



# Annual Report of the Independent Monitoring Board at HMP Leeds

**For reporting year  
1 January 2025 – 31 December 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 also to the prison's records.

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

## 2. Description of the establishment

HMP Leeds is a reception local prison originally built in 1847 for 641 men, women and children, although the operational capacity (the maximum number of prisoners that can be held without serious risk to safety security, good order and the planned running of the regime) is now 1110 male prisoners<sup>1</sup>. The prison population (whether on remand, convicted but awaiting sentence, or sentenced) is drawn mainly from the West Yorkshire area, although prisoners from outside the area are also accepted. The reporting period saw prisoners arriving from out-of-area courts, particularly those from the northeast. The prison is situated on a main transport route, approximately one mile from Leeds city centre.

There are four Victorian wings, plus two newer wings, which were added in 1990, one of which is dedicated to housing persons convicted of a sexual offence. Another wing is an incentivised substance-free living facility. There is also a complex needs unit (CNU) a social needs unit (SNU), which has an 'end of life' facility, and a care and separation unit (CSU) where prisoners are segregated.

There is a large healthcare provision, commissioned from Practice Plus Group, including access to doctors, chiropody, physiotherapy, psychotherapy, a mental health team, nursing staff and a pharmacy. A dental service is separately commissioned from Time for Teeth.

There is a multifaith centre, gym, libraries and kitchens, as well as workshops and educational facilities.

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

### **3. Key points**

#### **3.1 Main findings**

##### **Safety**

- The large number of self-inflicted deaths in custody at the prison continues to be a critical concern for the IMB. During the reporting year, on a rolling 12-month basis, HMP Leeds was top of the national table of prisons for self-inflicted deaths dropping to fourth in the table on the final day of the reporting year. In the final quarter of the reporting year, investment was made in an early days wing to address the historic high level of self-inflicted deaths among prisoners new to the prison. We hope that this will reduce (and ideally eliminate) self-inflicted deaths in the prison.
- The late arrival of prison transport when prisoners are being moved to other establishments or from the courts is a serious concern. Prisoners waiting for long periods in holding rooms can, and do, become frustrated leading to challenging situations that prison officers have to deal with.
- The late delivery of newly sentenced or remanded prisoners can also disrupt both shift patterns for staff and prevent new arrivals being medically assessed and given essential treatment.
- More positively, there has been a significant reduction in self-harming incidents during the reporting year, dropping from 954 in the previous reporting year to 748 in the most recent reporting year.

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

- The IMB must highlight as unacceptable the continuing issue of prisoners sharing cramped cells, in which they eat, sleep, wash and use the toilet. This is compounded by recurrent defects with toilets in some parts of the prison (principally in the CSU) whereby, whilst awaiting repair, the water supply is turned off and only turned on briefly by staff after the toilets have been used.
- Prisoners continue to report that cells are too hot in summer and too cold in winter. The IMB agrees with this.
- The IMB continues to be concerned about the lack of clarity and progress for IPP (Imprisonment for Public Protection) prisoners generally. There appears to have been a reduction in the number of IPP prisoners in Leeds during the reporting period and there are plans at a regional level to support each one.

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

- The large number of prisoners with severe mental health issues, especially in the CNU and the CSU, is a major concern for the IMB. The IMB is worried that people with a need for psychological, rather than prison, care may not be prioritised for transfer because prison is perceived as a “safe” environment by the NHS.
- The presence of illicit substances remains a concern, with prisoners reported to be under the influence periodically. However, during the reporting year, there has been a reduction from 538 to 346 in the number of prisoners under the influence. The installation of overhead netting and window screens have reduced the viability of “throwovers” (where people from outside the prison

throw parcels containing illicit items over the walls to be picked up by prisoners) and drone deliveries.

- The prison has the benefit of a drug and rehabilitation service (DARS) team, which works with prisoners to reduce their dependency on drugs and/or alcohol. The DARS team have links with local community drugs teams as well as their counterparts in other prisons. However, as HMP Leeds is a reception prison, it has a high turnover of prisoners, which makes it difficult to track the success, or otherwise, of the dependency programme in the community.
- Frequently during the reporting year, it was necessary to curtail the normal regime in the wings as a consequence of staff shortages. Curtailment of regime resulted in reduced time that prisoners have out of their cells and makes it more difficult for them to associate with other prisoners, as well as access work, the gym, general exercise and showers.

### **Progression and resettlement**

- Late release of prisoners, especially where no accommodation, work or other support has been identified, is a risk factor that is likely to lead to early recall or reoffending, in the IMB's view. The IMB note with concern that in the reporting year 32% of prisoners had no suitable accommodation to go to upon release.
- HMP Leeds is a local reception prison and, consequently, the throughput of prisoners puts significant pressure on those agencies tasked with their progression and resettlement.
- We were impressed by the quality and commitment of the staff in the education department.
- We note that many prisoners are not brought to education classes on time, presumably because of pressures on staff escorts. This can be very disruptive to prisoners' learning.

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

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

There were eight deaths in custody in 2024 and in the reporting year this moved up to 11 deaths (five being self-inflicted), notwithstanding that HMP Leeds was a cluster prison and accordingly receiving additional support from HMPPS. Is the Minister satisfied that all necessary resources are being delivered to significantly reduce self-inflicted deaths, in the content of increasing deaths year-on year?

