



# **Annual Report of the Independent Monitoring Board at HMP Nottingham**

**For reporting year  
1 March 2024 to 28 February 2025**

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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, of any concern it has
- report annually to the Secretary of State on how well the prison has met its standards and requirements and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively, its members have the 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 Nottingham is designated as a category B (for those who do not require maximum security but still pose a significant risk) adult male and YOI establishment. It is a reception and resettlement prison serving the courts of Nottinghamshire and Derbyshire.

The prison's capacity is set at 950<sup>1</sup>, with an in-use certified normal accommodation, or CNA (the number of prisoners a prison can hold without being overcrowded) of 719. The prison holds a mix of sentenced and unsentenced individuals, reflecting its role in managing individuals at various stages of the criminal justice process.

Approximately 54% of prisoners are on remand or convicted but awaiting sentence, with 25.4% on remand and 28.9% convicted but unsentenced. A further 25.4% were sentenced and 18.3% were held on recall. A small number of prisoners were held under other legal statuses, including 12 individuals serving indeterminate sentences (1.3%) and one person detained (0.1%) under IS91 Immigration Act powers. Additionally, two prisoners (0.2%) had an unknown status and four (0.4%) were classified under 'other'.

The prison's population remains predominantly composed of a majority of category C prisoners (those who cannot be trusted in open conditions but who are unlikely to try to escape), with a minority classed as category B.

Accommodation has been mostly in shared cells and is arranged on seven wings; all are of modern design. One is for vulnerable prisoners (VPs) and another is for early days in custody.

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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.

The care and separation unit, where prisoners are separated from the rest of the prison population, has capacity for 12 prisoners, including one special accommodation cell (where items such as furniture, bedding and sanitation are removed in the interests of safety).

Purposeful activity is delivered through a range of educational and vocational training, in a separate block that houses classrooms, two workshops, a library and a barber's suite. In addition, there are seven other workshops, a large sports hall and gym, plus a separate fitness suite. Vulnerable prisoners have access to dedicated workshop and education facilities in a separately located area.

### **3. Key points**

#### **3.1 Main findings**

A high number of prisoners come into reception each day. Usually, around 40 prisoners are received into the prison each week day, with this figure sometimes rising to 60, of which, on average, 10-15 are new to the prison rather than returning from court. This places pressure on the processes to ensure the safety of the prisoners entering the prison, sometimes for the first time. There has been a significant increase in the number of prisoners coming in on recall (where an individual released on licence or parole is returned to prison because it is said they have broken the conditions of their licence). It is recognised that the prison has a very high churn (the frequent and rapid movement of individuals in and out of the prison), which presents challenges for ensuring the safety of prisoners when arriving and leaving prison.

#### **Safety**

- The Board is concerned about the increase in the number of self-harm incidents in the prison. However, it is noted that incidents have increased at a slower rate than last year,; in the last three months of the reporting year, there was a notable decrease.
- We are also concerned about the increase in the number of assaults, both on prisoners and staff, since last year. It is noted that three prisoners with severe mental health problems account for 20 of the assaults on staff.
- The number of use of force incidents has increased significantly during the reporting year. It is up by 22% on last year's figure. A total of 26% of the use involves guiding holds, which is a slightly lower percentage than last year.
- From the Board's observations, the prison has a well-managed and pro-active safety team, which is responsive to safety concerns raised.

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

- Time out of cell for prisoners continues to be limited, particularly for those not in education or work. Because of a lack of capacity on the wing for vulnerable prisoners (G wing), some of these VPS are housed on the induction wing, limiting their time out of cell.
- There have been fewer staff with less than two years' experience than in the last reporting year. In February 2024, 36.5% of staff had less than two years' service as a prison officer and 49.5% had less than three years'. In February 2025, 25% had less than two years' experience and 43% less than three years' service. This still means a significant requirement for staff training, but it has been reorganised so that it has less impact on prisoners and their time being unable to access activities and education.
- Prisoners continue to raise complaints about their property going missing when they transfer between prisons. There have been instances reported to the Board of prisoners not being told of the whereabouts of their valuables, and investigating missing property issues is time-consuming.
- The number of applications (prisoners' representations to the IMB) to the Board has fallen and is now significantly lower than two years ago. This may be a reflection on a 'fix first time' policy, with the prison placing emphasis on staff trying to sort out a prisoner's problems at an early stage.

- There continues to be an emphasis on addressing the needs of neurodivergent prisoners. The neurodiversity support manager (NSM) has been proactive in training staff to work with, and identify, prisoners with these needs.

## **Health and wellbeing**

- There continues to be a high number of complaints by prisoners about healthcare issues. Prisoners frequently tell the Board that they have not been able to get an appointment and that their complaints to the healthcare centre have not been dealt with, either within the expected timeframe or, often, at all.
- Once again, the Board has serious concerns about prisoners with severe mental health issues being held in the prison, which does not have the staff or resources to safely manage them. This year, one prisoner was held in the care and separation unit (CSU) for over five months before being transferred to a specialist mental health unit. He was severely mentally unwell for that entire period. Another prisoner, who was severely mentally unwell when he arrived at the prison, remained so before being transferred to a specialist mental health unit. He spent much of his time in the CSU. Prison was not an appropriate place to detain him.
- The Board does see examples of experienced healthcare staff working well with prisoners with severe mental health problems.

