



Annual Report of the Independent Monitoring Board at HMP Liverpool

**For reporting year
1 January 2025 to 31 December 2025**

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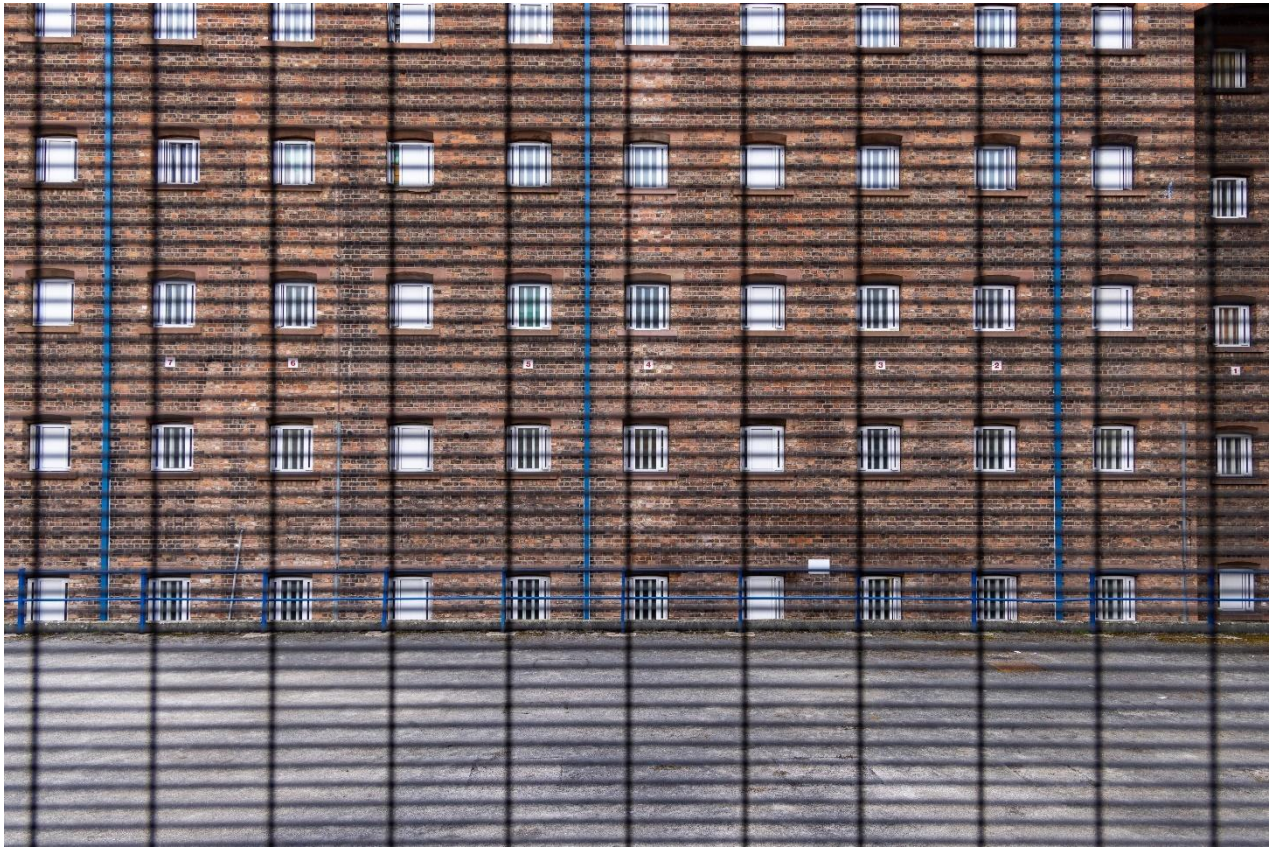


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All photos are courtesy of Andy Aitchison.



Looking to wing across exercise yard (Image: © Andy Aitchison)

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 a 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 by 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 Liverpool is a category B local prison for adult men. It was opened in 1855 and, as a Victorian prison, continues to face significant challenges associated with the infrastructure of the original building. In 2025, the prison became fully operational as a category B reception prison, following its transition from standard category B status in 2024.

The residential accommodation consists of 10 living units in total, including first night/induction (B wing), care and separation unit (CSU), drug rehabilitation and vulnerable prisoners' units, and a healthcare inpatient facility with 18 beds.

The operational capacity remained at around 800¹ throughout 2025.

The year started with G wing out of service due to refurbishment works being suspended when the main contractor ISG went into administration during September 2024. While there was hope that work would recommence on the refurbishment and completion of new workshops, this did not occur, although we understand that a new contractor has been appointed for works to commence on G wing during 2026.



External view of one of seven wings in the prison (Image: © Andy Aitchison)

Education continues to be provided by Novus. This includes English and Maths, as well as key life skills, such as mentoring, and personal and social development. In addition, a range of vocational training courses in several skills are provided, including catering, hospitality, gardening and industrial cleaning. There are industrial workshops, including leather goods (for prisons) and laundry (for prisons and hospitality service), plus bike repairs (for two local charities), which closed in May. Four much-needed additional workshops were scheduled as part of the refurbishment programme; while work did commence on these during 2024, they were delayed by the main contractor entering administration. The delay in appointing a new refurbishment contractor has been frustrating for the prison and completion of G wing is now not expected before April

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

2027. Plans for refurbishment in some of the older buildings, many of which are in urgent need of repair and renovation, are now on hold, with no target date for delivery. Being subject to annual bidding rounds for funding which is not set to meet all demands. Meanwhile temporary fencing has been erected to protect people from possible falling masonry.

The prison has a mock cafe/restaurant, named The Lock Inn, which has been established in partnership with Marston's Brewery. Whilst working in this facility, prisoners are able to learn hospitality skills and get the opportunity to interview for a role with Marston's on release.

The prison continues to work in partnership with a range of agencies to support prisoners in securing employment, education, housing and other essential life skills on release.

As noted in last year's report, Partners of Prisoners (POPs) focuses on maintaining family links. The chaplaincy team provides individual support, while Samaritans-trained prisoners act as Listeners to support other prisoners through difficult periods. A representative from the Shannon Trust is also present in the prison helping support inmates with reading and literacy skills.

The prison has a weights room, a sports hall and outdoor sports pitches, and offers a programme of fitness activities.

3. Key points

3.1 Main findings

General findings

The prison completed its transition to reception prison with new staffing rotas and a revised regime timetable. This caused some concerns amongst prison officers, who convened an unplanned meeting at the end of January 2025, leading to the closure of all wings for most of the day. Staff expressed concerns about increased levels of violence, both between prisoners and also directed towards officers. The Governor continued to stress the relative safety of HMP Liverpool compared with other prisons. The Board's view mirrors that expressed in its 2024 report: that limited staffing levels offer no resilience, particularly when sickness rates remain well above national guidelines and averages.

Despite this early-year tension between management and officers, the Board continued to see generally positive working relationships with prisoners, even as increased levels of violence persisted until the last quarter (see Tables 8 and 9 at the end of the report).

The increase in the churn of prisoners (the rate at which people move in and out of the prison population over a given period) seen at the end of 2024 was maintained in 2025, with high numbers of reception traffic both in and out of the prison. In one month, 40% of the prison population can be changed. As a reception prison, the numbers going to and from courts are significant, added to which:

- new remand prisoners arrive daily;
- licence recalls arrive daily; and
- movement on to other prisons once sentenced is frequent.

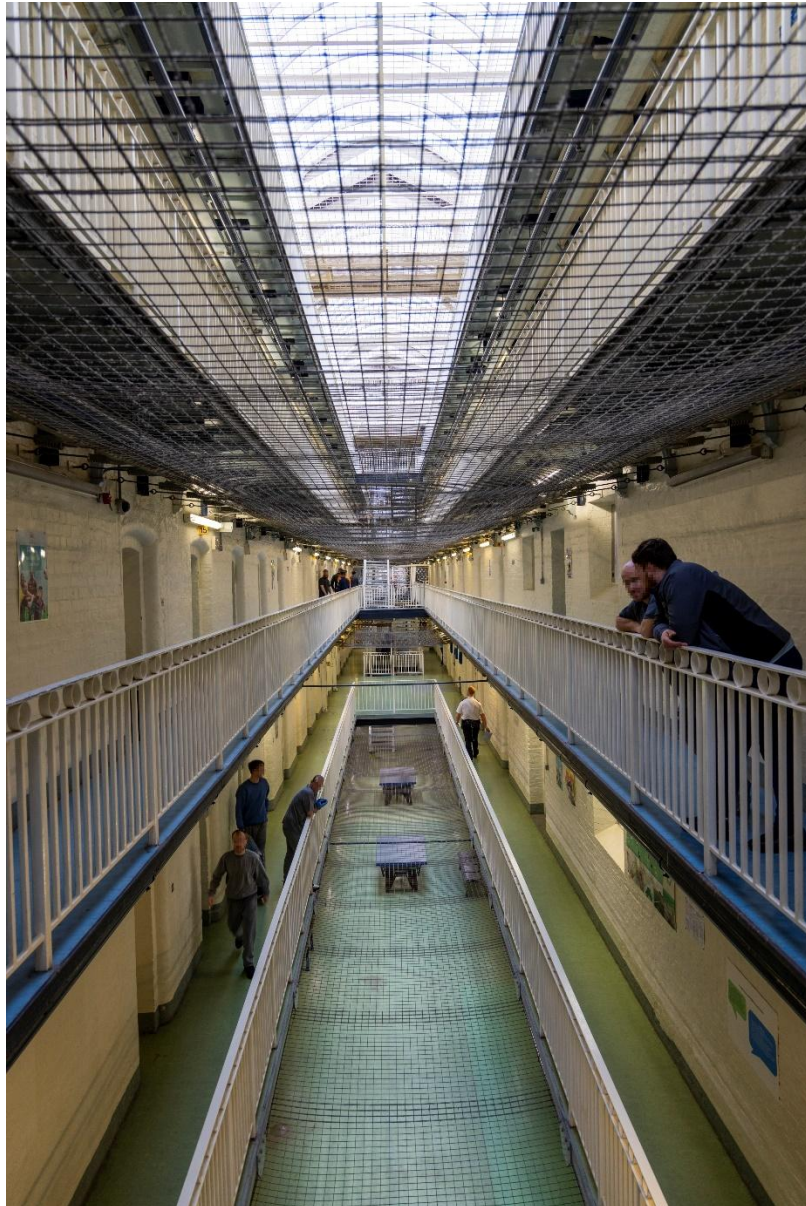
This means that the prison population is less stable and meaningful engagement opportunities are reduced. (See Table 1)

Along with the high number of transfers out of the prison, there has been an increase in the numbers resisting such moves to other prisons.

In a three-month period, March to May 2025, the Board noted that there were 27 separate incidents of refusal to transfer, involving self-harm, general resistance and claims to have overdosed.

During the first quarter of the reporting year (January to March), there were significant problems with both the general alarm and fire alarm systems (general alarms are used by officers to summon assistance from across the prison). Both systems generated high levels of false alarms, to the extent that, on one occasion, few staff responded to another false alarm in the kitchens. This is clearly a worrying position should a serious incident be taking place. This is part of the ongoing problem with the maintenance of a building that is 170 years old, in constant use and with multiple versions of technical infrastructure layered on top. In the Board's view, the prison needs capital investment to improve basic security systems (insubstantial CCTV improvements were carried out in the first quarter) and a more effective responsive repairs system that is properly monitored and audited. We believe there is significant waste in the way that the current repairs contract is structured and managed. However, as the contractual and management arrangements are unclear, meaningful evidence is difficult to obtain.

