



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

**For reporting year  
1 January 2024 to 31 December 2024**

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## Introductory sections 1 – 3

### 1. Statutory role of the IMB

The Prison Act 1952 requires every prison to be monitored by an independent board appointed by the Secretary of State from members of the community in which the prison is situated.

Under the National Monitoring Framework agreed with ministers, the Board is required to:

- satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release
- inform promptly the Secretary of State, or any official to whom authority has been delegated as it judges appropriate, any concern it has
- report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

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

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

## **2. Description of the establishment**

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

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

There is a large healthcare service provision, commissioned from Practice Plus Group, including access to doctors, a dentist, chiropodist, physiotherapist and psychotherapist, plus a mental health team, nursing staff and a pharmacy.

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

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

### **3. Key points**

#### **3.1 Main findings**

##### **Safety**

- The large number of self-inflicted deaths in custody at the prison continues to be a critical concern for the Board. While recognising the complexity of the issue, especially in a local prison with a high rate of churn, the IMB has been alarmed by Prisons and Probation Ombudsman (PPO) reports that assessment, care in custody and teamwork (ACCT) document checks on prisoners known to be at risk of self-harm and suicide may not have been accurately logged in all cases.
- The late arrival of prison transport when prisoners are being moved to other establishments or from the courts is also a serious concern. Prisoners waiting for long periods in holding rooms awaiting transfer to other prisons can become frustrated, leading to challenging situations.
- The late delivery of newly sentenced or remanded prisoners can also disrupt both shift patterns for staff and prevent new arrivals being medically assessed and given essential treatments. The Board believes that HMP Leeds prisoners tend to be delivered late because the prison is relatively close to the contractor's (Geo Amey) depot and, therefore, are left to the homeward journey. The Board believes this is unacceptable.
- There has been a reduction in self-harming incidents during the reporting year.

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

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

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

- The large number of prisoners with severe mental health issues, especially in the complex needs unit (CNU) and the care and separation unit (CSU), is a major concern for the Board. The IMB is concerned that people with a need for psychological, rather than prison care, may not be prioritised for transfer because prison is perceived as a 'safe environment' by the NHS.
- The presence of illicit substances remains a major concern, with frequent reports of prisoners being 'under the influence'. This is despite the installation of overhead netting and window screens, which have reduced the viability of both 'throwovers' (where people from outside the prison throw parcels containing illicit items over the walls to be picked up by prisoners) and drone deliveries. An issue in the reporting period was that drug testing equipment had very quickly failed and that repair or replacement had not always been satisfactorily addressed by manufacturers. One of the repercussions of the absence of rapid testing for illicit material has been that legitimate material has been delayed in reaching prisoners.

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

### **Progression and resettlement**

- Late release of prisoners, especially where no accommodation, work or other support has been identified, is a risk factor that is likely to lead to early recall or reoffending, in the Board's view.
- HMP Leeds is a local prison and, consequently, the throughput of prisoners puts significant pressure on those agencies tasked with progression and resettlement.

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

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

- There were eight deaths in custody in 2023, followed by a further eight in the reporting year, of which six were self-inflicted. HMP Leeds remains a cluster prison. Is the Minister satisfied that all necessary resources are being delivered to significantly reduce self-inflicted deaths?
- Is the Minister aware that there is a need for a real terms increase in funding to address the backlog in necessary maintenance at HMP Leeds?
- Can the Minister give an assurance that the IPP Action Plan will be actively pursued by the Government?
- Overcrowding in the prison creates pressure in all areas. As such, can the Minister give an assurance that he will actively support the outcome of the Gauke review to reduce the number of men being sent to the prison and prioritise the reduction in the backlog of court cases waiting to be heard (and, thereby, reduce the number of remand prisoners being held in the prison)?

