers through User Voice. A new prisoner council is now planned.

There has been no steering group for younger prisoners and few activities for the older population. Recoup, a session for older prisoner activities, was not well attended and was disbanded. Prisoners who are retired complained of a lack of association time. The over 60s walking group stopped. All over 50s were issued with thermal vests for the winter.

5.4.2 Equality data

Data are unavailable for this 12-month period.

Screening and identification of vulnerabilities such as special needs and disabilities took place at induction interviews. Special needs were assessed and referred to the education and healthcare units. Prisoners told us that diversity, equality, and action team (DEAT) meetings did not take place during the year. There was no one from prison management to run them.

5.4.3 Discrimination incident report forms (DIRFs)

The prison has no data to offer the Board. But Board members received comments from prisoners about DIRFs not getting a reply during the 12 months. The Board was told this was due to a lack of resources.

5.5 Faith and pastoral support

The prison population has a wide variety of faiths, predominantly Christian and Muslim.

Christian: various denominations	304
Muslim	257
No religion: atheist or agnostic	193

There are also Sikh, Hindu, Jewish, Pagan, and Rastafarian adherents and a traveller community of 40-50.

The faith team does not have a full quota of staff but it delivers positive and helpful guidance to all prisoners, whatever their beliefs. There is a part-time Roman Catholic priest and the team is hoping to recruit two extra Imams.

Faith festivals are observed, with all significant dates identified. A full timetable for communal worship was resumed, with a regular pattern, after the previous difficulties of Covid restrictions, which took some time to resolve as a result of changes in the prison management.

Small, faith-based group sessions are run, such as, for example Living with Loss, which is a six-week course.

5.6 Incentives schemes

Criteria for granting prisoners' incentives are defined by HMPPS. They include pay rates, time out of cell and visiting privileges, and are defined by three common levels in line with this: basic, standard or enhanced.

5.7 Complaints

There were 2697 complaints made to the prison in the reporting period, of which 2262 received a response during the set period (84%). The number of initial Comp1 complaints (ordinary complaints) was 2361, with 1997 receiving a reply. There were 318 Comp1a forms (appeals) submitted by prisoners dissatisfied with their original reply.

IMB members at Lowdham Grange encourage prisoners to use the official complaints system before submitting an application (a written representation) to the Board. A great number of these applications, and verbal complaints from prisoners, say their complaints to the prison were not answered, were not answered within the expected timeframe, or the answer failed to address their complaint adequately. The Board notes that the prison is

trying to address the problem to ensure official complaints are answered and that this is done in a timely fashion. There were 18 Comp2 forms submitted, which are confidential and for the Governor's attention only.

5.8 Property

Board members dealt with 35 applications regarding property in the reporting year. These related mostly to items going missing during transfers between prisons and within the establishment, when prisoners were moved between wings. We have also advised many more prisoners to take their complaints directly to the Prisons and Probation Ombudsman's Independent Prisoner Complaint Investigations unit.

6. Health and wellbeing

Our previous annual report noted that formal scrutiny of HMP Lowdham Grange had been undertaken by a number of statutory bodies during that reporting year. The Care Quality Commission (CQC) visited the prison again in 2024 and this report notes the findings which, in addition to our monitoring, provide evidence of the outcomes for health and wellbeing of the prisoners.

A Notice of Proposal (which signifies serious concerns) to impose conditions on the provider of services, Nottinghamshire Healthcare NHS Foundation Trust (NHCFT), was withdrawn, we understand, following an inspection by the CQC in November 2024. This followed some improvements during the year, which the IMB welcomes. However, there are continuing concerns about the experiences of the most vulnerable prisoners.

6.1 Healthcare general

The systems for the commissioning of healthcare, providing the services and oversight of the process are complex. The local delivery board (LDB) provides a framework for the prison, health services and social care services to work together to identify problems and seek to resolve them. During 2024, the IMB has been pleased to note that the LDB met on a monthly basis and was monitored by a Board member. It has been attended by all the agencies concerned and has demonstrated effective governance. As a result, there has been significant improvement in working relationships at management and operational levels, with a positive outcome for the health of the prisoners.

