



Report on an unannounced inspection of

HMP Fosse Way

by HM Chief Inspector of Prisons

10–20 March 2025



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Introduction

One of the UK's newest prisons, HMP Fosse Way is built on the site of the former Glen Parva jail near Leicester. It opened in May 2023 as a category C resettlement prison and has space for more than 1,700 adult men. The prison comprises a campus of seven house blocks, with additional work which will extend it further already nearing completion. The prison is operated by the private contractor Serco.

This was our first inspection of Fosse Way, and it is pleasing to report that the process of opening and commissioning the new prison seems to have gone very well. We found outcomes against three of our healthy prison tests – respect, purposeful activity, and preparation for release – to be reasonably good. Only in safety were there significant concerns, with outcomes not sufficiently good.

Although the prison was experiencing a large throughput of new arrivals and departures, reception and induction arrangements were generally adequate. Violence was too high and rising, and a significant number of prisoners told us they felt unsafe. A prisoner had recently lost his life in a serious incident. Although the prison had introduced several useful initiatives to tackle violence, evidence of their impact was still limited.

The segregation unit was a good facility and reasonably well run, and the use of force rate was comparable to other category C prisons. Staff, however, too readily resorted to the use of batons, chemical incapacitants (PAVA) and unfurnished accommodation. This may have been a facet of their inexperience, but it was something leaders needed to address. Other significant safety challenges included evidence of significant illicit drug use and the number of deaths since the prison opened, two of which were self-inflicted. Again, leaders were not indifferent or passive in their response to these challenges, but initiatives needed time to develop.

Although Fosse Way was a respectful jail, staff-prisoner relationships were at best benign, and the collective inexperience of staff was leading to some poor supervision. Prisoners were frustrated that staff lacked knowledge and were unable to operate a consistent daily regime. To an extent this was mitigated by some of the best living conditions of any prison in England and Wales, including some particularly good amenities and services, as well as reasonable arrangements to support applications and redress. Added to this, the prison was working hard to support inclusivity and fair treatment, while health care outcomes in were satisfactory and improving.

Time out of cell was better than we usually see, with almost 1,000 men employed full time and getting about nine hours a day, although our checks still revealed about 28% of men locked in cell during the working day. Nonetheless, our colleagues from Ofsted judged the overall effectiveness of education, work, and skills to be 'good', again better than we typically find in such prisons. We found some weaknesses in the quality of offender management outcomes – mainly due to high caseloads – but public protection work was good, men were

encouraged to maintain contact with their families, and general rehabilitation and resettlement services were satisfactory.

Leaders at Fosse Way were striving to create an identity and culture for the prison, which had been open for less than two years, and had made a commendable start. The Director was very experienced and clearly led from the front. There was meaningful work to support and improve an unavoidably inexperienced staff cohort, and partnership working with service providers and other stakeholders was extensive and effective. Leaders and staff should be congratulated on what they had achieved so far and encouraged to maintain the momentum they have created.

Charlie Taylor

HM Chief Inspector of Prisons

June 2025

What needs to improve at HMP Fosse Way

During this inspection we identified 13 key concerns, of which four should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concerns

1. **High levels of violence made prisoners feel unsafe.** Leaders had not done enough to encourage good prisoner behaviour or promote the benefits of engaging positively with the regime.
2. **Illicit drugs were widely available.** The mandatory drug test rate for the past 12 months was among the highest of all category C prisons. Leaders focused on reducing the supply of drugs but had not done enough to reduce demand or provide adequate support for prisoners engaged in substance misuse.
3. **Prison offender managers (POMs) lacked meaningful contact with prisoners.**
4. **There was high use of PAVA incapacitant spray and batons.** Some staff did not do enough to de-escalate incidents, and these methods were not always used as a last resort.

Key concerns

5. **Leaders did not always use data effectively to inform their strategies and action plans to improve outcomes in work to ensure fair treatment for prisoners and preparation for release.**
6. **The relatively new workforce meant there were gaps in staff competency across several disciplines.** Middle and functional leaders were not sufficiently visible on residential units to upskill and support staff.
7. **Reception interviews with new arrivals did not consistently explore risk factors, and concerns highlighted were not always followed up.**
8. **The Listener service was underused and underpromoted.** Listeners did not feel supported or enabled to fulfil the requirements of their role in providing confidential emotional support to fellow prisoners in times of crisis.

9. **Patients waited too long to access some health care pathways.** In particular, the lack of staff to escort prisoners often led to delays in attending outside hospitals appointments.
10. **Patients waited too long for assessment and transfer to a secure hospital bed under the Mental Health Act.**
11. **Too many prisoner wing workers were underemployed.**
12. **Attendance at education was not good enough.**
13. **Pass rates in English and mathematics qualifications were too low.**

About HMP Fosse Way

Task of the prison

Category C adult male resettlement prison.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection

Prisoners held at the time of inspection: 1,705

Baseline certified normal capacity: 1,715

In-use certified normal capacity: 1,715

Operational capacity: 1,715

Population of the prison

- 2,211 new prisoners received each year.
- 66 foreign national prisoners.
- 30% of prisoners from black and minority ethnic backgrounds.
- 130 prisoners released into the community each month.
- 200 prisoners receiving support for substance misuse.
- 131 prisoners referred for mental health assessment each month.

Prison status (public or private) and key providers

Private – Serco

Physical health provider: Nottinghamshire Healthcare NHS Foundation Trust

Mental health provider: Nottinghamshire Healthcare NHS Foundation Trust

Substance misuse treatment provider: Nottinghamshire Healthcare NHS Foundation Trust

Dental health provider: Time for Teeth

Prison education framework provider: Milton Keynes College

Escort contractor: GEOAmey

Prison department

Custodial Contracts Directorate

Prison Group Director

Jamie Bennett

Brief history

HMP Fosse Way is built on the site of the former HMP/YOI Glen Parva (around 600 places), which was closed in 2017. It was designed to house 1,715 male prisoners in seven house blocks, supported by six ancillary buildings. The first prisoners arrived in May 2023 and the prison reached full capacity in February 2024.

Short description of residential units

Seven main house blocks house up to 245 prisoners each.

A and B with mainstream prisoners and 1 Enhanced Landing on each.

C and D with mainstream prisoners.

E with older prisoners, integrated and 2 enhanced landings.

F with older prisoners, integrated and 1 enhanced landing.
G with early days centre, integrated and Cellular Confinement spur.

The segregation unit is split between the purpose-built care and separation unit building and one spur on G1 landing.

Name of director and date in post

Wyn Jones, December 2022 (prison opened in May 2023).

Independent Monitoring Board chair

John Haley

Date of last inspection

The inspection in March 2025 was the first one.

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of Fosse Way, we found that outcomes for prisoners were:
- not sufficiently good for safety
 - reasonably good for respect
 - reasonably good for purposeful activity
 - reasonably good for preparation for release.
- 1.3 As this was our first inspection of Fosse Way, there were no previous concerns against which to measure progress. In future inspections of Fosse Way, we will report on the prison's progress in addressing the concerns made in this and the following reports.

Notable positive practice

- 1.4 We define notable positive practice as:

Evidence of our expectations being met to deliver particularly good outcomes for prisoners, and/or particularly original or creative approaches to problem solving.

- 1.5 Inspectors found five examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice

- | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| a) | AIM (alert, intervene, monitor) electronic software was used effectively to alert staff to prisoners at risk of social isolation or increased harm. | See paragraph 3.18 |
| b) | Leaders proactively engaged and trusted prisoners to support each other during their time at Fosse Way. Staff could refer prisoners who were struggling with various issues to the prisoner-led 'Getting real and vital information to you' (Gravity) initiative, which provided additional support and signposting to relevant organisations. A competent team of | See paragraph 4.4 |

	prisoners also staffed a telephone prisoner advice line (PALs).	
c)	A full-time, experienced bereavement officer in the chaplaincy provided individual support to prisoners, organised memorial services within the prison, and facilitated prisoner attendance at funerals, through video and in person.	See paragraph 4.31
d)	Prisoners benefited from a wide provision of enrichment activities available every day, including evenings and weekends. These included various hobby clubs, an over-50s' coffee morning and the prison choir.	See paragraphs 4.30, 5.7, 5.32, 5.33
e)	The impressive 'departure lounge' offered excellent practical support and helpful guidance to prisoners leaving the prison.	See paragraph 6.35

Section 2 Leadership

Leaders provide the direction, encouragement and resources to enable good outcomes for prisoners. (For definition of leaders, see Glossary.)

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The prison had been open for less than two years and leaders were striving to establish its identity and culture. They had successfully navigated some poor design features, including inadequate spaces for the gym and library. Although the prison was designated and resourced as a resettlement prison for prisoners in their last two years, leaders were also meeting the needs of a cohort of prisoners who fell outside this criterion.
- 2.3 Staffing the prison had been a major challenge in the last year, with shortfalls across several grades and disciplines, including health and the offender management unit (OMU), which was impacting on outcomes. Leaders had a robust recruitment strategy that had recently increased the number of prison custody officers (PCOs) and created a solid pipeline to staff the new house block currently under construction.
- 2.4 Leaders had a proactive approach to staff development, offering a range of leadership training and learning opportunities, but it was too early to see the longer-term benefits of this. Of the PCOs, 80% had less than two years' experience, and many middle managers were also relatively new to their roles, which meant there were gaps in competency in several areas. There was a need for the leadership, especially middle and functional leaders, to be more visible on residential units to upskill and support staff.
- 2.5 An impressive range of partners, including several reputable employers, worked together to prepare prisoners for release. Staff from the Zahid Mubarek Trust were on site supporting work to pursue fair treatment. The relationship between the controller's team and the prison was collaborative. Partnership working with health care had not yet addressed some key weaknesses, including cancelled hospital appointments, and insufficient resources to deliver mental health and drug treatment. Despite this, the head of health care had successfully mobilised the contract under challenging circumstances.
- 2.6 Leaders needed to make greater use of the data available to devise effective strategies and clear action plans to improve prisoner outcomes, notably with respect to preparation for release. The director acknowledged the need to upskill some leaders in this regard. In contrast, oversight and effective planning in education, skills and work were already delivering some good outcomes.

- 2.7 The senior team was led by a very experienced director who was clearly striving to instil a learning culture. Leaders and staff were enthusiastic and keen to develop their skills, and there was a growing optimism in the institution. Given that the prison was still in its formative journey, leaders had done well to make the progress they had.

Section 3 Safety

Prisoners, particularly the most vulnerable, are held safely.