During the year, the Governor and senior management team have promoted the need to maintain a full regime and see co-ordinated cross-departmental actions as the best way to impact key areas of work from drug reduction, self-harm incidents and violence. During the last quarter of the reporting year (October to December), we were pleased to be able to see the fruits of this 'all prison' approach, with reductions in self-harm (see Table 10), drug finds and positive mandatory drug tests (see Table 7). This was accompanied by some reduction in staff sickness, although levels remain high (see Table 11).



Typical wing view, showing five landings with safety netting to help reduce the risk of self-harm by preventing falls from height (Image: © Andy Aitchison)

Specific findings

Safety

Violence

Prisoner-on-prisoner assaults increased during the transition to a fully operational category B reception prison. Given the degree of change and disruption, this might not be a surprise; however, after a more peaceful few months, numbers increased again between July and September (see Table 8).

- Prisoner-on-staff assaults peaked in February, with a downward trend throughout the rest of the year (see Table 9).
- Whilst the Governor is correct in his assessment - that compared with the designated comparator group, Liverpool remains a relatively safe environment - there is always room for improvement, even in the face of the challenging environment described later on in the report.

Care and separation unit/CSU

- The Board remains impressed by the staff working in the CSU (a specialist unit used to manage prisoners who cannot be safely held on normal residential wings) and by the respectful manner in which prisoners are treated, often leading to positive outcomes. Stays in the CSU are relatively short, averaging six or seven days (see Table 3). Given that many of those held in CSU present particularly complex and challenging needs (as reflected in the number of ACCTs each month, shown in Table 3), this is, in the Board's view, notable.

Alarm systems

- The age of the prison structures and the complex overlaying of subsequent technology meant that, during 2025, numerous areas had repeated false alarms for both general emergencies and for fire. This was particularly serious in the central kitchen and healthcare units but also dogged other areas of the prison.

Fair and humane treatment

- Delays in the delivery of incoming prisoner mail and emails have been a recurring source of frustration for many prisoners, with a number saying that they have 'given up' on the system. Any delays in this area not only threaten family and relationship bonds but can also affect mental wellbeing. Combined with feelings of isolation, this has led to a number of prisoners to claim that it drives them towards paying for illicit mobile phone use.

Health and wellbeing

- During the reporting year, a significant number of prisoners sought to avoid transfer through self-harm (5), overdose (17) (both real and claimed), or other rule infringements (5). These figures relate to the three-month period from March to May. This behaviour appears to be driven by a combination of factors, including a reluctance to move away from local areas where family and friends are based, and concerns about being transferred to certain establishments. Whatever the motivation, such incidents cause significant disruption for staff due to aborted transfers.

- The removal of razor blades from the establishment and the introduction of electric razors late in 2025 appears to have positively impacted the number of self-harm incidents.

Progression and resettlement

- Around 20%-30% of prisoners released often have no definite accommodation to go to.
- Attendance at available education classes appears low.
- Participation in meaningful activity is still an issue, in the Board's view.

HMIP Inspection

During the reporting period, HM Inspectorate of Prisons (HMIP) undertook an unannounced but anticipated inspection of the prison. While the IMB operates independently, it recognises the value of external scrutiny and is aligned with the broad themes arising from HMIP's work. HMIP reports are published independently, in accordance with the Inspectorate's statutory remit, and responsibility for the content of those reports rests solely with HMIP. The findings, published in November 2025, are available in full at [HMP Liverpool – HM Inspectorate of Prisons](#).

3.2 Main areas for development

TO THE MINISTER

- HMP Liverpool is 170 years old and increasingly shows signs that the building fabric, even after refurbishment, is not fit for purpose. The cost and time taken to properly rectify the defects will be considerable. At the time of writing the report, in January 2026, the health and safety team reported leaking roofs, pooling water and defects in kitchen areas. Residential staff face repeated complaints regarding the antiquated heated system, breakdowns in wing laundry facilities, extended periods when wings are without functioning showers and hot water and ineffective CCTV systems. Damp has been reported in cells that have been refurbished in the last three years. The main gates allowing vehicle access had, on occasion, to be hand-cranked due to failing mechanics. During the year, the Board Chair sought to establish roles and responsibilities in the failing responsive repairs service, but without success. What plans are in place to provide sustained capital investment at HMP Liverpool, and how will accountability for responsive repairs be strengthened to ensure that persistent defects are addressed effectively?
- HMP Liverpool houses a number of IPP prisoners who often face long and uncertain sentences. What specific measures is the Minister implementing to ensure they receive adequate support, including mental health services, skills development and progression opportunities, to support successful reintegration into society. Additionally, how is the Minister addressing the delays and barriers that continue to prolong indeterminate sentences?
- Late in 2025, the Board was concerned that the IMB national structure wished to impose new ways of working (the Expectations Framework) on all monitoring Boards across the diverse estate. The Liverpool IMB accepted the reasoning and rationale for reviewing working practices but viewed the new 'rules' as being inappropriate for a busy category B reception prison and that they failed to recognise the difference across the national prison estate. During the drafting of this report, the proposals were withdrawn, but the subsequent announcement of a merger between the Prisons Inspectorate and IMB leads to questions about

how independence will be safeguarded. How will the Minister assure the Board that the independence of this role will be protected in practice, including against any actual or perceived external influence?

TO THE PRISON SERVICE

- The responsive maintenance contractor appears to receive little effective monitoring of performance, including oversight of outstanding works or the quality of jobs completed. Our attempts to establish lines of responsibility for administering the contract have been unsuccessful. The lack of meaningful quality control over responsive works leads us to conclude that this area of service delivery is performing poorly. This has a direct impact on the daily lives of prisoners (including limited access to showers and laundry facilities, blocked sinks in kitchen washing areas and prolonged periods without hot water in cells). It also affects staff, who cannot answer reasonable requests from prisoners about these matters and makes the safety and security of prisoners and staff more vulnerable.
 - Why has the IMB been unable, from August 2025, to obtain a response from HMPPS staff responsible for managing this contract and what steps will be taken to ensure clarity on how the service is meant to operate?
 - Given that the Prison Group Director (PGD) identified 'decency' as a key priority at a regional IMB meeting, how is this reconciled with the continued failure to meet basic hygiene standards and essential living needs?
- The Board requested evidence of fire drill performance across all residential wings. Despite repeated requests and follow-up discussions, only one recorded event was received. This mirrors the lack of accountability to IMB requests seen in the repairs service and contrasts starkly with the cooperation offered by staff under the direct management of the Governor. Will the Prison Service undertake to reinforce the role of the IMB and its legitimate access to information relating to individual prisons?
- Despite what the Board regards as a complacent response to last year's report, the issues relating to property complaints arising from prisoner transfers remain excessive. The number of applications received by the Board has increased, as can be seen from the text of this report. HMP Altcourse stands out as the most problematic transfer site, with 17 out of 28 applications. Will the Prison Service undertake a review of the specific issues relating to property transfers from HMP Altcourse? Given that the current process is paper based and follows the prisoner throughout their time in custody, will the Prison Service consider introducing a modern, centralised digital system for monitoring prisoner property?

TO THE GOVERNOR

- Day-to-day health and safety issues within the administrative building are neglected: fire doors left open, plus passageways and stairwells with combustible materials stored in them. Will the Governor introduce a more robust and accountable monitoring of the rules relating to this building?
- Prisoners on special diets frequently complain to the IMB that their dietary requirements (for example, gluten-free diets) are not consistently met or that

there is insufficient choice. Will the Governor reinforce the need for special diets to be better managed and monitored?

- Delays in the delivery of both incoming and outgoing surface mail and email is a regular source of frustration, with staffing levels and consistency an issue. Will the Governor consider ringfencing at least one staff member to this area of service delivery?
- Key worker roles are an important part of prisoner development and responsibility, yet opportunities seem scarce (see Table 4). Could you explain the current challenges in providing these positions and any plans to increase access for all prisoners? Will it ever reach the national standard set in 2018 with current or forecast resources?

3.3 Response to the previous report

Issue raised to the Minister	Response given	Progress
Despite assurances in response to concerns raised last year the delay in relocating prisoners with severe mental health issues continues. When does the minister expect this to change?	The Mental Health Bill, which completed Committee Stage in the House of Commons in June, is a positive step forward on how vulnerable prisoners can be properly supported. It will introduce a statutory 28-day time limit for transfers from prison to hospital, which will help ensure that those requiring specialist care receive it without unnecessary delay. It will also prevent courts from temporarily detaining people with severe mental illness in prison as a place of safety whilst awaiting a hospital bed for treatment or assessment under the Mental Health Act.	There has been limited success in this area, which remains a concern for the Board.

Issues raised with the Prison Service	Response Given	Progress
When does the Prison Service expect to complete both the refurbishment of G wing, which is currently not available for use, and the new workshops, which were abandoned with the failure of ISG in the summer of 2024?	A bid has now been submitted for the external refurbishment of workshops 1, 2, 5, 6 and 7. All requests are considered carefully, noting that demands for maintenance across the estate exceed available funding. HMPPS prioritises works based on risk to life, capacity and decency.	No work has been carried out on the workshops, which remain an eyesore, and there is no evidence of work restarting on the refurbishment of G wing.
Staff absence is still an issue at HMP Liverpool, affecting	HMP Liverpool has appointed a senior manager as attendance lead, supported by weekly	Despite some improvements in the last two months of

<p>daily staffing levels and resulting in frequent regime cancellations for prisoners. Does HMPPS accept that measures taken to date have been ineffective and that it needs a different approach?</p>	<p>attendance management meetings involving human resources business partners and human resources performance managers. The first line managers have now completed the necessary and essential training to improve confidence and consistency in managing attendance. The site has applied for human resources technical consultancy support to assist with grievance and performance management and requested a dedicated case manager to further strengthen attendance processes. The Governor continues to monitor long-term cases and is ensuring formal health and attendance review meetings to support resolution.</p>	<p>2025, the situation is far from satisfactory, in the Board's view.</p>
<p>The Prison Service is aware of the inhumane length of time some prisoners have been in the CSU at HMP Liverpool whilst waiting for transfer to an appropriate mental health establishment. In the absence of any change, will the Prison Service seek to bring additional resources to the site?</p>	<p>Prisoners with severe mental illness are occasionally located in the CSU when safety risks prevent placement on residential or healthcare units. Separate regimes are provided, where possible, and individuals are regularly seen by the Integrated mental health team. NHS England continues to work with wider healthcare systems to secure timely placements. A temporary mental health team on site supports short-term risk management planning.</p>	<p>The prison pathway team appears to be making an impact in the movement of prisoners.</p>
<p>Illicit items (drugs, mobile phones and weapons) continue to be found in significant quantities. This leads to significant disruption within the prison and potentially fails to keep the public safe. Will the Prison Service set a timescale for</p>	<p>HMP Liverpool is working in close partnership with Merseyside Police, Probation Services, Serious and Organised Crime Team (SOCT), North West Regional Organised Crime Unit (NWROCU) and the National Drone Team to address the threat of illicit items, particularly those linked to drone-based conveyance. A quarterly multi-agency problem-solving forum and monthly drone-specific</p>	<p>The Board believes that, following the 2023 HMPPS annual report quoted, the service has not kept pace with the rapid improvements in drone technology.</p>