Serious issues with safety were the overwhelming concern of the IMB during the previous reporting year and resulted in the HMPPS 'step in' in December 2023. In the early part of 2024, healthcare staff were still not effectively deployed with a presence on the wings.

Healthcare staff shortages, due to vacancies, were further compounded by sickness absences and the Board received many complaints from prisoners about difficulties accessing services.

There were difficulties in prisoners attending appointments because of custodial staff shortages in the first part of this reporting year, which may be linked to a continuing high level of non-attendance at appointments. This situation was addressed by positive action from the Governor, senior managers in NHCT and the temporary appointment of an experienced head of healthcare at the prison. Arrangements were made for specific prison custody officers (PCOs) to be available to escort prisoners to the healthcare unit and to support healthcare staff around the site.

The IMB observed that individual health-related issues were being identified and addressed more effectively and the number of applications to the IMB about these decreased. There was regular attendance by staff from the healthcare unit at the meetings, which were communicating with staff about the measures being taken to improve safety. It was, therefore, disappointing that a permanent head of healthcare post was not filled for a sustained period. We believe this may have an impact on the retention of staff with the necessary experience and skills for the effective care of prisoners.

In the second part of the reporting period, we saw improvements in working across the prison with the designation of a senior prison staff member as head of drug strategy and healthcare provision. The benefit was clear when arrangements had to be made at short notice for the early release scheme. The IMB saw evidence that the health and social care required for prisoners after release was quickly identified.

We also noted a well-managed screening programme, which had to be initiated following a

possible TB outbreak risk.

The 'yardstick' for monitoring healthcare in prisons has, for some time, been a comparison with what a prisoner would expect from the NHS in the community. This has been a year when the wider NHS has struggled significantly with long waits for primary care and hospital services. The IMB judgement is that prisoner outcomes at Lowden Grange have not been disadvantaged. This does not reflect, in our view, the impact of the present overcrowded prison system on the wellbeing of prisoners and the demands on staff to meet the needs of the most vulnerable.

We expand on this in the following sections and we welcome that the UK Chief Medical Officer is producing a report on the health of the prison population.

6.2 Physical healthcare

The most significant challenge concerning risk to physical health in the prison is the level of substance misuse and more detail on this is in the later section of this section.

The vacancy level of staff for physical healthcare has continued to impact the services provided. Although agency staff have been employed, there are difficulties in continuity of care. This was apparent in the late diagnosis of a prisoner with a serious health condition.

The planned change for NHCFT to have a directly employed GP arrangement for the prison was not implemented successfully and there was no GP provision for a period of one week. This was discovered by a Board member during monitoring of the segregation unit and reported to the Governor, who had not been informed.

Plans to store medicines in individual locked cupboards is still being delayed and frequent changes in regime have hindered healthcare staff delivering the medication rounds.

Hospital referrals are managed to give priority to urgent needs and there has been effective cooperation for organising escorts and bed-watches, although these further reduce staffing numbers in the prison.

A serious incident, when a prisoner successfully hid a knife and then stabbed a prison officer while at the hospital, has caused further anxiety about the risk involved in attendance at hospitals.

The provision of dental and optical services has the same constraints as the service in the community. We receive regular complaints about provision of spectacles and understand that the systems for prisoners to have these supplied through purchase by relatives may be withdrawn. We will follow up on the reasons given for this.

The IMB will monitor if the opportunities for use of technology in diagnosis and treatment can be further explored.

6.3 Mental health

The mental health team has continued to have unfilled posts, which has limited the level of support to prisoners.

The IMB acknowledges the very difficult demands on staff posed by the segregation unit, which holds some prisoners with severe mental health conditions. The reduction in waiting times for transfer to secure hospital services has not been achieved.