Early days in custody

Expected outcomes: Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- 3.1 A high number of admissions, court appearances and releases placed a lot of pressure on the small reception facility at Fosse Way. There were about 200 new arrivals a month and an average of 130 releases as well as 50 transfers. Despite this, the function worked well, most prisoners arriving with digital person escort records, which contained useful information about their risks.
- 3.2 The reception building was clean, but holding rooms were bare and there was a missed opportunity to use the space to communicate information about what was available at the prison, thus engaging and motivating prisoners from the start.
- 3.3 Reception peer workers greeted new arrivals, and a reception officer and member of the health care team interviewed them all in private, providing a safe opportunity to disclose any concerns. The reception officer completed an initial assessment of vulnerability and risk. The interview we observed was rushed and important issues, such as a disclosure of racist tendencies, were not explored. We were told this matter would be followed up in a conversation with the prisoner the next day, but three days later, when we followed up, it had not happened.
- 3.4 Searching procedures were proportionate and all new arrivals underwent an X-ray body scan. Prisoners escorted for personal appointments, such as hospital visits, were strip searched but, in the absence of a dedicated search space, this took place in the body scan room, which lacked privacy.
- 3.5 New arrivals were offered an emergency prison shop allowance and their orders were delivered swiftly. They also had an additional advance for other essentials to stop them accruing debt in their first few days.
- 3.6 All prisoners were located on the induction wing for their first week. Communal areas were clean and welcoming but cells, despite being less than two years old, were showing signs of wear and tear, with stained toilets, marks on the walls and graffiti.

- 3.7 A good peer-led induction provided useful information to explain aspects of prison life. This was supported by in-cell technology that prisoners could access in various languages (see paragraph 4.6).
- 3.8 Prisoners were usually moved swiftly to their permanent residential unit on completion of the induction programme, although population pressures had led to some being moved off the unit too early, and we found several prisoners who had not received the full programme. As the induction was not tracked, staff could not confirm if these prisoners ever completed the missing sessions.
- 3.9 The regime on the first night centre was limited, with most prisoners receiving only around two hours and 45 minutes a day out of their cells.

Promoting positive behaviour

Expected outcomes: Prisoners live in a safe, well-ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

Encouraging positive behaviour

- 3.10 In our survey, 42% of prisoners said that they had experienced some bullying or victimisation by their peers, compared with 29% in similar prisons.
- 3.11 Rates of violence were higher than most other category C prisons, with data indicating a steady rise over the preceding 12 months. Of note, was that there had been a death following a serious assault in August 2024 and three prisoners had been charged with manslaughter. Violence against staff had also increased over the same period, although this was at a slower rate and lower than the category C average.
- 3.12 In response to rising violence, leaders had recently produced an informed action plan which sought to address some of the primary safety issues. They had also used metrics from several sources, as well as prisoner feedback, to help better understand and improve perceptions of safety.
- 3.13 The prison had been operating what they termed an 'offence neutral' regime, which meant all prisoners, including those convicted of a sexual offence, were located together on residential wings and allocated to the same activity areas. Leaders had, however, revised this strategy after they reviewed data and listened to prisoner feedback. As a result, they had recently reconfigured residential accommodation to separate vulnerable and mainstream prisoners, with early feedback and data on the number of prisoners self-isolating suggesting that this had been a positive change.

- 3.14 The size and layout of the prison enabled leaders to safely relocate prisoners who were at risk due to other factors, such as drug-related debt.
- 3.15 The prison benefited from a dedicated safety team, including an analyst and four prison custody officers (PCOs). These staff were very rarely deployed to other work, which had enabled them to build their skill set and develop a good understanding of the safety challenges at Fosse Way. The team had driven improvements in the quality of investigations into violence and had ensured comprehensive coverage, followed up by good information sharing with other departments.
- 3.16 One of the responses to violence had included the use of challenge, support and intervention plans (CSIPs, see Glossary), with 17 open at the time of our visit. The quality of CSIP documentation was mostly reasonable and incorporated appropriate behaviour targets. However, not all staff understood the purpose of the plans or how they should be used to improve behaviour. In several cases, for example, records of key work sessions (see Glossary) with prisoners on CSIPs made no reference to the plan and it was clearly not used proactively.
- 3.17 Two peer-led initiatives had been set up to support prisoners involved in violence either as the perpetrator or the victim. The violence reduction and 'Gravity' (see paragraph 4.4) teams were made up of prisoners who worked with the safety team to guide and help their peers to break patterns of poor behaviour.
- 3.18 The prison had good technology that aided work to improve safety outcomes. For example, prisoners could contact the safety team directly using in-cell tablet computers (see paragraph 4.6). The safety team used a software package, 'alert, intervene, monitor' (AIM), to analyse patterns of behaviour in prisoners. This system used a range of data, such as visits, phone use, shop purchases and attendance at activities, to identify any changes in behaviour, such as increased isolation, that might warrant intervention from the safety team.
- 3.19 The prison operated the formal HMPPS incentives framework, which included the usual privileges for prisoners on the enhanced level, such as extra credit and visits. However, most prisoners at Fosse Way were motivated to behave and engage because they lived in decent conditions, had adequate time out of cell and could access a range of purposeful activities. They could also earn a place on one of several dedicated enhanced landings, which had additional recreational equipment, better self-catering facilities and access to a wider range of goods from the prison shop.
- 3.20 Staff were not always proactive in motivating and encouraging prisoners to behave and respect their community. They often failed to reinforce the standards of behaviour needed to make prisoners feel safe, allowing them to flout rules and push boundaries. At the same time, staff did not always record incidents of good behaviour when prisoners contributed positively to their community, and more could

have been done to recognise prisoners who were working hard to improve their behaviour.

Adjudications

- 3.21 The number of disciplinary hearings was high, with around 360 new charges a month, most of which were for possession of unauthorised articles, incidents of violence and positive drug test results.
- 3.22 There were over 300 outstanding hearings, but less than a third of these had originated at Fosse Way. Despite leaders' efforts to address this issue, many charges inherited from other prisons were dismissed due to delays in receiving the necessary evidence to proceed.
- 3.23 There were similar delays with serious charges that had been referred to the police. In response, leaders had appointed a dedicated member of staff who was working with the police to introduce a regular clinic to reduce the backlog.
- 3.24 Segregation monitoring and review group (SMARG) meetings (see paragraph 3.37) had started only recently but aimed to improve oversight and the effectiveness of the adjudications system and segregation.

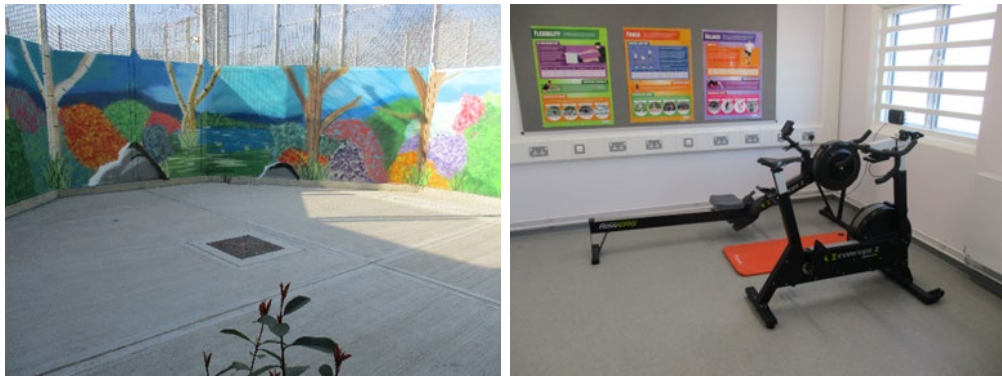
Use of force

- 3.25 The rate of force used at Fosse Way was high but comparable to other category C prisons. There had been 677 incidents in the past 12 months, a rate of 399 per 1,000 prisoners. The two most common reasons for staff to apply force were to prevent an assault or in response to a prisoner refusing a direct order to return to their cell.
- 3.26 Use of PAVA incapacitant spray and batons was also high. PAVA had been drawn 64 times and deployed on 47 occasions, with batons drawn on 17 occasions and used six times. In some of the incidents that we reviewed, staff resorted to the use of PAVA before attempting any de-escalation. Oversight and quality assurance was limited and there was no strategy to try to reduce reliance on such extreme force. Similarly unfurnished accommodation had been used on 18 occasions (see paragraph 3.36).
- 3.27 In the sample of use of force incidents that we reviewed, some staff involved in spontaneous incidents used force too quickly, without attempts to de-escalate the situation, and we also saw an instance where force was used to a greater extent than was justified. Examples included an incident where numerous staff were instructed to draw their PAVA canisters for one prisoner, and another where PAVA was drawn at the start of the incident and not as a last resort (in line with guidance). The quality of documentation justifying the use of force was too variable and did not always outline attempts at de-escalation or provide sufficient detail to show that force was necessary.

- 3.28 Staff did not always use body-worn cameras. In the last 12 months, only 64% of incidents had been recorded, which made it more difficult for leaders to be assured that all force was proportionate and justified.
- 3.29 Leaders acknowledged the weaknesses in the application of force and had recently introduced more stringent measures to address this. This included the introduction of daily reviews of CCTV and body-worn camera footage by the use of force coordinator and a senior manager, who referred any concerns about the way force was conducted to the deputy director for a management enquiry. Although it was early days, these enquiries were well conducted, highlighting good practice as well as lessons to be learned.
- 3.30 Leaders had identified weaknesses in the supervision of incidents and as a result were introducing regular feedback to the line-managers involved, attending incidents to provide additional guidance and incorporating learning points into staff training.

Segregation

- 3.31 Prison data indicated that there had been just over 900 uses of segregation during the previous 12 months. Around two thirds of this were for prisoners segregated pending adjudication. Leaders told us that this was often in response to incidents of violence, or the prisoner being suspected of having secreted illicit items upon their person. However, the documentation authorising segregation was not sufficiently detailed, and in the absence of regular formal governance meetings, we did not have sufficient data to be fully assured that all instances of segregation were proportionate; the use of segregation pending adjudication was certainly higher than we normally find in similar prisons.
- 3.32 Most stays were relatively short at around five days. The segregation unit was relatively small considering the size of the population, with only 11 regular cells. This had led leaders to use a small section of G wing to accommodate some segregated prisoners; mostly those serving cellular confinement following a proven adjudication. Segregation managers and staff were allocated to G1 and appropriate safeguards were in place.
- 3.33 The unit was spacious and clean. Cells were well equipped and contained the same integral showers and in-cell technology as the residential units. Communal areas were well maintained and included a well-being room with fitness equipment and activities for prisoners, which was also used for private interviews with them. One of the unit's two exercise yards had been refurbished by young prisoners and was now bright, welcoming and much less austere than the metal cage next door.