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

- What criteria are being used to determine the roll out of digitalisation across the prison estate and when will it be implemented in HMP Leeds?
- PPO reports on certain deaths in custody that occurred in the reporting year make reference to the need to ensure staff are properly trained and resourced. As such, what is the Prison Service doing to ensure that staff levels are taking into account the particular circumstances of the prison, including additional non-effective time for staff training?
- During the reporting year, there was a noticeable increase in 'out of area' prisoners coming into the prison. This exacerbated the already high level of churn that the prison experiences, which negatively impacts the extent to which prison officers can build positive relationships with prisoners. What is being done to address this?
- The IMB has seen no improvement in the extent to which prisoners who have been assessed as requiring treatment in secure mental health facilities are quickly removed to those facilities. Does the Prison Service agree that, whilst the prison may be a safe place to hold those prisoners, it is not an appropriate place to do so

and what is it doing to coordinate with the NHS to reduce the time prisoners are having to wait before being transferred?

## **TO THE GOVERNOR**

- During the reporting year, there were a number of days when the prison operated a restricted regime, resulting in prisoners having no exercise or association. This was due to staff shortages. What is being done to ensure this does not continue and, in particular, why are staff levels not being increased to take into account historic levels of staff not being available for work?
- Certain Prisons and Probation Ombudsman (PPO) reports highlight concerns that staff are not always following correct procedure, particularly in relation to ACCT prisoners. Is the Governor monitoring that this is being actively addressed?

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

<b>Issue raised</b>	<b>Response given</b>	<b>Progress</b>
Overcrowding.	'Operational standards consider risks to safety and stability to ensure that prisoners are accommodated safely even when held in crowded conditions.'	The deleterious impact of overcrowding continues to affect HMP Leeds. Implementing SDS40 [a Government measure allowing eligible prisoners serving standard determinate sentences, or SDSs, to be released after serving 40% of their sentence, rather than the standard 50%] resulted in only eight additional prisoners being released. Whilst the Independent Sentencing Review is welcome, the backlog in dealing with court cases has a disproportionate impact on local prisons such as HMP Leeds.
Plight of IPP prisoners.	Implementation of the IPP Action Plan at national level. Locally, the progression of IPP prisoners is actively managed.	Whilst acknowledging the regional plan for IPP prisoners, several in HMP Leeds report that they do not see any likelihood of release. The impact of the sentence on their mental health remains greatly concerning.
No improvement in the availability of community mental health facilities or the diversion from prisons with those with mental health issues.	Agrees that '...it is essential that the mental health of those in our care remains under review and they receive the appropriate treatment.'	No improvement in identifying those prisoners with severe mental health and then transferring them to appropriate health facilities. No clear

	Explains the role of liaison and diversion services.	mechanism for ensuring that prisoners are accepted by secure hospitals, even when they have been approved for transfer. Delays of over six months are not uncommon.
The impact of reduced budgets.	Budgets have been increasing. The direct cost, per prisoner place, after adjusting for inflation, has increased. The Governor, locally, has tried to improve the lives of prisoners in their care.	We are surprised to be told that budgets are increasing and anticipate that they are principally going to meet staff costs. From what we see, there is an urgent need to increase capital expenditure in numerous areas, e.g. building repairs, digital roll out and the provision of education.



## Evidence sections 4 – 7

### 4. Safety

#### 4.1 Reception and induction

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

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

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

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

4.1.5 A modern video suite is based above reception for access to court hearings. This cuts down on the movement of prisoners to outside courts, avoids unfunded PECS (prisoner escort and custody services) costs and reduces the number of movements through reception, saving the time taken by staff to process prisoners leaving and re-entering the establishment. We noted during the reporting year that there was an increase in the use of the video suite. Officers working in the suite seem to be particularly sensitive to the immediate impact on the prisoners of these video hearings, where the prisoner may hear the outcome of a jury verdict or their sentence.

4.1.6 Following reception, prisoners will usually spend their first night in a dedicated wing and then receive induction instruction from officers and other prisoners, who can advise them on the prison process and opportunities for education and employment.