## **Progression and resettlement**

- Statistics available to the Board show that attendance in education and work continues to be below capacity. This has been highlighted in the latest inspection report (May 2024) from HM Inspectorate of Prisons (HMIP), and the prison seems to be taking steps to increase capacity.
- The high churn and short period of time most prisoners spend in the prison before being transferred or released hampers the ability of the prison to deliver meaningful courses to assist prisoners, in the Board's view.
- Early releases in September significantly impacted the prison's ability to put in place adequate resettlement programmes.
- The Board has noted a higher number of prisoners being recalled for short periods (often 14 days). This places strain on the resources of the prison and its ability to manage prisoners' safe release and resettlement. Prisoners frequently tell us that they do not understand why they have been recalled; that recall can result in them losing accommodation; and that it can disrupt family relationships, welfare benefits and medical care.
- The visitor centre is operated by the charitable organisation PACT. It works hard to ensure that visits proceed smoothly. Prisoners frequently tell the Board how important visits are and they seem generally happy with the arrangements. If they are far away from family, it can be difficult and there are complaints when social video call arrangements are disrupted by technology failures.

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

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

- **Provision for prisoners with serious mental health issues**

(i) As referenced in our previous report, we again raise with the Minister the issue of the wellbeing of prisoners who are severely mentally ill. The Board remains concerned at the length of time it takes for suitable places in secure mental health hospitals to

become available. This means that severely unwell prisoners are having to be detained in the care and separation unit for lengthy periods, which is not suitable or humane accommodation for them. What is the Minister's timeline for increasing the provision of secure specialist mental health spaces? If the Minister does not intend to address this issue urgently, can you explain the reason?

(ii) The Board has noted an increase in the number of prisoners who present with serious mental health issues. These prisoners have a high risk of self-harming and of engaging in violence and frequently require expert medical input. This places a strain on prison resources. When will the Minister consider earlier screening of such prisoners so that they can be placed in more specialist accommodation that is better able to meet their needs?

- **Review of the recall system and procedures**

(i) When will the Minister consider and review the recall system? The high number of recalls places enormous pressure on the prison and the purpose and effectiveness of the system is questioned.

(ii) What steps will the Minister take to reduce the prisoners who are convicted but not sentenced? It is predicted that a significant percentage will be released on receiving sentence, thus freeing up prison spaces.

(iii) When will the Minister invest in probation and resettlement services so that more time can be spent with prisoners to achieve better resettlement arrangements and reduce reoffending and recalls?

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

- Severely mentally unwell prisoners need quicker assessments and prompt transfers to appropriate hospital accommodation? How does the Prison Service plan to address this urgent issue?
- How will the Prison Service reduce the churn, due to transfers between prisons, so that the prison has better opportunities to work with prisoners on education and training?
- How does the Prison Service plan to ensure a more cohesive working relationship between the healthcare provider and the prison?

#### **TO THE GOVERNOR**

- How will the Governor continue to address the issue of self-harm and maintain the recent reduction in numbers?
- When will the Governor monitor the increased use of force and investigate if there is increased force used on prisoners from ethnic minorities?
- How does the Governor plan to work with the new healthcare provider, once the new contract starts, to deliver better healthcare for prisoners?
- What is the Governor's timeline for increasing the uptake of prisoners' purposeful activity and time out of their cells?
- In a repeat reference from last year's report, how does the Governor plan to improve the transparency and objectivity of the incentives scheme so that there is greater clarity and confidence in the process for prisoners?

### 3.3 Response to the previous report (2023-2024)

Issue raised	Response/Progress
<p><b>To the Minister</b></p> <p>How does the Minister plan to increase provision of secure mental health services for prisoners with severe mental health problems?</p>	<p>As of the end of this reporting year, the Board has seen no progress in this area and it remains a concerning issue.</p>
<p>Will the Minister consider implementing the recommendations of the Justice Select Committee in respect of re-sentencing/commuting sentences for IPP prisoner?</p>	<p>The Minister has not acted on the recommendations, although it is acknowledged that there has been greater emphasis on trying to reduce the number of IPP prisoners.</p>
<p>Will the Minister take measures to address the pressure on capacity across the estate and the churn of prisoners?</p>	<p>The pressure on capacity and churn has increased over the past year.</p>
<p><b>To the Prison Service</b></p> <p>Will the Prison Service consider what steps can be taken to locate prisoners close to family? The increased churn places strain on prison resources and impacts the ability to offer meaningful education and employment.</p>	<p>The pressure on the estate means that prisoners who are not local to Nottingham are often detained in the prison. The even greater churn has continued to impact education and employment.</p>
<p>To provide greater provision to enable severely mentally ill prisoners to be transferred to suitable secure accommodation earlier.</p>	<p>As highlighted in this year's report, the Board remains concerned about severely mentally ill prisoners being detained in prison for lengthy periods.</p>
<p><b>To the Governor</b></p> <p>To address with the healthcare provider shortcomings in the healthcare service and, in particular, staff shortages and the lack of a deputy.</p>	<p>There continue to be shortcomings with the service provided by the healthcare provider. Staffing levels have improved marginally. There is no deputy, although there is an experienced senior matron. The Board recognise the limited control the prison has over an independent provider.</p>
<p>To consider what further steps can be taken to address the increase in self-harm.</p>	<p>Self-harm has increased again. The Board is pleased to note a downward trend towards the end of the reporting year (2024-2025). The Board has seen evidence of the prison analysing the data and implementing strategies to try to combat the increase.</p>