Segregation unit yard (left), and cardiovascular equipment in segregation unit

- 3.34 Although still limited, the regime for segregated prisoners was better than we usually find. The recent introduction of a peer-led 'bootcamp'-style programme to encourage participation in physical activity was a positive initiative. Early data indicated that participation in the programme was helping prisoners to focus their energy and had reduced damage to segregation cells and prison property.
- 3.35 While there were some very good examples of reintegration back to mainstream accommodation, some individual care plans failed to focus on the issues that had led the prisoner into segregation. Recent work with the prison psychology department, including the development of one-page plans to help staff understand the risks, triggers and needs of prisoners with complex cases, looked promising. A well-equipped treatment room and the allocation of a full-time mental health nurse supported segregated prisoners.
- 3.36 The unit's unfurnished accommodation had been used 18 times in the previous 12 months, which was high. Most uses were in response to prisoners causing significant damage to prison property or for those who were refractory and had demonstrated extreme violence towards others. In some of the cases we reviewed, prisoners remained in these primitive cells even after successful de-escalation and a period of settled behaviour (see paragraph 3.26).
- 3.37 A SMARG meeting to ensure good governance of segregation (see paragraph 3.24) had only recently been introduced, with just one meeting since the prison had opened. This gap had been somewhat offset by oversight from the experienced unit manager, who worked hard to upskill staff and provide effective care for segregated prisoners.

Security

Expected outcomes: Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse and effective drug supply reduction measures are in place.

- 3.38 Security measures were broadly proportionate and enabled the delivery of a category C regime, although prisoners frequently got held back at locked gates and could not move freely to some appointments and visits. There was also an ongoing need to upskill staff to address some weaknesses in procedural security, including keeping an accurate running roll to account for prisoners.
- 3.39 The entry of illicit items, including drugs, was a threat to the stability of the prison. The mandatory drug testing findings for the past 12 months were among the highest of all category C prisons at 36%, with a recent peak of 45%. During the inspection, there was often a smell of cannabis on the house blocks.
- 3.40 Despite good intelligence on the use of illicit substances, only nine suspicion tests had been commissioned in the last 12 months, with most staff who were trained to conduct tests being allocated to random mandatory drug testing.
- 3.41 Leaders were aware of several routes of ingress, including items being brought in through the gate by staff or prisoners, and items thrown over the fence. Security leaders were taking steps to minimise the risks in these areas; for example, by investing in fence wire to stop prisoners being able to climb into the areas where items had been thrown.
- 3.42 The prison benefited from being a new prison with a range of technology to combat the ingress of drugs, although there were not always enough staff to use it consistently and effectively. The windows in the new-design prison were sealed, and therefore drones could not traffic illicit items directly to cells in the way they have at other prisons.
- 3.43 Although the leadership had identified tackling the supply of illicit substances as a priority, not enough was done to address the demand for drugs or provide adequate support for those engaged in substance misuse. The drug strategy set out appropriate measures to address supply and demand, but it was aspirational and did not fully align with current delivery. The meetings designed to drive delivery of the strategy were not consistently well attended and were not improving outcomes at sufficient pace.
- 3.44 Security and business hub leaders used a range of data to inform decision-making. For example, a weekly stability assessment was informed by data, including 'heatmaps' of current risk based on finds of illicit items, violence, self-harm and disorder.

- 3.45 Leaders had conducted a comprehensive self-assessment of security procedures involving key departments across the prison. In conjunction with information from the regular intelligence report, the assessment was used to inform decisions to improve safety outcomes. For example, there had been a recent well-planned, prison-wide search using mutual aid from external stakeholders. The recent reconfiguration of residential accommodation for prisoners convicted of sexual offences (see paragraph 3.13) had also been informed by this data.
- 3.46 Leaders had taken decisive action to tackle staff corruption. Several staff had been arrested or dismissed for their involvement in inappropriate or illegal activity. There was also good management of prisoners involved in extremism or at risk of radicalisation.

Safeguarding

Expected outcomes: The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- 3.47 There had been nine deaths since the prison opened; eight were deaths in custody, of which two were self-inflicted and one resulted from an assault by prisoners (see paragraph 3.11), and one was post release. The Prisons and Probation Ombudsman (PPO) had completed an investigatory report into one self-inflicted death, with the other yet to be published. Leaders oversaw the PPO recommendations through an action plan, but this had not been wholly effective. Themes identified by the PPO in the first self-inflicted death recurred in the second one – such as staff signing to say that a roll check or a welfare check had been completed when it had not – indicating that lessons had not been learned.
- 3.48 In the last 12 months, there had been over 1,100 incidents of self-harm, a rate of 680 incidents per 1,000 prisoners. This high rate was similar to other category C prisons, but was also on an upward trajectory.
- 3.49 Managers were developing their use of data and had an understanding of the main reasons for prisoners self-harming. These included an increase in new arrivals with a self-harm history, several prolific self-harmers, and prisoner frustrations with regime curtailment. The monthly safety meeting reviewed the data, but it was not always clear how it was used to improve practice. The weekly safety interventions meeting (SIM) maintained good oversight of prisoners with complex cases.
- 3.50 At the start of our inspection, 25 prisoners were being case managed through the assessment, care in custody and teamwork (ACCT) process for those at risk of suicide or self-harm. Prisoners on an ACCT were prioritised for a weekly key work session (see Glossary), which

was monitored by the key work hub (see paragraph 4.3). The ACCT documents we reviewed were well ordered and completed to a better standard than we normally see. However, this was not consistent across the prison; we also saw examples of case reviews held late and supervisor checks not completed.

- 3.51 Prisoners who were on an ACCT plan told us they did not feel cared for by staff, and one told us his review had taken place without him but recorded him as being present. This was concerning given the findings of recent PPO investigations (see paragraph 3.47). The quality assurance process demonstrated a commitment to improve the care offered, but leaders needed to focus on creating a more caring culture for the prisoners most at risk.
- 3.52 Constant supervision had been used 35 times in the last year to protect prisoners in acute crisis. Records indicated that this was usually for the shortest possible time, usually less than a week, although the complexities of some cases meant prisoners were monitored for longer.
- 3.53 Prisoners' families were able to leave a message on the prison's safer custody hotline if they were concerned about a prisoner's welfare; when we tested this service, our call was responded to promptly.
- 3.54 The Listener service (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) was underused and not promoted well. Listeners were not used actively to support prisoners at key times, including during their early days of custody. Listeners did not feel supported by unit staff or enabled to fulfil the requirements of their role. We were given examples of sessions that were brought to an abrupt end when prisoners still needed support, and requests for a Listener that were not facilitated, sometimes resulting in escalating self-harm.

Protection of adults at risk (see Glossary)

- 3.55 Arrangements for safeguarding adults were in place with a designated senior manager safeguarding lead. Staff were trained in safeguarding before they took up post, and a local safeguarding strategy provided guidance on how to support a prisoner at risk of abuse and neglect.
- 3.56 There were internal structures to oversee the cases of all prisoners at risk, including the daily safety meeting and the SIM (see paragraph 3.49). Leaders had also addressed the safety concerns of PCOSO prisoners who had previously shared residential accommodation (see paragraph 3.13) but needed to retain focus on the safeguards to protect these vulnerable prisoners in other parts of the regime, including work and education.
- 3.57 There was good joint working with the local safeguarding adults board and arrangements were more robust than we usually find. The safeguarding lead attended community meetings regularly, and the chair of the board had visited Fosse Way.

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes: Prisoners are treated with respect by staff throughout their time in custody and are encouraged to take responsibility for their own actions and decisions.

- 4.1 We observed a friendly and approachable staff group, and most prisoners spoke positively about staff on their unit. However, many staff on residential units were new in service and were relatively inexperienced, and several first-line managers were also newly promoted or still developing their leadership skills. Prisoners were frustrated that staff lacked knowledge and were unwilling to help them resolve day-to-day issues or to operate a consistent daily routine.
- 4.2 Staff supervision was often poor. We frequently saw staff in and around wing offices, leaving prisoners to their own devices elsewhere on the landings. Some staff lacked the confidence or inclination to challenge low-level poor behaviour, allowing prisoners to flout rules on, for example, gambling and vaping.
- 4.3 In our survey, 93% of respondents said that they had a key worker (see Glossary), and recorded contact with them was much better than we usually find. Prisoners on an ACCT were prioritised for a weekly key work session (see Glossary and paragraph 3.50). The key work sessions were, however, formulaic, and while they prompted discussion about important matters such as family contact and well-being, they did not always reflect recent events or focus on sentence progression.
- 4.4 Leaders actively encouraged and engaged prisoners to support each other at Fosse Way, harnessing their skills to improve the experiences of their peers. Peer work in areas including safety and education was effective. Staff could refer prisoners who were struggling with various issues to a prisoner-led initiative, 'Getting real and vital information to you' (Gravity), which provided additional support and signposting to other relevant organisations. A competent team of prisoners also staffed a telephone prisoner advice line (PALs) for their peers.

Daily life

Expected outcomes: Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

- 4.5 The modern living conditions at Fosse Way were among the best in the prison estate. The residential units were spacious with good lines of sight for additional safety. There was sufficient space for movement, recreation and activity, with meeting rooms for private discussions if required.



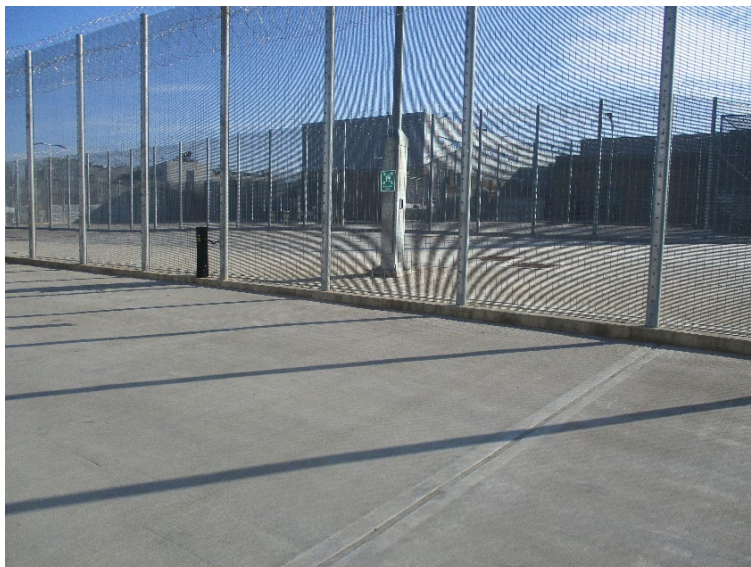
Landing space

- 4.6 Most prisoners lived in single cells and the relatively few double cells were designed to hold two prisoners. All cells had in-cell toilets, showers and large windows, which contributed to the bright and airy feel. They also had tablet computers, which enabled prisoners to manage important aspects of their daily life, such as making requests to departments across the prison, choosing their meal, checking how much money they had in accounts, and ordering from the prison shop. A wealth of information was also available to prisoners on the in-cell platform, although some prisoners found it difficult to navigate.