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

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

4.2.2 As a consequence of the number, and frequency, of deaths in custody, the Prison Service has treated HMP Leeds as a 'cluster site' during the reporting year. This designation results in prison management being supported by a taskforce chaired by the Area Executive Director, with input from prison leaders, local and national stakeholders and partners. During the reporting year, and through the cluster process, HMP Leeds was supported by the standards coaching team.

4.2.3 Not all wing landings have staff offices and, consequently, assessment, care in custody and teamwork (ACCT) documents (which are used to support prisoners who are at risk of self-harm and suicide) are held in the main wing office on the ground floor. This inevitably means that contemporaneous recording of observations in the documents is not possible. Any inconsistencies between what is recorded in the ACCT documentation and what checks are completed can be, and are, checked by CCTV recordings.

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

4.2.5 There has been a reduction in self-harming incidents during the reporting year.

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

4.3.1 Safety strategies to reduce incidents of violence continue to be implemented. 'Lean on Leeds' and 'Check in on a Mate' schemes operate to encourage prisoners to check in on each other and particularly on those who may be vulnerable. The aim of the strategies is to boost the support from Listeners (prisoners trained to offer confidential emotional support to other prisoners) and to let officers on the wing know if someone is struggling. From the Board's observations, prisoners' mental health and wellbeing are a priority for the Governor and staff; and with the introduction of these strategies, it is hoped that bullying and violence will be reduced.

4.3.2 Listeners are available on request at any time, including overnight (which is when they are often required). They are trained by the Samaritans, who visit HMP Leeds, and they perform a valuable service for prisoners who need a listening ear for their concerns. The Board also observes that prison officers actively facilitate these listening sessions.

## **4.4 Use of force**

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

4.4.2 Where planned force takes place (e.g. movement of a prisoner under restraint from one part of the prison to another), the use is videoed using body worn video cameras (BWVC). This allows the use of force to be examined after the situation or event has ended. During the reporting year, following an application from a prisoner, the IMB viewed a recording of such a movement and did not uphold the prisoner's assertion that force used was excessive in that case.

4.4.3 The use of force scrutiny panel meets weekly and reviews force (including a review of the footage taken from BWVCs) deployed during that week. Any actions arising are reviewed at subsequent meetings, with a monthly review of the previous month. During the reporting year, the prison initiated a process of writing letters to prison officers who handled violent/challenging situations well or who had prevented harm to others. A total of 89 such letters were issued during the reporting year.

4.4.4 Staff have been trained in the use of Pava incapacitant spray. It was deployed three times during the reporting year.

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

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

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

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

5.1.3 Laundries on each wing have workers responsible for managing the washing of personal clothing. Bedding and towels are sent via stores to HMP Wealstun for laundering. There were continuing reports during the year of discrepancies between items sent and returned. It remains difficult for wings to keep track of all bedding and towels because excess items are not always returned, and prisoners often take bedding and towels with them when they move between wings.

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

5.1.5 Prisoners' personal property is recorded on arrival, and property cards (which lists all of a prisoner's items) are retained on reception. During the year, there have been multiple reports of property going missing on transfer between wings and on transfer between prisons.

5.1.6 Prisoners receive three meals each day, and select their choices for each week from a menu that wing staff distribute and collect. There are dietary and religious options, as well as a variety of menu choices. The IMB considers that food is generally of a reasonable quality and quantity and we note relatively few complaints. However, comments have been made to Board members that food choices have sometimes taken a long time to be reflected in the food delivered to serveries; that choices for some specialist diets, such as vegan and gluten free have been limited; and that food has sometimes run out. Kitchen staff have generally been able to provide assurances that food choices have been correctly delivered for all the individuals concerned. There have been concerns that the comments' books have not always been available, as required, on every servery.

