



Annual Report of the Independent Monitoring Board at HMP/YOI Foston Hall

**For reporting year
1 December 2024 to 30 November 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, any concern it has
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody

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

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

2. Description of the establishment

HMP/YOI Foston Hall, situated in south Derbyshire, was designated as a women's prison and young offender institution in 1997. The prison accommodates several categories of women. These include those remanded (held in prison until the time of their trial or subsequent sentence hearing), short sentence prisoners and those recalled for breach of licence conditions. Also included are those serving life sentences for serious crimes and indeterminate sentences (this means there is no set release date, but there will be a minimum time that must be served in prison, which is set by the court).

Its capacity (the maximum number of prisoners that can be held without serious risk to safety, security, good order and the proper running of the planned regime) is 324¹.

At the end of November 2025, 36% of the prisoners had been sentenced, 18% were convicted but still awaiting sentence and 21% had been recalled, while 4% were on an indeterminate sentence. A total of 21% of the prisoners were remanded, compared with 33% a year ago; 65% of prisoners were serving a sentence of six months or less.

The prison has seven wings, A, B, C, D, E, F, T, and a first night centre (FNC). There is also a care and separation unit (CSU), where prisoners are segregated. The exterior environment is pleasant, with well-kept gardens, an animal sanctuary, a textile workshop, hairdressing salon, gym and large playing field, although the latter is considered unsafe to use for team games owing to its uneven surface.

The healthcare, education, mental health, pharmacy, dentistry and substance misuse departments are located across the overall site. A resettlement team and offender management unit (OMU) are located separately, while a coffee shop, staffed by prisoners employed in the kitchens, provides light meals for staff.

A, B and C wings have only single cells. C wing is predominantly used for prisoners requiring single cells and A wing is designated for women who demonstrate a commitment to stay off drugs, with support from the substance misuse service (SMS). There is limited single-cell accommodation in other wings. Prisoners who are assessed as being low or medium risk are accommodated in shared cells.

Enrichment for the Cameo programme (a treatment service for high-risk offenders who have complex needs arising from pervasive psychological difficulties) is delivered on D wing. In-cell telephony is available throughout all wings, except the CSU.

During the reporting year, there have been some changes of functional heads in the senior leadership team. The serving Governor was appointed in October 2023 and a new Deputy Governor was appointed in November 2024. A significant number of new staff joined the establishment during the reporting year.

¹ Figures included in this report are local management information. They reflect the prison's/YOI'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

To get a better picture of what life is like for prisoners at HMP Foston Hall, the Board carried out several surveys, outlined in Annex B. However, our conclusions are based not only on survey data but also on our ongoing, regular observations and monitoring. The surveys often raise lines of enquiry that we then investigate further.

Safety

- The Board has noted a rise in self-harm incidents, many of which are by prisoners who prolifically self-harm.
- Incidents of prisoner-on-staff and prisoner-on-prisoner violence have risen.
- Use of force has significantly increased, although the Board recognises that most interventions are low level. More recently, the number of use of force interventions has started to decrease.
- Intercepting illicit drugs entering the establishment and preventing movement around the establishment continues to be a constant challenge.

Fair and humane treatment

- There are limitations to the operation of key working, with a minimal amount taking place.
- In relation to practical matters, longstanding problems with the prisoners' general applications process were addressed at the end of the year with the introduction of a new system. This is still in the process of becoming established practice. There continue to be problems of long delays for prisoners to access property.
- From the Board's observations, there are problems with prisoner accommodation. Longstanding limitations of the CSU and D wing remain. There are significant problems with the plumbing and floors of F wing, creating health and safety issues and impacting on decency. The D wing showers remained out of use at the end of the reporting year.

Health and wellbeing

- There is a high number of mentally unwell prisoners at Foston Hall, including some with severe conditions. This number includes prisoners who are already unwell on arrival at the prison but who have not been diverted to hospital.
- The limited mental health team resource means that little support seems to be provided for prisoners experiencing less severe common mental health conditions.
- There has been no reduction over the past year in the number of pregnant prisoners, some of whom have been received at Foston Hall more than once during their pregnancy and only remain in prison for a few weeks.
- The Board has observed prisoners with acute mental health needs segregated in the care and separation unit (CSU) while they await transfer to a psychiatric facility. The CSU is not designed to accommodate prisoners with severe mental ill health. Despite the challenges, CSU staff consistently demonstrate notable levels of patience and compassion, in the Board's view.

Progression and release

- Between 20% and 25% of prisoners have left this year with no settled accommodation.
- The Ofsted inspection reported that the curriculum offered 'did not meet the needs of the population'.
- Good employment opportunities appear to exist, although the number of short stays and sentences makes appropriate allocations difficult.
- From our observations and conversations with prisoners, family contact opportunities, including activities for isolated prisoners, are well managed and appreciated by prisoners.
- Offending behaviour management programmes, release on temporary licence (ROTL) and home detention curfew (HDC) opportunities appear to be limited by external pressures.

3.2 Main areas for development

Several of the following questions have been repeated from last year's report, as there has been little or no progress.

TO THE MINISTER

- The continuing rise in prisoners who are on short-fixed term recalls, and subject to short sentences has a significant limiting impact on rehabilitation and resettlement. There has been an associated increase in drugs and illicit items entering the establishment and a consequent rise in prisoners getting into debt and being subject to bullying. What will be done to address this at a national level?
- It is still the case that prisoners with complex and severe mental health needs are frequently received, or remain too long, at HMP Foston Hall, rather than being accommodated and cared for in hospital or in the community in line with the ambitions of the female offender strategy. When will this be addressed?
- There is still no evidence that the decision to identify pregnancy as a specific mitigating factor in sentencing decisions has had any impact on the number of pregnant prisoners passing through Foston Hall, including prisoners on short-term recall. When will this have an impact?

TO HMPPS

- Given the continuing rise in very short-term prisoners (see above), which creates ongoing challenges for providing effective rehabilitation and resettlement and is linked to increases in drugs and other illicit items entering the prison - along with the consequent debt and bullying - how and when will HMPPS address these issues?
- There are increasing problems with the quality and decency of accommodation, including the longstanding inadequacy of the CSU and D wing and the ongoing health and safety and decency issues on F wing caused by water damage from leaking showers. How will these issues be addressed?
- There is an unacceptably long delay in resolving basic issues, illustrated by the D wing showers being out of use due to Legionella for over a year. How will delays of this scale be prevented in future?

- There continues to be a lack of adequate mental health provision for prisoners experiencing less severe but still impactful conditions, including anxiety and depression. When will the mental health team be resourced sufficiently to provide appropriate support for this group?

TO THE GOVERNOR

- What will the prison do to improve the problems with the operation of the prisoner application system to ensure they are all responded to and within an acceptable time frame?
- How will the prison ensure that prisoners are not delayed in accessing their property promptly?
- What steps will be put in place to ensure that every wing has an adequate supply of forms - for example, general application and complaints forms - available to prisoners?
- What will be done to improve the poor levels of key work taking place across the prison?
- There are limitations to the operation of the Incentives Policy Framework and prisoners who do not receive visits or have anyone to send them money feel there is no gain in being in the enhanced level. What will be done to ensure that all prisoners feel that the incentives policy has meaning for them?
- What will be put in place to reverse the rise in incidents of self-harm?
- What will the prison do to reduce the rise in the number of prisoner-on-prisoner violent incidents?
- How will the prison address the rise in use of force incidents?
- Self-harm incidents have risen despite a multidisciplinary approach. What more can be done to support prisoners who harm themselves?
- Violence has increased. What planned actions does Foston Hall have to reverse this trend?
- Prisoners continue to queue outside the medication dispensing hatch, whatever the weather, with no shelter. When will shelter be provided for them?
- When will the healthcare services team be provided with adequate accommodation?
- When will the Access Service [a multidisciplinary team supporting prisoners with highly complex needs and behaviours] be staffed and operational?