The loss of a psychology service, which had affected major beneficial changes in the care of the prisoners with the most severe mental health issues, was a direct consequence of the changes in management from Serco to Sodexo. The incoming contractor declared, before the takeover, that they would not have a directly employed psychology team. We

understand additional staff are to be recruited, but without a team of regular mental health nursing practitioners to work with, it is difficult to envisage lasting benefits for prisoners at risk of suicide and self-harm.

There has been some restoration of the expertise required for neurodiverse prisoners.

Inquests into the deaths in custody of three prisoners in March 2023 have been taking place during the reporting year. The Coroner identified failures to identify and act on risks throughout the safeguarding systems at that time and issued a Prevention of Future Deaths notice. HMPPS, NHCFT and NHS England are required to respond to this notice.

There have been delays in implementing a wellbeing centre to deliver positive outcomes for the mental health of prisoners, which was planned and funded over two years ago. The IMB will continue to press the urgency of this resource.

6.4 Social care

It is pleasing to report that there has been a very successful input of social care this year. Assessments are undertaken without delay and the necessary equipment, advice and training to prison staff provided. This is being facilitated by regular liaison with prisoner representative groups and open forums, as well as reaching out to the growing number of older prisoners.

There was a particular example of a prisoner with physical healthcare problems, coupled with psychological issues, which posed a challenge for prison and healthcare staff over a significant time. The social care staff were instrumental in helping resolve this.

6.5 Time out of cell, regime

Other parts of this report have described in detail the severe limitations posed by the regimes during the year. The negative impact on prisoner health has been clear in the number of ACCTs required to be in place at any one time.

6.6 Drug and alcohol rehabilitation

The challenges faced by the prison in dealing with drug misuse are now a major threat to the health of prisoners and the welfare of staff having to deal with the daily demands of prisoners under the influence.

There is now a strategy to try to address the supply of drugs and to provide the treatments, which may result in effective intervention and the prevention of serious harm and death. Each house block now has a supply of naloxone for immediate treatment of overdose. It was pleasing to see the health and custodial staff working together to achieve its successful introduction. However, the number of 'code blue' calls for prisoners unresponsive while under the influence of drugs exacts a toll on the prison staff and the healthcare unit and detracts from the other work of the nursing teams.

Recent inquests into deaths in the prison have, again, raised the issue of the provision of a healthcare service at night. This is now an urgent matter, with demands on ambulance services causing wider problems for their response times. The IMB will monitor how the problem is considered and the options that are put forward.

The IMB recognises that drug misuse in prison is a problem across the prison estate and that successful rehabilitation of prisoners is unlikely to be achieved unless there is a national coordinated evidence-based strategy. We will await the Chief Medical Officer report and the Prison Minister's response to this.

7. Progression and resettlement

7.1 Education, library

Education is provided by Novus under contract. A number of courses are run, including two levels of English and maths, and art classes.

The prison is working to reduce the number of prisoners failing to report for their sessions, particularly among the younger group. Those who do attend have expressed satisfaction to Board members with the education provision.

The library opening times make it very difficult for full-time workers to attend. It is not well resourced and there is a limited budget for improvements.

7.2 Vocational training, work

There are workshops providing meaningful employment for prisoners making furniture under contract for well-known retailers, as well as clothing and PPE (personal protective equipment) for both the NHS and the Prison Service. New contracts are actively being sought to increase the number of prisoners in work.

More emphasis is now placed on providing work that leads to qualifications to help prisoners with their future employment prospects. Painting and decorating, waste recycling and warehousing skills' work can now result in recognised certification.

An innovative 'twinning' arrangement with Mansfield Town Football Club provides instruction in various sports-related skills, as well as physical activities, and results in Football Association-approved certification. The scheme is open to prisoners within two years of release and the club says it will try to offer future work opportunities.