Cell

- 4.7 Although prisoners were content with their living conditions, there was a consistent complaint about the lack of storage space, with possessions and clothing stored in plastic bags cluttering up the floor. Although we found some graffiti, this and any other minor damage was addressed quickly by a prisoner work group employed to carry out minor structural and cosmetic work. Other more complex repairs were normally carried out reasonably quickly by the on-site maintenance team. At the time of the inspection there were just two cells out of action due to damage or equipment failure.
- 4.8 External areas were spacious and well maintained, but also bare and stark with little colour or greenery to break up the institutional feel.



Bare concrete yards

- 4.9 Communal areas were reasonably clean on most wings, but wing cleaning parties usually operated unsupervised with little or no direction

from landing staff, which had allowed the self-catering areas to become filthy and unhygienic.

- 4.10 Most prisoners chose to wear their own clothes, which they could have laundered at least weekly, and there was sufficient prison-issue clothing for those who needed it. Prisoners had good access to their stored property, facilitated through free-flow prisoner movement, which was appropriate for the category of prison.

Residential services

- 4.11 In our survey, almost half of prisoners said that food was good or very good, much higher than the comparator of 34%, and reflected the view of most prisoners we spoke to. Meals were ordered through the in-cell computer system and included cultural and healthy options. We observed meals being served earlier than we would expect, although this did then provide more time for prisoners to eat together at communal tables before they were locked up. There was effective consultation about the food through the prisoner information and amenities committee (PIAC), and in a separate shop and food meeting.
- 4.12 The large and very busy kitchen was clean and in good order. Prisoner kitchen workers were trained for their roles and worked alongside catering staff to produce the vast quantity of meals required at each service.
- 4.13 Kitchen staff ensured there were sufficient meals for each wing, but poor supervision by wing staff often led to food going missing between the kitchen and point of service. Staff did not exercise full control during the serving of meals, which led to poor practices, such as food being served by hand rather than with utensils, prisoners pushing to the front of queues and undue pressure on server workers to serve extra portions.
- 4.14 There was little supervisory oversight of wing serveries, and we were unable to find any cleaning schedules or evidence of quality assurance. Daily record sheets were ignored, we saw no temperature checks, there was an almost universal lack of sufficient tools for food service, and little consideration of cultural or religious needs. Too few wing server workers had had any formal training.
- 4.15 The prison shop was well stocked and efficiently run, and prisoners working there could gain basic warehousing qualifications. New prisoners could place a full shop order soon after arrival, with an advance of wages available for those with no funds (see paragraph 3.5). Orders were delivered to wings and issued at cell doors to prevent theft and bullying. Prisoners could shop for music, clothing, electrical goods and in-cell hobbies through a range of online catalogues. Regional and daily newspapers could also be ordered through the prison shop.

Prisoner consultation, applications and redress

- 4.16 Every landing of each house block had a prisoner representative on the PIAC wing consultation forum. These prisoners, along with other prisoner representatives such as those working in violence reduction and equality, met members of the senior leadership team weekly to discuss emerging issues on their landings. These meetings were sometimes themed, for example around food and kitchens or allocation to purposeful activity, and relevant members of staff from those departments were invited to attend. However, records of these meetings were limited and not well promoted, so many prisoners were unaware of the discussions that had taken place or what had changed as a result.
- 4.17 It was positive that the prison director also met senior PIAC representatives weekly to hear their views about the most pressing or widespread issues that affected them and their peers. The outcomes of these meetings were published on the in-cell digital system, but many prisoners remained unaware of the issues that had been discussed or resolved. Minutes of these meetings did not always record actions on issues raised, so it was not clear how or if they would be explored further or resolved.
- 4.18 Consultation to date had not focused on specific groups of prisoners, but additional forums for prisoners with protected characteristics had commenced very recently (see paragraph 4.27).
- 4.19 Prisoners lacked confidence in the complaints system; many of those we spoke to were reluctant to make a complaint because they believed their issues would not get resolved. Leaders were aware of prisoners' mistrust of the complaints system and the equality department had started work to improve this (see paragraph 4.26).
- 4.20 The systems for logging and tracking complaints were robust. Responses to complaints were generally prompt, but did not demonstrate sufficient investigation in just under half of the sample we reviewed. Leaders did not collate or use complaints data well to identify patterns or to improve provision.
- 4.21 Applications were submitted electronically, and it was positive that prisoners could easily contact each department. There was no central oversight or quality assurance of responses, and prisoners expressed frustration that their issues were not dealt with, especially by the offender management unit (OMU) (see paragraph 6.13). Most of the departmental responses we saw were reasonable and prompt but sometimes very brief, not always fully explaining the rationale for decisions to prisoners.

Fair treatment and inclusion

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary), or those who may be at risk of discrimination or unequal treatment, are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

- 4.22 In our survey, prisoners from most minority groups expressed views generally similar to other prisoners, and we found the developing culture of the prison to be broadly inclusive. Motivated leaders had made sure that the prison offered a wide and innovative range of purposeful activities and this, alongside the accessible, modern facilities, enabled prisoners of all ages, backgrounds and abilities to participate meaningfully in prison life. The 'offence-neutral' strategy (see paragraph 3.13) meant that vulnerable prisoners were not excluded from taking part in any activity.
- 4.23 The prison facilitated weekly awareness events in the well-being hub to promote diversity, including events for Pride and Black History Month, although these were not always well attended, even though open to all and publicised through in-cell technology.
- 4.24 Prisoners were engaged in the running of their own communities, and peer-led initiatives across the prison enabled them to identify specific and unmet needs among their peers. They could then highlight concerns to staff and were sometimes given the opportunity to help meet those needs (see paragraph 4.4). A promising initiative saw prisoners from different backgrounds and levels of ability being brought together to play in football tournaments.
- 4.25 In our survey, the complaints system was one of the few areas where ethnic minority groups were more negative than white prisoners: only 4% said that their complaints were dealt with fairly, compared to 46% of white prisoners. Complaints about discrimination had been handled poorly, but there had been recent significant improvements; all complaints were now logged, tracked and chased to make sure that they were dealt with promptly. It was positive that the prison planned to contact 41 prisoners, since released or transferred, to apologise for the poor handling of their complaints and to see if they would still like them investigated.
- 4.26 Leaders had recognised weaknesses with work now being driven by a motivated new senior manager and full-time on-site worker from the Zahid Mubarek Trust, a charity that carries out independent, evidence-driven scrutiny and support work to improve treatment and outcomes for minority groups. They had developed a new action plan that identified appropriate priorities, including improving data use and increasing prisoner confidence in the complaints system (especially for

complaints about discrimination). The director was also beginning to provide direct oversight of this work, chairing monthly strategic meetings and setting his expectations for his team on their role in supporting equality work.

- 4.27 Until recently, leaders had not fully exploited the opportunities for targeted consultation and data analysis to identify potential disproportionate outcomes or to improve their understanding of the experiences of minority groups. Senior leaders had started to hold forums for prisoners with protected characteristics to understand their needs and views (see paragraph 4.18). For foreign nationals, in particular, this had led to some tangible improvements, such as an increase in information materials translated into foreign languages and an entitlement to one extra video call per month for those who did not receive visits. Forums were not always well attended but leaders were also seeking alternative, more effective ways to consult with specific groups, such as young adults and care leavers.

Faith and religion

- 4.28 The chaplaincy represented most of the major faiths in the prison. Where there were some recent, temporary vacancies, additional personnel had been brought in to make sure this did not affect prisoners' ability to attend weekly services or groups.
- 4.29 The chaplaincy had good facilities for communal worship with one very large hall, which could be divided in two with a partition wall. Like much of the site, the facilities were plain and lacked colour, but there were plans to brighten up and decorate the space. The team had an inadequate, windowless office space and shared other rooms with the psychology department so had few options for smaller group work or one-to-one meetings with prisoners. The chaplaincy was relying on the opening of the new house block later in the year to alleviate these pressures.
- 4.30 The chaplaincy offered a variety of religious classes and also played host to several groups and enrichment activities, such as over-50s' coffee mornings, veterans' meetings and the prison choir.
- 4.31 The team included a full-time bereavement officer who provided individual support to prisoners who had experienced a loss, as well as organising memorial services within the prison and facilitating virtual and in-person access to funerals of close family members.
- 4.32 We visited Fosse Way during Ramadan and arrangements for the near-300 Muslim prisoners were generally adequate. However, they complained that the flasks they had been given to keep their evening meal warm until they broke their fast were too small to hold all the food. Supplies of the flasks had also run out so new arrivals could not be issued with one. We also observed poor practice in the food serveries that did not always meet religious and cultural requirements (see paragraph 4.14), which some prisoners raised with us as a concern.

Health, well-being and social care

Expected outcomes: Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

- 4.33 The inspection of health services was jointly undertaken by the Care Quality Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found a breach of regulations and issued a request for an action plan following the inspection (see Appendix III).

Strategy, clinical governance and partnerships

- 4.34 Nottinghamshire Healthcare NHS Foundation Trust (NHFT) provided health services. Stable leadership in health delivered good oversight and the managers understood the current risks. The implementation of the new prison's health care provision had been managed well, but carried a legacy of 50% vacancies; however, this was progressively improving. Despite a very high vacancy rate, a caring and compassionate team of staff worked hard to cover deficits.
- 4.35 The prison's senior team, health provider and health commissioners met regularly to review operational issues, but were too slow to resolve some of the deficits and risks affecting patient outcomes, such as high numbers of prisoners not attending internal appointments and too few officer escorts for external hospital appointments. We found 12 patients waiting up to six weeks for an urgent X-ray at hospital (see paragraph 4.51).
- 4.36 Leaders had developed action plans to manage the risks created by the longer than expected waits for patients to see a GP or psychiatrist, and delays in receiving a physical health check or new assessment for mental health and psychosocial need. Immediate risks had not been adequately mitigated, although leaders implemented a triage system for those waiting too long when we highlighted our concerns.
- 4.37 There was a culture of incident reporting and learning from adverse incidents, and prisoner feedback informed service improvements. The prison had dealt with several deaths in custody, early learning was in place, and any health recommendations from PPO and coroners' reports (see also paragraph 3.12) were included in health improvement plans. There was, however, an underreporting of safeguarding incidents, such as the hospital waits.
- 4.38 Patients could make a health complaint confidentially, and external quality assurance made sure that responses were prompt and addressed the issue.