3.3 Response to the previous report:

To the Minister		
ISSUE	RESPONSE	PROGRESS
Prisoners with complex and severe mental health needs are frequently received, or remain too long, at HMP Foston Hall, rather than being accommodated and cared for in hospital or in the	Mental Health Bill introduced, including statutory 28-day limit for transfers from prison to hospital; preventing courts from detaining people with severe mental illness in prison as a place of safety;	At Foston Hall, the statutory 28-day limit was exceeded in eight out of 26 cases during this reporting year. There were 22 gate sections (compulsory admissions to hospital under a section of the

<p>community, in line with the ambitions of the female offender strategy. When will this be addressed?</p>	<p>ending use of remand for people’s own protection. ‘Several means’ to divert offenders with mental health needs away from prison and a Women’s Justice Board launched with the ‘clear goal’ of reducing the number of women going to prison.</p>	<p>Mental Health Act 1983) during the same period. Prisoners with complex and severe mental health needs are regularly received and accommodated at HMP Foston Hall instead of in hospital or the community.</p>
<p>A significant rise in remand prisoners, short-sentence prisoners, and prisoners recalled for 14 days has led to an increase in drugs and illicit items entering the establishment. As a consequence, prisoners get into debt and are subject to bullying and violence. When will this shift be reversed?</p>	<p>Research study undertaken into nature and effect of debt in prisons, with the final report due late 2025. The Government is working to reduce court back logs, which contribute to a high remand population. Independent Sentencing Review recognises adverse impacts on women of short custodial sentences and recommends that these are only used in exceptional circumstances; recommends new recall model, replacing short-term recalls with longer fixed-term recall periods.</p>	<p>There continue to be a significant number of remand, short-sentence and recall prisoners.</p>
<p>There is no evidence that the recent decision to identify pregnancy as a specific mitigating factor in sentencing decisions has had any impact on the increasing number of pregnant prisoners passing through Foston Hall. When will this have an impact?</p>	<p>New Independent Sentencing Council guidelines (1 April 2024) include mitigating factors for pregnancy, childbirth and post-natal care [and courts should] consider the effects of the sentence on the physical and mental health of the pregnant offender and on the unborn child.</p>	<p>There have been 27 receptions of pregnant prisoners at Foston Hall during the reporting year, involving 22 prisoners. There have been up to six pregnant prisoners at any one time. The Board has seen no evidence of a reduction in the number of pregnant women passing through Foston Hall.</p>

To the Prison Service		
ISSUE	RESPONSE	PROGRESS
The accommodation provided in the CSU and D wing remains inadequate, despite the improvements made within the constraints of the building. When will funding be provided to improve their quality and decency?	Significant additional requests will be submitted but... HMPPS is having to prioritise works very carefully to make the best use of the funding available. The new [D wing] shower block has been installed, but this has not yet been used due to Legionella concerns. However, works are planned to install bacteria filters... along with two new boilers to service the water system.	There continue to be problems with prisoner accommodation. The longstanding limitations of the CSU and D wing remain. There are significant problems with the plumbing and floors of F wing. The D wing showers remained out of use at the end of the reporting year.
Many prisoners experience problems in relation to their property when transferring between establishments, with property going missing or being delayed. When will this be addressed?	We recognise that limited progress has been made around this concern...A common area for problems is when excess prisoner property is forwarded on when a prisoner transfer... It is key that prisoners comply with volumetric control limits, since anything within those limits will be transferred with them.	Prisoners continue to report ongoing problems with property when transferring between establishments.
Without a body scanner at reception, staff are hampered from detecting drugs concealed by prisoners on arrival. When will this equipment be provided, which will go towards creating a safer environment for prisoners?	The current X-ray Body Scanner Policy Framework, which governs the use of the technology, only applies to adult males. The decision to scan women has been under review at a national level and advice was submitted to Ministers, with an intention to roll out X-ray body scanners to women's prisons.	Foston Hall now has a body scanner on order.

To the Governor (responses not seen by IMB)		
ISSUE	RESPONSE	PROGRESS
The Board is concerned about the rise in prisoner-on-prisoner violence. What further action could be taken by Foston Hall to reverse this trend?		Still an issue. From December 2024 to November 2025, prisoner-on-prisoner violence rose by 11%.
Whilst the increase in remand and recall prisoners has led to a rise in illicit items coming into Foston Hall, what increased measures to disrupt the supply and trading of illicit items will be taken by the prison?		Illicit drugs continue to be an issue. Foston Hall is waiting for delivery of a body scanner.
What action will be taken to improve the working of the prisoner application system to ensure they are all responded to, and within an acceptable time frame?		A new system was introduced in September. At the end of November, there were still issues around delays in responses, and/or responses that bypass the system and its monitoring.
Prisoners often experience considerable difficulties and lengthy delays in accessing their property. When will this be addressed?	<i>From HMPPS on behalf of the prison:</i> Locally... an increase in reception and discharge numbers has had an impact, with some delays for prisoners accessing property. However, the reception function has continued to be staffed daily to the prison's profile and additional assurance processes have been introduced to maximise the distribution of property for prisoners.	Prisoners continue to complain of delays in accessing their property and visits to reception have found intermittent backlogs, some going back several weeks.
Prisoners often have problems washing and drying their clothes due to		Whilst there have been some issues with machines not working,

<p>the frequency of machines breaking down and laundry arrangements. How will this be addressed?</p>		<p>overall there has been an improvement in relation to laundry equipment, with speedier repairs and some replacements.</p>
<p>Prisoners continue to queue outside the medication dispensing hatch, whatever the weather, with no shelter. When will shelter be provided for them?</p>		<p>For a brief period, an awning provided shelter for prisoners queuing outside the medication dispensing hatch. But it was removed because it blocked security cameras. The area remains unsheltered.</p>
<p>What else can be done to reduce the number of missed internal healthcare appointments?</p>		<p>There have been fewer missed appointments since a prisoner healthcare champion started making daily visits to all wings to deliver appointment slips.</p>
<p>What support can be provided for prisoners with low-level mental health needs, such as anxiety and depression?</p>		<p>Support for prisoners with low-level mental health needs remains limited. A wellbeing plan can be formulated at the point of triage, and a folder containing information and distraction materials may be provided. There has been one anxiety group during the reporting year.</p>
<p>When will the Access Service (a multidisciplinary team supporting prisoners with highly complex needs and behaviours) be staffed and operational?</p>		<p>The Access Service did not operate at all during the reporting year.</p>
<p>There are no social care buddies for prisoners with care and support needs. How will this be addressed?</p>		<p>There are still no social care buddies. The churn of prisoners at Foston Hall makes it difficult to recruit and retain suitable prisoners to act as buddies.</p>

Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

- The volume of new receptions has grown significantly compared with the last reporting year. In 2023-2024, the figure was approximately 100 per month, and this year the figure has increased to around 146 per month. The IMB has observed that the reception department has, from time to time, appeared short staffed, resulting in a backlog of prisoner applications to access stored property.
- The Board has seen a renewed focus on improving the experience and safety of newly arrived prisoners. The reception area has been redesigned to make it more welcoming and to afford privacy for one-to-one screening on arrival. Additional staffing in the first night centre by early days in custody (EDiC) managers appears to have led to improved information sharing about the profile and history of new prisoners.
- The IMB carried out a survey of short-sentenced and remand prisoners. It showed that all prisoners had been offered a phone call, PIN credit (the phone credit placed on a prisoner's PIN-linked phone account so they can make outgoing calls) and an emergency vape. Most had been helped by an orderly supporting prisoners in their early days at Foston and found this helpful. All said they felt safe, and none reported being bullied during their time on the first night centre. All prisoners were seen by the healthcare department, although several noted that their mental health needs were not addressed.
- Prisoners received a reception clothing pack, although a number reported missing items or that the clothing was too large.
- The IMB has observed prisoner induction sessions, provided daily on a rolling programme, and has had sight of written information including a safety support booklet supplied to all new receptions.
- New prisoners are assessed for a brief, psychologically informed course, HOPE, to help prisoners work with difficult emotions. They develop a 'my experiences' (ME) summary document, which highlights what matters to them, and provides options that are realistic to them and could help keep them safe.

4.2 Suicide and self-harm, deaths in custody

- Safety issues are co-ordinated by the safer custody team and overseen at a monthly meeting, where self-harm data is reviewed and actions to be taken are identified. The Board has observed the safer custody team demonstrating a committed, proactive and multidisciplinary approach, illustrated through leadership, continued data analysis and extensive knowledge of prisoners with complex needs.
- From December 2024 to November 2025, there were 2014 self-harm incidents, representing a 41% increase compared with the previous reporting year (see Annex A, Table 1). However, there was a significant improvement towards the end of the reporting period: incidents fell to 99 in October 2025 (down from 125 last year) and to 69 in November (down from 154).