Other prisoners are also employed in cleaning and groundwork around the prison, as orderlies in the CSU, and performing other useful tasks.

IMB members report there is generally a positive attitude among the prisoners in work, although the prison is still working on a number of prisoners failing to attend regularly.

7.3 Offender management, progression

7.3.1 Offender management unit

The probation team in the offender management unit (OMU) remains under-resourced, with only nine probation officers in role in January 2025.

Probation officers manage caseloads of over 90 prisoners, including a substantial number of 'high-risk cases'. This is significantly above plan and the view of the Board is that the department is overloaded. This has impacted on outcomes for prisoners in both sentence planning and management in the community. While the Board has noted some progress, we have not seen any substantial improvement over the prior year. However, OAsys reviews (a system of assessing the needs of a prisoner, as well as their risk of reoffending) have had a manageable backlog, an improvement over 2023-2024.

It has consistently been raised by prisoners that probation officers did not see prisoners in person 'on the wings' from November 2023 until January 2025. This delay, as reported by managers, directly resulted from unsafe prison conditions, and OMU staff attendance is still subject to the ongoing approval of the prison health and safety team. The impact on prisoners is that for many months they had been contacted only by phone, and the Board is concerned that this has inhibited the quality of probation officer and prisoner engagement.

The Board notes that there are no longer allocated interview rooms in each house block for probation officers to use for one-to-one sessions with prisoners. Probation officers are reliant on interacting with prisoners in visits or on the wing and need a safe and private space to work in. The view of the Board is that this is neither in the prisoners' nor the probation officers' best interests. In essence, the Board has concluded that assessments are of a good quality but that not enough are being completed.

The Board is encouraged by the fact that high-risk prisoners are no longer 'co-worked' jointly by prison offender managers (POMs) and probation officers. POMs are now only allocated to appropriate cases, with probation officers leading all one-to-one interactions.

Training for Prison Offender Managers is now delivered in house by the probation team. This follows delays, cancellations, and perceived poor quality of training provided previously.

The OMU managers report that 'transferred-in' prisoners to HMP Lowdham Grange have still been arriving with incomplete records. However, the Board notes that efficiency of the probation department's internal processes has improved during the reporting year, which has increased the timeliness of assessments and subsequent completion of prisoner records.

Decisions made by staff in the OMU responsible for public protection issues were a concern for the Board for much of the reporting period. We received many applications (prisoners' written or verbal representations to the IMB) and other complaints from prisoners relating to cuts in family ties. By the end of summer 2024, it had been noted by the Board that nearly every case review had generated a negative outcome for the prisoner, and the Governor conceded that to be the case. This resulted in task restructuring and greater oversight of the decision-making process.

The IMB received many complaints specifically relating to restricted or cancelled access to children of the family prior to the publication of the new Prison Public Protection Policy Framework in November 2024. This has resulted in probation officers undertaking 150 case reviews, with 96 outstanding at the end of the reporting year, which the Board regards as a positive for prisoner outcomes.

There is no restorative justice programme at HMP Lowdham Grange. However, the Board notes that probation staff and the restorative justice hub have started the process of generating a proposal, with a view to introducing such a programme.

7.3.2 Progression

Prisoners have reported to the Board that they find it difficult to enrol on courses to help them progress to category C status (which means they are eligible for transfer to a lower security level category prison), complete their sentence plan, or improve their chances of parole when their sentence is sufficiently advanced.

The Board has established that, throughout the reporting period, the employment offered at HMP Lowdham Grange afforded prisoners little opportunity to gain recognised qualifications or useful experience to improve the chance of employment on release.

The Board was told by prisoners undertaking further education that their studies were hampered by a lack of access to computers and the internet, and some complained their study had been disrupted by prison transfers.