As repeated from the previous reporting year, there is a need for a real terms increase in funding to address the backlog in necessary maintenance at HMP Leeds. When will the Minister deliver this?

Overcrowding in the prison creates pressure in all areas. As such, can the Minister give an assurance that the impact of the Sentencing Act 2026 will be to reduce the number of prisoners being held in HMP Leeds?

During the reporting year, the IMB were told by prison teachers that the education budget for HMP Leeds was reduced by 40% (in common with a majority of other prisons within the Yorkshire and Humber region). Why was this level of cut delivered to education services during the budgeted year and does the Minister not think that this level of cut is deleterious to the provision of education to prisoners?

## **TO THE PRISON SERVICE**

What criteria is being used to determine the roll out of digitalisation across the prison estate and when will it be implemented in HMP Leeds? Can you confirm that being a cluster prison does not in itself accord priority for digitalisation?

Certain Prisons and Probation Ombudsman (PPO) reports delivered during the reporting year, on occasion, have referenced the need for staff to be properly trained and resourced. As self-inflicted death have continued to increase during this reporting year, what are you doing to ensure that staff levels are taken into account the particular circumstances of the prison, including additional non-effective time for staff training?

During the reporting year, staff (officers and healthcare) morale was badly affected by the continuation of self-inflicted deaths from the preceding reporting year. What resources did you supply to support the local management team to support those staff members?

The IMB has continued to see no improvement in the extent to which prisoners who have been assessed as requiring treatment in secure mental health facilities are quickly removed to those facilities. Does HMPPS agree that, whilst the prison may be a safe place to hold those prisoners, it is not an appropriate place to do so and what is it doing to put pressure on the NHS to reduce the time prisoners are having to wait before being transferred?

## **TO THE GOVERNOR**

During the reporting year, the prison operated a restricted regime via a regime management plan for 53 days and an additional nine days for staff training. What is being done to ensure that this does not continue and, in particular, why are staff levels not being increased to take into account historic levels of staff not being available for work?

Certain PPO reports highlight concerns that staff are not always following correct procedure, particularly in relation to prisoners on assessment, care in custody and teamwork (ACCT) documents (which are used to support prisoners who are at risk of self-harm and suicide) and/or procedures in the CSU. Is the Governor monitoring that this is being actively addressed?

### **3.3 Response to last report**

<b>Issue raised</b>	<b>Response given (abridged)</b>	<b>Progress</b>
<b>To the Minister</b>		
Deaths in custody.	Regrets deaths and noted that the prison is receiving enhanced support under the cluster death support process.	Sadly, the position worsened with a further increase in self-inflicted deaths.
Need for increase in funding.	Funding secured for a series of critical upgrades to enhance security including fire alarm system upgrade.	Specific projects have progressed but in the context of funding that limits staff hiring. Cuts were made in the education budget.

IPP action plan to be pursued.	Progress is being made in reducing numbers of IPP prisoners.	Progress is being made but pressure needs to be maintained as this group of prisoners are particularly vulnerable.
Overcrowding and implementation of Gauke review.	Government will take forward majority of Gauke recommendations.	No impact yet, expect to see in next reporting year.
<b>Issue Raised</b>	<b>Response given (abridged)</b>	<b>Progress</b>
<b>To the Prison Service</b>		
Criteria for digitalisation roll out.	Selection of a range of prison types to design and test software prototypes. Response did not make reference to when HMP Leeds may be digitised.	None.
Staffing levels and level of staff training.	Non-effective staffing levels were too high. Regime management plan was not sufficiently implemented. Information given on the current training provision but not specific to HMP Leeds.	Still evident.
Increase in out of area prisoners.	Recognises issue and points to implementation of ECSL and SDS40 schemes to reduce prison numbers.	Slight improvement in second half of reporting year.
Speed of removal of prisoners to secure hospital estate is too slow.	Recognises that there are delays in transfer to secure mental health estate. Expect that the Mental Health Bill will improve matters by requiring a 28 day time limit for patients with a mental disorder.	None, delays of up to six months observed.
<b>Issue raised</b>	<b>Response given (abridged)</b>	<b>Progress</b>
<b>To the Governor</b>		
Restricted regime.	Staff shortages and the need for staff training have continued to result in the need to restrict regime.	None.
Staff not following procedure in relation to ACCT documentation.	Training has improved and swift disciplinary action was taken in relation to staff not following the correct procedure.	This improved in the second half of the reporting year.

## Evidence sections 4 – 7

### 4. Safety

#### 4.1 Reception and induction

**4.1.1** Prisoners are in the main received from West Yorkshire courts and other prisons. However, during the reporting year prisoners were received from out of area (particularly the North East of England) as a consequence of the national prison population nearly reaching maximum capacity. The reception area has clear procedures and facilities in place for checking property, reviewing prisoners' health and mental wellbeing and screening for illicit items (drugs, mobile phones, etc) that may be secreted about their persons. Anyone found to be secreting an item will be taken directly to the CSU until they scan clear. This preventive measure helps to ensure that drugs or other illicit items are not taken into the wider prison, where they could be used or distributed, with all the attendant risks to prisoners and staff wellbeing and safety.