<p>To consider what improvements can be made to increase purposeful activity/time out of cell, particularly for VPs housed on the induction wing.</p>	<p>There has not been noticeable increase in purposeful activity. The prison is putting emphasis on trying to increase the number of prisoners attending education and work, which usually continues to be below capacity.</p>
<p>To consider measures to improve to improve the transparency and objectivity of the incentives scheme process.</p>	<p>Prisoners continue to relate their concerns about the unfairness of the process to the Board.</p>

## **Evidence sections 4 – 7**

### **4. Safety**

#### **4.1 Reception and Induction**

HMP Nottingham is a prison with a high churn, receiving a high number of prisoners each day. This places pressure on reception, particularly when prisoners arrive from court late in the day. During the reporting year, there have been significant pressures on the prison estate, which has led to prisoners being transferred from other prisons and Nottingham having to house prisoners who should have been sent to an establishment closer to their home.

The total number of receptions for the reporting year was 10,492.

Generally, reception is well staffed and the health and safer custody checks are managed well. However, there is little to distract prisoners in the quite cramped holding rooms.

The induction process generally seems to proceed smoothly and there appear to be fewer delays in completing the process. However, some prisoners tell us that they have found it difficult to engage with the process for reasons such as difficulties with reading or drug or mental health issues, which they had when they arrived. Prison liaison representatives (PLRs) are trusted prisoners who are able to offer support and help to other prisoners with aspects of prison life such as canteen ordering, complaints, safety and how to access various types of support. The Notts TV service is available to prisoners and includes induction information in some languages other than English.

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

There were seven deaths during the reporting year, including four that occurred within 14 days of release.

One prisoner died in hospital from cancer after being ill in prison for some time. It is disappointing to note that in the published Prisons and Probation Ombudsman (PPO) report, the prison was criticised for inappropriate restraint of the seriously ill prisoner in handcuffs whilst being escorted to hospital. An updated risk assessment had not been carried out. This failure to carry out up-to-date risk assessments when escorting seriously ill prisoners to hospital, so that the appropriate level of restraint can be applied, has been raised by the Board and the PPO before.

Another prisoner died from natural causes. He had been ill in prison with gastroenteritis and had been seen by healthcare staff. The PPO report into his death brought to the Governor's attention that there was no record in the prison logs of the healthcare staff's advice that he was ill or that he should be isolated.

PPO reports into two of the deaths that occurred shortly after the prisoners were released highlight the difficulties in dealing with vulnerable prisoners, who find it difficult to engage with services and have no fixed accommodation. There was no criticism of the prison. One of these prisoners was known to the Board, he had severe mental health problems. He had been released and was then recalled on three occasions for breaching his licence conditions by consuming alcohol or breaking curfew conditions. Each period of recall was for 14 days, making it even more difficult to effectively manage his accommodation and engagement with services.

The Board is awaiting the PPO reports in the causes of the other deaths.

*Self-harm incidents from 1 March 2024 to 28 February 2025 (this reporting year): 990 (involving 256 individuals)*

Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	<b>Total</b>
107	77	81	91	117	116	63	79	70	58	68	63	<b>990</b>

*Self-harm incidents from 1 March 2023 to 29 February 2024 (last reporting year)*

Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	<b>Total</b>
86	93	100	67	91	74	82	88	74	65	33	45	<b>898</b>

The number of self-harm acts over the year has increased by just over 10%. The prison monitors and analyses the figures. It is noted that self-harm incidents have fallen significantly in the second half of the reporting year. The prison attributes the higher incidence earlier in the year to a high level of drugs in the prison, which leads to prisoners having issues with debt and mental health and, therefore, being more prone to self-harm. It is noted that 121 of the incidents involved three prisoners. One prisoner self-harmed a considerable number of times during the reporting year and spent a long time in the care and separation unit. Prison is a very challenging environment for such prisoners, who take up a lot of staff time and resources.

The number of ACCTs (assessment, care in custody and teamwork) documents (used to support prisoners at risk of self-harm and suicide) opened in the reporting year fell to 565 from the previous year's figure of 784.

*ACCTs opened from 1 March 2024 to 28 February 2025 (this reporting year)*

Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	<b>Total</b>
44	48	55	51	58	55	35	52	37	46	44	40	<b>565</b>

*ACCTs opened from 1 March 2023 to 29 February 2024 (previous reporting year)*

Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	<b>Total</b>
83	67	59	55	78	54	64	86	61	68	58	51	<b>784</b>

There were 56 occasions when a prisoner was placed on constant supervision during the year and there were 44 prisoners placed on constant supervision. The good practice, which was noted last year, continues, with staff keeping efficient notes, which help with handovers.