Those successful in achieving category C status have been frustrated by the length of time they have to wait before they are transferred to a category C prison and the better preparation for release it can provide. The Board notes that two prisoners had been

waiting so long for a transfer to a category C prison that they obtained category D status (which makes them eligible for transfer to an open prison) while still at HMP Lowdham Grange.

The OMU has advised the Board that it set an initial modest target for prisoners, which was to get them:

- up and dressed, and to work; and
- to achieve behaviour in line with enhanced status on the prison's incentives scheme.

On reaching those goals, the plan was for prisoners to progress to other programmes throughout their sentence. The OMU, however, had limited flexibility during the reporting year with regard to what they were able to offer. The OMU staff expressed difficulty in providing meaningful engagement for prisoners who, for example, had ADHD (attention deficit hyperactivity disorder) or drug-related issues, and for whom working a four-hour shift was not a realistic prospect.

7.3.3 Offender-behaviour courses

The programmes operated at the prison are summarised as:

- Kaizen - the course duration is six months, with a high-intensity delivery. This programme helps 'high risk men' develop skills to avoid future violent behaviour.
 - o Participants have been assessed for suitability based on their OAsys risk of reoffending. IPP prisoners are prioritised for this course, along with those who are within six months of their release date, or their parole board is within 2-3 years.
 - o Prison offender managers make referrals approximately three years ahead of potential release dates. However, at the end of the reporting year, there was a waiting list of 80, with only 18 men currently going through the programme a year. Each delivery group has eight men on it. The Board considers that prisoner throughput is unsatisfactory based on need.
 - o The Board notes that the Ministry of Justice published an evaluation of Kaizen on 9 January 2025. The researcher made it clear that Kaizen is an uncontrolled study, so while results were assessed as being positive, they are not conclusive evidence of Kaizens' effectiveness.
- Thinking Skills Programme: a six-week course. Topics cover drug use and violence. There is a waiting list, and only 20 available prisoner places per year.
- Becoming New Me Plus: this course is adapted for people with learning difficulties/disabilities. It is a six-month course, with eight places, and two courses run per year.
- Motivation and Engagement Course: non accredited but aimed at helping people create routines that help in day-to-day life.
- CRED programme: this is a new initiative at the prison and stands for clean, rehabilitative, enabling, decent. This will see prison facilities staff providing prisoners with a work experience programme. The programme commenced at the end of the reporting year with a decorator involving prisoners in painting/redecorating cells.

Building Choices is another programme being introduced as a new national standard, and its introduction at HMP Lowdham Grange is anticipated.

Further, the prison applied to run the STARS programme this year. The STARS programme had operated at the Governor's previous establishment, with some reported success. The safer custody team is undertaking a needs' analysis.

7.3.4 Staffing for courses

The Board notes that access to behavioural intervention and improvement courses is limited to the latter part of sentence progression, which may be years after initial sentencing.

During the reporting year, course delivery has been impacted significantly by regime changes and staffing issues. A six-week course, for example, can take 10 weeks or more, due to cancelled sessions.

However, HMP Lowdham Grange has course coaches on every wing. They are prisoners who have completed programmes and their function is to encourage their peer group. This initiative has proved very successful.

The Board has concluded that there is more scope for introducing non-accredited programmes for prisoners, but a lack of qualified psychologists makes this difficult.

7.4 Family contact

7.4.1 Social visits

Throughout the reporting period, social visit sessions have been limited to a maximum of 25 prisoners in attendance. This has been reduced from a maximum of 45 prisoners pre-Covid.

Following the takeover by HMPPS in August 2024, the number of days on which family social visits can take place was cut and there are now significantly fewer than those granted by the private provider, Sodexo. Monday, Tuesday and Wednesday visits have been limited to social video calls and legal representatives only.

Prisoners have expressed to the Board their numerous concerns regarding a reduction in visiting hours and ongoing problems booking social visits. Dates to book become available on 15th of each month, and there has been a scramble to book prime slots, with many appearing to be 'block booked'.