- The Board remains concerned about the increase in the number of prisoners with high mental health needs and those waiting to be transferred to secure hospitals.
- Self-harm incidents are significantly increased by a few prisoners with complex needs, who prolifically self-harm and whose actions impact on the number of incidents. (A prolific self-harmer is a prisoner who has self-harmed five times or more in a single month.) During the reporting year, there were over 1500 incidents by prolific self-harmers, representing around 75% of all self-harm incidents.
- Prisoners who self-harm are supported through the assessment, care in custody and teamwork (ACCT) system. These are multidisciplinary support plans and staff aim to provide the right level of support to traumatised and distressed prisoners, often in challenging circumstances, as occasionally observed by the IMB.
- Quality assurance of ACCT plans and multidisciplinary information sharing takes place through the weekly safety intervention meeting (SIM), Governor-led daily morning briefing or ACCT reviews.
- The number of ACCTs opened from January to November 2025 was 279, an increase of 23% on the previous year. Once an ACCT is closed, it goes into 'post closure' for six weeks. Should a prisoner self-harm or express thoughts of self-harm or suicide, the ACCT can immediately be re-opened and 163 were, representing 71% of all ACCTs.
- During the reporting year, the Board has observed an increase in the number of prisoners requiring constant observation, due to a high risk of self-harm. From January to November 2025, there were 47 constant watches involving 25 individuals.
- From December 2024 to November 2025, there was one death in custody and one shortly after release, which is classed as a death in custody. Both of these are under investigation by the Prisons and Probation Ombudsman (PPO).

4.3 Violence and violence reduction, self-isolation

- The safer custody team coordinates actions to address and reduce violence. At a monthly meeting, data performance is shared with the relevant managers. In the weekly safety intervention meeting (SIM) and daily safety triage sessions, prisoners' needs, and how best to challenge or support them, are reviewed.
- Data demonstrates that violence continues to be too high. There were 102² prisoner assaults on staff during December 2024 to November 2025, representing a rise of 21% from the same period last year (see Annex A, Table 2).
- Prisoner-on-prisoner assaults increased by 11%, compared with the previous reporting year (Annex A, Table 3).
- There appears to be a pattern that prisoner-on-prisoner violence often stems from arguments and conflict. The reasons are numerous, including bullying, debt, illicit items, relationships, cell sharing, and the mental health needs of many prisoners. Wing representatives in prisoner council meetings have reported that prisoners would like staff to intervene more swiftly when verbal altercations occur on the wings.
- In the survey, prisoners (except those on the first night unit) were asked: 'Have you ever felt bullied by any of the other prisoners?' and 45% of prisoners recorded 'yes',

² December 2024 to November 2025 prisoner-on-staff and prisoner-on-prisoner violence statistics from the STD (safety diagnostic tool), 8 January 2026.

an increase from 38% in November 2024. One prisoner noted: 'Some days I feel safe, on lots of days the bullying of prisoners scares me, and they scare the staff.'

- Challenge, support and intervention plans (CSIPs) are an important resource in helping to manage behaviour and violence and support vulnerable prisoners. From January 2025 to November 2025, 94 CSIPs were opened, a decrease compared with 138 during the previous reporting period.
- The Board carried out a face-to-face survey with 12 prisoners on CSIPs from June 2025 to September 2025 and the results were disappointing. Just six prisoners knew they were on a CSIP, three of whom were under the impression that they had been taken off their CSIP. Just three prisoners said they knew their targets.
- There have been new initiatives to encourage positive behaviour, including a monthly reward for the wing with the lowest levels of violence, with a 'fake away' (takeaway food from the kitchen) for prisoners. The introduction of a peer mentor as a 'peacekeeper' to help resolve low-level disagreements has been another positive step.
- Supervising officers (SOs) are now expected to do welfare checks within 24 hours on any prisoners involved in violent incidents, including the perpetrator. One of the aims of the welfare check is to understand more fully the reasons for the violent incident. A dedicated safer custody peer mentor will go to see prisoners on CSIPs and ACCTs and is a visible and approachable source of support for prisoners.

4.4 Use of force

- The use of force management committee convenes monthly and there is a weekly meeting to review body worn video camera (BWVC) usage. During the reporting year, there have been no IMB applications (prisoners' written representations) relating to the use of force.
- There were 808 use of force (UoF) interventions³ from December 2024 to November 2025, a notable and significant increase of 120% compared with last year (Annex A, Table 4).
- Reasons for using force vary each month, with fights being the most common trigger. Interventions typically include positive conversations, guiding holds and the use of rigid-bar handcuffs, and more than one intervention can be used in a single incident.
- In the weekly BWVC meeting, footage is reviewed and used as a learning and development exercise to improve practice.
- The force management committee presents equality data analysis of age, religion, ethnicity, pregnant individuals (there have been no interventions used on this group) and gender reassignment. The Board has no concerns about disproportionality in any of the protected characteristics listed.
- Current control and restraint training for band 3 (operational staff) fluctuated throughout the year, with 85% in April, 69% in July, and 77% in November. Most staff on the wings are band 3s and have hourly and day-to-day contact with prisoners. Band 3s had a completion rate of 95% in July and 88% in November for training in spontaneous protection enabling accelerated response (SPEAR).

³ Number of use of force interventions from Power Bi (Regional), 8 January 2026.

4.5 Preventing illicit items

- The drugs strategy meeting convenes monthly, with a focus on restricting supply, reducing demand and building recovery. There were 362 mandatory drug tests (MDTs) during the reporting year, with 41 positive results.
- In addition to the MDTs, other testing has been carried out. Prisoners who have two proven drug-related adjudications (disciplinary hearings held when a prisoner is alleged to have broken prison rules) are subject to frequent testing every seven days. The establishment's population is higher compared with the previous reporting year, yet the positive test rates for MDTs and frequent testing have decreased.
- Intelligence-led target searches of cells are undertaken and healthcare staff also carry out in-possession medication spot checks. During the reporting year, there were 135 healthcare spot checks (a decrease from 388 in the previous year), with just eight finds. The Board understands the reduction in spot checks was due to reduced healthcare staffing levels.
- The number of caught concealments at the medication hatch for the reporting year was 53, a slight increase from 46 last year.
- The Board continues to be concerned about the entry of illicit drugs into the prison. During one incident in August, a wing reported seven prisoners under the influence of drugs. In September, the same wing had another incident, in which 11 prisoners were under the influence.
- In August, the establishment initiated a drugs amnesty, which had some success.
- X-ray screening is used daily, which enables incoming mail to be tested for illicit substances.
- A body scanner has now been ordered for the reception. A comprehensive review of the X-Ray Body Scanner Policy Framework is currently in progress to support the planned extension of their use across the women's estate. This work includes careful consideration of a range of factors - including privacy implications - which need to be fully addressed prior to implementation.
- The dedicated search team (DST), with operational dogs, has been on site and searched the prison and prisoners, and they have visited the establishment to search staff.
- The prison continues to see the illicit use of cannabis, synthetic cannabinoids, pregabalin and Subutex. There was the national vape change in October from v88 vapes to mojo, which do not have a flint and are less likely to be tampered with for illicit drug use.

5. Fair and humane treatment

5.1 Accommodation, clothing, food

From the Board's observations, there are increasing problems with the quality and decency of accommodation, in particular:

- D wing has many inadequacies, including its dormitory-style accommodation, poor toilet facilities for some cells and issues with temperature control.
- The D wing downstairs showers have been out of action for over a year due to Legionella, despite ongoing efforts to resolve the problem.
- The cell and corridor flooring of F wing has been damaged by ongoing water leaks from underfloor pipes and the showers. The results are uneven floors, presenting health and safety risks and falling far short of decent accommodation, compounded by the unpleasant smell from the dampness.
- The care and separation unit (CSU) has many inadequacies (see 5.2).
- In the IMB's general prisoner survey, in November (Annex B, Table 4), the number of prisoners saying they had problems washing and drying their clothes was 20%, a significant improvement on 49% last year. Issues mentioned in the comments referred generally to arrangements for laundry, e.g. delays and clothes coming back damp or going missing, rather than machines not working.
- Whilst there were some issues of washing and drying machines being out of action for long periods, the number of such problems brought to the IMB's attention this year has declined, with machines being repaired/replaced more quickly.
- The IMB has regularly observed food being prepared in the kitchens and noted that it looked appetising, was well presented and tasted good when sampled. In the IMB November general survey (Annex B, Table 4), 65% of respondents said the food was good or reasonable. A total of 47% said they always or mostly got enough to eat at mealtimes (compared with 42% last year), with a further 33% saying that they did 'sometimes'.

5.2 Segregation

- Foston Hall's care and separation unit (CSU), where prisoners are kept apart from the rest of the prison population, is a seven-bed unit, one of which can be used for constant supervision. The segregation monitoring and review group (SMARG) convenes quarterly to present segregation and adjudication data.
- The Board visits the CSU weekly and tries to speak to each prisoner. A total of 187⁴ prisoners were segregated during December 2024 to November 2025, an increase from 162 prisoners in the previous reporting year.
- The number of prisoners who were segregated on an open care in custody and teamwork (ACCT) plan, or with one in post closure, has risen from 86 in the previous reporting year to 117 this year, a notable 36% increase.
- All prisoners supported by open ACCTs and those in post closure have a defensible decision log completed by the Governor who authorises the segregation. The document is updated daily by the Duty Governor, who will also see the prisoner. The

⁴ Number of individuals located in CSU from Digital Prison Services (DPS), 8 January 2026.

logs are monitored by the Board and we have recorded no concerns in the reporting year.