- 4.39 The prison had provided adequate and suitably equipped rooms to deliver health care, and mental health staff had access to consultation rooms on the wings.
- 4.40 Clinical records were written to a good standard but did not include trackable applications data, which were held on a prison electronic portal. Health staff had started to use this prison portal to triage patients, but this was ceased during the inspection as it was not part of the patient record and also accessible to non-health staff.
- 4.41 Responses to emergencies were managed well, but ambulances could be delayed getting through the gate and then departing. For example, we saw an ambulance wait 20 minutes to be released when a patient had experienced respiratory depression while 'under the influence' of drugs. Positively, naloxone (a drug to manage substance misuse overdose) had been used several times in this case, improving outcomes significantly.

Promoting health and well-being

- 4.42 There was no overarching health promotion strategy to guide joint work between health care and the prison, and minimal health promotion information was displayed on the wings. Health promotion leaflets and information about health services were available from the health care centre and in treatment rooms. Although all the material was in English only, it could be printed in other languages if required. Health staff had used the in-cell technology to promote health campaigns for vaccinations. There were no health champions, which was a missed opportunity to signpost and encourage healthy lifestyle choices. Staff and patients had access to health check machines to monitor and promote their own health.
- 4.43 Midlands Partnership NHS Foundation Trust provided sexual health services, including full screenings, examinations and treatment. Results were shared with patients during a follow-up appointment or an in-cell phone call. Barrier protection was available to patients from health care on request.
- 4.44 Patients could access health screening and vaccination at a level equivalent to that in the community, with robust oversight from the primary care lead. There were systems to deal with communicable disease outbreaks and good partnerships with Public Health England.

Primary care and inpatient services

- 4.45 Primary care carried the most health service vacancies, which meant it relied on regular agency staff. This carried risks, which had been increased by a recent NHS England direction to reduce spending on temporary staffing. Managers cross-deployed health staff and prioritised care to manage risks, but other services were impacted. There was no on-site health provision overnight, DHU Healthcare are commissioned to provide an out of hours service. In addition, prison staff can use the national 111 service for advice out of hours.

- 4.46 All new arrivals received an initial and secondary health screening and appropriate onward referrals by a qualified nurse. Their clinical records were obtained from their community GP with consent, and a prescriber was available five days a week to see new arrivals where required.
- 4.47 The team responded to a high number of emergency calls each day for patients suspected of being under the influence of drugs, which added to an already heavy workload.
- 4.48 Patients completed electronic applications to request an appointment with health care. A clinician triaged them and sent a response or appointment to the patient. Details of the patient application were not always recorded on the clinical records, which meant records were not always contemporaneous; this was rectified during the inspection.
- 4.49 Patients waited four weeks for a routine GP appointment, but those with urgent needs were seen promptly through daily embargoed appointments. Patients could see a nurse the same day or in routine assessment clinics.
- 4.50 Patients with long-term health conditions were well managed by a skilled, but temporary, staff member. There had been progress to train substantive staff to build resilience for this provision. Annual health checks were monitored and completed appropriately, but patient care plans were not always personalised. A range of allied health professionals visited the prison, with reasonable waiting times for these services.
- 4.51 Despite good oversight of external hospital appointments by health care administrators, 29% of patients had experienced a delay in accessing these due to the lack of prison staff to escort them or insufficient available slots. Although senior partners were aware of this problem, there had been no resolution. In addition to the high number of hospital appointment cancellations, we found 12 patients who had waited up to four weeks to be escorted to A&E for X-rays, which was unacceptable.
- 4.52 Prisoners saw a clinician before their release, were given a summary of their care and supported to register with a community GP. The prison provided a small supply of their medication for them to take away.

Social care

- 4.53 There was a memorandum of understanding and an information-sharing agreement between all the parties responsible for social care, with oversight through monthly review meetings. Leicestershire County Council commissioned NHFT to deliver domiciliary care. Health care support workers provided personal care seven days a week if required.
- 4.54 Prisoners' social care needs were identified on their arrival. Referrals were made by prison health staff and prisoner self-referral, with health staff entering the referral on to the electronic portal on the prisoner's

behalf. There had been 28 social care referrals in 2024. Assessments were completed without delay and within agreed timescales.

- 4.55 One prisoner was in receipt of a care package during our inspection. He was living in a purpose-built, low-mobility cell and spoke highly of the care he received. Care plans were in place and interventions were recorded on SystmOne (the clinical IT system).
- 4.56 A prisoner support worker (care buddy) helped the prisoner with low-level social care needs. Prison staff had good oversight of this role and supervised the buddy. The local authority delivered training to the buddy and to prison and health staff. When required, the local authority provided equipment for prisoners from a defined list agreed with the prison.
- 4.57 There were effective release and transfer arrangements to make sure there was continuity of care.

Mental health

- 4.58 A well-led mental health team provided a tiered mental health service. The service had been unable to recruit a psychologist and assistant psychologist, which created unmet need; a resolution to this deficit was expected in May 2025.
- 4.59 The team provided a wide range of brief interventions and case management. However, 'tier 3' interventions, for those with the greatest needs, were very limited. Positively, there was a speech and language therapist and learning disability team. The staff were easily recognisable, said they felt supported and had the opportunity to reflect on complex cases.
- 4.60 The team received around 130 referrals a month from all sources. Waiting times for new patient assessments were affected by the stretched resources in physical health, as mental health nurses were supporting medicine administration and emergency responses. Urgent nurse assessments were prioritised, and new assessments were undertaken within 14 days. A duty worker could also pick up crisis interventions and ACCT reviews.
- 4.61 Of specific note was the protected nurse allocation to the segregation unit, where there was notable therapeutic management of the prisoners. Although segregation unit staff felt they lacked skills, we observed them managing prisoners experiencing psychosis and those with complex and risky disordered behaviours with competence and compassion.
- 4.62 Prisoners with severe and enduring mental health problems were cared for well. Five patients had been transferred to secure beds under the Mental Health Act in the previous 12 months, and a further four were waiting assessment or transfer. We saw unacceptable delays for transfers. Some waits were created by multiple assessments from community mental health bed providers, with an admission approved

and later withdrawn. One patient had had three assessments and had been waiting 112 days to date. Such waits generated deterioration for the patient and greater associated risks of harm to staff and patients, and compromised outcomes for recovery.

Support and treatment for prisoners with addictions and those who misuse substances

- 4.63 The substance misuse service had good local partnership working with the prison, including attendance at key prison meetings. Prison leaders were sighted on and supported NHFT to address the challenges experienced in service delivery. The prison did not have an incentivised substance free living unit for prisoners. Leaders were recently appointed, experienced and knowledgeable, and understood where there were gaps and risks in services for substance misusers, but there was no plan to rectify these gaps.
- 4.64 Although health services were an intrinsic component of the prison's drug strategy targets, the actions for health substance misuse services set out had not yet been fully implemented.
- 4.65 NHFT delivered fully integrated psychosocial and clinical substance misuse services five days a week. Both services were under considerable pressure due to insufficient staff, with vacancies of 33% in psychosocial and 66% in clinical staff. The service had no dedicated administration support. A NHFT recruitment freeze in 2024 had impacted on service delivery while demand had increased, and this was now affecting access to care.
- 4.66 The team prioritised their workload appropriately. An allocated duty worker and assessment worker completed essential tasks every weekday, and managed urgent risks. However, with over 100 referrals a month to the service, they were unable to meet all patient need. All patients confirmed as being under the influence of drugs or alcohol were seen the next working day.
- 4.67 Leaders were unable to fulfil all managerial duties as they had to cover gaps in delivery. As a result, an appraisal rate of 40% was too low and staff reported that they did not receive regular supervision with their line manager. Positively, the team could access monthly online supervision with a trust psychologist.
- 4.68 All substance misuse service staff and a mental health representative attended a weekly multidisciplinary team meeting to discuss existing patients and new referrals.
- 4.69 Psychosocial staff had limited time to support patients on their caseloads. There was evidence of caseload reviews, but their frequency varied and did not meet the service's six-week target.
- 4.70 The service did not see all new arrivals during their induction and there were no substance misuse service peer mentors, which was a gap. Patients could self-refer to the service through their in-cell technology.

Non-attendance rates affected the delivery of new assessments and not all were completed within five days from referral.

- 4.71 There was no mutual aid support, but there were plans to provide Alcoholics Anonymous and the Dear Albert addiction recovery agency.
- 4.72 While the trust was commissioned to deliver interventions ranging from 'tier 1' primary needs to 'tier 4' for more complex care, none were available for tiers 2 to 4. Advanced plans were only in place to deliver tier 2 interventions. An extremely high non-attendance rate of up to 85% impacted on wait times and the ability to deliver appropriate care.
- 4.73 There was a flexible approach to prescribing and patients were now offered a full range of treatments. There were 202 patients (11.8% of the population) prescribed opiate substitution, including 26 on long-acting injections of buprenorphine (synthetic opioid). A change in policy during our inspection meant that the number of patients who received this treatment was no longer capped.
- 4.74 The clinical service was led by a motivated non-medical prescriber, but there was little back-up when they were absent, which presented risk. Patients prescribed opiate substitution received 13-week reviews, but these were not always held jointly with the psychosocial worker and were often delayed due to high non-attendance rates by patients.
- 4.75 There was no pathway for patients with both mental health and substance misuse needs, but there were plans to address this.
- 4.76 There was no dedicated family worker or community link worker. However, releases of prisoners on the team's caseload were well managed, and the team saw them all before release to make sure there was continuity of their treatment.

Medicines optimisation and pharmacy services

- 4.77 Oversight and provision of medicines was good. They were supplied promptly by an external provider, with a full-time NHFT pharmacist-led service on site. However, due to the external provision there was no medication screening.
- 4.78 The pharmacist had regular clinical input into prescribing strategy and medicines optimisation, and led a monthly safer prescribing forum. There were no pharmacist clinics to help patients manage their treatment, but they could receive advice from pharmacy technicians at the medicines collection hatch or by submitting an application. There was monitoring of some high-risk and tradeable medicines, and strategies to reduce the prescribing of some, but not all. There were no medication reviews to support the patient with their treatment, optimise the impact of their medicines and make sure they were still safe, but there were plans to upskill pharmacy staff to complete this role.
- 4.79 Prescribing and administration was recorded on SystmOne. Approximately 80% of the population were prescribed medicines in possession. There was an in-possession policy and risk assessments

were routinely completed at reception and recorded on SystmOne. Risk assessments were reviewed after 12 months. In-possession medicines were labelled and provided appropriately. However, the cupboards in the pharmacy where they were stored were not regularly reconciled to remove unwanted or unused medicines, increasing the risk of errors. Cells did not have facilities for patients to store their medicines securely.