**4.1.2** During the reporting year, reception has, on occasion, had to remain open until late at night (sometimes almost midnight) to accept prisoners because of late arrivals from the courts. This is due to Geo Amey (who have the contract for prisoner transport) delivering to other establishments first and prisoners for HMP Leeds being delivered last. This means that some prisoners will not see a doctor until the following day. This is not ideal where a prisoner requires specific medication, such as insulin for diabetes, for example.

**4.1.3** Inevitably, not all staff can stay late to process prisoners, because of other commitments. However senior management with the assistance of other staff on a voluntary basis step in to meet the late arrivals.

**4.1.4** As noted above, the contract for delivery of prisoners between the courts and the prison is managed by Geo Amey. When, as was the case during the reporting year, the national prison population was touching maximum capacity, transport becomes more complicated as available spaces become more elusive. The IMB has heard prisoners and staff complain about the lack of communication between transport providers and prisons. Examples of this include prisoners being brought down from cells to the holding area in reception in the expectation of delivery to another prison at an allotted time, and still being in the holding cell nearly two hours beyond that time. This caused significant issues for reception staff as the prisoners become agitated and therefore disruptive as a consequence of the delay. Prisoners have also on occasion complained at not being taken to court hearings.

**4.1.5** A modern video suite is based above reception for access to court hearings. This cuts down on the movement of prisoners to outside courts, saving money on transport costs and reducing the number of movements through reception. The IMB noted during the reporting year that there was an increase in use of the video suite. Officers working in the suite are particularly sensitive to the immediate impact on the prisoners of these video hearings, where the prisoner may hear the outcome of a jury verdict or their sentence.

**4.1.6** Following reception, prisoners will usually spend their first night in a dedicated wing and will then receive induction instruction from officers and other prisoners who

can advise them on the prison process and opportunities for education and employment.

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

**4.2.1** The reporting year saw 13 deaths in custody: five due to natural causes, one unexplained, five were self-inflicted (with two deaths reported in the community following release from custody). The corresponding numbers for the previous reporting year were two deaths by natural causes and six self-inflicted deaths. All deaths in custody are investigated by the Prisons and Probation Ombudsman (PPO) who report their findings. They make recommendations on what steps could be taken to reduce deaths in the future. These recommendations are accepted by the prison management.

**4.2.2** As a consequence of the number, and frequency, of deaths in custody the prison service has continued to treat HMP Leeds as a “cluster site” during the reporting year, nationally, HMP Leeds sits at fourth for self-inflicted deaths. This designation results in the prison management being supported by a taskforce chaired by the area executive director with input from prison leaders, local and national stakeholders and partners. During the reporting year, and through the cluster process, HMP Leeds was supported by the standards coaching team. In October 2025, a new governing governor was appointed, and she initiated a number of changes, this included the establishment of an early days wing with a dedicated governor to provide specific support for those entering the prison. Historically this group had been especially vulnerable and been over-represented amongst self-inflicted deaths. The Board hopes that the establishment of the wing and the accompanying investment that has been made will result in a reduction in (and ideally the elimination of) self-inflicted deaths in the next reporting year.

**4.2.3** Not all wing landings have staff offices and, consequently ACCT documents are held in the main wing office on the ground floor. This inevitably means that contemporaneous recording of observations in the documents is not always possible. Any inconsistencies between what is recorded in the ACCT documentation and what checks are completed can be, and are, checked by CCTV recordings.

**4.2.4** Notwithstanding the continuing level of deaths in custody, we note that throughout the reporting year there were a number of occasions where, as a consequence of the quick action and skill of prison officers and the healthcare team, the lives of prisoners were saved when they had attempted to take their own lives.

**4.2.5** There has been a reduction in self-harming incidents during the reporting year, reducing from 954 in the previous reporting year to 748 in the reporting year. This significant reduction is a positive development.

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

**4.3.1** Safety strategies to reduce incidents of violence continue to be implemented. “Lean on Leeds” and “check in on a mate” operate to encourage prisoners to check in on each other and particularly on those who may be vulnerable. The aim of the strategies is to boost the support from Listeners (prisoners who offer confidential emotional support to other prisoners) and to let officers on the wing know if someone is struggling. Prisoners’ mental health and wellbeing is a priority for the governing

governor and staff and with the introduction of these strategies it is hoped that bullying and violence will be reduced.

**4.3.2** Listeners are available on request at any time, including overnight (which is when they are often required). They are trained by the Samaritans who visit HMP Leeds and they perform a valuable service for prisoners who need a listening ear for their concerns. We also observe that prison officers actively facilitate these listening sessions. Mentors and Listeners are being used on the new early days wing to help with the new prisoners first 24 hours.

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

**4.4.1** The IMB receive daily briefing reports, and these indicate that force is used on a daily basis. However, in the main these are generally low-level responses to situations where prisoners have failed to follow lawful instructions (e.g. to return to a cell) and where a push or a guide hold is used. Officers frequently use “five-minute interventions” to resolve a situation by speaking to the prisoner which tend to reduce the need for force. More serious incidents may preclude the use of these interventions because of safety concerns for other prisoners or staff.

**4.4.2** Where a planned use of force takes place (e.g. movement of a prisoner under restraint from one part of the prison to another) the use is videoed using body worn video cameras (BWVC) and this allows the use of force to be examined after the use had ended.