- The CSU accommodated a number of prisoners who have complex needs and are experiencing mental ill health, waiting for a transfer to a secure hospital.
- The Board has recorded an increase in prisoners being referred to the establishment's mental health team (with 100 referrals in November). We have observed a rise in the number of prisoners in 'dirty conditions', either as a protest or due to non-compliance or mental health needs, during which they would not wash or shower and refuse to use the toilets. From January to November 2025, 46 'dirty protests' were logged, compared with 22 for the same period in 2024.
- Members of the healthcare and the chaplaincy teams visit segregated prisoners daily.
- The Board continues to be concerned about the bleak physical conditions of the CSU. Prisoners have complained to the Board about it being cold.
- The Board has monitored 23 good order or discipline (GOoD) segregation reviews, which consider authorising continued segregation. Seven of the reviews were recorded by the Board as not having healthcare or mental health representation in attendance. During the reporting year, all reviews were recorded by the Board as having been dealt with fairly.
- Prisoners are encouraged to contribute to the reviews. Those with more complex needs are also routinely supported by a plan for reintegration into a residential wing.
- There has been an increase in violence and a consequent rise in adjudications. There were 1786 adjudications during the reporting year, a 19% increase compared with the same period last year.
- A total of 51 adjudications were observed by the Board and they were overwhelmingly recorded as fair.
- During the reporting year, there were 42 referrals to the independent adjudicator, a slight decrease of two from the same period last year. A total of 49 referrals were made to the police between January and November, a slight increase from the previous year.
- There are no concerns by the Board regarding any disproportionality in segregation statistics with regard to any protected characteristics.
- The Board commends Foston Hall for the professionalism, patience and compassion with which prisoners are treated in the CSU.

5.3 Staff and prisoner relationships, key workers

- Asked in the IMB general survey (Annex B, Table 4) if they felt supported by staff, 53% of the prisoners said yes, 10% said sometimes, 34% said no and 3% did not answer. Comments ranged from very positive to very negative, with key themes being:
 - some very positive comments about staff on particular wings, with some naming individual staff
 - most staff are very approachable
 - some staff are very supportive, depends who is on duty
 - some staff are very supportive but are hampered by being too busy
 - some staff don't care and cannot be bothered
 - some staff bully prisoners and it is made worse if you complain.

- During monitoring visits, the IMB has continued to observe many instances of staff demonstrating considerable skill, empathy and patience with prisoners in very challenging situations, notably in the CSU but also on the wings. Frequently, staff have been observed demonstrating good knowledge of prisoners' situations and engaging in supporting and assisting them.
- It is evident from prisoner comments and IMB observations that staff are sometimes too busy to spend the time with prisoners that they feel is needed and that many prisoners want.
- Delivery of key work has been very limited. The average monthly percentage for compliance this year has been about 20%. Staff detailed for key work are frequently diverted to other duties.
- In the IMB general survey (Annex B, Table 4), 53% of prisoners said they had met their key worker, 45% said they had not and 2% did not answer. A common theme in the comments was that prisoners had not seen, or only rarely seen, their key worker.
- Some prisoners who had met their key workers were negative, e.g. 'She is not useful, does not hold her promises', 'He doesn't follow up anything for me'. Others were very positive: 'Mr X works on my wing and he is great, he takes the time to actually sit and listen and asks me if I need anything doing or chasing up'; 'My key worker is brilliant, always sees me and always supports me.' Several prisoners said they would like to see their key worker more often.

5.4 Equality and diversity

- There has only been one 'Lammy meeting' this year, i.e. the forum involving prisoners to scrutinise the fairness of the operation of the Incentives Policy Framework (IPF). Data presented and discussed considered the operation of IPF in relation to the characteristic of age and identified no issues. Other characteristics, such as ethnicity, were not reviewed.
- The Board's review of an extensive sample of the processing and recording of discrimination incident reporting forms (DIRFs) indicated that almost all were handled in accordance with guidelines and that the responses provided were fair and reasonable. However, there was no evidence of senior-level quality assurance, and several responses included unnecessary detail and were written in dense language that many recipients were unlikely to understand.
- During the first half of the year, several useful and supportive protected characteristic groups were held and observed by the IMB, although several areas appear not to have held any meetings at all this year.

5.5 Faith and pastoral support

- In November, of the 288 prisoners, 144 declared a Christian denomination, 33 Muslim, 18 other faiths and 93 no faith. The chaplaincy team is staffed in proportion to the different faith communities, including Christian and Muslim chaplains, drawing on sessional chaplains (currently a Catholic priest, a Sikh chaplain and a Buddhist) and a volunteer Jehovah's Witness chaplain, as necessary. The Sikh chaplain also covers the Hindu faith by agreement with individual prisoners.
- Alongside its statutory duties (which include seeing all new prisoners, daily visits to prisoners in the CSU and visiting prisoners on ACCTs), the chaplaincy team

organises a wide range of faith related groups and activities, adding to the breadth of the regime.

- The chaplaincy team has a duty to offer pastoral care to those of faith or none. This work, which is undertaken in partnership with relevant functions, encompasses engagement with prisoners not only in issues of faith but in relation to many sources of distress and difficulty. The number of significant pastoral conversations recorded were: August, 123; September, 135; and October, 118. In the Board's view, this support plays an important role in reducing prisoners' distress and potentially preventing incidents of self-harm.
- In addition to its one-to-one work helping prisoners deal with bereavement, the chaplaincy team has introduced a bereavement journey course for those who want it and have enough time left in custody to participate.
- Chaplaincy also provides links with several faith organisations and individuals in the community, helping them in providing additional support to prisoners, e.g. by running services, groups, visiting/writing to prisoners, donating gifts, foodstuffs for festivals and supporting prisoners on release.

5.6 Incentives scheme

- In the IMB's general survey in November (Annex B, Table 4), only 34% said that they thought the incentives scheme encouraged them to behave well, compared with 58% last year. Asked if they thought they had been treated fairly in the scheme, 42% said yes compared with 55% last year.
- Recurring themes in the comments were:
 - there are not many incentives for being enhanced and not very much difference between being on standard or enhanced
 - for prisoners who don't have visitors and have no one to send money in for them, there is not much benefit to being on enhanced
 - once a prisoner is on enhanced, it is difficult to get positive comments - all they get are threats to lose it
 - prisoners who misbehave get more attention and get rewarded more easily.

5.7 Complaints and general applications

- In the reporting year, there were 825 complaints; on average, 96% were responded to on time (including, in some cases, with interim responses).
- When asked in the IMB general survey (Annex B, Table 4) if it was easy to make a complaint, 66% of prisoners answered yes, an improvement on last year's figure of 57%.
- Difficulties obtaining a complaint form were noted in some responses. During monitoring visits to wing, the IMB has frequently noted the lack of availability of all types of forms.
- In relation to general applications, 74% of surveyed prisoners responded that it was easy to make a general application, up from 69% last year. However, when asked if applications they made were generally dealt with within seven days, 63% replied no (the same as last year). In their comments, prisoners talked about applications going missing, never getting a response, or having to wait a long time for an answer.

- These concerns resulted in the introduction of a new system at the end of September. The new arrangements employ wing advisers and a prisoner working in the employment hub to log applications and responses and to direct correspondence. At the end of November, this was not yet fully established and there were still problems, either with delays or departments not sending responses back via the coordinator.
- In their comments, some prisoners expressed unhappiness and concerns about the involvement of prisoners in the operation of the process and their access to other prisoners' personal information.

5.8 Property

- Prisoners continue to experience problems in relation to their property, within and between establishments. Approximately 20% of prisoner complaints in the reporting year related to property and reception. In the IMB general survey (Annex B, Table 4), 54% of prisoners answered yes to the question about whether they had any problems accessing their property, an increase from 46% last year. Comments referred to the amount of time taken to access property, variable responses from staff dealing with requests and property getting lost.
- During IMB visits to reception, intermittent backlogs in prisoner applications to access their property have been noted, with some dating back months. There have also been times when weekend staffing has allowed the backlog to be almost cleared.
- The impact of delays in accessing property can be considerable for prisoners, involving, for example, legal documents and items of great personal significance, as well as suitable clothing.