<p>implementing any aspect of the following, as set out in its response to the 2023 annual report: <i>‘HMPPS are exploring options to mitigate this growing risk [drones], including technological deployments and resourcing to maximise their impact, and work closely across government to assess the effectiveness in a rapidly changing technological landscape’?</i></p>	<p>meetings have led to joint operations and community arrests. Within the prison, known drone-linked individuals are proactively targeted through intelligence-led searches.</p>	
<p>Prisoners are still not receiving responses to complaints from other establishments within the timeframes specified in Prison Service policies. Will the Prison Service reconsider its approach to policing the implementation of this policy? In addition, does the PGD [Prison Group Director] have an option of imposing financial sanctions when those prisons that fail to respond are privately run?</p>	<p>The site has implemented a robust escalation process, whereby unresolved complaints are referred via the Deputy Governor to the relevant counterpart. There has been no need to escalate beyond this level in recent months. Privately managed prisons are also required to meet response timelines, monitored by contract management teams. While most contracts do not include financial penalties for late responses, commercial levers may be used to improve performance where serious concerns arise. The performance, assurance and risk group in HMPPS provides second-line assurance through audits and surveys, but compliance with the complaints policy is monitored locally within operational reporting lines.</p>	<p>The extent of complaints regarding property has reduced slightly, but the Board is still concerned about this issue. It should be noted that, of 28 applications to IMB concerning property transfer, 17 related to HMP Altcourse.</p>
<p>Prisoners’ property during transfers is still going missing and is not managed effectively by the Prison Service,</p>	<p>Over the past year, only one complaint regarding lost property from HMP Liverpool was submitted to the contractor. If volumetric limits are exceeded and there is insufficient space on the escort</p>	<p>National guidance now prevents the use of body worn video cameras during cell clearances. Prisoners under restraint are not</p>

<p>despite the updated Prisoners' Property Policy Framework. The Board has raised this issue with the Prison Service for several years through our annual reports. What action will the Prison Service take to eliminate prisoners' property being lost or mislaid between transfers, as previous approaches have not eliminated the problem?</p>	<p>vehicle, responsibility for transferring any remaining items rests with the sending prison. Locally, HMP Liverpool conducts cell clearances promptly and uses body worn video cameras to record property. Where prisoners are restrained, staff are encouraged to pack belongings in their presence. Property held in reception is stored securely and sent to the receiving establishment by courier or internal transport. Prisoners may also receive property during visits and within their first month at the establishment. The prison responds to exceptional circumstances on a case-by-case basis. Nationally, HMPPS is reviewing thematic reports and consulting with prisons to improve compliance and reduce loss.</p>	<p>given the option to observe cell clearance and the IMB believes that this would probably be impractical.</p> <p>The courier service contracted for this purpose has proven to be unreliable.</p>
<p>Given the age and nature of HMP Liverpool, will the Prison Service improve the maintenance response times, both planned and delivered, to ensure the prison provides consistently decent and safe accommodation? In addressing this issue, will the Prison Service consider that employing a dedicated responsive maintenance manager could be self-financing by eliminating waste, over-charging and making prison operations more efficient?</p>	<p>Performance is managed through weekly site meetings and monthly key performance indicator (KPI) reviews. Where service failures occur, a performance improvement plan is implemented, and contractual penalties may apply. KPIs cover 16 areas, including reactive maintenance, planned preventive maintenance, health and safety and stock management. Value for money is ensured through fixed-rate contracts, quote comparisons and scrutiny by property services and the Ministry of Justice commercial team. Additional works above £750 require APOM [area prison operations manager] approval and those exceeding £10,000 require three quotes. Monthly KPI moderation ensures transparency and accountability. Recent investment includes a flooring replacement project in the weights room and a feasibility study for window grilles on F wing. All five future proposals will be</p>	<p>The responsive repairs service appears to rely excessively on contractor self-inspection for both the completion and quality of repairs.</p> <p>While work commenced on the replacement of windows on F wing,</p>

	informed by recent condition surveys, which assessed infrastructure across the estate. A 'refresh' team has been introduced to improve decency across the site, although facilities management remains a concern.	there were immediate concerns about the quality of the work.
Will the Prison Service invest in resetting the CCTV equipment to a usable monitoring performance standard and maintain it at this level?	The CCTV system at HMP Liverpool is now fully operational, following sustained investment of over £200,000 in the past two years. Monthly site-wide health checks are conducted and shared with the APOM. Amey has appointed a mobile CCTV expert to support ongoing servicing and repairs. Sub-contractor engagement has been strengthened to ensure timely resolution of issues. The system is now functioning as expected and appropriate mechanisms are in place to maintain it at a usable monitoring standard. If issues arise, they are resolved promptly and that the system is now reliable for operational use.	Despite the investment of £200,000, this only made an old system work. It is still considered by staff to be on the verge of total breakdown and full replacement could have been a better investment

Issues raised with the Governor	Response	Progress
Does the Governor have any target date for being able to provide key worker sessions, as set out in the Manage Custodial Sentence Policy Framework (<i>'An average of 45 minutes per prisoner per week'</i>)?	It has been agreed through the quarterly delivery meeting with the PGD to concentrate on improving the quality of key work entries ahead rather than the quantity of key work. A dedicated group of officers have been identified and are detailed specifically to carry out key work. The expectation is that a minimum of 200 key worker sessions is delivered per month, with a focus on priority cohorts of those new to custody, young adults, prisoners in segregation and healthcare. The average quality assessment in April 2025 was scoring a 1. Since this model has been implemented, this has seen an improving picture and are now scoring 2.5. The percentage	Late in 2025 some improvements seen in Keyworker performance but still significant scope for improvement to achieve the stated target.

	of invalid key work entries in April 2025 was 80%, which is now between 1% and 5%. Residential Governors are reviewing the quality assurance process and this is supporting the improvements.	
What local actions will the Governor consider for improving staff attendance, which is seen as a root cause of the poorest service delivery areas?	A dedicated attendance lead was appointed in 2025 to drive attendance management at HMP Liverpool. Work has been ongoing throughout the year to ensure processes and procedures are followed in a timely fashion and long-term sick cases brought to a conclusion at the earliest point within policy. Attendance patterns have improved month on month in 2025. The data shows 22.84 days per person in April 2025 and at December 2025 was 18.07 days per person. In December 2025, HMP Liverpool commenced work with the human resource technical consultancy team on a project to support staff and improve performance and HR processes, including attendance management. This work continues and a number of workshops will be delivered to managers between March and June 2026. Other actions in place to support staff and improve attendance are wellbeing strategies, including 2 x structured professional support sessions to support mental health. In addition, a dedicated learning and development team has been put in place from within our own resource to support building confidence, competence and capability of our staff to again support attendance at work.	Some improvements at the end of 2025 meant HMP Liverpool ceased to be the worst-performing prison in relation to staff absence, although it remains in bottom 10% of comparator prisons. If the late reprieve regarding visas of foreign national employees had not occurred, the situation during the coming year could have been dire. (This reflects the prison's reliance on staff (approximately 60) whose continued employment depends on visa renewals, and the significant impact that the loss of such staff would have had on already fragile staffing levels.)
The use of body worn video cameras (BWVCs) is a potential benefit for staff and prisoners alike. Will the prison make the mandatory	The use of BWVCs is a mandatory piece of PPE and all staff are reminded of the need to wear and activate their BWVC. The UoF [use of force] co-ordinator manages the recording, storage, reporting faults/repairs and the use of BWVC. This is also monitored	Body worn video cameras are now more consistently available to staff and worn more reliably than before.

<p>wearing of this equipment a reality?</p>	<p>through the UoF meeting. In the third quarter of the reporting year (Oct-Dec), 74.2% of incidents were recorded on DPS [digital prison services] being caught on BWVC. This was a 7% increase on the previous three-month period. Local data captured reports this as 86.6% of BWVC in use during incidents. DPS was not able to be retrospectively updated for BWVC information after the incident was initially logged. Staff who do not use BWVC are actively challenged.</p>	
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Evidence sections 4 – 7

4. Safety

4.1 Reception and induction

A high number of prisoners resisted transfers to other prisons by either taking, or claiming to have taken, overdoses or swallowed harmful objects. This is very disruptive to the prison operation and an inefficient use of transport resources. In total, there were 27 refusals to transfer during the three-month periods of March to May.

The IMB noted that some prisoners had prolonged waiting times in reception, particularly if they needed to be seen by a doctor. This was most likely to be the case if prisoners had drug dependency issues.

Overall, we observed reception staff performing their duties well, despite often having very late arrivals and, on occasion, receiving prisoners with needs and no planned continuity of support.

Induction support provided by orderlies (trusted prisoners who take on work to provide services that contribute to the running of the prison) is a significant benefit for new prisoners. However, the Board recommends that further thought should be given to the visual materials used, which are text-dense for an audience that often includes individuals with low literacy skills.

4.2 Suicide and self-harm, deaths in custody

There were four deaths in custody recorded during the year. We are awaiting reports from the Prisons and Probation Ombudsman (an independent body that investigates deaths in custody), which will confirm the causes. Three were middle-aged and one was elderly. Two were receiving treatment in an outside hospital and one was in the prison's own healthcare unit. In none of these cases was there any apparent indication of neglect. The fourth incident appeared to be related to drug misuse and occurred in a single cell during the night. For each of these cases, the IMB still awaits the Prisons and Probation Ombudsman report. These deaths reflect the age and general health of the prison population but also the availability of illegal drugs in the prison.

A new drug-reduction strategy was devised towards the end of 2025 and we have seen positive work in the prisons' efforts trying to reduce prisoners' drug dependency. However, the continued supply of drugs in the prison remains a high risk to prisoners and staff. In the Board's view, the approach to tackling drug use needs to be two-pronged, with stringent security to cut off supply and education with support to reduce demand. The constant movement of prisoners in and out of the prison, with the impact of local organised crime groups, makes both of these strategies difficult to deliver.

It is believed that the introduction of electric razors for all prisoners towards the end of the reporting year was a significant contributor to the reduction in self-harm by removing razor blades from circulation.

4.3 Violence and violence reduction, self-isolation

The prison's senior management team is working towards a more joined-up approach, moving away from siloed working to address key performance areas collaboratively. This appears to be starting to bear fruit, with the new reception prison regime having become embedded during 2025.

There were three assaults on staff classed as serious during the year, representing a significant reduction compared with the previous year's figure of 10. This improvement is reflected in a marked fall in overall staff assaults during the second half of the year. (See Table 9)

Whilst the Board remains concerned about prisoner-on-prisoner assaults, there was a downward trend at the end of the year, with no assaults classified as serious in December and only 11 assaults in total. (See Table 8)



Scene showing movement between work and wing (Image: © Andy Aitchison)

4.4 Use of force (UoF)

Use of force incidents stabilised between July and October, at around 70 incidents per month, followed by a significant reduction in December (see Table 2). The measures applied ranged from guiding holds through to the use of Pava spray, to incapacitate and subdue prisoners, physical restraint and rigid-bar handcuffs. We are concerned that around a third of incidents either do not have body worn video camera (BWVC) footage or the footage is insufficient to show the events leading up to the incident. The Board acknowledges that efforts are made to review all UoF incidents, and that those raising particular concerns or learning points are shared at a weekly multidisciplinary team meeting. However, we believe that further improvements can still be made to ensure BWVC is consistently and effectively used for each incident.

4.5 Preventing illicit items

The delivery of drugs, tobacco and mobile phones continues to be a significant concern. Despite detailed intelligence gathering and targeted searches resulting in significant finds, prison staff face continued challenges to combat the organised delivery of contraband to the prison. Some success appears to have been achieved

towards the end of the reporting year, with reduced drone sightings, reduced drug finds from searches and reduced positive mandatory drug tests (MDTs). (See Tables 6/7)

The published crime figures for Liverpool, as of September 2025:

Indicator	Liverpool number	Liverpool rate per 1,000	England and Wales rate per 1,000
All crimes	76,958	151.2	106.6

However, when looking at drug crime in the community England and Wales specifically, it appears worse:

'During 2026, England and Wales's police forces received 207,447 crime reports about drugs. This is an increase of 18% from 2025's figure of 175,920 reports of drugs, giving an overall crime rate of 3.12 per 1,000 people in 2026 and a rate of 2.68 per 1,000 people for 2025.'