**4.4.3** The use of force scrutiny panel meets weekly and reviews the use of force (including review of footage taken from BWVC) deployed during that week. Any actions arising are reviewed at subsequent meetings with a monthly review of the previous month. During the reporting year a process of writing letters to prison officers who handled violent or difficult situations well or who had prevented harm to others was initiated.

**4.4.4** Staff have been trained in the use of PAVA incapacitant spray. It was drawn 22 times and used on 17 incidents during the reporting year. It was used on only three occasions during the previous reporting year.

**4.4.5** In the reporting year there were 297 prisoner-on-prisoner assaults (289 in the previous period) and 155 prisoner-on-staff assaults (111 in the previous period).

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

**4.5.1** The prison has a range of techniques in place to restrict the supply of drugs into HMP Leeds, including processes, intelligence and technology. The operations and security teams work together to find drugs and disrupt drug trading.

**4.5.2** The number of prisoners deemed to be under the influence of substances in the reporting year was 346. This represented a substantial decline in the number during the previous reporting year (538) and was indicative of the efforts made to stop drugs entering the prison. To that extent the Board believes that, although the problem of drugs entering the prison is continuing the prison management appeared to be actively addressing it during the reporting year.

**4.5.3** The number of illicit items found during the reporting period was 811, a reduction from the previous reporting period of 952.

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

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

**5.1.1** As noted above, HMP Leeds was designed and built in the 1840s for 641 men women and children in single occupancy cells. It has been extended and adapted over many years, although sometimes in a piecemeal way. Most prisoners now share cells that have little access to fresh air. Windows can only be opened to a limited extent and cells can be stiflingly hot in summer and very cold in winter. In some areas, windows are ill fitting, creating drafts. Although toilets and washbasins are partitioned from the rest of the cell, there is very little privacy for the prisoners. It remains a concern for the IMB that lavatory facilities are in such close proximity to where prisoners have to eat their food, whether or not cells are shared. Such problems are exacerbated where there have been reports of blocked toilets, as has occurred particularly in the CSU.

**5.1.2** There are enough showers for all prisoners to shower daily, although the time allowed for this is short. This is due to the pressure of numbers, and to allow time for prisoners to make personal phone calls, to complete application forms (for example to request arrangements for social visits) and for other domestic period activities. The IMB's observation is that wing cleaners ensure showers are kept reasonably clean.

**5.1.3** Laundries on each wing have workers responsible for managing the washing of personal clothing. Bedding and towels are sent via stores to HMP Wealstun for laundering. There were continuing reports during the year of discrepancies between items sent and returned. It remains difficult for wings to keep track of all bedding and towels because excess items are not always returned, and prisoners often take bedding and towels with them when they move between wings. At times, wing washing machines have been broken, and have taken many weeks to repair. Such delays in routine maintenance are disproportionately disruptive as clothes have to be washed by hand and dried in cell.

**5.1.4** Prisoners sentenced or remanded for short periods will still require clean underwear, clothing, footwear, towels and bedding. The constant churn of prisoners inevitably creates supply and demand problems before new stock can be ordered and delivered. The reception wing has reported a lack of clothing and shoes. Short-term supply issues have also affected other non-clothing items including kettles, dustpans and brushes and radio batteries.

**5.1.5** Prisoners' personal property is recorded on arrival, and property cards (which list all of a prisoner's items) are retained on reception. During the year, there have been multiple reports of property going missing on transfer between wings and between prisons. Because prisoners may not be sure when belongings have gone to the property store in reception, not all concerns about missing items are well founded - this is a particular issue when items follow transferring prisoners on a separate transport. However, the effective functioning of the property transfer arrangements, especially between prisons, is a persistent concern.

**5.1.6** Prisoners receive three meals each day, and select their choices for each week from a menu that wing staff distribute and collect. There are dietary and religious options, as well as a variety of menu choices. The IMB considers that food is generally of a reasonable quality and quantity, and we note relatively few complaints.

However, comments have again been made to IMB members that food choices have sometimes taken a long time to be reflected in the food delivered to serveries; that choices for some specialist diets, such as vegan and gluten free have been limited; and that food has sometimes run out. Kitchen staff have generally been able to provide assurances that food choices have been correctly delivered for all the individuals concerned, and some issues may arise on wing serveries. There have been concerns that the comments' books have not always been available, as required, on every servery.

**5.1.7** Menus are designed so that prisoners receive a nutritionally balanced diet. Prisoners with sufficient funds can buy additional food items through their canteen. Special food has also been supplied to suit particular themes, such as Black History Month and Ramadan. Although the daily food allowance for each prisoner has been increased to reflect inflation to around £3 per day, the IMB considers that kitchen management has done well to deliver meals of a satisfactory standard and quantity within the resources available to them.

**5.1.8** Roof repairs, to prevent water ingress, continued again during the year on E and F wings. Several outside areas have been filled with portacabins, machinery, screens and scaffolding, so that pathways have been diverted. This building work should have been completed in the reporting year. However, the primary contractor, ISG, went into administration in 2024, so the remedial work was delayed until a new contractor had been appointed and the work resumed. Once completed, it should improve living conditions for prisoners in the affected wings and reduce the general noise and disturbance inevitably associated with such activity.