6. Health and wellbeing

6.1 Healthcare general

- The healthcare service at Foston Hall is commissioned from Practice Plus Group, a private provider of healthcare. Prisoners can access GP clinics, advanced nurse practitioner clinics, a mental health team, clinical and psychosocial substance misuse support, optometry, dentistry, podiatry, physiotherapy, NHS health checks and screening, chronic disease management and immunisations.
- From our observations, the healthcare service appears to be well-managed locally and healthcare staff appear to work in a multidisciplinary way with prison colleagues.
- A total of 49 (17.5%) of applications (prisoners' written representations) to the Board in the reporting year raised healthcare issues as the primary concern, together with six applications where healthcare issues were raised as a secondary concern. There were 14 applications about medication, the majority relating to prescribing decisions that are not within the Board's remit. A total of 13 prisoners complained to the Board about not getting a response to their applications directly to healthcare, and six prisoners raised concerns about waiting times for health appointments. Other issues raised with the Board included prisoner concerns about diet, a missed hospital appointment and wound care.
- The Board has found healthcare managers to be responsive to issues raised with them, offering prisoners an 'open door' to come and discuss their concerns.
- The Board understands that there have been no nights in the reporting year without qualified clinical practitioner cover.
- In November 2025, NHSE approved funding for a 0.3 WTE pharmacist post at HMP Foston Hall. Recruitment is ongoing for this post.
- Patient engagement appears to have improved in the reporting year with the appointment of a patient engagement lead (PEL). The PEL has introduced a monthly newsletter for prisoners, which includes information about waiting times for clinical appointments, health promotion information and advice, and distraction material.
- The PEL also runs monthly 'crafty chat' groups on each wing, where prisoners can talk informally about health issues or problems with the service.
- Accommodation for healthcare remains inadequate, in the Board's view. Work to provide two additional treatment rooms has not yet started. The mental health team operates from a cramped building, with little space for interviews or group work with patients.
- There is still no shelter for prisoners queuing outside the medication hatch, which means that, in bad weather, they can be exposed to cold, wind and rain while they queue.
- In response to the Board's November 2025 survey (Annex B, Table 4), prisoners made some positive comments about gym sessions and gym staff. There is a weekly programme of specialist health-related gym sessions, e.g. menopause, mental health, healthy lifestyle and pre/post-natal yoga.

6.2 Physical healthcare

- In a survey undertaken by the Board in November 2025 (Annex B, Table 4), 41% of respondents said they felt they were getting the care they needed for their physical health, compared with a higher figure of 48% in November 2024. A total of 50% of respondents said they did *not* feel they were getting the care they needed, compared with 43% in November 2024.
- One area of prisoner dissatisfaction was GP waiting times. One prisoner wrote 'the waiting list is crazy long'. Figures from the health provider, Practice Plus Group (PPG), show an average waiting time to see a GP in the reporting year of 10 days. However, PPG's figures for the *longest* wait for a routine GP appointment (taken on the last day of each month) was 39 days (June 2025), 41 days (July 2025) and 33 days (August 2025). So, some prisoners clearly do wait a long time to see a GP.
- The Board considers that waiting times for prisoners to see allied health professionals are reasonable. The average wait during the reporting year for podiatry was 27 days; for physiotherapy, 17.5 days; for dental care, 20 days; and for the optician, 20 days.
- Another area of prisoner dissatisfaction was a lack of response to healthcare applications. This was evident in prisoner responses to the Board's November 2025 survey (Annex B, Table 4) and as a theme in prisoner applications to the Board. Comments included 'requests regularly not even replied to', 'apps get lost', and 'multiple apps to healthcare for different physical health issues and have had no response'.
- Rates of prisoner 'DNAs' (did not attend) at health appointments within the prison have fluctuated throughout the year, as different systems for informing prisoners about their health appointments have been implemented and changed. The recruitment of a prisoner healthcare champion, who visits each wing twice a day with appointment slips, is a positive step and seems to be reducing the number of missed appointments.
- In addition to primary healthcare services within the prison, the healthcare team regularly facilitates hospital appointments. A total of 671 hospital appointments were booked for prisoners during the reporting year. Of these, six were cancelled by the prison (usually because no staff were available to escort), seven were cancelled for other reasons (e.g. transport issues) and 29 were cancelled by prisoners. There were 186 emergency escorts to A&E during the same period.
- Prisoners can visit the pharmacy hatch to ask for homely remedies, as they would be able to in the community, without needing to see a clinician. The pharmacy can provide 'over the counter' remedies such as an antihistamine, paracetamol and eye drops.
- There have been 27 receptions of pregnant prisoners at Foston Hall during the reporting year, involving 22 individual women. There have been up to six pregnant prisoners at any one time. As there were also 27 receptions of pregnant prisoners in the previous reporting year, the Board can see no evidence that courts are taking pregnancy into account as a mitigating factor in sentencing.
- During the reporting year, one individual was recalled to prison four times (all for short periods) during her pregnancy. It is a real challenge for the perinatal team to meet the needs of pregnant women who are recalled to prison for just a few weeks.

This is not long enough to arrange hospital appointments, scans and tests, nor to sort out long-term accommodation for a pregnant woman on her release.

- The Board regularly receives positive comments from pregnant prisoners about the care they receive from the prison's perinatal team. Prisoners appear to have good relationships with team members and they value regular visits from the prison mother and baby liaison officers (PMBLOs) and from the midwife.

6.3 Mental healthcare

- The mental health team (MHT) at Foston Hall functions as a community MHT, focusing on prisoners with severe and long-term mental health conditions.
- In the reporting year, the MHT received a total of 1124 new referrals; this is an average of 94 referrals per month and around a third of the population.
- As the number of prisoners on the MHT caseload per month during the reporting year averaged 27, it is clear to the Board that a significant number of prisoners with mental health needs cannot be allocated a mental health worker. The Board is concerned that there is little support for this cohort of prisoners, who are likely to be experiencing common mental health conditions such as depression and anxiety, or struggling with sleeplessness or grief.
- Prisoners who do not meet the criteria for allocation may be offered a wellbeing plan. This is a folder of information and advice about mental health conditions, a notebook for journaling and some distraction materials. Prisoners have told the Board that they cannot always access distraction materials on the wings. MHT psychologists have run one anxiety group in the reporting year.
- The Board has observed an increase in the number of prisoners who appear to be experiencing severe mental health conditions, some of whom have clearly been unwell on arrival but have not been diverted to hospital.
- There were 22 gate sections (compulsory admissions to hospital under the Mental Health Act 1983 at the point when a prisoner is due to be released) during the reporting year.
- In the same period, a total of 28 assessments for transfer to secure hospital were recommended. In two cases, the prisoners left Foston Hall (one released, one transferred) before their assessments were concluded. In the remaining 26 cases, the 28-day transfer target was not met for eight prisoners (31%), whose transfer times ranged from 29 to 79 days. This is an improvement on the previous year, when 14 prisoners (61%) were subject to delayed transfer.
- The Board continues to be very concerned that prisoners with complex mental health needs are spending long periods in a custodial setting when they should be in hospital. Some of these prisoners are accommodated in the segregation unit, which - despite the dedicated care provided by officers on the unit - cannot meet their mental health needs. The Board has observed mentally unwell prisoners on the segregation unit in dirty conditions and, in one case, naked.
- There has been a deterioration in prisoner satisfaction with mental health care. In a survey undertaken by the Board in November 2025 (Annex B, Table 4), only 29% of respondents said they felt they were getting the care they needed for their mental health, compared with 50% in November 2024. A total of 57% said they did not feel they were getting the care they needed, compared with 43% in November 2024.

- In response to the survey, prisoner comments included: ‘no one has asked about my mental health’, ‘no one has come to see me about my mental health, even though I put in an app about it’, ‘I have had no follow-up appointments with the mental health team [since my ACCT was closed] – it’s not [their] fault, I don’t think the prison has enough capacity to cope.’
- Seven applications to the Board during the reporting year were from prisoners wanting support for their mental health.
- The average wait time in the reporting year for an initial psychiatry appointment was 24 days.
- There has been no Access Service (a multidisciplinary team supporting prisoners with highly complex needs and behaviours) since May 2024. This leaves a significant gap in the personality disorder pathway.
- In the Board’s view, Cameo (a treatment service for high-risk offenders who have complex needs arising from pervasive psychological difficulties) provides a valuable service to prisoners serving sentences of two years or more. The introduction of dynamic Cameo this year has opened the service up to prisoners serving sentences of 6-18 months. One prisoner told the Board: ‘Cameo are very supportive and help me massively.’
- The women’s estate psychology service (WEPS) offers a range of programmes to prisoners. HOPE groups prioritise prisoners who are at an increased risk of self-harm or who have difficulties managing their emotions. The Working with Anger (WWA) programme is designed to support prisoners to learn new skills to work with their emotional experiences. ME (My Experiences) documents are completed in collaboration with prisoners to help them understand triggers and how to manage aspects of their behaviour they find difficult. The Board has been told by both prisoners and officers that ME documents are helpful.
- A total of 75% of prisoner officers at Foston Hall have completed mental health awareness training. In response to the Board’s November 2025 survey (Annex B, Table 4), one prisoner commented in relation to mental health that ‘wing staff [are] very supportive’.