5.1.7 Menus are designed so that prisoners receive a nutritionally balanced diet. Prisoners with sufficient funds can buy additional food items through their canteen. Special food has also been supplied to suit particular themes, such as Black History

Month and Ramadan. Although the daily food allowance for each prisoner has been increased to reflect inflation to around £3 per day, the IMB considers that kitchen management has done well to deliver meals of a satisfactory standard and quantity within the resources available to them.

5.1.8 Roof repairs, to prevent water ingress, continued during the year on E and F wings. Several outside areas have been filled with portacabins, machinery, screens and scaffolding, so that pathways have been diverted. This building work should have been completed in 2025. However, the primary contractor, ISG, went into administration during the reporting year, so the remedial work has been delayed until a new contractor has been appointed and the work resumed. Once completed, it should improve living conditions for prisoners in the affected wings and reduce the general noise and disturbance inevitably associated with such activity.

## **5.2 Segregation**

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

5.2.2 During the reporting period, few prisoners remained in the CSU for more than 42 days (the limit allowed without external authorisation) and the IMB monitored that appropriate permissions were obtained for those who were kept in CSU beyond that time.

5.2.3 The IMB monitors the CSU at least weekly. All prisoners are seen as a matter of course and, wherever possible, are asked if there are any issues with their detention. Paperwork is monitored and particular attention is paid to any open ACCT documentation.

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

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

5.2.6 Several prisoners held in the CSU have serious issues with their mental health, which is well recognised by officers and the prison's senior leadership team. It has been a matter of grave concern to the IMB that more suitable facilities are often not available for them in the NHS and outside of the prison regime. The Board is concerned that any

perception that people with severe mental health issues are physically 'safe' in a prison setting may perversely deprioritise their transfer to more appropriate accommodation in the NHS.

5.2.7 More general issues affecting the prison more widely have been reported in the CSU, including poor temperature regulation, with some cells overheating in summer, and being unacceptably cold in winter. There have also been complaints about blocked toilets and sinks, leading to flooding. On occasion, kit and supplies have been in short supply in the CSU. The Board noted that, at times, there were no batteries for the radios, which is a particular issue for those in the CSU, as they do not have televisions. Officers have noted that radio batteries often last for only a few hours. There has also been a shortage of correctly fitting footwear, as well as gaps in general kit. An explanation given by the prison management was that prisoners often take things back to the wings that should remain on the unit.

5.2.8 On one occasion, in August 2024, the Board noted that the CSU was noted to be under severe pressure. At the time, there were six open ACCTs on the unit, with insufficient staff available for cells to be opened safely, so that IMB conversations with prisoners had to be held through closed cell doors. Perversely, a prisoner who wanted to end a dirty protest could not do so, as there was no clean cell for him to return to if he showered and changed. In general, the CSU manages, on average, between 14 and 16 prisoners.

5.2.9 It must be emphasised that prisoners do frequently praise the professionalism and care taken by CSU officers, and some impressive and insightful conversations have been observed by IMB during monitoring visits to the unit. Even though there have been staff changes, the IMB is impressed with the tolerance, compassion, capability and teamwork shown by the CSU staff.

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

5.3.1 There are many newly qualified staff who, whilst seeming to be committed to the job, lack experience in dealing with prisoners who sometimes present with challenging behaviour. A national team of experienced senior officers were deployed to HMP Leeds for three months to deliver training and support for new and inexperienced officers.

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

5.3.3 The IMB has observed that staff and prisoner relationships are generally positive, particularly in the smaller units, such as CSU, the complex needs unit and the social care unit (H3).

5.3.4 Prisoners often say they do not know who their key worker is. A key worker strategy has been developed to address this issue. Key workers will remain, as such, wherever in the prison the prisoner may be.

5.3.5 In the reporting year, the Deputy Governor initiated a prisoner consultative committee monthly meeting, which offered prisoners an opportunity to discuss various issues formally with the prison management. The IMB expects to report fully on its effectiveness in our next annual report.