During the reporting year, the number of Listeners (prisoners who offer confidential support to other prisoners) continued to fluctuate considerably; at times, due to

transfers and releases, there have been too few, which has negatively impacted the service provided. Sometimes, there were barely enough Listeners to cover all wings. The Samaritans are supported by the prison management to train the listeners. They provide training and support for existing Listeners and training for new prisoners who are deemed suitable. The aim is to increase the number of Listeners available.

There have been reports of staff refusing prisoners suitable access to Listeners on some wings. The Listeners feel that they are not always being given access to prisoners and the privacy required to support. When calls are not facilitated, this can lead to an increase in anxiety and self-harm.

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

*Prisoner-on-prisoner assaults from 1 March 2024 to 28 February 2025 (25 serious assaults)*

Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	<b>Total</b>
24	28	18	40	21	41	22	33	25	34	37	24	<b>347</b>

*Prisoner-on-prisoner assaults from 1 March 2023 to 29 February 2024*

Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	<b>Total</b>
25	17	22	20	24	29	29	28	22	29	26	25	<b>296</b>

Prisoner-on-prisoner assaults have increased by 17%. The prison thinks the spikes in June and August were connected to an increase in orchestrated violence stemming from gang and debt issues. There are also a number of repeat offenders, but the increase is a matter of concern for the Board.

*Prisoner-on-staff assaults 1 March 2024 to 28 February 2025: 137 (seven of which were serious)*

Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	<b>Total</b>
7	8	11	9	11	12	10	13	8	16	13	19	<b>137</b>

*Prisoner-on-staff assaults from 1 March 2023 to 29 February 2024*

Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	<b>Total</b>
13	8	15	13	10	11	9	2	6	10	2	15	<b>114</b>

There is a significant increase in the number of prisoner-on-staff assaults. Seven of these are classed as serious and the majority of those involved spitting. One incident involved a member of staff having to attend hospital. Analysis of these figures again shows the issues caused by prisoners with severe mental health issues. Two prisoners known to the IMB as presenting with severe mental health issues were involved in a

large number of the assaults on staff; both were eventually transferred to secure mental health units.

#### 4.4 Use of force

*Use of force from 1 March 2024 to 28 February 2025*

Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	<b>Total</b>
53	68	52	55	77	100	54	82	90	90	109	99	<b>929</b>

*Use of force 1 March 2023 to 29 February 2024*

Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	<b>Total</b>
55	82	59	63	77	93	49	52	63	47	59	61	<b>760</b>

The number of use of force incidents has increased by over 20%, which is significant. Of the 929 incidents in the reporting year, 242 were escorting holds, which is a similar percentage to last year. There were 15 incidents where Pava incapacitant spray was drawn and used; it was drawn, but not used, another nine times. The reason for the increase is unclear and may be due to a greater emphasis on reporting. The prison is monitoring the increase. Preliminary findings suggest that there might be a higher number of use of force incidents concerning prisoners from minority ethnic groups.

#### 4.5 Preventing illicit items

Illegal drugs continue to infiltrate the prison by a variety of means, all of them contrary to prison law. The presence of illicit drugs leads to violence, bullying and debt. The use of illegal drugs continues to be a challenge for the prison. The incidents tend to go in waves, and the Board notes that the prison has diligent systems and intelligence to identify and eradicate illegal drug use. Social visits and prisoners leaving the prison for court appearances were suspected as being avenues for illegal drug entry, so searches and procedures were tightened.

Prisoners entering the prison who fail the body scanner check continue to be located in the care and separation unit and remain there until they have a clean scan. There were 220 body scan failures. This figure includes prisoners who then passed the scan when re-tested on the same day.

The prison is vigilant to illegal drugs entering by drone, as the risk is high. However, there have been no such incidents during the reporting year.

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

### **5.1 Accommodation, clothing, food**

Accommodation is relatively modern, with all seven wings and the care and separation unit (CSU) built less than 20 years ago. All cells have a toilet and a wash basin. All wings and the CSU have shower facilities. Cells were fitted with phones some years ago, and numbers, which can be called, are approved and controlled by the prison. Prisoners purchase phone credit or may be given it by the prison in exceptional circumstances. Prisoners have a television in their cell unless removed under the incentives scheme system.

There have been various cleanliness issues reported on multiple wings during the year. The Board has noted inconsistency in the standard of cleaning, particularly in the shower areas on the wings, which are of variable standard, with some offering more privacy than others. Most have poor ventilation and some need to be refurbished or redecorated to bring them up to an appropriate standard.

There were frequent complaints from prisoners about the temperature on the wings. In particular, at times, the upper landings on D wing became very hot. The Board understands that the temperature is controlled centrally and that it is difficult to respond to particular issues. We observed that, on a couple of occasions, the CSU was exceptionally cold. In January, the CSU was extremely cold, particularly the two end cells. Prisoners had to be issued with heavyweight warm jackets. The extreme temperature is a particular problem for prisoners with mental health issues, who often resist wearing clothing and do not comprehend the need to wear warm clothes.