6.4 Social care

- The adult social care team assesses needs and arranges support for prisoners who meet Care Act 2014 criteria.
- During the reporting year, the team received 7-8 referrals per month, an increase from 4-5 referrals per month in the previous reporting year. Social workers from the team report that prison staff have become more aware of social care needs and referrals are usually timely and appropriate.
- Social workers told the Board that they have noticed a change the reporting year in the type of referrals they receive. Alongside prisoners with chronic health conditions and physical disabilities, there have been more referrals of young people with autism and learning disabilities, some of whom have been living in supported accommodation prior to arriving in prison.
- Social workers have noticed an increase in the movement between prisons of those with care needs. Social workers report to us that they have to liaise more frequently with social workers in other prisons to ensure continuity of care for prisoners on their caseloads.

- In the Board's view, the social care team works very effectively with prison staff to meet the care needs of prisoners. Social workers participate in multidisciplinary prison meetings that address the safety, wellbeing and mental health of individual prisoners, as well as prison meetings that focus on their resettlement and release planning.
- The Board did not receive any applications about social care during the reporting year. However, in a survey undertaken by the Board in November 2025 (Annex B, Table 4), a handful of prisoners raised issues about the provision of mobility and other aids. This included a long delay in the supply of a wheelchair (these are provided by the healthcare department and not by social care) and the failure to provide a shower stool or chair. On two wings, the ensuite showers are, apparently, unsuitable for shower stools or grab rails.
- In November 2025, seven prisoners had care needs that were met by between two and four support calls from carers each day, morning and evening. This is two more prisoners than in the same month last year. The Board is not aware of any problems with care support arrangements.
- Also in November 2025, six prisoners who used wheelchairs. Those who use wheelchairs are supported by prisoner wheelchair buddies who have completed moving and handling training.

6.5 Time out of cell, regime

- It has been evident that, when allocating staff, maintaining a regime has been accorded priority, particularly during weekdays. There have been pressures in relation to prison officers: for example, in August, the prison technically had its target 117 prison officers in post, but 30 of these were not available for officer work due to factors such as sick leave, maternity leave, temporary promotion and allocation to specialist roles. By October, the situation had deteriorated further, with only 109 officers in post and 26 not available to be detailed.
- When there are staffing pressures during the week, priority is given to ensuring the continuation of work and education. A shortage of staff on a wing can lead to staggered/reduced exercise and association (when prisoners are allowed out of their cells to mix with others on their wing) for those not in work or education. Weekends are more frequently short staffed, resulting in some reductions in activities and association.

6.6 Drug and alcohol rehabilitation

- The substance misuse service (SMS) at Foston Hall is sub-contracted by PPG to the Midlands Partnership NHS Foundation Trust. It is provided by the inclusion team and involves both clinical staff and recovery practitioners.
- The service offers psychosocial interventions, support and recovery advice, with the clinical service providing alcohol and drug detoxification, and opioid substitution treatment (OST). In March, 80 were prescribed OST, while this figure was 107 in September.
- Each month, prisoners will commence detoxification, although completion rates are low. Reasons for low detoxification completions vary, including that prisoners can refuse to engage in the process. As noted elsewhere, the establishment has high numbers of short-term prisoners on remand and licence recalls, both of which make

detoxification difficult to achieve. Many Foston Hall prisoners transfer to other prisons and any detoxification completions will be collated in that establishment's data.

- Psychosocial SMS offers one-to-one recovery support and group interventions, although only Alcoholics Anonymous (AA) and SMS gym sessions (delivered by gym staff) were available in November 2025. For much of the monitoring year, SMS has not been able to deliver the self-management and recovery training (SMART), as previously. The Board understands that this was due to staff shortages.
- Earlier in the reporting year, Foston Hall escalated concerns to the PPG commissioners that the SMS contract was not being met. The impact on prisoners on the incentivised substance free living (ISFL) unit was less felt, as there were other sessions available to them. For prisoners on other residential wings, the lack of therapeutic and recovery sessions will have impeded their recovery, in the Board's view.
- In January 2025, the ISFL unit moved from a 24 bed unit to a well-equipped 40 bed unit.
- A survey was carried out by the Board in September with ISFL prisoners. Although the results were generally positive, they were also quite mixed. The Cocaine Anonymous support group attracted the highest attendance, with prisoners describing the sessions as 'relatable', 'inspiring' and 'offering hope'. However, a worrying survey finding was the suggestion that illicit drugs were present on the unit. Written feedback on staff and the support offered to prisoners was strong.

6.7 Soft skills

- Peer mentors (prisoners whose role is to support other prisoners) in, for example, safer custody, reception, library and education, are often praised by other prisoners and the role offers significant opportunities for personal development. However, the prisoner 'churn' has created pressure on the prison in relation to the appointment and retention of both peer mentors and Listeners (prisoners trained by the Samaritans to offer confidential emotional support to other prisoners).
- Prisoners under the age of 25 now have the opportunity to complete The Duke of Edinburgh's Bronze Award.
- Gym sessions are available for all prisoners, with each wing being allocated two sessions per week and special sessions being offered for particular groups (such as older or disabled prisoners, for example). The IMB has observed gym staff working one-to-one with a disabled prisoner, setting her clear targets and offering positive encouragement. The prisoner later told the IMB that she had exceeded her target and was very proud of the achievement.

7. Progression and resettlement

7.1 Education, library

- Education at Foston Hall is provided by People Plus, which also took over the library contract during the reporting year. The education department is a welcoming area, with attractive up-to-date displays. Regular staff surveys with prisoners indicate that prisoners feel comfortable in the education department. They appreciate the knowledge and support of their tutors and feel that the courses studied are of real benefit to them. IMB conversations with prisoners support these findings. Some prisoners speak of initially feeling hostile towards, or nervous about, education, but then find that they enjoy it, with many keen to continue. During the past year, provision in English and maths has been extended and both Level 1 and Level 2 courses are now offered, giving opportunities for progression.
- Peer mentors are used to support learners. They have told IMB members that they enjoy their role and feel valued.
- The Ofsted inspection earlier in the year found that the curriculum 'did not meet the needs of the population' with regard to local and national employment opportunities, and this has been raised by prisoners, who complain of the limited range of courses available. Considerable efforts have been made to address this, but a significant real-terms budget cut in the autumn had an impact.
- There has been a greater emphasis on reading during the year; efforts have been made to 'embed' reading in all aspects of the curriculum and to encourage prisoners to read for pleasure. Most prisoners are active library members.
- The library is a bright and attractive space with comfortable seating and a wide range of books, DVDs and distraction materials available to prisoners. The new librarian (appointed in October 2025) is keen to introduce a range of additional activities, but this has yet to be seen in practice. She is well supported by three prisoner orderlies (trusted prisoners who take on work to provide services that contribute to the running of the prison). Library induction takes place in the library and it appears that the rota system for visits is working more effectively. There is still limited opening at weekends. Jigsaws and games are available to borrow and IMB members have seen these in use on the wings. There are also collections of books available on the wings, which are regularly changed. Education staff encourage library use and IMB members have seen small groups with tutors working in the library. The IMB hopes that the disruption to opening hours seen throughout most of the reporting year (due to staffing issues) will now be rectified.

7.2 Vocational training and work

- There are work opportunities for all prisoners and considerable effort is made to encourage women to take up employment, even those on remand (who do not have to work) and short sentences. However, the fact that so many women are serving short sentences can sometimes make filling job vacancies difficult. The IMB has observed that the prison makes a positive effort to locate women according to their choices and their suitability for any given role.
- Long-term staffing issues in textiles, waste management and gardens have been largely resolved and employment opportunities in these areas have been increased.

- IMB members visit work areas regularly. Prisoners are usually positively engaged in their work and supervision, whilst purposeful, is a 'light touch'. Many prisoners speak very highly of their workplace managers, with whom relationships are generally good and often excellent. In the gardens, for example, the IMB has observed the instructor encouraging prisoners to use their initiative in making decisions about which jobs need to be carried out and there is clearly much pride in what is achieved. In textiles, women appreciate the opportunity to gain accredited qualifications and benefit from a structured and progressive training regime. There is an emphasis in all areas on developing broader skills, and there are opportunities for progression.

7.3 Offender management and progression

- Accredited offending behaviour programmes are no longer available at HMP Foston Hall. The IMB understands that the low number of eligible prisoners made it unsustainable to deliver programmes in the establishment, and prisoners who meet the criteria are instead transferred to other establishments offering these.
- Prisoners released on temporary licence (ROTL) have continued at the same rate throughout the year, numbering 15 to 30 per month. Given the current pressures to transfer prisoners to non-reception prisons, it is unlikely that numbers on ROTL will increase.
- Prisoners released on home detention curfew (HDC) continue at between zero and four per month, within the usual parameters, given the nature of the population. The IMB has observed that HDC releases have sometimes been delayed when there is no named community offender manager (COM) available to undertake the necessary checks on proposed release addresses.