## **5.2 Segregation**

**5.2.1** The CSU, where men are segregated, has capacity for 21 prisoners, all in single-occupancy cells. Eighteen cells are for 'normal' use, and there are two special accommodation cells and a constant watch cell. The special accommodation cells provide only the most basic facilities (items such as furniture, bedding and sanitation are removed in the interests of safety). Special accommodation cells have not been used for overnight accommodation in recent years, although they have, on occasion, been used for short periods of an hour or so for holding purposes. In general, the CSU manages, on average, between four and 16 prisoners at a time.

**5.2.2** During the reporting period, 438 prisoners were sent to the CSU. 20 prisoners remained in the CSU for more than 42 days, (the limit allowed without external authorisation), and seven remained for more than 84 days. The IMB monitored that appropriate permissions were obtained for those who were kept in CSU beyond these times.

**5.2.3** The IMB monitors the CSU at least weekly. All prisoners are seen as a matter of course and, wherever possible, are asked if there are any issues with their detention. Paperwork is monitored and particular attention is paid to any open ACCT documentation as the physical safety of an individual may be at stake. On rare occasions the accuracy of data entries has been questioned, notably where a death in custody has occurred, or where a daily history sheet for an individual has been prematurely completed before the end of the period covered, but the IMB has been satisfied that overwhelmingly checks are being carried out, and recorded, to the required specification. We note the increasing use of CCTV evidence to verify that checking has occurred.

**5.2.4** In exceptional cases, it has not been possible for IMB members to talk to prisoners face-to-face, where, for example, there have been 'dirty protests' (when a prisoner has chosen to defecate or urinate in a cell without using the facilities provided) and 'spitting' incidents so that physical safety has been an issue. 37 Dirty protests were reported on CSU in the reporting period. However, in such instances, where possible, an IMB member has generally been able to speak to a prisoner through a closed door. A minority of prisoners may choose not to engage. The need for one or more officers to be present whenever cells are opened, or the need to speak at volume through doors where they cannot be opened for safety reasons, does inevitably compromise the confidentiality that IMB members can offer to prisoners held in the CSU.

**5.2.5** A dedicated governor and custodial manager oversee the work of the CSU. Many of the staff have worked on the unit for some years and, while visiting, IMB members have noted a generally good and often excellent rapport between staff and the prisoners in their care. Reviews are held each week, which IMB members have observed from time to time. However, the room used for this is very small and cramped and unsuited to the purpose of either reviews or adjudications (disciplinary hearings when a prisoner is alleged to have broken prison rules).

**5.2.6** Several prisoners held in the CSU have serious issues with their mental health, which is well recognised by officers and the prison's senior leadership team. It has been a matter of grave concern to the IMB that more suitable facilities are often not available for them in the NHS and outside of the prison regime. The IMB is concerned that any perception that people with severe mental health issues are physically 'safe' in a prison setting may perversely deprioritise their transfer to accommodation in the NHS, which is more suited to their needs.

**5.2.7** More general issues affecting the prison have been reported in the CSU, including poor temperature regulation, with some cells overheating in summer, and being unacceptably cold in winter. There have also been continuing complaints about blocked toilets and sinks, leading to flooding. On occasion, kit and supplies have been in short supply in the CSU. The IMB noted that, at times and as reported in our last report, there were no batteries for the radios, which is of particular importance for those in the CSU, as they do not have televisions. Officers have noted that radio batteries often last for only a few hours, and although the situation has been alleviated with the provision of rechargeable radios, the difficulty of recharging in cell remains. There has also been a shortage of suitable clothing at times, exacerbated where kit has had to be disposed of, especially during dirty protests. An explanation given by the prison management was that prisoners often take things back to the wings that should remain on the unit.

**5.2.8** It must be emphasised that prisoners do frequently praise the professionalism and care taken by CSU officers, and some impressive and insightful conversations have been observed by IMB during monitoring visits to the unit. This has included long and patient discussion of the issues faced by prisoners, dealing with their personal issues, and tackling sometimes challenging behaviour. Even though there have been staff changes, the IMB is impressed with the tolerance, compassion, capability and teamwork shown by the CSU staff.

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

**5.3.1** There are many newly qualified staff who, whilst seeming to be committed to the job, lack experience in dealing with prisoners who sometimes present with challenging behaviour.

**5.3.2** Applications (prisoners' written representations) to the IMB demonstrate that problems become more frustrating when wing officers fail to respond to prisoners' concerns in the first instance.

**5.3.3** The IMB has observed that staff and prisoner relationships are generally positive, particularly in the smaller units, such as CSU, the CNU and the social care unit.

**5.3.4** Prisoners often say they do not know who their key worker is. A key worker strategy has been developed to address this issue. Key workers will remain, as such, wherever in the prison the prisoner may be. Following the appointment of a new Governing Governor toward the end of the reporting period, this started to improve.

**5.3.5** In the reporting year a prisoner council met monthly. It was chaired by the Deputy Governor and afforded an opportunity for prisoners to discuss issues directly with senior management. The IMB noted that a number of those issues were responded to by management.

### **5.4 Equality and diversity**

**5.4.1** During the reporting year, the Board has observed some of the monthly discrimination incident reporting form (DIRF) scrutiny panel meetings. There has been a move to ensure prisoner representation at these meetings, but this has not always been possible.