Prisoners have frequently reported shortages of essential items to the Board, particularly clothing.

Each wing, including the CSU, has a servery, which is staffed by prisoners. At the end of the reporting period, a broken shutter on one wing had made the servery unavailable, with food being served from trolleys on the landing in front of it. The Board has noted complaints from prisoners about frequently not being given the meal they have chosen, which the prison acknowledges is due to the expected items not being delivered, such as, for example chicken being changed to beef. The Board has also received a considerable number of complaints about the quality and quantity of food, particularly potatoes.

Each wing has a book for prisoners to make comments about food, but these are inconsistently used. It seems that many prisoners are unaware of them; they are usually placed behind the servery, so prisoners have to request access to them. Where they are used, there is evidence that they are checked by staff and responses are provided. Lunchtime food is often served well before midday.

The Board notes the efforts of the kitchen to meet the needs of those with specific dietary requirements.

Depending on when a prisoner arrives at the establishment, there may be a two-week gap before they receive items they have ordered from the prison canteen, as they may have missed a cut-off point to order a canteen pack from reception. But this does not mean that prison kitchen is unable to provide food to meet dietary requirements.

## 5.2 Segregation

The following table sets out the number of prisoners who have been segregated on multiple occasions.

2023-24		2024-25	
Occasions segregated	Number of Prisoners	Occasions segregated	Number of Prisoners
8	0	8	1
7	0	7	1
6	0	6	1
5	4	5	3
4	11	4	4
3	11	3	16
2	37	2	43
1	331	1	334
<b>Total</b>	<b>394</b>	<b>Total</b>	<b>403</b>
<b>Average length of stay</b>	8.39 days	<b>Average length of stay</b>	10.12 days

The Board visits the CSU every week. We have noticed that, on most visits, the unit is fully or nearly full. Staffing on the unit was disrupted and placed under pressure at the beginning of the reporting year, as several staff were suspended whilst allegations of misconduct were investigated. By the end of the reporting year, new staff had been allocated and the situation was more stable.

As referenced earlier in the report, there have been instances of severely mentally ill prisoners being on the CSU for long periods, as it is not safe for them to be accommodated on the wings. As referenced in last year's report, the Board is seriously concerned about the delays in being able to transfer seriously mentally unwell prisoners to suitable accommodation in a secure mental health hospital.

There are two separate small exercise yards dedicated for the use of prisoners in the unit, and there are occasions when prisoners can exercise on adjacent yards, which allows some means of interaction. Such prisoners are risk-assessed, and the Board welcomes the opportunity for prisoners to engage with each other, whenever appropriate. Although radios are provided and staff have been observed providing reading and writing materials on request, the Board is concerned about the lack of activities.

The fabric of the building is basic and, as reported above, this winter it became very cold.

## 5.3 Staff and prisoner relationships, key workers

The Board noted positive staff prisoner relationships seen at ACCT reviews, adjudications (disciplinary hearings held when a prisoner is alleged to have broken prison rules), and GOoD reviews (where it is determined if a prisoner who has been segregated due to disruptive behaviour should remain segregated). There continues to

be an emphasis on completing key worker sessions and there are notices urging key workers to make good use of spare time at the end of gym or workshop sessions to carry out key work. The Board does see some very detailed and considered notes from key workers, but it is very variable, and frequently prisoners are not aware of the identity of their key worker. Implementation of an effective key worker system is hindered by the high churn.

#### **5.4 Equality and diversity**

During the reporting year, the prison facilitated prisoner forums for all protected characteristics (which include, among others, age, disability, religion, race, sexual orientation, and sex), and for foreign national prisoners, on a regular schedule, most at least three times. In the Board's view, they serve to create an inclusive community and help prisoners feel they are listened to and their views matter.

The Board notes fewer applications (prisoners' written representation to the IMB) concerning issues relating to physical disabilities during the reporting year. The prison holds age forums as part of interventions to ensure the needs of elderly prisoners are met. When engaging with Board members, elderly prisoners usually express satisfaction with their treatment and experiences in the prison.

During the reporting year, the population had an average ethnic breakdown of 71% white, 8% Asian, 11% black, 7% mixed race, and 1-2% other.

Statistics provided by the prison show that, for the reporting year, 70% of prisoners placed on the basic (lowest) level of the incentives scheme were white, 8% Asian, 11% black and 9% mixed race. This is closely in line with the racial mix of the prison as a whole. Similarly, figures show that 72% of men on the enhanced (top) level were white, 7% Asian, 15% black and 4% mixed race. While both these sets of figures relate to quite small numbers of prisoners, they do not suggest any significant disproportionality in the use of the incentives scheme.

During the reporting year, the population of foreign national prisoners averaged approximately 165, which is equivalent to 18% of the prison's population. A total of 363 calls were made through the Language Line translation service to help support prisoners for whom English is not their first language. This is an average of around 30 calls per month. However, it fluctuated considerably during the year, which may reflect changes in the prisoner population, staff awareness, operational needs at any given time and access to interpretation services.