'The most dangerous cities [sic] for drugs are Liverpool, Brent and Middlesbrough, with crime rates of 13.24, 7.36, and 7.1 per 1,000 daytime population respectively. The most dangerous region for drugs is Merseyside, which recorded a drugs rate of 8.6 offences per 1,000 people in 2026. The second most dangerous area for drugs is London, with a crime rate of 4.96, followed by Antrim, in third, with a drugs rate of 4.1 per 1,000 daytime population.'

Source: Crime Rate web page [Drugs Crime and Safety Statistics | CrimeRate](#) 10 March 2026

The Board notes that published figures indicate high levels of drug-related crime in the surrounding region and may help explain the persistent challenges in disrupting drug conveyance within the prison. However, such data is not directly comparable to prison-based indicators and is contextual only.

In the Board's view, the external environment helps to explain the challenges faced within the prison when trying to control drug flow and use.

In the last quarter of the year, two lockdowns and targeted searches disrupted drug supply and led to the removal of several individuals believed to be linked to organised crime groups (OCGs).

Table 6 illustrates the level of sustained effort required to search for drugs and other contraband.

4.6 Health and safety

Despite repeated requests over an extended period, the IMB has been unable to access records for all but one fire drill reported to have taken place during 2025. Some assurance is sought that these drills occurred, including details on evacuation times for the wings and any learning points identified. It appears that the health and safety team is unable to share this information.

5 Fair and humane treatment

5.1 Accommodation, clothing, food

The accommodation at HMP Liverpool suffers from the age of the establishment and the wings represent traditional Victorian prisons. The space for association on wings is very limited, and prisoners do not generally leave the wings between Friday lunchtime and Monday morning. Meals are eaten in cells (adjacent to toilet facilities), where prisoners sleep with very limited space, especially in shared cells.

On 30 June, an entire wing accommodating around 96 men had to be decanted due to a complete power failure, necessitating the renewal of an ageing distribution board (the electrical unit that controls and distributes power to the wing). The Prison Service was fortunate that HMP Berwyn had capacity, following a recent refurbishment, to take many of these men. If a similar incident were to occur again, the chances of finding local spaces for so many men is very unlikely.

From the Board's observations, prison menus are varied and attempts are made to provide specific diets for prisoners who need them (gluten free, vegetarian, halal, etc). However, the central kitchen works with a limited budget of £3.20 per prisoner, per day.

The kitchen provides one hot meal each day (in the evening) and sandwiches with soup at lunchtime. The Board has noted that some sandwich fillings appear meagre and unappetising. Breakfast packs are delivered each evening, and prisoners are able to access additional porridge sachets if they wish.

A number of prisoners have complained that special diets are not consistently delivered and that both the quality and portion sizes of food are sometimes insufficient. The Board appreciates that it is not possible for the kitchen to satisfy everyone, and that expectations about portion sizes can differ from recommended nutritional guidance.

The Board has also observed some lapses in practice in wing serveries when food is distributed, including food temperatures not always being checked, uneven portioning and occasional failure to wear appropriate gloves. This will be monitored further in 2026.

5.2 Segregation

The care and separation unit (CSU) performs a range of functions, but is primarily where prisoners are held pending adjudication for offences within the prison or for cellular confinement as a punishment for such offences. Staff in the CSU work with a frequently changing population of prisoners, many of whom present challenges linked to behaviour or mental health needs.

The work seen by the Board is positive and, despite the high risk inherent of a 'prison within a prison', is satisfied that the strict rules of managing such units are followed. The secondary use of CSU cells - to hold prisoners who cannot safely be returned to standard wings - is most often related to mental health issues. Here, there has been a prolonged problem of finding specialist units to accommodate such prisoners and this is a national problem. See Table 3 for the use of the CSU in the last quarter and the disproportionate number of assessment, care in custody and teamwork (ACCT) plans needed for this small population.

5.3 Staff and prisoner relationships, key workers

The Manage the Custodial Sentence Policy Framework (2018) sets out key worker targets for the Prison Service as follows: *‘Governors in the male closed estate must ensure that time is made available for an average of 45 minutes per prisoner per week for delivery of the key worker role which includes individual time with each prisoner. Within this allocated time, key workers can vary individual sessions in order to provide a responsive service, reflecting individual need and stage in the sentence. A key worker session can consist of a structured interview or a range of activities such as attending an ACCT review, meeting family during a visit or engaging in conversation during an activity to build relationships.’*

However, the target within HMP Liverpool is 200 sessions per month (far below the national target) and, due to recording issues, the quality of sessions was being assessed as very low by prison managers. By allocating the task of key work sessions to specific officers, both the number and quality of sessions have improved, with 244 completed in December 2025. But it is easy for staff to be redeployed to other areas of work, which can impact continuity of delivery. With a local target of 200 sessions set, priority is appropriately given to prisoners new to custody and those seen to be struggling with adjustments to the prison regime, and this focus should be maintained while the prison resources are not available to meet the national target (see Table 4).



Mural on temporary hording (Image: © Andy Aitchison)

5.4 Faith and pastoral support

The chaplaincy service encompasses representation from a multiplicity of faiths and appears to be well respected and valued by prisoners. One prisoner consistently complained that his faith of choice was not represented on site. The head of chaplaincy

acknowledged the difficulty in recruiting a suitable representative in the local area, and accepted that a video link for spiritual guidance in such cases might provide a solution.

5.5 Complaints

During the year, the Board identified weaknesses in the process for receiving and distributing confidential complaints (Comp2). As a result, these complaints were not always restricted to 'confidential only' access, and records of responses and response times were not held centrally. This made it extremely difficult to monitor this aspect of the complaints process. The Governor undertook to address these issues; however, by the end of the reporting period, the system had not yet been rectified.

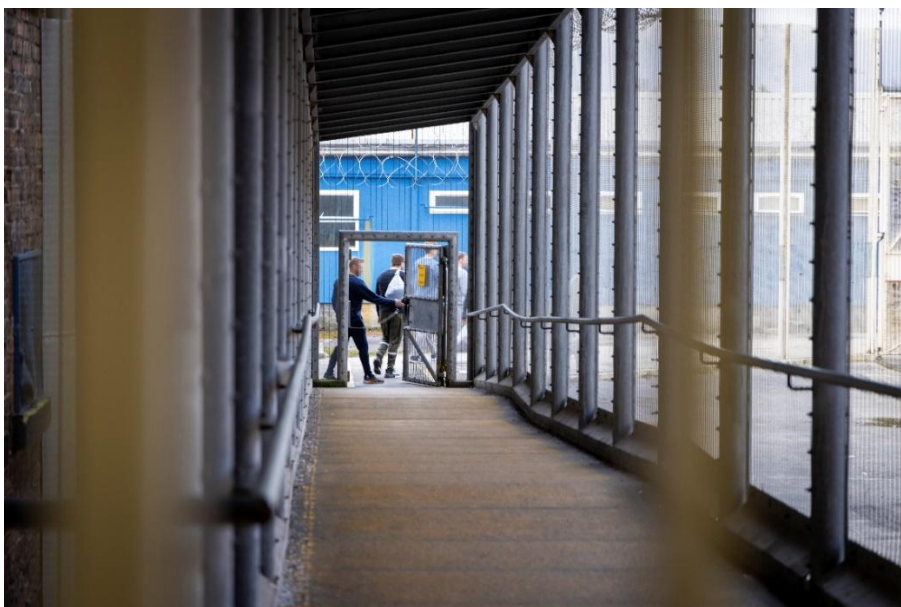
Due to ongoing issues with the building fabric and the effectiveness of the responsive repairs process, the Board has observed that prisoners often report there is 'no point' in raising problems with items in their cells. A lack of confidence in the repairs system to respond promptly or complete work satisfactorily suggests that reported figures for outstanding repairs are likely to be an underestimate.

5.6 Property

Property complaints to the Board, both within the prison and relating to transfers in and out, increased during the reporting year. This appears to be partly linked to restrictions on access to and movement of property, as opportunities to access stored items are limited to the first five weeks of a custodial sentence and then once every six months.

Of the 25 applications (prisoners' written representations to the Board) we received concerning property transfer from other establishments, 17 related to HMP Altcourse. Even allowing for some duplication by prisoners (which may itself indicate delays in resolving individual issues), this is an exceptional figure.

During the reporting year, the Board became aware of significant delays in processing prisoners' compensation claims relating to lost or damaged property. In one case, where a cell and property search resulted in permanent damage to personal belongings, a lack of clear accountability and uncertainty around the process contributed to particularly prolonged delays.



External walkway (Image: © Andy Aitchison)

6. Health and wellbeing

6.1 Healthcare general

The healthcare system at HMP Liverpool is operated by Spectrum Healthcare, being commissioned by NHS England North West Health and Justice Group. The Liverpool IMB Board reported that, in 2024, there were many reasons for prisoners to be dissatisfied with the healthcare provided. During this reporting year, there have been improvements and these will be referenced later in the report.

Whilst there have been improvements, the Board remains concerned about the following areas:

- Lack of availability of transport to take prisoners to hospital. This means that when hospital appointments are offered, prisoners may miss them because escort staff are already committed elsewhere. This can impact prisoners' health and also results in wasted time for both prison staff and hospital services.
- Difficulties in escorting prisoners with mobility needs to internal medical appointments due to limited staff availability.
- A recurring concern raised by prisoners is difficulty accessing appointments with a doctor or nurse. To help mitigate this, a sticker displaying the relevant healthcare contact numbers is now placed on the inside of prisoners' cell doors. This number is available early each morning to provide a triage service.
- As medication is dispensed at the hatch, located on each wing, men with mobility can sometimes have problems getting there.
- There was no provision for issuing replacement stoma bags. The issues were raised with prison management and healthcare staff and they are now provided. This was apparently a commissioning issue, falling between national and local provision. An issue that NHS providers need to consider is how integrated the commissioning processes are.
- Prisoners often arrive at HMP Liverpool with a range of pre-existing medical conditions and established treatment plans. Healthcare staff review the appropriateness of these plans on arrival and, where necessary, adjust medication accordingly. This can cause anxiety for some men who have been on certain medications for long periods and may not fully understand the reasons for changes. While such adjustments may be in the prisoner's long-term interests, clearer communication around these decisions would be beneficial. The Board believes that improved communication could help reduce frustration and the number of related complaints.

6.2 Physical healthcare

On arrival, all prisoners are seen by the healthcare department for an initial assessment. As mentioned previously, the Board is concerned about the issue of booking a healthcare appointment. In 2024, the Board received 64 applications referring to healthcare issues, whilst in 2025 there were 50 representing almost one sixth of the total received.

Towards the end of the reporting year, the Board received healthcare performance figures, which indicated that all targets were being met. However, the Board's monitoring has identified some potential areas of concern, which are set out in section 6.1. The proportion of prisoners who did not attend appointments (DNAs) remains at around 25%.

In the Board's view, some challenges remain. There were 12 missed appointments due to taxis not arriving, and 11 appointments were cancelled by healthcare to allow other cases to be prioritised. Uptake of bowel screening remains particularly low and is further affected by the frequent movement of prisoners, meaning that some men are transferred to other establishments before a screening pack arrives.

The number of GP appointments has risen from 250 to 800 per month. There is an average of 450 requests per month for nurse referrals, with four referrals per month to the inpatient unit.

In our view, there have been improvements to healthcare.

- A shift coordinator is now in place to help ensure resources are used efficiently.
- A clinical skills workshop has been introduced to support staff
- A triage phone line was established towards the end of the reporting year, enabling prisoners to contact the healthcare team more easily. This service is available for around two hours each morning.
- Wing workers have been introduced to remind fellow prisoners of upcoming appointments. If the appointment is no longer needed, they can inform the healthcare team to avoid wasted slots.