**5.4.2** There are very few transgender prisoners, but they are dealt with in a sensitive and thoughtful manner. 'Compacts' (formal written agreements between a prison and a transgender prisoner) agreeing to search procedures are in place and adjustments to some aspects of prison life are made to accommodate necessary safety and decency requirements.

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

**5.5.1** The chaplaincy team at HMP Leeds comprises a managing chaplain and chaplains of the Anglican, Roman Catholic and Muslim faiths. There are also representatives from the free churches, the Hindu and Jewish faiths and Jehovah's Witnesses. There was no specific provision for Rastafarians, Sikhs or Mormons during the reporting year. All new receptions into the prison are seen by a member of the chaplaincy team within 24 hours of arrival. The team has been under pressure during the reporting year due to staff changes.

**5.5.2** The chaplaincy plays a significant part in many aspects of prison life, providing important links to community faith groups. It offers a counselling service, which is supported by part-time staff based at Leeds Beckett University and, during the reporting period, the CRUSE bereavement service. The chaplaincy team visits prisoners subject to ACCTs at least weekly, attends some reviews, operates a prison visitor scheme and offers one-to-one work with individuals. It also completes daily rounds of both the CSU and the CNU.

**5.5.3** There are weekly services of group worship for Church of England, Roman Catholic and Muslim prisoners. The chaplaincy team distributes literature for all faiths and is responsible for ensuring funeral arrangements are in place to support prisoners when a relative is seriously ill, dying or does die whilst they remain in custody. Compassionate end of life visits and funeral escorts are all administered by chaplaincy staff before being escalated to a Governor.

**5.5.4** There has again been difficulty in getting the prisoners from wings to the multifaith centre for weekly group worship, even when attendance lists have been circulated in advance. This remains an issue for all faiths.

## **5.6 Incentives schemes**

**5.6.1** Although the monitoring of this area has been limited (due to constraints imposed by the number of members), nothing the IMB has been alerted to has raised any concerns.

## **6. Health and wellbeing**

### **6.1 Healthcare general**

**6.1.1** Practice Plus Group (PPG) provides healthcare for the prison. It employs around 80 staff, including GPs, pharmacists, nurses, assistants, podiatrists, psychologists and mental health workers. A dental service is separately commissioned with Time for Teeth providing the service.

**6.1.2** Physiotherapy staff are contracted to attend sessions for triage and advice. Assistants are employed to help with daily activities and exercise, which are reviewed weekly.

**6.1.3** One nurse and a healthcare assistant are available to deal with prisoners at reception. Prisoners arriving late in the evening are tired and do not always engage with medical staff. Duty doctors are not available at night, so medication may not be available until the following day.

**6.1.4** Duty doctors or experienced advanced nurse practitioners staff the evening reception shift from 5 – 9 pm, Monday to Saturday, to ensure that new arrivals receive appropriate medication prescribing. On occasion, the doctor or nurse practitioner may be unable to confirm a prisoner's medications, so this is followed up in the core hours of the following day and prescribed within 24 hours. As there are no duty doctors after 9pm, it may not be possible to prescribe medication until the following day.

**6.1.5** The Care Quality Commission (CQC) undertook an inspection in July during the reporting year. It made a request for action following the inspection in respect of (i) blood tests not always being properly undertaken and (ii) prisoners not always receiving a second healthcare screening within seven days of their entry into the prison. The CQC does not currently provide ratings for prison healthcare facilities.

### **6.2 Physical healthcare**

**6.2.1** The prison has a social care unit for prisoners with particular needs (such as the elderly and infirm). The unit is commissioned by the relevant local authority (Leeds City Council) to provide the same quality of care as that which would be provided in the community.

**6.2.2** The healthcare provision in the prison is equivalent to that expected in the community. The Board has no concerns about waiting times for prisoners to see a GP. Healthcare staff can, if needed, seek views on care from external consultants in the community. Information about which services are available is in leaflet form and further information is on one of the prison TV channels.

**6.2.3** In cases where prisoners require emergency treatment and they consent to that treatment, they can be sent to local hospitals with prison officer escort. During the reporting period, there were occasions when plans were not in place to ensure these despatches took place without delay. Delays were primarily due to shortages of available prison staff.

**6.2.4** The in-house pharmacy of 26 staff can provide required medication. There are two pharmacists. Every prescription must be confirmed to be safe. Until their medical history has been checked, a prisoner may receive a lower strength drug than they believe they are entitled to, which can lead to tensions. Medication will not be

prescribed for prisoners who are thought to be secreting drugs until such time as the body scanner shows them to be clear.

**6.2.5** It should be noted that the IMB have, at times, received very positive comments from prisoners in social care unit about the staff and their care.

### **6.3 Mental health**

**6.3.1** The team of mental health workers includes doctors, psychologists, psychiatrists, nurses, senior medical health practitioners, a clinical lead, duty workers, well-being practitioners and administrators. There is anti-psychotic monitoring in reception, where a senior nurse assesses risk. A mental health professional attends all ACCT reviews.

**6.3.2** The reception task is challenging, as is the extent of the referral rate each month. In the reporting year, 3600 referrals were made to the mental health team. This level puts considerable pressure on the team to ensure that diagnosis and ongoing treatment are both effective and thorough. It also reflects the fact that HMP Leeds is a local prison with a high level of prisoner “churn” where it is more difficult to build up a long-term treatment plan for an individual prisoner.