The Board has continued to note initiatives to meet the needs of neurodivergent prisoners to ensure those with conditions such as ADHD (attention deficit hyperactivity disorder), autism and learning disabilities are not disadvantaged or missing out on the opportunities available to other prisoners. In addition to some of the interventions the Board has noted in previous reports, such as calm gym sessions and sessions in the wellbeing suite to help these prisoners increase their understanding of their conditions, guidance has been issued on neurodiversity support in ACCT reviews. The neurodiversity support manager (NSM) has continued to lead additional training sessions and staff have participated in sessions to increase their awareness regarding the needs of neurodivergent prisoners.

Black History Month was again celebrated through a range of activities. Events included promoting black authors' work in the library, specific sessions to read, write and learn to write poetry and the weekly inclusion of culturally specific food from the

catering team. The Board welcomes these, and the other initiatives, to help promote inclusivity and diversity.

### **5.5 Faith and pastoral support**

The chaplaincy team continues to be strong and committed and provides important and consistent support to prisoners. The team is well led and respected by prisoners. It brings a sense of inclusivity to prisoners of all faiths and nationalities. A wide range of faith festivals are celebrated and observed. Board members attended the Christmas Carol Service and prisoners participated by giving readings, singing and playing guitars.

### **5.6 Incentives schemes**

Pay incentives to attend education have had little impact. There are difficulties in using incentives with remand prisoners who have low motivation to attend. Peer mentors in education value their role and encourage others to attend education.

The prison has told the Board it is aware of concerns from some prisoners about why their incentives scheme status is downgraded and it is undertaking more work to gather feedback and understand why men believe that their status is unjustified.

### **5.7 Complaints**

The prison received a total of 2870 complaints, which is fewer than last year. Not many prisoners have had legitimate complaints about the complaints process, as it generally seems to keep to timescales. There can be delays when a prisoner is trying to make or follow up a complaint to another prison, and this can be a very frustrating process.

### **5.8 Property**

There continues to be a large number of complaints about property. As noted last year, these are more about the loss of property when transferred from another prison. The system of recording property is antiquated and dealing with lost/missing items is time consuming; as their property is all that prisoners have, the loss of it or the uncertainty of its whereabouts is a significant issue for them. A prisoner often feels powerless when trying to pursue the complaints process with the previous prison. There have been instances of prisoners not being aware of the whereabouts of their valuables when transferred.

## **6. Health and wellbeing**

### **6.1 Healthcare, including physical healthcare and social care**

Health services are commissioned by NHS England and were delivered during the reporting period by Nottinghamshire Healthcare NHS Foundation Trust. The lack of resilience in the healthcare leadership structure has continued during the reporting period, with the head of the department frequently absent, with no deputy in place. This means that when the head of healthcare is absent, the prison's lines of communication with the department are compromised: so, for example, there is rarely a representative from healthcare available to attend the important daily briefing meetings. The Board appreciates that some of the staffing shortages noted in last year's annual report have improved, but mental health assessments remain a considerable challenge. Access to social care equipment remains a challenge and, significantly, access to appropriate prescribing of medication on entry to custody in the evenings and weekends is problematic. That said, all prisoners' immediate health, substance misuse and social care needs are assessed on reception into the prison and seem to be generally responded to promptly and effectively during office hours.

There have, again, been instances where staff shortages have resulted in medication being administered late to prisoners, with the result that a dose due later the same day could not be given because of insufficient time between doses. There have been examples of a lack of communication between the hospital and prison about treatment plans for prisoners' post-surgery and hospital readmission arrangements for prisoners with terminal illnesses. The prison is trying to address this but is limited in how reactive it can be, due to the healthcare provider being independent.

The Board has received a similar number of applications in relation to healthcare this year, but these have made up a significantly higher proportion of all applications than in the previous year. When Board members speak to prisoners on the wings, an inability to access healthcare services remains a frequent point of contention.

We noted last year that, for prisoners to initially receive medication they had been prescribed outside prison, it needs to have been prescribed within the previous four weeks, which prisoners find frustrating. The situation remains the same and we have continued to receive applications from prisoners about this. As a Board, we find this particularly concerning, as it evidently causes unnecessary anxiety to these prisoners. The Board understands, though, that prescribing practices may sometimes vary between those in the community and in the prison. However, prisoners don't often understand why there are differences and why longstanding medications and treatment are sometimes suddenly changed or withdrawn. The Board believes that efforts should be made to ensure prisoners understand this at the first point of contact.

The Board continues to have concerns about the high number of prisoners with serious mental health issues. They take up the time and resources of staff who are already stretched. They often cannot be safely managed on the wing and arrive at the care and separation unit (CSU). There are action plans to try and accommodate them back on the wing but, frequently, they are so seriously mentally ill, they need to be in a specialist mental health unit.