## **5.4 Equality and diversity**

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

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

## **5.5 Faith and pastoral support**

5.5.1 The chaplaincy team at HMP Leeds comprises a managing chaplain and chaplains of the Anglican (CofE), Roman Catholic (RC) and Muslim faiths. There are also representatives from the free churches, the Hindu and Jewish faiths and Jehovah's Witnesses. There was no specific provision for Rastafarians, Sikhs or Mormons during the reporting year, although there are plans to recruit in 2025. All new receptions into the prison are seen by a member of the chaplaincy team within 24 hours of arrival.

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

5.5.3 There are weekly services of group worship for CofE, RC and Muslim prisoners. The chaplaincy team distributes literature for all faiths and is responsible for ensuring funeral arrangements are in place for those who die in custody.

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

## **5.6 Incentives schemes**

Although the monitoring of this area has been limited (due to constraints imposed by the number of members), nothing the IMB has been alerted to has raised any concerns. A review of the area is expected to be undertaken by senior management in 2025 and some changes may be anticipated.

## **5.7 Complaints**

5.7.1 From the IMB's perspective, the complaints system seems to work efficiently and the vast majority of them are answered within the time allowed. Senior management at daily meetings reviews outline what is outstanding and who has been allocated to address it. The responses we have seen are, with a few exceptions, appropriate and address the concern.

5.7.2 Many concerns raised by prisoners could be resolved by staff on the wing within a short timeframe and the majority of staff are conscientious in doing so. The IMB often receives applications when there has been no complaint form submitted or whilst a

complaint is still in the process of being answered. All applications to the IMB are answered in person or by letter.

## **5.8 Property**

5.8.1 Property belonging to prisoners and its loss is a recurring issue. It can be lost during transfer, misappropriated by fellow prisoners, misplaced in cell moves (particularly those carried out in emergency situations), sent in from outside but found to be inappropriate, or not accessed from stored property. One significant issue that occurs is property not transferred with prisoners from other prisons. Prisons tend to have different regulations for the amount of property each prisoner is allowed, so items are sometimes left behind.



## **6. Health and wellbeing**

### **6.1 Healthcare general**

6.1.1 Practice Plus Group (PPG) provides healthcare for the prison. It employs around 80 staff, including GPs, pharmacists, nurses, assistants, podiatrists, psychologists, mental health workers and dentists.

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

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

6.1.3 One nurse and a healthcare assistant are available to deal with prisoners at reception. Prisoners arriving late in the evening are tired and do not always engage with medical staff. Duty doctors or experienced advanced nurse practitioners staff the evening reception shift from 5-9pm, Monday to Saturday, to ensure that new arrivals receive appropriate medication prescribing. On occasion, the doctor or nurse practitioner may be unable to confirm a prisoner's medications, so this is followed up in the core hours of the following day and prescribed within 24 hours. As there are no duty doctors after 9pm, it may not be possible to prescribe medication until the following day.

6.1.4 The most recent Care Quality Commission (CQC) report was published in March 2019. It is noted that the CQC does not currently provide ratings for healthcare facilities in prisons.

### **6.2 Physical healthcare**

6.2.1 The prison has a social care unit (H3) for prisoners with particular needs (such as the elderly and infirm). The unit is commissioned by the relevant local authority (Leeds City Council) to provide the same quality of care as that which would be provided in the community.

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

6.2.3 The in-house pharmacy of 28 staff can provide required medication. There are two pharmacists. Every prescription must be confirmed to be safe. Until their medical history has been checked, a prisoner may receive a lower-strength drug than they believe they are entitled to, which can lead to tensions. Medication will not be prescribed for prisoners who are thought to be secreting drugs until such time as the body scanner shows them to be clear.

6.2.4 It should be noted that IMB members have, at times, received very positive comments from prisoners in the social care unit (H3) about the staff and their care.

### **6.3 Mental health**

6.3.1 The team of mental health workers includes doctors, psychologists, psychiatrists, nurses, senior medical health practitioners, a clinical lead, duty workers, wellbeing

practitioners and administrators. There is anti-psychotic monitoring in reception, where a senior nurse assesses risk. A mental health professional attends all ACCT reviews.