**6.3.3** The prison has a complex needs unit (CNU). It has dedicated staff looking after the most complex prisoners with challenging behaviours, including psychosis. Unfortunately, a number of these prisoners are typically assessed as needing care in a secure mental hospital (going through what is described as the “gatekeeping” process). Although gatekeeping assessments take place within two weeks, transfers can take months, and there is no clarity about the how the transfer process is managed with NHS England. In particular it remains unclear who, or which entity, is controlling the process. From what we have observed, it appears that the secure mental health estate can pick and choose which prisoners they are prepared to accept on a timetable to suit their requirements and not the prisoner’s health needs. This results in considerable stress for the prisoner and for the officers trying to support them. Whilst the prison is currently deemed to be a safe place to hold those “gatekeepered” prisoners, it is not, in the opinion of the Board, an appropriate place.

**6.3.4** Notwithstanding the structural weaknesses relating to external transfer described in the previous paragraph, the CNU provides a smaller, more intensive, environment, where certain vulnerable prisoners “do better” than they would on a general wing. There continue to be a number of instances where prisoners have significantly improved in behaviour and outlook as a consequence of the support they have received in the CNU. The IMB commends the way that the CNU staff have worked to get to understand and avoid the “triggers” that affect those in their care.

### **6.4 Social care**

**6.4.1** HMP Leeds has a designated end-of life suite, although it has not been used in the reporting year. There are also good connections with a local hospice for both respite and end-of-life care.

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

**6.5.1** Time out of cell varied during the reporting year. The increased time introduced during the previous reporting year was reduced and then towards the end of the reporting year increased again. However, throughout the year time out of cell was

affected by staff shortages which resulted in a rolling programme of regime curtailment for specific periods. During regime curtailment, prisoners would only be allowed out of their cells for very limited activities. This had a negative effect on those prisoners affected and, as a consequence, there was an increase in poor prisoner behaviour.

**6.5.2** There is an expectation that prisoners will work or undertake education classes. They are paid per session attended. All prisoners have the opportunity to sign up for gym sessions and the prison has a well-equipped gym, as well as a large sports hall for circuit training and team sports. The physical education instructors try to encourage everyone to either take advantage of the gym facilities or undertake exercise in their cells. They offer sessions for more elderly or infirm prisoners who wish to maintain their fitness.

## **6.6 Drug and alcohol rehabilitation**

**6.6.1** The prison has the benefit of a drug and rehabilitation service (DARS) team, that works with prisoners to reduce their dependency on drugs and/or alcohol. They run various programmes within the prison and liaise with external agencies in the community. One of the wings houses prisoners benefitting from their attendance on, and compliance with, the various courses run by DARS. These benefits include additional social visits and better TVs.

**6.6.2** As a consequence of HMP Leeds being a local prison, there is a very high throughput of prisoners; as such, it is rare that the DARS team can follow a rehabilitation treatment plan for a prisoner from start to finish. As a consequence, when sentenced prisoners move to another prison or released prisoners return to the community, the DARS team is no longer in contact with them, so it is difficult to assess whether, in the long term, the prisoner or former prisoner has been rehabilitated.

## **6.7 Soft skills**

**6.7.1** There are prisoner mentors for the Shannon Trust and DART. Additionally, other supporting roles include the prisoner information desk workers, Listeners and equality and diversity representatives.

**6.7.2** There are packs provided to relieve boredom; distraction packs; and the provision of posters to mark special days, e.g. Remembrance Day.

## **7. Progression and resettlement**

### **7.1 Education, library**

**7.1.1** Novus runs the provision of education and the library. In the reporting year there was a 40% cut in the education budget which had an impact on the delivery of education services in the prison and the courses on offer. However staff have worked hard to provide a varied curriculum with a vocational focus, and the men enjoy a range of education including mentoring, ESOL (English for speakers of other languages), construction, creative Art, English and maths. Work has been done to address the provision in relation to the short time many prisoners spend at HMP Leeds. The courses are all unitised, so once a unit is completed this can be carried with them to a longer-term prison if required. Most education classes visit the library once per week to get the books associated with their course.

**7.1.2** Attendance at classes is not always 100%. This can be due to prisoners being unwell, video link appointments or because of serious incidents on a wing resulting in their being insufficient escorting officers. Non-attendance (which is monitored by the prison senior management team at its daily meeting) is always followed up by activities staff and up to date records are maintained. Increased attendance is a focus for the new governor who has detailed plans to address this in 2026.

**7.1.3** The library is well used and holds a good selection of both fiction and non-fiction books and also has a significant number of foreign language books for those for whom English is not their first language. A number of children's books are also available to enable the men to read to their own children. It is a welcoming space that feels calm and ordered. Prisoners should get 30 minutes in the library each week and are able to borrow up to five items. Library staff also develop a number of distraction packs to occupy prisoners in their cells which include colouring, origami, arts and crafts. Author visits are popular and well received, and the prison has had visits from authors Lee Child and AA Dhand during the reporting year.