7.4 Family contact

- In-person social visits take place on three afternoons a week and the visits space is an attractive area, with refreshments available. The external visits lounge, however, whilst offering good support and information for visitors, still has unreliable toilet facilities, which, considering the distance travelled by many visitors, is a cause for concern.
- Support for isolated prisoners (those who do not receive social visits) is provided by PACT staff, a charity that organises regular afternoon teas with games. These sessions are well attended and seem to be appreciated by prisoners.
- PACT workers also organise 12 family days (which bring together prisoners and their families outside of their statutory entitlement to social visits, usually in more informal settings) per year (although one during the reporting year was cancelled through a lack of attendance). They also staff the 'family bonding centre', where prisoners can apply to meet with family members, with whom they can cook meals and play games in a more family friendly setting.
- PACT staff maintain a caseload of prisoners for whom they maintain family contact.
- Prisoners continue to benefit from in-cell phones to facilitate contact with family.

7.5 Resettlement planning

- The pre-release team assesses immediate resettlement needs across eight key areas, with a priority on attempting to ensure access to bank accounts and accommodation. The team has continued to meet or exceed its target to assess 90%

of new prisoners within three days, despite the increase in short-term prisoners, fixed-term recalls and remanded prisoners.

- Recalled prisoners are reported to be among the most challenging to engage with. This explains, in part, why 20%-25% of prisoners are released with no settled accommodation. In the reporting year, the percentage of prisoners released with an address has varied between 65% and 83%.
- The newly created post of recall and resettlement officer is providing additional local support to recalled prisoners and offering valuable insight into their experiences. This work is helping to highlight common factors that contribute to recall, including limited access to public transport, the requirement to attend probation and housing appointments in their release areas on the day of release, and pressures to resume drug-seeking behaviour when leaving custody without stable accommodation or supervision.
- The IMB undertook a survey of short sentence and recalled prisoners (Annex B, Survey 1). Many prisoners needed help with substance misuse, mental health, accommodation and bank accounts.
- The IMB has observed excellent coordination and information-sharing between the various organisations involved in resettlement planning at HMP Foston Hall, despite a national framework that can appear overly complex and fragmented to a lay observer.

8. The work of the IMB

The Board has continued to enjoy a productive relationship with prison management and staff. The chair and Board members have regular updates with the Governor, Deputy Governor and the senior leadership team. The Board acknowledges the prison's co-operation and support, without which its work would not be possible.

Board statistics

Recommended complement of Board members	12
Number of Board members at the start of the reporting period	6
Number of Board members at the end of the reporting period	8
Total number of visits to the establishment	212
Total number of segregation reviews observed	23

The number of visits includes attending board meetings, direct monitoring, administration, training and attendance at serious incidents.

Applications to the IMB

The numbers below show the applications submitted to the IMB during the reporting year, noting that some applications covered more than one category of concern. A separate breakdown of codes is provided.

MONTH	NUMBER	%
December	28	10
January	23	8
February	22	8
March	22	8
April	28	10
May	31	11
June	20	7
July	32	11
August	20	7
September	17	6
October	15	5
November	22	8

Code	Subject	Current reporting year	% of total	Previous reporting year
A	Accommodation, including laundry, clothing, ablutions	29	9%	38
B	Discipline, including adjudications, incentives scheme, sanctions	5	2%	18
C	Equality	9	3%	5
D	Purposeful activity, including education, work, training, library, regime, time out of cell	10	3%	18
E1	Letters, visits, phones, public protection restrictions	29	9%	30
E2	Finance, including pay, private monies, spends	11	3%	8
F	Food and kitchens	16	5%	18
G	Health, including physical, mental, social care	56	18%	61
H1	Property within this establishment	16	5%	27
H2	Property during transfer or in another establishment or location	8	3%	8
H3	Canteen, facility list, catalogue(s)	14	4%	8
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence, parole, release dates, recategorisation	10	3%	18
J	Staff/prisoner concerns, including bullying	53	17%	22
K	Transfers	0	0%	0
L	Miscellaneous, including complaints system	38	12%	25
U	Unknown	16	5%	4
Total		320		308

Annex A

Table 1: Self-harm incidents⁵

	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Total
Dec 24-Nov 25	143	183	150	205	167	175	267	214	184	158	99	69	2014
Dec 23-Nov 24	112	94	106	103	131	156	122	148	77	95	125	154	1423

Table 2
Prisoner-on-staff assaults⁶

	Dec	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Total
Dec 24-Nov 25	5	7	11	2	8	9	12	9	10	8	9	12	102
Dec 23-Nov 24	8	10	5	8	7	4	6	9	6	5	8	8	84

Table 3
Prisoner-on-prisoner assaults (includes fights)⁷

	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Total
Dec 24-Nov 25	8	11	15	13	14	8	15	13	12	9	24	10	152
Dec 23-Nov 24	8	5	8	9	9	8	13	16	11	13	19	17	136

Table 4
Use of Force interventions⁸

	Dec	Jan	Feb	March	April	May	June	July	Aug	Sep	Oct	Nov	Total
Dec 24-Nov 25	56	65	61	85	84	64	70	80	87	84	36	36	808
Dec 23-Nov 24	31	28	25	29	20	27	22	43	32	34	36	40	367

⁵ Statistics for suicide and self-harm from the safety diagnostic tool (STD), 8 January 2026.

⁶ Statistics for prisoner-on-staff violence from the STD, 8 January 2026.

⁷ Statistics for prisoner-on-staff from the STD, 8 January 2026.

⁸ Number of use of force interventions from Power Bi (Regional), 8 January 2026.

Annex B

Survey 1: IMB Survey of prisoners on short sentences and recalls

Those interviewed were drawn from the list of prisoners at Foston Hall who were either sentenced for up to, and including, three months, or were the subject of 14-day, 28-day or standard recalls.

On the day in question, there were 35 eligible prisoners listed by the offender management unit (OMU), although three had already been released by the time we visited and were, therefore, unavailable for interview. A further two prisoners declined to take part. The number of days served in the establishment ranged from 10 days to 64 days, with the majority serving between 20 and 30 days. In the sample, seven were on recall and only one said this was their first time in prison. Nine prisoners were interviewed and their 'voices', below, give a flavour of their experiences.

Experience of reception process

- All prisoners had received a reception clothing pack, although two reported that there were missing items (nightwear) and one said the clothes were too large.
- All had been offered a phone call and PIN credit, plus an emergency vape.
- Six out of nine had received a written pack of information about life at Foston Hall, of whom only two said this was helpful.
- All prisoners were seen by a healthcare professional and five were able to talk about their healthcare needs, although three commented that mental health needs were not addressed.
- Five prisoners confirmed they received detox support. One said this came a week later, and one didn't need this.
- Seven met the early days peer mentor, and five said they found this helpful.
- All felt safe on their first night, and none were bullied.
- When asked if there was help needed that they didn't receive, two mentioned mental health support and two physical health.

Experience of induction

- Six prisoners did not attend induction, having done so relatively recently.
- Four said it was useful.

Experience/help during time in Foston Hall

- Five had been offered a job, and three offered education (two declined this).
- Four said they had a substance misuse prescription, and two had been supported by the substance misuse service, both saying this was helpful.
- Two people said they would have wanted help with mental health and help to stop drinking.
- When asked what support was offered to them by staff/other prisoners/chaplaincy, only one said nothing. Three mentioned wing staff as being helpful, four got help from the chaplaincy team, one mentioned Anawim (a charity offering specialist support and prison in-reach services to women in custody) and Probation.

- No prisoners were on ACCTs or CSIPs.
- Six people said they had not seen a key worker. Of the two who had, both said they had been helped. One person reported being told she had a key worker, but they had not come to see her.

Preparation for release

- Five prisoners were yet to see Forward Steps (a support programme to help prisoners build coping skills, manage substance use and prepare for recovery). One person who had been seen by them had found them useful, and another had seen the OMU.
- Six reported needing help with accommodation, and two said that this was being arranged.
- Three reported needing help with welfare benefits, and two with getting a bank account (one being told there was not enough time to sort this out).









Other issues that prisoners needed help with




- One prisoner said there was no discharge grant for recalls, and the pressures on day of release were significant, travelling on unreliable public transport, sorting out accommodation and getting to the Probation Service appointment on time. Small wonder there were so many recalls.
- One prisoner would have liked support with a domestic violence issue.