6.3.2 The reception task is challenging, as is the extent of the referral rate each month. In the reporting year, 3,557 referrals were made to the mental health team. This level puts considerable pressure on the team to ensure that diagnosis and ongoing treatment are both effective and thorough. It also reflects the fact that HMP Leeds is a local prison with a high level of prisoner 'churn', where it is more difficult to build up a long-term treatment plan for an individual prisoner.

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

6.3.4 The observations in the above paragraph aside, in the Board's opinion, the CNU provides a smaller, more intensive, environment, where certain vulnerable prisoners 'do better' than they would in a general wing. There have been a number of instances where prisoners have significantly improved in behaviour and outlook as a consequence of the support they have received in the CNU.

## **6.4 Social care**

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

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

6.5.1 Following changes made in the previous reporting year, the amount of time out of cell increased and was maintained during the reporting year. This was welcomed by prisoners in the main. However, as a consequence of staff shortages in the second half of the reporting year, a rolling programme of regime curtailment was introduced for specific periods. During regime curtailment, prisoners would only be allowed out of their cells for very limited activities. This had a negative impact on those prisoners affected and, as a consequence, there was an increase in poor behaviour. Also, because of the priority to maximise the amount of time out of cell across as many people as possible, there has been pressure to reduce the time out of cell for prisoners who may previously have experienced more generous allocations.

6.5.2 There is a presumption that most prisoners will work or undertake education classes. They are paid per session attended. All prisoners have the opportunity to sign up for gym sessions and the prison has a well-equipped gym, as well as a large sports hall for circuit training and team sports. The physical education instructors (PEIs) try to encourage everyone to either take advantage of the gym facilities or undertake exercise in their cells (the PEIs have recorded an exercise video for prisoners to watch and follow

in their cells). They offer sessions for more elderly or infirm prisoners who wish to maintain their fitness.

## **6.6 Drug and alcohol rehabilitation**

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

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

## **7. Progression and resettlement**

### **7.1 Education, library**

7.1.1 Novus: Foundations for Change runs the provision of education and the library.

7.1.2 There are two libraries in the prison, staffed by an off-site manager and two full-time and one part-time member of staff. The library holds a good selection of both fiction and non-fiction books and also has a significant number of foreign language books for those for whom English is not their first language. Regime curtailments, due to staff shortages, can impact prisoners' ability to access the central library.

7.1.3 One wing has particularly keen readers and the librarian visits to meet with them weekly. One prisoner has established his own book club.

7.1.4 Education classes are held either in the morning or the afternoon, with prisoners attending one session per day. The only exceptions to this are those studying to become prisoner information desk (PID) workers or those doing construction and catering classes, where the courses are full time. Subjects available include mentoring, ESOL (English for speakers of other languages), creative art, English and maths.

7.1.5 Attendance at classes is not always 100%. This can be due to prisoners being unwell or having video link appointments or because of serious incidents on a wing that has resulted in there being insufficient escorting officers. Non-attendance (which is monitored by the prison senior management team at its daily meeting) is always followed up by activities staff and up-to-date records appear to be maintained.

7.1.6 Some course work may be completed in the cell. Men wishing to take individual courses can apply to the Prison Educational Trust through the education hub manager.

### **7.2 Vocational training, work**

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

7.2.2 Mostly, prisoners work in either the morning or afternoon, although there are some full-time jobs. In workshops such as textiles, this means the opportunities for training are limited. The Board understands that prisoners have complained about full-time workers not always getting their shower or gym entitlement.

7.2.3 Q-Branch continues to fulfil a useful purpose. It is an initiative where three staff and five prisoners work together to perform minor maintenance and repairs in the prison, outside of the Amey contract.