**7.1.4.** A book club is working well on F wing, and a second book club has been established in the reading room between A&B wing. This is a small room so only five can attend but it is going well. Setting it up has been a challenge as there are men from multiple wings so they need to go through the necessary security checks to ensure they are able to associate.

**7.1.5** During the reporting year, there were problems with the library infrastructure contributing to unsafe working conditions. The IMB notes that the issues were quite long standing and perhaps could have been dealt with earlier than they were.

**7.1.6** Among users of the library, it seems very popular. The library on F-Wing is in great demand, and the IMB feels that perhaps consideration could be given to some kind of library activity being made available on every wing. We note that experiments with a joint library facility for B and C wing are hampered by checks having to be done about who can associate with whom.

**7.1.7** The library used to form part of the induction process for new prisoners, but this was reported to have been curtailed. The IMB believe that the library should continue to be part of the induction process.

## **7.2 Vocational training, work**

**7.2.1** Work is available in the laundry and stores, kitchens, recycling, tea and food packing, textiles, cleaning and in orderly capacities (where trusted prisoners take on work to provide services that contribute to the running of the prison, e.g. in the CSU, CNU and social care unit). Much of the work is repetitive. Opportunities for contract work are limited by the lack of space and the Victorian facilities. The recycling workshop undertakes work for a local business, who have offered employment to prisoners on their release as a result of their work in the workshop.

## **7.3 Offender management, progression**

**7.3.1** As a reception prison HMP Leeds is organised to manage many movements of prisoners in and out of the establishment each day. Movements include a day's visit to court and reception and back afterwards.

**7.3.2** Each movement requires paperwork completing carefully. In addition, new temporary release schemes call for extra checks to make sure the prisoner has completed the correct courses and fits the necessary criteria.

**7.3.3** The number of men being released without accommodation is a concern. Issues around accommodation availability in Leeds makes this very challenging.

**7.3.4** Improvements have been made to the departure lounge, which offers a number of services to men who have just been released, including providing toiletries and clothes, the ability to charge phones and contacting probation officers. They can also contact the Job Centre in relation to employment and the Department of Work and Pensions in respect of restarting personal independence payment claims, which can only be made on the first day of release. Ideally release planning would start between 12 to 16 weeks prior to release, but this was frequently not the case with recalls. The lounge is operated by the Probation Service, it is usually run with two officers and 1 or 2 admin staff.

## **7.4 Family contact**

**7.4.1.** The prison has a "family and significant others services strategy" to establish and improve links between prisoners and their families and significant others. The strategy outlines a number of initiatives in this area, both in partnership with external charitable organisations such as Jigsaw, using volunteers such as the official prison visitors programme and through the chaplaincy. The chaplaincy runs the angel tree scheme to provide Christmas and Easter gifts for the families of service prisoners and offer a counselling service to support any prisoners who are struggling.

**7.4.2.** The charity Jigsaw works in partnership with the prison to keep prisoners and their families connected. Jigsaw has produced a helpful visitor information booklet, explaining the visits process and details of relevant regulations, facilities and money – as well as prison jargon.

**7.4.3.** Visitors can make appointments to visit online, by phone or face to face applications. As well as physically visiting prisoners, it is also possible for relatives and friends to make a video call to a prisoner by prior appointment.

**7.4.4** Initiatives to encourage prisoners to have quality time with their children during visits are popular, with parents and young children sessions being available.

## **7.5 Resettlement planning**

**7.5.1** St Giles accept referrals from the prerelease team and provide support dependant on the prisoners sentence and need. The provision of housing is seen as a primary preventive factor in avoiding recall to prison. The lack of availability of housing can be acute and it is a concern that in the reporting year 32% of prisoners released had no accommodation to go to.

## 8. The work of the IMB

### Board statistics

Recommended complement of Board members	15
Number of Board members at the start of the reporting period	6
Number of Board members at the end of the reporting period	8
Total number of visits to the establishment	199

During the year the Board enjoyed its second year of relative stability, as one experienced member who was a dual Board member retired from the Board and another newly confirmed member departed. However, three new members joined and the collective experience of the Board strengthened under a newly elected Chair. The Board saw a slight reduction in the number of applications it received in the reporting year and carried out slightly fewer monitoring visits to the prison than it had in the previous reporting year.

### Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	20	18
B	Discipline, including adjudications, incentives scheme, sanctions	15	14
C	Equality	9	2
D	Purposeful activity, including education, work, training, time out of cell	8	12
E1	Letters, visits, telephones, public protection, restrictions	17	21
E2	Finance, including pay, private monies, spends	22	7
F	Food and kitchens	16	13
G	Health, including physical, mental, social care	41	39
H1	Property within the establishment	25	19
H2	Property during transfer or in another facility	13	19
H3	Canteen, facility list, catalogues	7	6
I	Sentence management, including HDC, ROTL, parole, release dates, re-categorisation	14	15
J	Staff/prisoner concerns, including bullying	52	61
K	Transfers	3	2
L	Miscellaneous	44	36
	Total number of applications	306	284

## Annex A

### **Main service providers:**

- Healthcare is provided by Practice Plus Group
- Dental services are provided by Time for Teeth Ltd
- Educational services are provided by Novus: Foundations for Change
- Estate management is provided by Amey
- Prisoner transport is the responsibility of GeoAmey
- Visitor facilities are provided by the charity Jigsaw



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