As these initiatives are relatively new, it will take time for their impact to be fully realised. Progress will be reported on in future years.

Annex C sets out some of the key performance indicators for the Spectrum Healthcare service.

6.3 Mental health

We understand that there remains some uncertainty among prisoners about the mental health support available to them, particularly in relation to the different levels of provision. Mental health needs comparable to those commonly seen in the community, such as anxiety and depression, are generally addressed through primary healthcare, while more complex or enduring difficulties are supported through specialist mental health services provided in house by Mersey Care, in partnership with Spectrum Community Health.

Demand for specialist provision continues to exceed capacity, and waiting times for talking therapies can extend to several months. Mental health need within the prison population is significant and consistently high. At any one time, around 80 prisoners are identified as having a mental health condition, and approximately 260 men are supported on the mental health caseload.

Initial screening on arrival enables early identification of need, with follow-up assessments taking place promptly. However, the scale and complexity of need, combined with frequent population movement, presents ongoing challenges to continuity of care.

The Integrated mental health team (IMHT) provides a broad range of therapeutic and psychosocial interventions aimed at stabilisation, recovery and preparation for release. This includes interventions focused on emotional regulation, coping strategies, daily functioning and the development of skills that support independence and resilience.

Both group-based and individual interventions address practical and psychological factors known to influence wellbeing, such as sleep, stress management, budgeting

and routine-building. These interventions are intended to support prisoners both during custody and on release, although their effectiveness is often constrained by short lengths of stay.

Psychological therapies are available to prisoners who are willing and able to engage, with a wide range of evidence-based approaches offered. Interventions are tailored to individual need and typically delivered over a limited number of sessions.

However, in many cases these therapies and group sessions are not completed, as prisoners are transferred to other establishments or released.

When the Board is able to observe, all ACCT reviews appear to be attended by a mental health nurse.

6.4 Drug and alcohol rehabilitation

J wing provides a small unit of 35 cells that operates as a drug-free living area. Its size and purpose creates a calmer and more supportive environment, which has proven effective. Expanding the same model completely would not be practical, as the other wings are much larger. However, A wing, with some 50 double cells, is being used to offer additional support to prisoners who wish to withdraw from drug addiction and are prescribed methadone.

The charity, Change, Grow, Live (CGL) delivers the addiction reduction service and works across the whole prison with those prepared to engage.

6.5 Soft skills

Due to budget constraints, arts classes were no longer viable, despite having provided benefits for men's mental health, confidence-building and the development of positive peer relationships. Radio services were also withdrawn; this had previously been a valued way of sharing information, supporting communication, and reaching men on the wings.

6.6 Neurodiversity support

Data indicates that HMP Liverpool has the highest rate of identified attention deficit hyperactivity disorder (ADHD) traits among reception prisons outside London. HMP Liverpool also reports a strong focus on needs screening, with 510 screenings completed during the reporting period.

7. Progression and resettlement

In April 2025, the Activities and Pay Policy was reviewed. The policy aims to 'endeavour to promote and support a rehabilitative culture within HMP Liverpool'. It is intended to be open and transparent, ensuring that prisoners who participate constructively in the establishment's regime receive appropriate pay.

The policy also supports prisoners' educational journey by ensuring that opportunities for work, learning and skills development are available, and by encouraging engagement in purposeful employment that contributes to personal development whilst in custody and subsequently on release.

Pay rates are shown in Table 5. All prisoners receive standard unemployment pay, which is £2.50 per week, in addition to any payments listed in Table 5.

It should be noted that prisoners buying items through the approved shop ('canteen') pay prices that are higher than those on the high street. Canteen orders are delivered once a week and may take up to two weeks after ordering.

7.1 Education and library

The education budget was cut by around 50% during the year, leading to a reduction in provision. This occurred when the prison had not yet fully adjusted to the role of a local reception prison. In the Board's view, the structure of the education and training offer needs to reflect the high turnover of prisoners, as well as the need to prepare them for transfer to other establishments where longer-term education and development can take place.

The allocation of education spaces was running at around 75% for much of the reporting year, with actual attendance, once allocated, at around 40%. The complexity of managing two providers - one responsible for skills assessment and the other for education delivery - alongside the vetting process, creates inherent bottlenecks.

When measured by the proportion of prisoners achieving at least half-time employment, performance started the year poorly, at around 30%, and improved to around 40% by the year end, against a Prison Service target of 41%.

Due to reductions in education funding, the following courses and support provision were withdrawn during 2025:

- Plastering
- Joinery
- Digital radio
- Art
- Basic digital skills
- Outreach support for literacy, including staff able to visit cells and workshops

Reductions in education provision have led to increased demand for library access. In response, the library has expanded activities such as a chess club and, more recently, introduced some craft-based activities on a trial basis.

Towards the end of 2025, the Shannon Trust (a charity supporting prisoners to develop reading skills by helping one another) became a more prominent part of literacy support, in response to budget reductions. A dedicated Shannon Trust worker is now in post on a fixed-term contract.

7.2 Vocational training, work

The work offering in the prison consists of:

- Wing cleaning
- Grounds maintenance and some limited horticulture
- Packing of breakfast packs
- Packing of 'goody bags' for sale at social visits
- Industrial cleaning
- Marstons Academy, providing catering hospitality experience in the staff canteen
- Leather workshop, making belts and equipment holders, largely for the prison service
- Kitchen, providing food for the prison
- Laundry, washing bedding and prison-issue kit both for HMP Liverpool and other prisons
- Bicycle refurbishment for local charities (ended in May 2025)
- Recycling of metals and bedding items from the refuse bags (commenced late 2025)
- Forklift truck training

In the Board's view, much of the work available is routine in nature and offers limited preparation for future employment. Table 12 shows that part-time work predominates, which similarly offers limited support for release preparation. Taken together, the routine nature of the work, its often part-time basis and the frequent under-occupation we observed suggest that this is an area where further improvement could be made. The Board recognises, however, that the transient nature of the prison population makes this challenging.

Securing employment immediately on release is always challenging and is achieved by only a small number of prisoners each month. A more realistic and potentially more achievable aim is to support prisoners into training placements. The Board understands that this approach is currently being explored.

7.3 Offender management, progression

Sentence planning and progression at HMP Liverpool varies, depending on the length and type of sentence. As a mostly reception prison now, it only houses prisoners who are on remand, who have been recalled, or who have 16 months or less to serve at the point of sentence. The mix of prisoners also includes young offenders between the ages of 18 and 21

Under the offender management in custody model (OMIC), prisoners are either managed by a prison offender manager (POM) or a community offender manager (COM). Those who have 10 months or more to serve at the point of sentence are POM responsible and will have a sentence plan completed by 10 weeks post-sentence.

HMP Liverpool runs the new Building Choices programme, which covers a wide range of offending behaviour, including domestic abuse, thinking skills and general violence. Liverpool only ran the moderate-intensity course during 2025. Prisoners requiring a higher-intensity programme or a course that would also incorporate sexual offending need to transfer to another establishment to complete this work. This limits the range of developmental opportunities available to prisoners at Liverpool. Due to limited resources, choices are made on which courses to run according to staffing availability and the level of demand from the population at Liverpool.

Where prisoners are unable to complete either of these courses in custody, they would be required to address their behaviour - through this course or another appropriate programme - as a licence condition following release into the community.

Prison offender managers also refer cases to other stakeholders within the prison, to meet sentence plan objectives. Such stakeholders include CGL for substance misuse; and Novus/Achieve Northwest for training and employment needs.

As these cases are unlikely to be transferred to another prison, there is a limitation in the number of Building Choices programme the prisoner can access.

As a remand prison, HMP Liverpool would not ordinarily hold IPP (imprisonment for public protection) or life-sentenced prisoners who are not new to the prison system. However, for a range of operational reasons, the establishment has received a number of IPP and life-sentenced prisoners, as well as some serving extended determinate sentences (EDS). In all cases, prisoners serving IPP, life, or EDS sentences are required to demonstrate to the parole board that they have undertaken sufficient work to reduce their risk to the public before release can be approved.

Usually, the sentence planning process for EDS falls to the POM and would have a more focused approach, which includes seeking out the most suitable establishment where the individual prisoner will be able to complete the relevant work. At this stage, agreement for a move to a preferred establishment is taken outside the prison.

The Board understand that in 2025, 2208 prisoners were released and 1846 were transferred to other prisons across the country. Despite the ongoing challenges of offender management and a succession of rule changes to release criteria, the Board has observed significant efforts made to support prisoners.

7.4 Family contact

Partners of Prisoners (PoPs) operates in several prisons across then northwest including HMP Liverpool. Families can book social visits via the government website or over the phone with the booking line. PoPs continues to monitor the response times for the booking line and finds both this and the treatment of families to be very good. This is supported by feedback from families to PoPs.

PoPs continues its bi-monthly family forum, chaired by the head of PoPs. Lead officers for each prison department are invited, including operations, chaplaincy, safer custody, mental health, etc. Most departments are represented at the forum. In addition, up to 12 families also attend, following an open invitation to families who visit the prison. As an incentive, families can access an extra social visit for attending, which has proved to be an effective strategy. Since 2024, the forums have become more structured, enabling specific issues to be raised directly with the individual officers responsible in the prison.

7.5 Resettlement planning

A weekly resettlement board meeting takes place and attendance is mandatory. The meeting identifies prisoners who are approaching release. Prisoners are encouraged to engage with a range of stakeholders to discuss their release plans, including accommodation, banking and financial matters, access to NHS services, and Jobcentre Plus support.

The pre-release team prioritises contact with all prisoners within five days of entering custody. The initial contact assesses immediate needs and makes referrals to finance

and debt services, banking and housing support. The team continues to work in partnership with a range of stakeholders, including through learning and briefing events and signposting to community partners. During the reporting year, the team supported the opening of 85 bank accounts. Some challenges encountered in the process include prisoners not being UK citizens, short timescales before release, and release on remand. These factors contributed to a failure rate of 25% for applications.

The pre-release team supports all prisoners serving less than 20 month sentences in the last 12 weeks of their custodial period. There is ongoing communication between the prison and the community probation officer, to whom referrals are made for the necessary resettlement support.

The pre-release team maintains close contact with Seetec, the housing provider working with HMP Liverpool, to help ensure timely support for prisoners approaching release. Despite these efforts, the Board remains concerned about the number of prisoners leaving custody without confirmed accommodation. The Board notes that homelessness is often a contributing factor in licence recalls and the cycle of repeated returns to custody.

The issue of men having no accommodation on their first night of release persists, with figures fluctuating between 16% and 30%, and an annual average of 20%.

Attendance at resettlement board meetings, which are intended to prepare prisoners for their imminent release (including housing, welfare benefits, identification documents and bank accounts) is not always consistent. During the reporting year, 1,024 prisoners were invited to attend, of whom 531 failed to attend. Some of these non-attendances related to prisoners who had recently been through the system following an earlier release.