The Board also continues to be concerned about the length of time these prisoners are held in CSU, which is a totally unsuitable environment for those with severe mental health issues. One prisoner was clearly severely mentally ill when he arrived at the prison from court. Prison staff were surprised that he had been deemed fit enough to

be transferred to prison. Throughout his several months in prison, he remained extremely unwell. The Board witnessed the lengths staff went to in trying to ensure he was detained in the best conditions. If he was on the wing, he needed considerable staff resources, which were not available. There were concerns about further deterioration in his mental health if he remained in the CSU. He did, in fact, spend the majority of his time in the CSU before he was eventually transferred to a secure mental hospital. Staff and healthcare professionals agreed that prison was a totally inappropriate environment for such a sick man.

From the Board's observations, health and wellbeing interventions are good. The gym programme includes support for substance misuse, mental health issues and primary healthcare.

## **6.2 Time out of cell, regime**

The prison has been trying to increase the time prisoners spend out of their cells and activities available. However, a long-running national industrial dispute has meant that the pool tables have not been in use, which is frustrating for prisoners. On the vulnerable prisoners (VP) wing, there are activities, with prisoners playing chess and cards and good interactions. The Board remains concerned, however, that due to lack of capacity on the VP wing, vulnerable prisoners are being housed on the induction wing, with a restricted regime. This is something we have previously reported on.

The prison has a well-equipped sports hall, a gym and a five-a-side football pitch, plus a separate fitness centre. Many prisoners tell us that they greatly value these facilities and the physical and mental health benefits they get from their sessions.

The prison has reorganised the training days, which has resulted in less disruption to prisoners' regime and activities.

## **6.3 Drug and alcohol rehabilitation**

As the Board has previously reported, many prisoners come into prison with drug dependency issues. The prison continues to have a clear strategy in place and it still works closely with Nottinghamshire Healthcare NHS Foundation Trust to provide a wide range of treatments. There are still more than 20 psychosocial treatment options offered to prisoners, over ten tier one and tier two group work options and an eight-week programme, plus the 'ABC of substance misuse', to increase prisoner knowledge. In addition, there are 20 clinical treatment options such as a methadone stabilisation and detox programme; a naloxone treatment kit (to take home), which quickly reverses an opioid overdose; and sexual health treatment and screening.

## **6.4 Soft skills**

The wellbeing suite continues to be well used in the reporting year and prisoners speak highly of the staff facilitating the sessions and the content. Much work has been achieved during the past 12 months to develop the range of interventions available to neurodivergent prisoners and to upskill the wider staffing complement in how to work with prisoners to develop their soft skills. More generic work with prisoners focuses on a range of issues, including mindfulness, safe spaces and reducing hopelessness.

## **7. Progression and resettlement**

### **7.1 Education, library**

Attendance levels in education have, once again, remained consistently low. Attendance against planned capacity has been below 50% in every month in most of the reporting year, except in April 2024, when it was 55%. The prison has struggled to improve this. The national incentive scheme to fund enhanced payments for prisoners attending education has had little impact.

The prison has a high proportion of prisoners on remand or awaiting sentencing (approximately 54%), which affects attendance, as there is limited motivation for these prisoners to attend education or the opportunities offered. For some prisoners, this is a lengthy period, and it can impact negatively on their mental health.

The Board is pleased to report that VPs are now able to attend education, library and training, but is disappointed that their attendance is low. Sequencing of appointments, attendance at groups, etc, is being changed, wherever possible, in an effort to improve attendance. The impact of this is not yet known. Peer mentors say that they enjoy their role and encourage prisoners - especially the young ones - to attend education. Education staff expressed some concerns about inconsistencies in the application of awarding 'negatives' if a prisoner refused to attend education. We are told by education staff that a recent 'dip test' into this revealed that hardly any prisoners who had refused to attend had been given a negative (around 5%). The alignment between education staff and wing staff does not appear to be effective in increasing attendance at education provision.

The prison's increased focus on neurodiversity and the identification of prisoner's individual needs is a welcome development, and a high level of need has been identified in the population. Whilst it is reported that 160 out of 190 staff have completed training in neurodiversity, the Board has some concerns about how effectively staff are able to communicate with neurodivergent prisoners. For example, in an ACCT review that was observed by one IMB member, the officer carrying out the review talked quickly, used jargon and spoke a lot. The prisoner was compliant, but it appeared that he did not fully understand what was being said or asked of him. The Board is pleased to hear that a 'calm' session is offered weekly for neurodivergent prisoners with sensory needs.

The development of a reading strategy across the prison aims to support all eligible prisoners to access education and/or training. Initial screening on arrival, to identify needs, is used to inform pathway planning. This is a relatively new development, and the outcomes and impact will be available for the next annual report.

The Board welcomes the appointment of a full-time reading specialist and inclusion support workers, and it is anticipated that this will help prisoners develop skills that will enable them to progress. They have been working across vocational workshops and education. However, we are concerned that there is no provision to support prisoners wishing to learn to read on the wings, due to lack of suitable spaces. This limits the ability of some prisoners to successfully access education, as all courses require prisoners to be able to read.

The Board is pleased to see that there are bookcases available on all wings, although some are better stocked than others. The prison loses a lot of stock, due to damage, and relies heavily on donations of books, CDs, etc. Every wing has an allocated library

slot each week, which is very popular (the library reports around 1300 visits each month), but we are concerned that there does not appear to be equal access for all. This is because not all wings have a system to enable prisoners to sign up for a visit and it is a much more ad-hoc arrangement on some wings.