- 4.80 Medicines were administered appropriately on wings by pharmacy technicians and nurses. We noted that the movement of prisoners from G to A wing in the morning near the hatch created risks for illicit drug trading from congregating prisoners. Some of these prisoners were also openly vaping what smelled overwhelmingly like drugs. Details of patients failing to attend for medicines were recorded on SystmOne. Pharmacy technicians investigated after two collections had been missed, with referral to the prescriber if contact could not be made with the patient or if there were concerns.
- 4.81 Medicines could be provided for minor ailments and from emergency stock. Not all medicines supplied from emergency stock were logged, which carried risk. Controlled drugs management was robust, and they were stored securely.

Dental services and oral health

- 4.82 Time for Teeth provided a good dental service that offered a full range of NHS treatments. A dentist, dental therapist and nurse provided 19 sessions over a five-day week. Waiting times were reasonable with a maximum of nine weeks between application and the start of treatment, with a dental assessment in between. Prisoners with urgent dental needs were seen without delay.
- 4.83 Oral health promotion was available during appointments, but dental health advice was not freely available on the wings. The dental team had taken part in a recent health promotion day.
- 4.84 The two dental surgeries were modern and well equipped, clean and well maintained. There was a separate decontamination area between the surgeries and appropriate processes when dirty instruments were carried between rooms. The position of the magnifier affected the scrutiny of instruments being scrubbed, and this needed to be rectified.

Section 5 Purposeful activity

Prisoners are able and expected to engage in activity that is likely to benefit them.

Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

- 5.1 Prisoners had sufficient time out of cell. Those working full-time (over 1,000 prisoners, 58% of the population) could spend at least nine hours a day out of their cell on weekdays, with those on enhanced landings receiving an additional hour of evening association three days a week. Those in part-time activity could spend up to six hours a day out of their cells.
- 5.2 It was positive that the regime on Fridays was the same as other weekdays, with purposeful and enrichment activities available in both the morning and afternoon, something we rarely find. The regime over weekends was also far better than we usually see, with most prisoners unlocked for seven hours on Saturdays and Sundays.
- 5.3 The prison offered a wide range of education, work and training opportunities (see paragraphs 5.21 and 5.25). A variety of enrichment activities also gave prisoners plenty of opportunities to use their free time productively and gain more time out of cell (see paragraphs 5.32 and 5.33).
- 5.4 In our roll checks, we found 28% of prisoners locked up during the working day. Many of these were part-time workers, but there were well-developed plans to increase the number of full-time places, which would reduce this figure. We also found that the published core day was applied inconsistently across the units; on some, for example, almost all prisoners were unlocked, regardless of employment status, and on others only wing workers were unlocked.
- 5.5 In our survey, 68% of prisoners, against the comparator of 78%, said they could exercise outside at least three times a week. We found that because outside exercise was offered first thing in the morning, many prisoners chose not to take it.
- 5.6 The library, run by Milton Keynes College, was a warm and welcoming space. It was much too small for the population, but there were plans to expand into a larger space. This would allow distance learners to use the computers in a quieter environment, as well as providing space for recreational groups and activities. The library held a range of materials, including DVDs and graphic novels, and promoted reading through

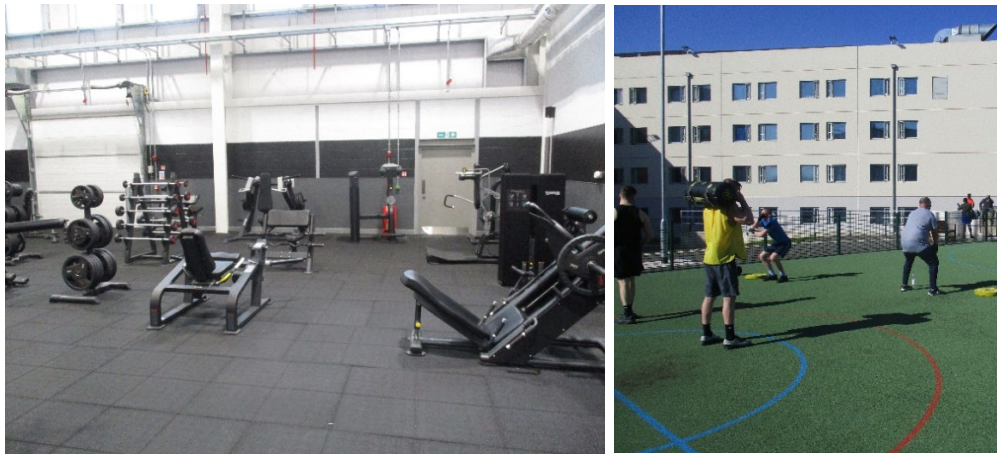
initiatives such as reading challenges. However, there was a paucity of books in foreign languages.

- 5.7 Prisoners had reasonable access to the library; each house block had a half-hour slot daily with a maximum capacity of 30 prisoners in each, and evening sessions were available three days a week for those on enhanced landings. House blocks were also allocated a session over the weekend; during our inspection, these sessions were used for enrichment activities such as board games and clubs rather than traditional library sessions. Leaders had plans to introduce a library book delivery service for those (such as full-time workers) unable to attend in person.



Library display

- 5.8 Gym facilities were good and very popular with prisoners. There were two large rooms (converted from workshops in the industries building) with equipment for strength-training and cardiovascular exercise. It was disappointing, however, that the prison did not include a sports hall or full-size outdoor sports pitch. Despite this, enthusiastic and well-led gym staff put on an impressive range of activities that made full use of the available facilities and grounds, including cycling and 5k runs, and coaching training from local football and rugby clubs.
- 5.9 Access to the gym was very good; all prisoners could attend at least three times a week and there were sessions in the evening and at weekends. In keeping with the prison's ethos of encouraging prisoners to take part in full-time purposeful activity, full-time off-wing workers could attend five times a week.



Gym (left), and peer-led circuits on houseblock yards

- 5.10 Positive peer-led initiatives encouraged harder-to-reach prisoners to take part in physical activity. This included circuit-based one-to-one training aimed at young adults in segregation, and a level 3 course introducing the theory and practice of physical education for those who were not traditional or regular gym users, delivered on house block multi-use gym areas.

Education, skills and work activities



This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at <https://www.gov.uk/government/publications/education-inspection-framework>.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

- 5.11 Ofsted made the following assessments about the education, skills and work provision:

Overall effectiveness: good

Quality of education: good

Behaviour and attitudes: good

Personal development: good

Leadership and management: good.

- 5.12 Leaders had carried out a suitably detailed analysis to make sure that the offer met the educational and resettlement needs of prisoners. For example, the analysis acknowledged that a significant number of prisoners had prior attainment in English and mathematics below level 1. Leaders had, as a result, provided a suitable range of English and mathematics courses from entry level to level 2.
- 5.13 Leaders and managers had implemented an ambitious curriculum. They used information about the prison population, regional and national employment needs, and prisoners' feedback to plan a comprehensive curriculum offer. Accredited courses ranged from entry level to master's degrees. Leaders worked closely with employers to offer non-accredited courses to ensure that prisoners developed useful knowledge, skills and behaviours to help them to progress.
- 5.14 Prison leaders and managers provided enough part-time or full-time activity spaces to meet the needs of the very large majority of the population. A small minority of prisoners were waiting to complete their induction before being allocated to activities. A very few were retired or ineligible for allocation as they were in the prison's care and separation (segregation) unit.
- 5.15 Prison staff delivered an effective induction programme to support the transition into custody for new arrivals. Staff accurately captured and used prisoners' starting points to select a curriculum pathway based on prior achievement and future career aspirations. As a result, most prisoners had a clear grasp of how they could use their time in custody productively to plan for their next steps.
- 5.16 Too often, prison wing workers had insufficient work to do and prison staff exercised little oversight of these prisoners. Prisoners assigned to work on the wings as cleaners or as servery workers often completed their assigned tasks in an hour or two. As a result, these prisoners did not develop expected workplace behaviours and attitudes.
- 5.17 Leaders had implemented a local equitable pay policy. Any potential disincentive to attending education, skills and work (ESW) activity – such as the higher pay and bonus opportunities offered in the industrial workshops – was minimised. Prisoners attending English or mathematics courses were eligible for an additional pay incentive.
- 5.18 Attendance across ESW as a whole was high and prisoners arrived at activities punctually. Attendance at functional skills English and mathematics required improvement. Managers acknowledged this weakness and had developed a well-considered action plan to tackle it. Though this had led to some improvement, it was too soon to judge its longer-term success.

- 5.19 Leaders and managers ensured access to education, skills and work was equitable, including for those prisoners convicted of sexual offences. The allocations team monitored closely prisoners with protected characteristics, and with experience in the care system, to ensure they received equal access to ESW.
- 5.20 Managers had recently strengthened the well-established process of allocating prisoners to purposeful activity. The allocations team took into account prisoners' suitability for particular types of ESW activities and allocated them accordingly. As a result, most prisoners were allocated to activities that met their needs and career plans.
- 5.21 The prison education framework provider, Milton Keynes College, had implemented a well-structured education and vocational curriculum that met the needs of the population. Leaders had carefully scrutinised the key demographic features of the regions to which most prisoners would be released. The range of academic and vocational pathways reflected both labour market gaps and priorities, as well as prisoners' interests and job aspirations. ESW activities were well-planned and enabled prisoners to learn, and to develop their knowledge and confidence. Teachers explained topics well, demonstrated new concepts clearly, and set appropriately demanding learning activities and tasks. These strengths were reflected in the high pass rates on most academic and vocational courses.
- 5.22 Prison and college managers had collaborated effectively to strengthen quality improvement arrangements. Together, they now carried out regular learning walks, curriculum reviews and classroom visits. As a result, they had a good grasp of the main strengths and weaknesses in the quality of education.
- 5.23 Tutors in vocational training had extensive industry experience and vocational expertise. Managers supported tutors well to develop their teaching skills through mentoring and completing teaching qualifications.
- 5.24 English and mathematics teachers were well-qualified and experienced. Several were qualified teachers and had a sound knowledge of phonics, and of how learners at entry levels learned to use and apply number skills. Teachers used their expertise and experience to provide engaging and interactive learning sessions that helped prisoners learn. Teachers in English and mathematics did not always contextualise curriculum content sufficiently well. They did not always help prisoners to understand how their newly acquired skills in these subjects might apply at home or in the workplace.
- 5.25 The vocational training resources and equipment were of high quality. Prisoners in barbering, construction, industrial workshops, and those engaged in technical air ducting and insulation developed skills based on current industry standards.