8. The work of the IMB

Board statistics

Recommended complement of Board members	16
Number of Board members at the start of the reporting period	4
Number of Board members at the end of the reporting period	8 in total: 4 trained and active; 4 in training
Total number of visits to the establishment	281

Applications (issues) raised with the IMB

Code	Subject	Previous reporting year (2024)	Current reporting year (2025)
A	Accommodation, including laundry, clothing, ablutions	21	21
B	Discipline, including adjudications, incentive schemes, sanctions	5	4
C	Equality	14	7
D	Purposeful activity, including education, work, training, time out of cell	11	17
E1	Letters, visits, telephones, public protection, restrictions	30	42
E2	Finance, including pay, private monies, spends	16	10
F	Food and kitchens	14	19
G	Health, including physical, mental, social care	64	50
H1	Property within the establishment	10	23
H2	Property during transfer or in another facility	22	25
H3	Canteen, facility list, catalogues	23	12
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, recategorisation	35	27
J	Staff/prisoner concerns, including bullying	14	15
K	Transfers	12	2
L	Miscellaneous	14	6
	Total number of applications	305	280



Original prison façade, seen behind the modern outer wall
(Image: © Andy Aitchison)

Annex A

Service providers

Service	Provider
Education	Novus
Library services	Liverpool City Council
Healthcare	Spectrum
Mental health	Mersey Care
Facilities	Amey
Advice and information on drugs, alcohol, homelessness, prison, health and wellbeing	Change, Grow, Live (CGL): a local voluntary organisation
Support with literacy	The Shannon Trust
Careers, Information and Guidance	The Growth Company
Crisis management and training of Listeners	Samaritans

Annex B

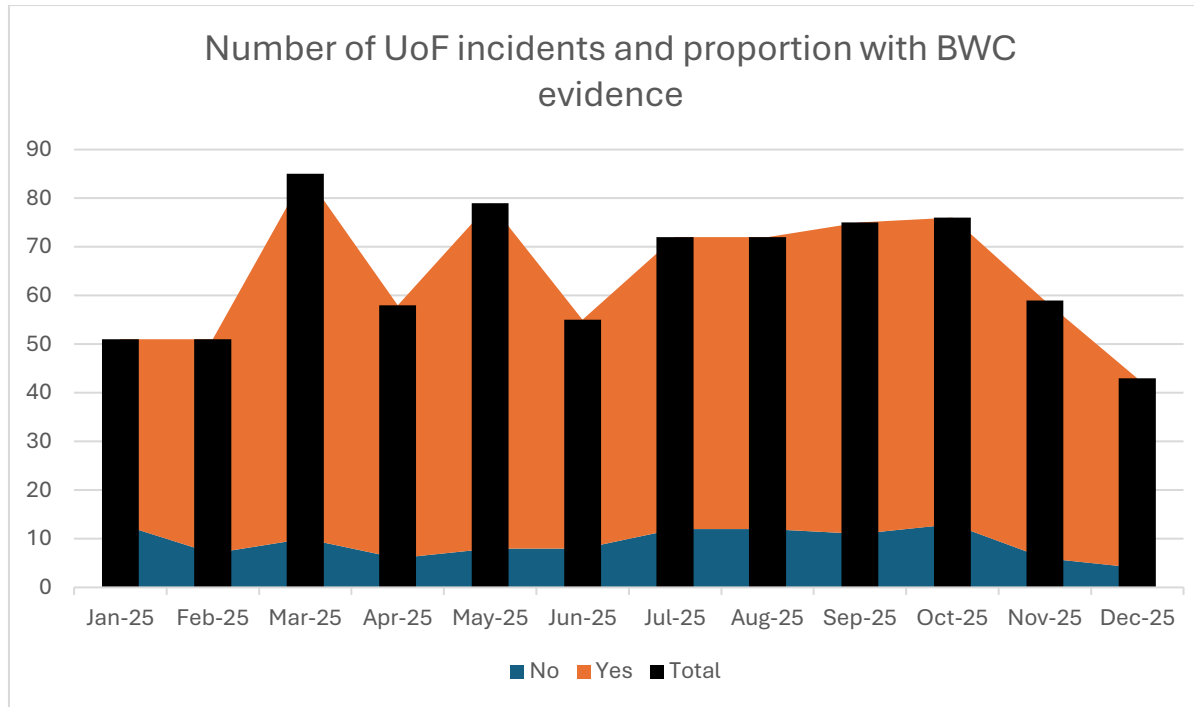
Table 1: arrivals and departures from HMP Liverpool

2025		Arriving				Change as % of total	Leaving			Change as % of total
On roll*	Tx in	Court	Recall	Total arrivals	Released		Tx out	Total leaving		
Jan	809	63	278	77	418	52	178	131	309	38
Feb	831	61	201	54	316	38	152	136	288	35
Mar	837	71	208	75	354	42	193	157	350	42
Apr	833	81	190	81	352	42	171	173	344	41
May	820	44	234	79	357	44	203	158	361	44
Jun	807	40	252	42	334	41	173	198	371	46
Jul	794	96	238	58	392	49	171	142	313	39
Aug	820	77	219	54	350	43	172	158	330	40
Sep	795	46	266	73	385	48	208	180	388	49
Oct	798	61	259	64	384	48	216	191	407	51
Nov	775	49	256	48	353	46	182	163	345	45
Dec	775	48	244	70	362	47	210	162	372	48

*Average gross number during the month.

This table illustrates the high turnover each month in the prison population.

Table 2: Use of force



	Use of body worn video camera (BWVC) during a UoF incident												YTD 25	% Total
	Dec-25	Nov-25	Oct-25	Sep-25	Aug-25	Jul-25	Jun-25	May-25	Apr-25	Mar-25	Feb-25	Jan-25		
No	4	6	13	11	12	12	8	8	6	10	7	13	110	14.18%
Yes	39	53	63	64	60	60	47	71	52	75	44	38	666	85.82%

Red: no BWVC footage.

Amber: some BWVC footage - we can see there has been an incident, but either we cannot see why it has happened or what the outcome was.

Green: BWVC was activated at the earliest opportunity with pre-record activated. It shows staff and prisoner interactions, staffs attempt to de-escalate, shows which force is used and the resolution to the incident.

Red	111	14.30%
Amber	150	19.33%
Green	515	66.37%

Table 3

Use of the care and separation unit (CSU)

	Aug	Sept	Oct	Nov	Dec
Total days	123	212	107	136	135
Number of prisoners	20	27	16	17	16
Average number of days per prisoner	6.2	7.9	6.9	8	8.4
ACCTs	12	12	8	6	0

Table 4: delivery of key worker sessions

Month	No. of sessions	No. with invalid notes
Jan	206	11
Feb	91	11
Mar	210	NDA
Apr	355	274
May	312	227
Jun	349	202
July	343	222
Aug	275	193
Sept	178	114
Oct	132	28
Nov	90	3
Dec	244	1

The table illustrates an improving service but still well short of what is set as the national standard.

Table 5: pay rates

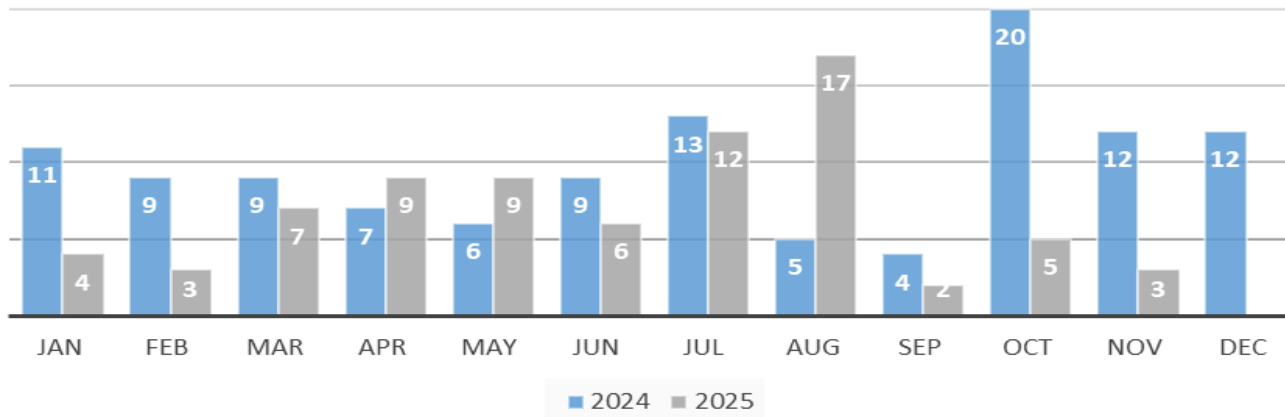
Work area	No. of sessions	Pay per session in £s	Total pay in £s
Education	5 AM	1.60	8.00
	4 PM	2.00	8.00
Industries Inc gardens	5 AM	1.40	7.00
	4 PM	1.75	7.00
Staff mess	9	1.80	16.20
Cleaners, painters, storeman	10 (includes weekend work)	1.40	14.00
Stores	9	1.40	14.00
Gym and library orderlies	10 (includes weekend work)	1.40	14.00
Kitchens	10 (includes weekend work)	1.80	17.00
Waste management	5 AM	1.70	8.50
	4 PM	2.12	8.50
Mentor roles Inc PID workers; CRED, Refresh Team; Reception	10	1.50	15.00
Carers and Listeners	4 (paid at weekends)	0.50	2.00
		New Induction to HMP Liverpool (awaiting induction/awaiting allocation)	£3.60 a week
		Refusal to engage	£0.00
		Retirement/disability pay	£5.85
		Short-term sick	£5.85
		Long-term sick	£5.85

Table 6: drone sightings, security searches and finds

2025	Drone sightings	Cell searches	No. finds	% No. finds	Mobile phone finds
Jan	4	36	13	64	17
Feb	3	35	26	26	27
Mar	7	77	64	17	37
Apr	9	20	15	25	23
May	9	25	15	40	23
Jun	6	44	27	39	19
Jul	12	34	20	41	24
Aug	17	75	44	41	26
Sep	2	97	53	45	37
Oct	5	169	61	64	32
Nov	3	26	11	57	15
Dec	0	70	52	56	10

With over 250 mobile phones found within the prison and multiple drug packages, there is a constant struggle to combat contraband within the prison, not all of which can be attributed to drone sightings.