ESOL (English for speakers of other languages) prisoners are offered reading support and the opportunity to achieve an Entry Level 1 or 2 certificate over six weeks. During the period February 2023 to February 2024, 66 individual prisoners enrolled. A total of 38 (57%) were transferred or released before they were able to achieve any qualification. The Board is pleased to find that, within ESOL, there were a total of 75 achievements at Entry Levels 1 and 2. Some prisoners achieved in multiple subjects, including reading, writing, and speaking and listening.

It is disappointing that the Storytime Dads scheme (where prisoners record bedtime stories and messages for their children as audio or video) has been limited, due to staff absence. With only one member of staff trained to implement the programme, few prisoners have been able to use the scheme when they are absent. This impacts negatively on prisoners' relationships with their children.

## **7.2 Vocational training, work**

There is a range of provision for prisoners to access useful vocational training, with qualifications including construction, bartering, catering, and painting and decorating. However, because Nottingham is a reception and resettlement prison, where prisoners are supposed to spend relatively short periods of time, there are few opportunities to achieve the higher-level qualifications that are the most useful in the jobs market. Due to delays in the courts system, some prisoners who are now spending quite lengthy periods in prison while awaiting trial or sentence, become frustrated by the lack of opportunities to pursue higher level qualifications. Attendance at training is also consistently low for the same reasons as those for education.

## **7.3 Offender management, progression**

There remain a significant number of prisoners who are spending lengthy periods of time on remand or awaiting sentencing, due to delays in the court system. In addition, capacity issues across the prison estate have resulted in sentenced prisoners waiting for disproportionately long periods to be transferred to other establishments, where they can progress or be nearer their families. Prisoners tell us that this results in their mental health deteriorating. Prisoners also report to the Board high levels of anxiety about arrangements for leaving the prison as their release date approaches, with many being released to no fixed address and no ongoing support in place.

The Board has significant concerns about the increasing number of prisoners who have been recalled. Whilst it is suggested by prisoners that they have been recalled for missing or being late for probation appointments, the factual accuracy of this has not been verified. Prisoners have also stated that they have been recalled for missing or being late for an appointment, but this has also not been verified. Many of these men have mental health and learning difficulties and some will have genuine difficulty in getting to appointments punctually. Prisoners are frequently recalled for 14 days for bad behaviour. They tell us that they have not been told what the bad behaviour is. The high number of recalls puts undue pressure on the prison, reducing the ability of the prison to implement the pre-release and resettlement service effectively.

#### **7.4 Family contact**

The population pressures across the wider prison estate have resulted in some prisoners being sent to HMP Nottingham from a significant distance away, making it very difficult for their family to have social visits. Although these prisoners frequently request a transfer to be nearer home, which is eventually agreed, there are usually lengthy delays in this being actioned. It is not usual for a prisoner to be transferred back to their own area between court appearances. They sometimes spend many months in this situation and family relationships, as well as prisoners' mental health, can suffer.

The Board is pleased to see that the prison visiting area is consistently well-maintained, welcoming and bright, with a good range of toys and books available in a corner for visiting children.

#### **7.5 Resettlement planning**

Early releases have increasingly put undue pressure on the prison, impacting the ability of agencies to work effectively to engage and support prisoners before release. This causes significant anxiety for many prisoners approaching their release date, particularly if they do not have a home to return to. The Board has spoken to several prisoners who have expressed their concerns about being recalled as a consequence, with some stating that they will likely reoffend in order to be recalled so they have a roof over their head.

## 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 (6 active)
Number of Board members at the end of the reporting period	8 (7 active)
Total number of visits to the establishment	148

### Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions including single cell issues	20	25
B	Discipline, including adjudications, incentives scheme, sanctions	6	23
C	Equality	5	5
D	Purposeful activity, including education, work, training, time out of cell	12	8
E1	Letters, visits, telephones, public protection, restrictions	36	20
E2	Finance, including pay, private monies, spends	11	8
F	Food and kitchens	17	11
G	Health, including physical, mental, social care	52	46
H1	Property within the establishment	22	24
H2	Property during transfer or in another facility	16	18
H3	Canteen, facility list, catalogues	0	4
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, recategorisation	13	20
J	Staff/prisoner concerns, including bullying	41	35
K	Transfers	14	1
L	Miscellaneous	21	17
<b>Total number of applications</b>		<b>286</b>	<b>265</b>

## **Annex A**

### **Service providers**

The following services are provided by third parties under contract arrangements:

- Healthcare: Nottinghamshire Healthcare NHS Foundation Trust
- Substance misuse treatment: Nottinghamshire Healthcare NHS Foundation Trust
- Learning and skills: People Plus
- Library: Nottingham City Council Library Service
- Escorts: GeoAmey
- Visitors centre: PACT
- Maintenance: Amey

The offender management unit also works with a large number of partner agencies in its efforts to provide resettlement opportunities for prisoners.



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