Survey 2: IMB Survey of prisoners on a CSIP June – October 2025

- Twelve prisoners participated in the CSIP survey and all questions and conversations were face to face. It was a combined qualitative and quantitative survey.
- Six of the 12 prisoners surveyed were aware that they were on a CSIP (50%) compared with four of the seven surveyed in 2023 (57%).
- Three of the six who were aware they were on a CSIP were under the assumption that they had been taken off the CSIP.
- Four of the prisoners recalled that a senior officer had outlined the CSIP to them.
- Three prisoners knew what their targets were, with one being unsure.
- Three prisoners stated that it was explained to them how the CSIP could support them.
- Only one of the prisoners felt as though the CSIP helped or supported them, with 10 saying it did not, and one saying they were unsure if it had.
- The prisoner who felt supported was on restricted movement and this was the reason they felt supported.
- One prisoner felt as though an ACCT was very supportive, three prisoners said that they did not feel supported on an ACCT, one prisoner felt as though an ACCT and a CSIP offered the same level of support, and one prisoner felt more supported on a CSIP.



Survey 3: IMB Survey of prisoners on ISFL (table only)

1. What recovery support groups/sessions do you go to?			
Answer Choices		Response Percent	Response Total
1	AA		28.57% 6
2	Coffee am/pm		52.38% 11
3	SMS Gym		28.57% 6
4	Walk to Recovery		4.76% 1
5	ISFL Inspire & Thrive		28.57% 6
6	Cocaine Anonymous		85.71% 18
7	Busy Hands		14.29% 3
8	Other		19.05% 4
		answered	21
		skipped	0

2. Do you find them helpful?			
Answer Choices		Response Percent	Response Total
1	Yes		80.95% 17
2	No		4.76% 1
3	Not Sure		14.29% 3
		answered	21
		skipped	0



3. Do you think A Wing's staff are supportive?			
Answer Choices		Response Percent	Response Total

3. Do you think A Wing's staff are supportive?



1	Agree		80.95%	17
2	Disagree		0.00%	0
3	Neither agree or disagree		19.05%	4
			answered	21
			skipped	0

4. Do you believe that A wing is helping you in your substance recovery?

Answer Choices

1	Yes	
2	No	
3	Not sure	

5. Do you feel safe on A wing?

Answer Choices		Response Percent	Response Total	
1	Always		80.00%	16
2	Sometimes		20.00%	4
3	Never		0.00%	0
			answered	20
			skipped	1

Survey 4: IMB General Survey November 2025 (table only)

91 responses approx Pop 283 - 45 FNIU = 238 = **approximate response rate 38%** (figs for 5.11.25)

How long have you been at Foston Hall?				Are you on remand?		
Less than 2 weeks	2 weeks up to 3 months	More than 3 months	Not answered	Yes	No	Not answered
4	17	62	8	31	46	14

	Yes	Sometimes	No	Don't know/ not answered
Do you get cell cleaning materials every week?	64% (58)	1% (1)	31% (28)	4% (4)
<i>Response Nov 2024</i>	69% (58)	1% (1)	25% (21)	5% (4)
Are the communal /shared areas of your wing clean?	70% (64)	1% (1)	22% (20)	7% (6)
<i>Response Nov 2024</i>	66% (55)	6% (5)	20% (17)	8% (7)
Do you have any problems have washing or drying your clothes?	20% (18)		79% (72)	1% (1)
<i>Response Nov 2024</i>	49% (41)		51% (43)	

What is the quality of the food like?	Good	Reasonable	Not good	Not answered
	9% (8)	56% (51)	33% (30)	1% (1)
<i>Response Nov 2024</i>	10% (8)	58% (49)	30% (25)	2% (2)
	Always	Mostly	Sometimes	Never
Do you get enough to eat at mealtimes?	12% (11)	35% (32)	33% (30)	20% (18)
<i>Response Nov 2024</i>	18% (15)	24% (20)	39% (33)	19% (16)

	Yes	No	Don't know
Does the canteen sell the things that you need?	53% (48)	41% (37)	6% (6)
<i>Response Nov 2024</i>	62% (52)	36% (30)	2% (2)
	Yes	No	D/K / Not bought anything
Have you had any problems buying things from the canteen?	44% (40)	47% (43)	(8)
<i>Response Nov 2024</i>	44% (37)	52% (44)	4% (3)

Have you any problems accessing your property ?	Yes	No	Don't know
	54% (49)	44% (40)	2% (2)
<i>Response Nov 2024</i>	46% (39)	46% (39)	8% (6)

Is it easy for you to make a complaint ?	Yes	No	Don't know/Not answered
	66% (60)	22% (20)	12% (11)
<i>Response Nov 2024</i>	57% (48)	24% (20)	19% (16)

If you have made any complaints do you feel complaints are usually dealt with fairly ?	Yes	No	Sometimes	Not made a complaint/not answered
	25%(23)	45% (41)	2% (2)	27%(25)
Yes, if and when they answer				
<i>Response Nov 2024</i>	26% (22)	49% (41)	1% (1)	24% (20)

Is it easy for you to make a general prison application ?	Yes	No	Sometimes	Don't know, not made an application. not answered
	74% (67)	15% (14)		11% (10)
<i>Response Nov 2024</i>	69% (58)	20% (17)	1% (1)	10% (8)

	Yes	No	Sometimes	Not answered, don't know, not made an application
If you have made any general applications were they usually dealt with within 7 days ?	32% (29)	63% (57)		5% (5)
<i>Response Nov 2024</i>	25% (21)	63% (53)	5% (4)	7% (6)
Do you feel general applications are usually dealt with fairly ?	43%(39)	52%(47)	1%(1)	4% (4)
<i>Response Nov 2024</i>	42% (35)	43% (36)	6% (5)	8% (7)

	Yes	Sometimes	No	Not answered
Do you feel supported by staff ?	53% (48)	10%(9)	34% (31)	(3)
<i>Response Nov 2024</i>	50% (42)	15% (13)	31% (26)	4% (3)

	Yes	No	Not answered
Do you know who your key worker is? Note it was clear from responses that many prisoners interpreted this as "do you know the name of your key worker? Some prisoners said no, but said they had met their key worker.	48% (44)	48% (44)	3% (3)
Have you met your key worker?	53% (48)	45% (41)	2% (2)
	Yes	No	Sometimes
If you have met your key worker do you feel supported by them?	63% (30)	31% (15)	6% (3)
	Responses based on the 48 prisoners who had met their Key Worker.		

	Yes	Sometimes	No	Don't know, not answered
Do you feel safe in Foston Hall?	64% (58)	2% (2)	22% (20)	12% (11)
Response Nov 2024	58% (49)	1% (1)	29% (24)	12% (10)

	Yes	No	Don't know, did not answer
Have you ever felt bullied by any of the other prisoners?	45% (41)	45% (41)	10% (9)
Response Nov 2024	38% (32)	57% (48)	5% (4)

	Yes	Sometimes	No	Don't know, Not answered
Do you feel you are getting the care you need for your physical health ?	41% (37)	1% (1)	50% (45)	8% (7)
Response Nov 2024	48% (40)	6% (5)	43% (36)	4% (3)
Do you feel you are getting the care you need for your mental health ?	30%(27)	3% (3)	56% (51)	10% (9)
Response Nov 2024	50% (42)	1% (1)	43% (36)	6% (5)

	Yes	No	Don't know what it is/not answered
Do you think the Incentives scheme (enhanced, standard, basic), encourages you to behave well?	34% (31)	49%(45)	17%(15)
Response Nov 2024	58% (49)	30% (25)	12% (10)
Do you think you have been treated fairly in the incentives scheme ?	42% (38)	37% (34)	21% (19)
Response Nov 2024	55% (46)	30% (25)	15% (13)

To help the IMB monitor the treatment and views of prisoners with different characteristics, please can you answer the following questions in confidence. Personal information will not be published, but data/stats will be.

How do you describe yourself?

British	W1	62	Bangladeshi	A3	
Irish	W2	2	Chinese	A4	
Gypsy or Irish Traveller	W3	3	Any other Asian background	A9	
Any other white background	W9	5	Caribbean	B1	1
White and Black Caribbean	M1	3	African	B2	1
White and Black African	M2	1	Any other Black background	B9	1
White and Asian	M3	1	Arab	02	
Any other mixed	M9	1	Any other	09	

Indian	A1		Do not wish to answer	NS	8
Pakistani	A2	2			

What is your nationality?	British	37
	English	10
	Welsh	2
	Australian	1
	British Pakistani	1
	Pakistani	1
	Romanian	1
	Lithuanian	1
Not answered	33	

Under 21	21-30	31-40	41 - 50	51-60	61 +	Not answered
2	16	35	20	7	4	7



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