Yearly comparison of drone incursions



Comparison of Mobile Phone Finds

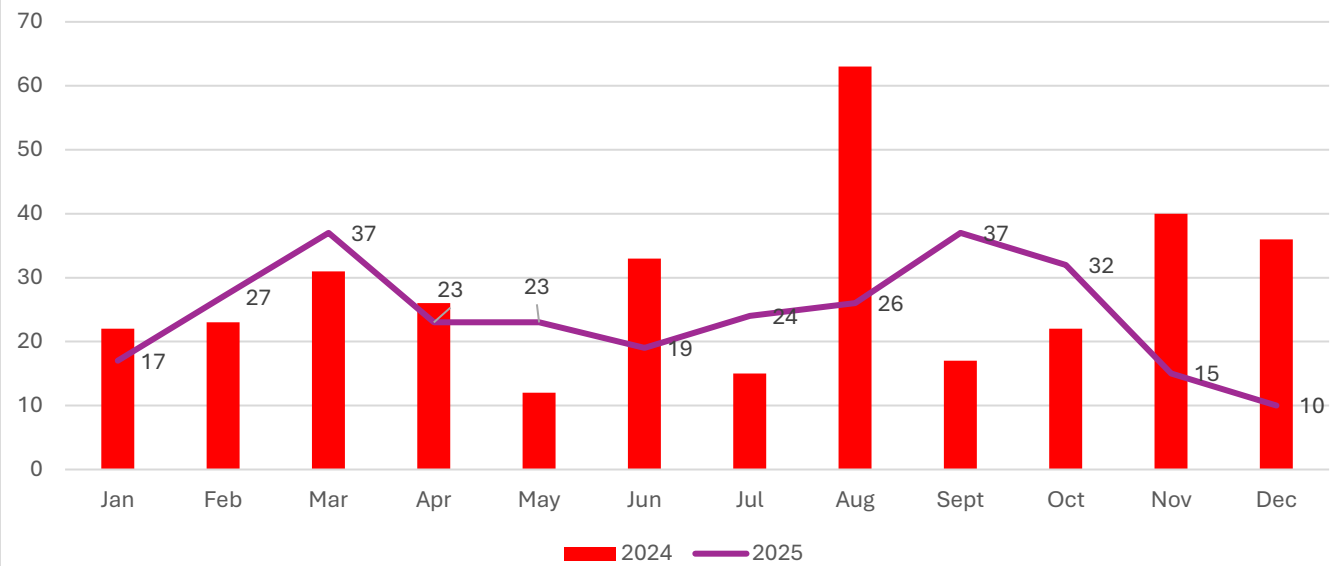


Table 7: mandatory drug tests (MDT) producing positive result

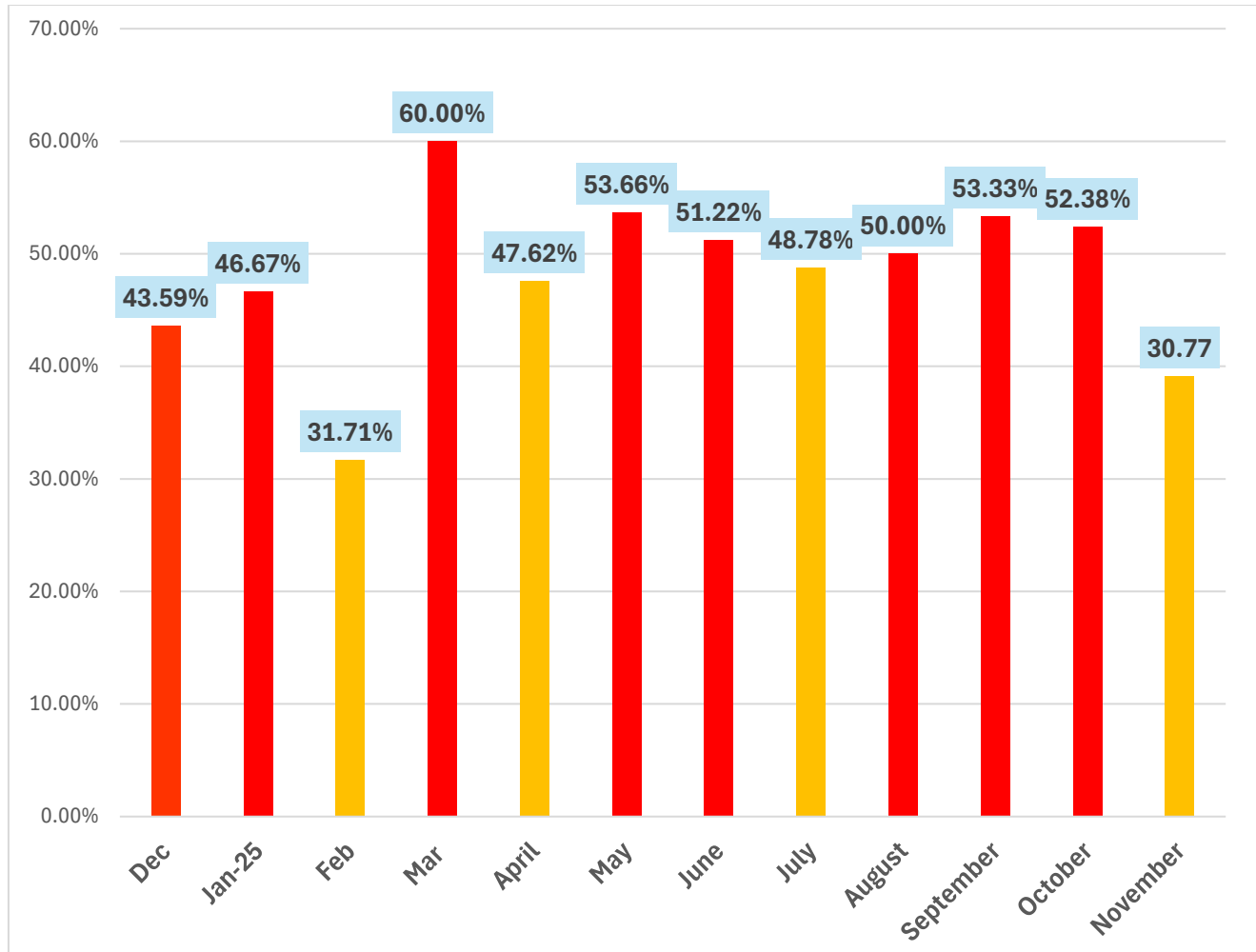
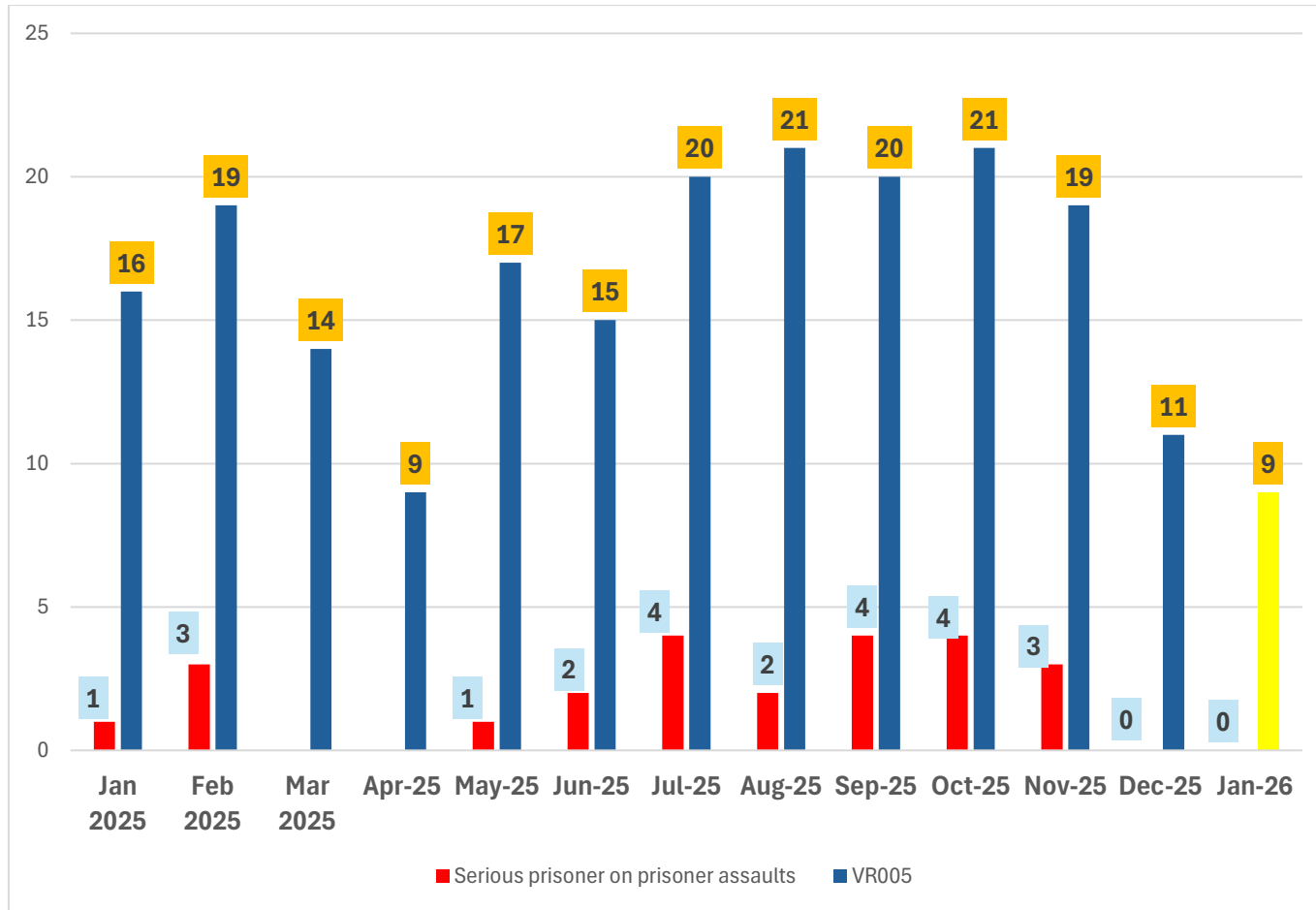


Table 8: prisoner-on-prisoner assaults



	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Prisoner on Prisoner Assaults	16	19	14	12	17	15	20	21	21	22	19	11	207

Table 9: prisoner-on-staff assaults

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Prisoner on Staff Assaults	11	15	9	9	4	1	7	3	4	6	5	2	76

Year on Year Staff Assaults

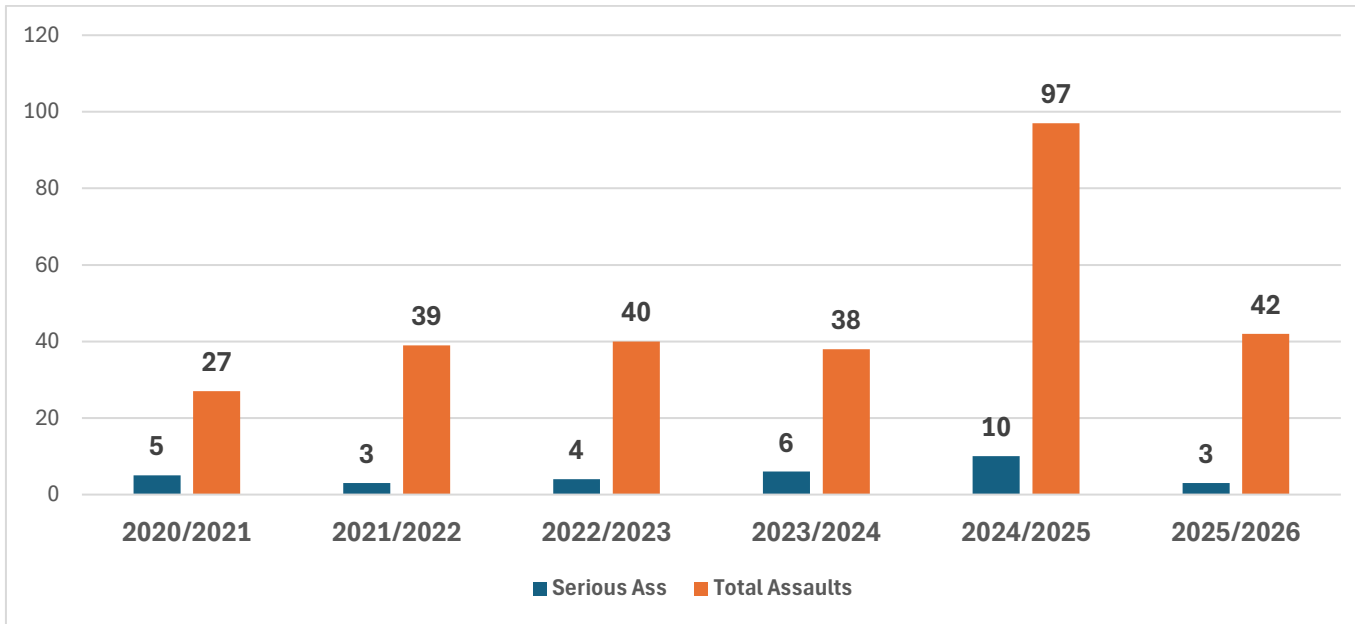
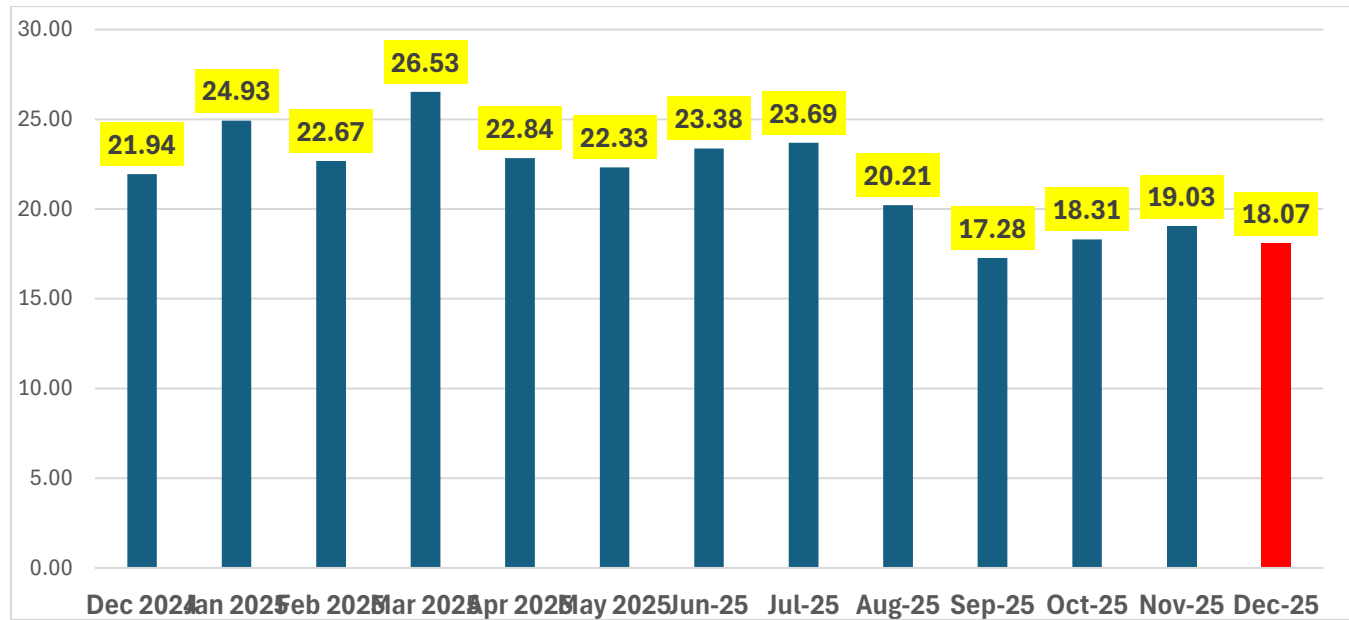