Electrical workshop (top left), classroom (top right), barbers (bottom left), bike repair workshop (bottom right)

- 5.26 The quality of most education, skills and work activity was good. Barbering tutors explained shampoo and conditioning practical techniques, followed by theoretical knowledge of hair types, follicles and layers of the skin. They then progressed on to basic clipper cutting, scissor techniques and skin fades for different hair types. Prisoners on the pre-cast concrete construction skills programme quickly developed comprehensive knowledge and skills in the application of concrete in new buildings. They could articulate the technical specifications of the finished products and the tolerances to which they must be made. They used a Schmidt hammer to analyse the curing and could measure when it was safe to remove the concrete from the mould, ready to be used in construction.
- 5.27 Teachers and tutors used a range of well-planned, appropriate assessment strategies to check prisoners' understanding and recall from prior lessons. They used questioning very well to ensure prisoners consolidated their understanding before moving on to the next topic. Teachers in education and vocational training provided clear and helpful feedback. Teachers of journalism marked prisoners' written work promptly and provided helpful feedback. Prisoners knew how to improve their work and correct their spelling and punctuation.
- 5.28 Leaders and managers assessed prisoners' additional learning support needs effectively. Support for prisoners with additional needs was of a consistently high standard. Leaders used information about the prison population to provide targeted staff training, such as dyslexia and dyspraxia awareness.

- 5.29 Pass rates were good in most vocational training qualifications. However, they were low in mathematics and English, which comprised a very small proportion overall of the prison's ESW offer, especially at entry level 3 and level 1, respectively.
- 5.30 Managers ensured that prisoner peer mentors received suitable training to support prisoners engaged in ESW. Mentors took the time to get to know prisoners well. They provided encouragement and support in education sessions and helped to build prisoners' confidence and resilience.
- 5.31 Staff used the 'virtual campus' (giving prisoners internet access to community education, training and employment opportunities) effectively to support prisoners' learning and skills development. Leaders had been innovative in developing bespoke resources for prisoners studying level 2 digital skills. They had developed a range of simulation activities that accurately replicated online video calls, meetings, email services and social media applications.
- 5.32 Prison leaders had recently revised the prison's strategy for improving reading across the establishment. This strategy was entirely appropriate and placed a suitably high priority on promoting reading for pleasure. Leaders ensured that prisoners had access to appropriate reading resources to promote the development of their reading skills. Teachers in education had incorporated the development of prisoners' reading skills successfully into the English curriculum. Prisoners attended recreational and cultural activities through book clubs, diverse reading materials and periodic literary events. Leaders had worked with local charities to provide free books for prisoners. They had also carried out a comprehensive survey of library resources and established that these needed to better reflect the low reading ability of many prisoners. Managers had also begun to carry out screening for reading ability across the establishment, but this initiative was relatively new. Managers acknowledged the positive early impact on prisoners of the reading strategy, though it was too soon to judge the full impact.
- 5.33 Managers had developed an extensive and largely well-attended personal development curriculum. This offered prisoners opportunities to help them pass their time productively. Prisoners could also explore topics likely to help them adjust to life in custody and upon their release. They benefited from the wide provision of enrichment activities. Leaders offered these activities during the day, evening and at weekends. Prisoners could attend activities to help them stay fit and healthy and learn new skills and outside hobbies and interests. Many of these activities were peer-led. Managers also offered well-attended opportunities for prisoners to engage with the local community through their links with football and rugby clubs, care homes and charities.
- 5.34 Leaders and managers supported prisoners' resettlement arrangements well through a specialist team that worked with prisoners approaching their release date. Leaders and managers had developed good links with regional, local and national employers, which they used well to develop prisoners' employability and preparations for next steps.

Several prisoners had received offers of permanent employment as a result of this.

- 5.35 Most prisoners had a secure understanding of life in modern Britain. They could articulate reasonably clearly how they were developing skills as active citizens. They could describe and recognise the value and relevance of democratic ideals, and the importance of respect, mutual tolerance and liberty.
- 5.36 The prison offered a calm and orderly environment for ESW. In classrooms, workshops and work areas, prisoners benefited from working in quiet and well-organised spaces. The education building was welcoming and spacious, and comprised a large central atrium which replicated the appearance and design of a further education college. This contributed well to prisoners' ability to focus and engage with their learning. Prisoners reported that they felt safe when participating in purposeful activity.
- 5.37 Prisoners' behaviour during activity sessions was good. Staff swiftly challenged the rare occasions when prisoners used inappropriate or derogatory language. Prisoners' attitudes to education, training and work were positive. They were polite and courteous during activities, and demonstrated respect for their peers, staff and visitors.
- 5.38 Prison leaders provided a very positive and respectful culture that prisoners and staff valued. Relationships between prisoners and teachers and instructors were mutually respectful. Prisoners commented favourably on the support and encouragement that staff provided to help them progress and achieve.

Section 6 Preparation for release

Preparation for release is understood as a core function of the prison. Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Children and families and contact with the outside world

Expected outcomes: The prison understands the importance of family ties to resettlement and reducing the risk of reoffending. The prison promotes and supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 6.1 There was a clear focus on the importance of family work at Fosse Way, led by a manager in the resettlement team and the family service provider, POPS (Partners of Prisoners), which had offered individual support with relationship and child contact issues to many prisoners. In the previous year, over 50 prisoners had also completed a family learning course facilitated by the education department.
- 6.2 In our survey, many more respondents than at similar prisons said that staff had encouraged them to keep in touch with family and friends, and in the case notes we reviewed from key work sessions (see paragraph 4.3), prisoners were regularly asked about family contact.
- 6.3 The prison also produced a weekly report to identify prisoners who had not had family contact for some time. The POPS family engagement workers then visited these prisoners to offer support. This included tracing and rebuilding ties with those they had lost touch with, or offering other options for social contact such as a pen pal service and the official prison visitor scheme.
- 6.4 Social visits were available six mornings, seven afternoons and three evenings a week, and prisoners could book a session easily through their in-cell tablets (see paragraph 4.6).
- 6.5 The visits hall was bright and welcoming, and visitors we spoke to told us that staff usually treated them with respect. Prisoners and their visitors welcomed the opportunity to have a free photo taken during the visit.



Visits hall (left), outside play area in visits

- 6.6 Prisoners used their in-cell tablets to send messages to those on their approved phone contact list, which they told us was much more affordable than phone calls and their preferred method of communication.

Reducing reoffending

Expected outcomes: Prisoners are helped to change behaviours that contribute to offending. Staff help prisoners to demonstrate their progress.

- 6.7 Although the prison's designated function was to support prisoners with their resettlement during the last two years of their sentence, in the previous 12 months, 9% of new arrivals had longer than this to serve; these included 100 who had more than three years until their release date. While many of these longer-term prisoners still needed offending behaviour work to address their risks ahead, the prison was not funded to provide this (see paragraph 6.23).
- 6.8 A range of committed and experienced staff and partners supported resettlement work, benefiting from co-location in the 'resettlement hub'. While they did not all have access to the same prison and probation IT systems, they made good use of readily available platforms, such as MS Teams, to enhance information sharing. The combined efforts of these teams had led to many positive outcomes for prisoners.
- 6.9 Despite this, strategic oversight of work to reduce reoffending and prepare prisoners for release was not as effective as it could be. Leaders did not use data proactively to set clear actions to maximise outcomes for all prisoners. The first-ever reducing reoffending meeting involving all relevant stakeholders had only been held in January 2025, and was yet to develop a long-term action plan to deliver strategic aims.
- 6.10 All prisoners at Fosse Way had an offender manager who was responsible for developing their sentence plan, with targets to reduce their risk and help them progress through their sentence. For most prisoners subject to the offender management in custody (OMiC) model (see Glossary), the responsible manager was a Probation

Service community offender manager (COM), supported by a prison-based prison offender manager (POM) who could provide face-to-face guidance and encouragement to meet these targets.

- 6.11 At the time of the inspection, about 200 prisoners did not have an initial sentence plan, despite having been at the prison for many months and in some cases up to a year (see paragraphs 6.15 and 6.23). This was reflected in our survey, in which only 42% of respondents said they had such a plan, compared with 61% at comparator prisons. We spoke to several prisoners who were frustrated by a lack of clarity over what they needed to do to progress in their sentence. To address this gap, leaders had credible plans to fill POM vacancies and increase overall numbers to meet the demands from the planned expansion of the prison. However, caseloads still remained too high, with probation staff managing around 65 prisoners each and prison staff over 100. All the POMs we spoke to said that their work was largely driven by time-bound tasks, such as re-categorisation reviews and progressing home detention curfew (HDC), which left little time for more meaningful on-going contact with prisoners.
- 6.12 Several of the prisoners we spoke to did not know the name of their POM. We saw very few examples of POMs facilitating structured one-to-one, risk-focused work, although when this did take place, it was generally of good quality.
- 6.13 Many prisoners complained about long waits for the offender management unit (OMU) to reply to messages sent through their in-cell technology. Prison data showed that hundreds of messages each month were not responded to within the five-day target.
- 6.14 Most prisoners had regular and supportive key work sessions (see Glossary and paragraph 4.3), exploring perceptions of safety and family contact. However, officers did not use these sessions effectively to set short-term behavioural targets that might support wider sentence progression, and there was no evidence that key workers were aware of prisoners' sentence plans.
- 6.15 POMs completed the scheduled reviews of each prisoner's security category on time and their recommendations were mostly sufficiently well evidenced. In the previous year, over 200 prisoners had been categorised as suitable for open conditions and most were transferred promptly. However, in several recent cases, prisoners could not be considered for open conditions because they did not have a current sentence plan (see paragraph 6.11). They included two prisoners whose previous categorisation review in 2023 had also highlighted that they did not have a plan; this had not been addressed a year later, once again delaying their progression.
- 6.16 The prison had not yet facilitated release on temporary licence (ROTL) to support resettlement but had appointed a ROTL placement coordinator to develop this approach in conjunction with the prison employment lead.

Public protection

Expected outcomes: Prisoners' risk of serious harm to others is managed effectively. Prisoners are helped to reduce high risk of harm behaviours.

- 6.17 Work to identify and manage public protection risks was good. The prison benefited from a well-led and well-resourced public protection team, which had developed good knowledge and provided consistency in this area.
- 6.18 The team listened to the telephone calls of the 31 prisoners currently identified as requiring monitoring, as well as reviewing their video calls, which is something we do not usually see. They also monitored a percentage of random calls, which many other prisons had ceased to do. This included reviewing messages sent through the in-cell technology.
- 6.19 When call monitoring identified concerns or issues, the team shared these with the relevant departments, for example the OMU and safer custody. The team also met the police weekly to report possible offences, such as breaches of restraining orders.
- 6.20 A monthly inter-departmental risk management meeting provided scrutiny of the arrangements to manage the risks posed by prisoners approaching release. Minutes demonstrated that when the group identified potential gaps in risk management, it acted to remedy this, including escalating concerns to probation managers in the community.
- 6.21 Oversight of prisoners eligible for management under multi-agency public protection arrangements (MAPPA) on release was not sufficiently robust. In many instances, the prison had not challenged the COM to make sure that the MAPPA level was confirmed in good time to support effective risk management before release.