Visits' staff have noted that, frequently, there are sessions when prisoners and visitors fail to attend. The prison says it has disciplinary measures in place, but it is a general complaint. Prisoners who book social visits but do not attend are given a warning that this could lead to a reduction in their incentives scheme status. The Board has recorded that 150 prisoners have not received social visits at all during the reporting year.

The system was noted as about to change following the end of the reporting year, with a transfer to the PAT system, whereby visitors book online externally instead of the prisoners making the bookings.

Prisoners have also complained to the Board that families are being delayed unduly by entry gate searches, even when arriving early. There has also been disquiet about escorts to and from wings regularly running late, cutting short the duration of friends and family time.

Domestic visits operate on Thursday and Friday, from 2pm to 4pm, and from 9am to 11am on Saturday and Sunday.

The prison has been regularly running two family days (which bring together prisoners and their families outside of their statutory entitlement to social visits, usually in more informal

settings) per month throughout the reporting year, February through December, with 14 in total. There has been positive feedback to the Board from prisoners, and to the prison from family members who completed a satisfaction survey.

By the end of the reporting period, the outside play area had been repaired and can now be again used for family days. Prisoners have expressed to the Board that outside play is targeted at only the youngest children, so the prison has planned to remedy that with a 'family outside visit centre'.

Inside, fresh redecoration had taken place, with new furniture about to arrive. Prisoners report that most are happy with the visits environment.

The prison has been concerned with security aspects of the social visits process, and it is intended that once refurbishments are completed, visits will become much more 'robust and formal'. Enhanced CCTV monitoring is being introduced to the visits hall.

Family photos are available at each visiting session, with a prisoner being employed to take photos for prisoners during sessions. There is a café staffed by prisoners, which is a well-used resource for visitors. Sandwiches are supplied by an outside caterer and sold in the café, along with other refreshments.

7.5 Resettlement planning

HMP Lowdham Grange is not resourced as a resettlement prison, and the probation team has expressed to the Board that they are having to complete the 'resettlement role' without adequate support or expertise. Probation officers still have to make referrals for Department for Work and Pensions (DWP) appointments, ID cards and CVs.

Around 100 prisoners were released into the community during the reporting year, with some released into homelessness.

Resettlement planning issues were clearly manifested to the Board during the Government SDS40 initiative to free up prison places, when 23 HMP Lowdham Grange prisoners in total were released at short notice in September and October 2024.

Prison offender managers also expressed concerns to the Board about prisoners released on sentence licence expiry date, which is their release date. In these instances, no accommodation can be provided, and this impacts a substantial proportion of released prisoners. The department has expressed to the Board that prisoners should be released whilst probation officers are still involved, so they can support prisoners into accommodation.

The view of the Board is that the DWP should be encouraged to become more involved before release in order to help prisoners plan for successful outcomes.

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	8
Number of Board members at the end of the reporting period	10

Applications to the IMB

During the reporting year, the IMB received 165 applications from 105 different prisoners, down from 213 applications submitted in the previous year, from 138 prisoners. This was a drop of 22.5% in the number of applications submitted. A total of 85.7% of prisoners who submitted an application did so on one or two occasions during the reporting year.

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	4	1
B	Discipline, including adjudications, incentives scheme, sanctions	6	6
C	Equality	9	10
D	Purposeful activity, including education, work, training, time out of cell	6	7
E1	Letters, visits, telephones, public protection, restrictions	14	28
E2	Finance, including pay, private monies, spends	4	2
F	Food and kitchens	5	3
G	Health, including physical, mental, social care	30	10
H1	Property within the establishment	22	26
H2	Property during transfer or in another facility	16	9
H3	Canteen, facility list, catalogues	6	1
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, recategorisation	8	17
J	Staff/prisoner concerns, including bullying	15	19
K	Transfers	5	3
L	Miscellaneous	40	20
CA	Confidential Access	23	3
	Total number of applications	213	165



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