Table 10: incidents of self-harm and ACCTs

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Self-Harm Incidents	65	53	50	38	64	54	51	48	65	37	47	30	602

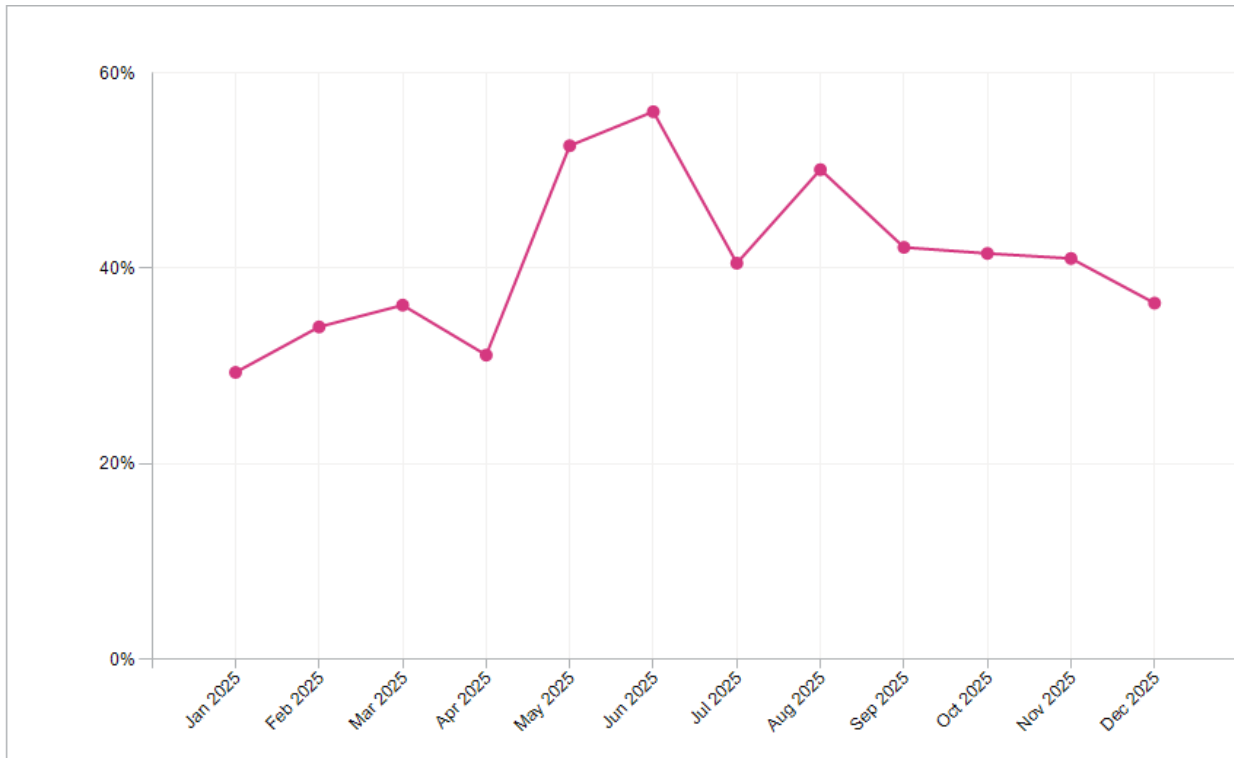
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Year Total
ACCTs opened	99 total	80 total	80 total: 59 new and 21 reopened	69 total: 46 new and 23 reopened	81 total: 56 new, 25 reopened	74 total: 51 new, 21 reopened	90 total: 66 new, 24 reopened	84 total: 70 new, 14 reopened	99 total: 72 new, 27 reopened	95 total: 75 new, 20 reopened	85 total: 59 new, 26 reopened	71 total: 56 new, 15 reopened	936
Constant watch (Instances)	17	8	9	12	11	12	9	9	15	13	13	6	134
Constant watch (combined days spent)	52	30	19	31	27	41	37	25	56	56	47	26	447
Isolators	9	10	9	6	15	8	10	9	12	7	17	14	126

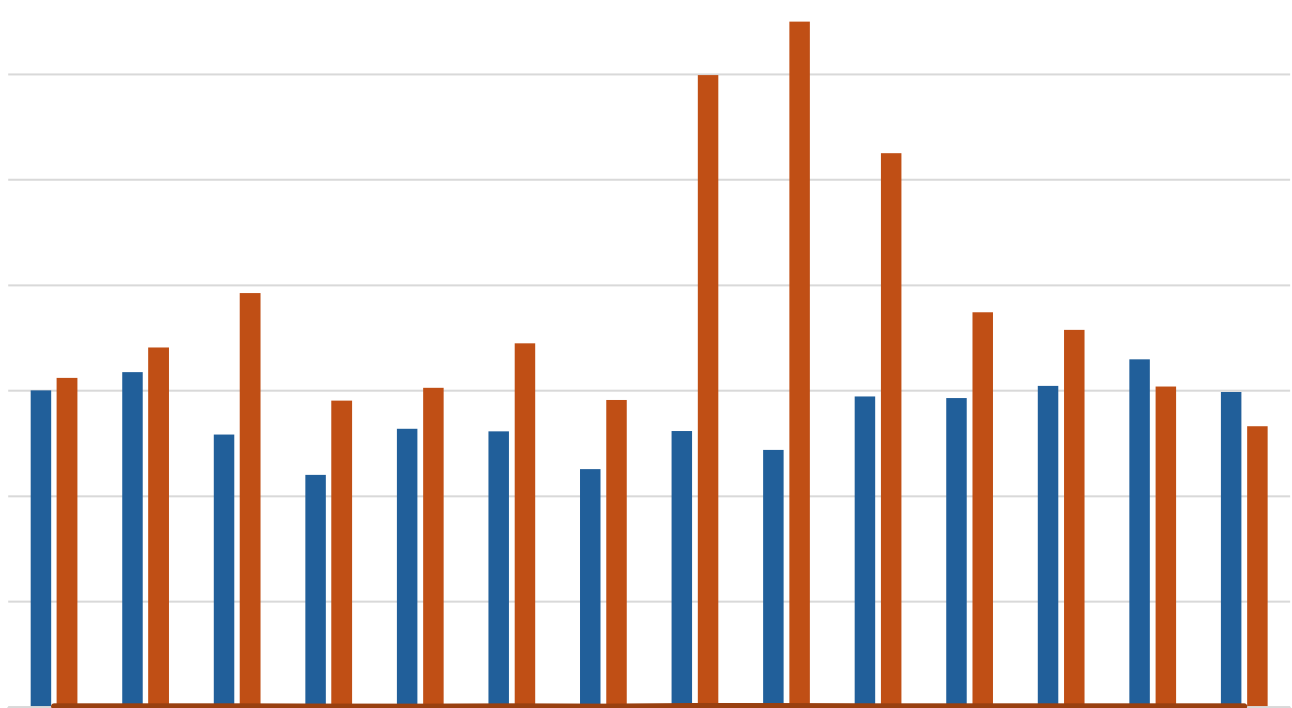
Table 11: staff sickness



A reduction in staff sickness rates is welcome and means that more time can be spent delivering regular regime, however, there is still scope for significant improvement

Table 12: purposeful activity





	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Feb 2025	Mar 2025	Apr 2025	May 2025	Jun 2025	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
Full time	150.21	158.92	129.32	110.19	132.00	130.82	112.92	130.96	122.02	147.28	146.53	152.35	164.87	149.50
Half time	156.18	170.52	196.29	145.39	151.39	172.49	145.68	299.72	324.98	262.66	187.28	178.86	151.97	133.21
Total	36.62%	42.57%	39.02%	30.61%	34.02%	36.25%	31.14%	52.56%	56.04%	50.12%	42.16%	41.54%	41.02%	36.45%

Annex C

Healthcare performance: overview

Demand

- Increased demand compared to last year, on average there are 800 requests per month for a GP appointment
- Average 450 requests per month for an urgent nurse review (Hotel 1)
- 4 referrals per month to the enhanced primary care unit (formerly known as the inpatient unit)
- Long Term Condition Clinic average 185 referrals a month
- Average active Clinical SMS Caseload is 105, Average Non-Clinical SMS Caseload is 240
- Average monthly referrals to Early Days in Custody Pathway = 340
- Average 45 requests per month to the MSK/Physio Clinic
- Average 200 requests per month to HCA Clinic
- Average 60 requests per month to Optician
- Average 20 requests per month to podiatry
- GP Wait times - 8 days for a routine, same day for urgent.
- DNA Rate for GPs = 21%
- Average of 338 hours per month of social care packages delivered

Performance

- Consistent 100% of meds reconciliations completed within 72 hours month on month
- Consistent 100% of first reception screenings completed within 24 hours month on month
- Average 99% of secondary screenings completed within 7 days across the year, months where it has not been 100% has been due to court exceptions acceptable by NHSE
- BBV pathway has improved, last year was 68% offered within 24 hours of arrival with less than 50% uptake, and this is now 88% offered with 72% uptake.
- Standard Vaccine Uptake Rate = 24% & Flu Vaccine Uptake Rate = 40%
- Discharge Meds - 98%, Transfer Meds - 95% (missed ones are always due to short notice releases/transfers and are unavoidable)

Patient experience

- Average of 80 feedback forms per month.
- Significant improvement in patient experience performance over the last 12 months, as you'll see below improvement in positive outcomes, now we are at 87% positive feedback with considerably more forms submitted.
- Only 4 formal complaints over the last year. Most issues are raised as 'concern forms' and addressed informally, on average we receive 15 concerns per month for low level issues addressed through front line staff intervention.



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