Interventions and support

Expected outcomes: Prisoners are able to access support and interventions designed to reduce reoffending and promote effective resettlement.

- 6.22 The programme team at Fosse Way was resourced to deliver around 60 places a year on one of two accredited offending behaviour programmes, one of which was suitable for prisoners convicted of sexual offences (PCSOs).
- 6.23 Leaders had identified that since the prison opened there had been an increase in prisoners arriving with several years to serve (see paragraph 6.7), which in turn increased the need for more accredited offending behaviour programmes. An updated needs analysis had identified a demand for an additional high-intensity programme, and there were plans to offer this in the next 12 months. However, the

accuracy of the needs analysis was undermined by the large number of prisoners without a current assessment defining their risks (see paragraph 6.11). In addition, many prisoners whose risk scores meant they could be suitable for a programme had not been referred to the programme team for a full assessment.

- 6.24 In the previous year, the psychology team had supported six prisoners who were not able to join group programmes with bespoke one-to-one work to reduce their risk.
- 6.25 Staff from the Department for Work and Pensions (DWP) worked on site to offer benefit advice. In the previous year, 12 prisoners had completed the budgeting and debt management course in education. In the same period, one of the resettlement partners had advocated for prisoners with their creditors, which had led to the closure of more than £450,000 of legitimate debt.
- 6.26 Prisoners could obtain bank accounts and other necessary documentation to allow them to apply for jobs in the community. There was good support for prisoners to gain employment skills (see paragraphs 5.25, 5.26, 5.31), and in the previous year over 70 prisoners had completed the well-being and self-development course, aimed at improving employability.
- 6.27 In the previous year, over 100 prisoners under 30 had engaged with the Key4Life personal development and mentoring programme, which included through-the-gate support for employment and training. Of the 31 who had taken part and been released, 11 were in employment or education as a result.
- 6.28 The prison employment lead had developed links with local employers who were regularly invited to host job fairs in the prison. This had resulted in several prisoners being interviewed for and offered positions on release. Several of the prison workshops were run by local employers, which had also led to some prisoners securing employment on release.

Returning to the community

Expected outcomes: Prisoners' specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

- 6.29 Work to help prisoners return to the community was mostly good. About 130 prisoners a month were released. In September 2024, there were 92 releases on one day and a further 52 on one day in October as part of government measures to address prison population pressures. The administrative demand to support these high volumes of releases had a particular impact on the OMU.
- 6.30 Changes to the eligibility for home detention curfew had led to an increase in the number of prisoners released early with a period of

electronic monitoring. In the previous 12 months, almost 250 had been released under these arrangements. Management of the scheme had not been sufficiently robust, particularly measures to escalate concerns about delays in the community that held up the process. In the previous year, about 70% of eligible prisoners had been released late, which was among the highest we have seen.

- 6.31 Prison service data indicated that 8% of prisoners released in the previous year were homeless and only 33% went to sustainable accommodation. The prison did not keep its own data on accommodation outcomes to confirm the accuracy of these figures.
- 6.32 About half of all prisoners were still assessed as high risk of harm at the point of release and many of these went to probation approved premises as part of their licence conditions.
- 6.33 Almost 200 prisoners had been released within a week of their sentence licence end date and were not eligible for approved premises or other probation supported temporary accommodation. To mitigate this, one of the resettlement partners, Langley Trust, provided accommodation support for high-risk prisoners at sentence end date, which is something we seldom see.
- 6.34 In the last few months of their custodial sentence, prisoners were invited to the resettlement hub where a range of partners helped them prepare for release. Several knowledgeable peer workers supported the work of the hub, signposting prisoners to the appropriate agency to address their needs. Resettlement partners also attended a fortnightly meeting, where they discussed and agreed action to address any unmet needs of prisoners in the last few weeks before discharge.
- 6.35 On the day of release, once prisoners had been discharged in reception, they had to pass through the 'departure lounge' before exiting the prison. The departure lounge was a comfortable space, decorated with prisoner artwork, where men could wait for transport and get refreshments. Prisoners who needed them were issued with food bank vouchers and were supported to finalise their claim for benefits using a dedicated line to the DWP.



Seating area in departure lounge (left), clothing rail in departure lounge

- 6.36 Prisoners being released could select from an impressive range of clothing, including garments for women. We saw one older prisoner being discharged with only a small carrier bag of belongings who was overjoyed to receive a warm coat.
- 6.37 The departure lounge was staffed by a small but dedicated and helpful team, including a member of staff previously employed by a charity providing through-the-gate support for prisoners and a peer worker. The staff prepared individualised travel plans to make sure prisoners got to their destination safely, including photos to help those with additional learning needs. Many prisoners at Fosse Way had received through-the-gate support from several external agencies.

Appendix I About our inspections and reports

HM Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, court custody and military detention.

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. For men's prisons the tests are:

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

Preparation for release

Preparation for release is understood as a core function of the prison. Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: in some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by HM Prison and Probation Service (HMPPS).

Outcomes for prisoners are good.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

Outcomes for prisoners are reasonably good.

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant

concerns. Procedures to safeguard outcomes are in place.

Outcomes for prisoners are not sufficiently good.

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.

Outcomes for prisoners are poor.

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Our assessments might result in identification of **areas of concern**. Key concerns identify the areas where there are significant weaknesses in the treatment of and conditions for prisoners. To be addressed they will require a change in practice and/or new or redirected resources. Priority concerns are those that inspectors believe are the most urgent and important and which should be attended to immediately. Key concerns and priority concerns are summarised at the beginning of inspection reports and the body of the report sets out the issues in more detail.

We also provide examples of **notable positive practice** in our reports. These list innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; prisoner and staff surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Other than in exceptional circumstances, all our inspections are unannounced and include a follow up of concerns from the previous inspection.

All inspections of prisons are conducted jointly with Ofsted or Estyn (Wales), the Care Quality Commission and the General Pharmaceutical Council (GPhC). Some are also conducted with HM Inspectorate of Probation. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations*. *Criteria for assessing the treatment of and conditions for men in prisons* (Version 6, 2023) (available on our website at [Expectations – HM Inspectorate](#))

[of Prisons \(justiceinspectorates.gov.uk\)](https://justiceinspectorates.gov.uk)). Section 7 lists the concerns raised at the previous inspection and our assessment of whether they have been addressed.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Martin Lomas	Deputy Chief Inspector
Deborah Butler	Team leader
Ian Dickens	Inspector
Martyn Griffiths	Inspector
Lindsay Jones	Inspector
David Owens	Inspector
Paul Rowlands	Inspector
Nadia Syed	Inspector
Jasmin Clarke	Researcher
Emma Crook	Researcher
Emma King	Researcher
Samantha Rasor	Researcher
Joe Simmonds	Researcher
Tania Osborne	Lead health and social care inspector
Simon Newman	Health and social care inspector
Chris Barnes	General Pharmaceutical Council inspector
Emily Hempstead	Care Quality Commission inspector
Dayni Johnson	Care Quality Commission inspector
Jai Sharda	Lead Ofsted inspector
Nikki Brady	Ofsted inspector
David Everett	Ofsted inspector
Andrew Thompson	Ofsted inspector

Appendix II Glossary

We try to make our reports as clear as possible, and this short glossary should help to explain some of the specialist terms you may find.

Care Quality Commission (CQC)

CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

Certified normal accommodation (CNA) and operational capacity

Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Challenge, support and intervention plan (CSIP)

Used by all adult prisons to manage those prisoners who are violent or pose a heightened risk of being violent. These prisoners are managed and supported on a plan with individualised targets and regular reviews. Not everyone who is violent is case managed on CSIP. Some prisons also use the CSIP framework to support victims of violence.

Key worker scheme

The key worker scheme operates across the closed male estate and is one element of the Offender Management in Custody (OMiC) model. All prison officers have a caseload of around six prisoners. The aim is to enable staff to develop constructive, motivational relationships with prisoners, which can support and encourage them to work towards positive rehabilitative goals.

Leader

In this report the term 'leader' refers to anyone with leadership or management responsibility in the prison system. We will direct our narrative at the level of leadership which has the most capacity to influence a particular outcome.

MAPPA

Multi-Agency Public Protection Arrangements: the set of arrangements through which the police, probation and prison services work together with other agencies to manage the risks posed by violent, sexual and terrorism offenders living in the community, to protect the public.

Offender management in custody (OMiC)

The Offender Management in Custody (OMiC) model, which has been rolled out in all adult prisons, entails prison officers undertaking key work sessions with prisoners (implemented during 2018–19) and case management, which established the role of the prison offender manager (POM) from 1 October 2019. On 31 March 2021, a specific OMiC model for male open prisons, which does not include key work, was rolled out.

PCOSO

Prisoner convicted of a sexual offence.

Protected characteristics

The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

Protection of adults at risk

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

Social care package

A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

Time out of cell

Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Appendix III Care Quality Commission action plan request



Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>.

The inspection of health services at HMP Fosse Way was jointly undertaken by the CQC and HMI Prisons under a memorandum of understanding agreement between the agencies (see [Working with partners – HM Inspectorate of Prisons \(justiceinspectorates.gov.uk\)](http://justiceinspectorates.gov.uk)). The Care Quality Commission issued a request for an action plan following this inspection.

Action plan request

Provider

Nottinghamshire Healthcare NHS Foundation Trust

Location

HMP Fosse Way

Location ID

RHAN1

Regulated activities

Diagnostic and screening procedures, Personal care and Treatment of disease, disorder or injury.

Action we have told the provider to take

This notice shows the regulations that were not being met. The provider must send CQC a report that says what action it is going to take to meet these regulations.

Regulation 17

Good governance

How the regulation was not being met:

- There was no provision for tier 3 and 4 substance misuse treatment options in line with the provider's model.
- Patients did not receive metabolic monitoring for mental health medicines in a timely manner and this was not on the provider's risk register.

- The waiting list for new patients requiring a psychiatry appointment had not been monitored or risk rated.
- Patients could not receive psychological therapies due to staffing vacancies.
- There were no medicines reviews completed and no pharmacy clinics for patients to access.
- The provider had not identified the risks associated with gathering confidential information from patients on the prison kiosk system, and patient applications were not always recorded on SystmOne.
- Not all staff had received an up-to-date appraisal.
- Details of patients' long-term conditions was not always accurate on electronic patient records. Although detailed information was recorded separately, this was held by one temporary staff member which posed a risk to continuity of care.

Appendix IV Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

Prison population profile

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Prison staff survey

Prison staff are invited to complete a staff survey. The results are published alongside the report on our website.

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