7.2.4 The area outside reception has been enhanced by fruit trees planted in home-made containers. Produce is grown and sold to staff, with profits going to new initiatives and projects. The work with beekeeping and the aviary continues. Visitors to HMP Leeds comment on the efforts made to enhance the Victorian walls and atmosphere.

7.2.5 The Lock Inn provided meals for staff and prisoners on the enhanced level of the prison's incentives scheme for much of the year. It is run by several men working

unsupervised. Their preparation of hot food was stopped during autumn as a consequence of a health and safety concern at one location. Only sandwiches and cold food were available. This lessened the financial gain and discouraged the workers. However, it subsequently recommenced the hot service.

### **7.3 Offender management, progression**

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

7.3.2 Each movement requires the careful completion of paperwork.

7.3.3 As the national prison population nears absolute capacity, pressures of placement mean men can be sent from cities such as Newcastle, Durham, Hull or Manchester to Leeds. Local Leeds men might then be sent to the Midlands. They have to be brought back within two days of their court appearance to West Yorkshire. This churn creates pressure not just at reception, for property, and with social visits, but also in the offender management unit (OMU).

7.3.4 Men sent out of their home area are unsettled by losing family contact visits and the increased likelihood of property going astray.

7.3.5 During the reporting year, the OMU team had to implement, at very short notice, the SDS40 scheme (a Government measure allowing eligible prisoners serving standard determinate sentences, or SDSs, to be released after serving 40% of their sentence, rather than the standard 50%). This required them to run over 1,000 sentence calculations to see which qualifying prisoners were entitled to be released early under the scheme. A total of eight were released. Understandably, this process put the team under significant pressure.

### **7.4 Family contact**

7.4.1 The prison has a published Family and Significant Others Services Strategy to establish and/or improve links between prisoners and their families and significant others. The strategy outlines a number of initiatives in this area, both in partnership with external charitable organisations such as Jigsaw, using volunteers such as the official prison visitors' programme and through the chaplaincy team. The chaplaincy team runs the Angel Tree scheme to provide Christmas and Easter gifts for the families of prisoners and also offers a counselling service to support any prisoners who are struggling.

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

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

7.4.4 Initiatives to encourage prisoners to spend quality time with their children during social visits are popular, with 'parents and tots' sessions being available.

7.4.5 Storybook Dads is also available, which allows dads to record a story for their children onto CD, which is then delivered to their children. Prisoners with young children have told the Board that they appreciate this opportunity.

## **7.5 Resettlement planning**

7.5.1 The pre-release team tries to secure accommodation for prisoners on release, with a follow-up after three months. The provision of housing is seen as a primary preventive factor in avoiding recall to prison. The lack of availability of housing can be acute. As an example, on 23 December 2024, only one out of 20 prisoners being released had confirmed accommodation for the night. Inevitably, this type of situation is likely to lead to further offending and to the recall of prisoners released on licence.

## 8. The work of the IMB

### Board statistics

Recommended complement of Board members	15
Number of Board members at the start of the reporting period	6
Number of Board members at the end of the reporting period	6
Total number of visits to the establishment	235

During the year, the Board remained relatively stable, as one experienced member who was a dual Board member retired from the Board and another newly confirmed member departed. However, two new members joined and a recruitment campaign towards the end of the year gave grounds for optimism that the number of members would increase in the following reporting year. The Board handled an increase in applications of around 50% during the reporting year, as well as increasing the number of monitoring visits it made to the prison.

### Applications to the IMB

Code	Subject	Previous reporting year	Current reporting year
A	Accommodation, including laundry, clothing, ablutions	17	20
B	Discipline, including adjudications, incentives scheme, sanctions	9	15
C	Equality	7	9
D	Purposeful activity, including education, work, training, time out of cell	12	8
E1	Letters, visits, telephones, public protection, restrictions	14	17
E2	Finance, including pay, private monies, spends	12	22
F	Food and kitchens	8	16
G	Health, including physical, mental, social care	28	41
H1	Property within the establishment	18	25
H2	Property during transfer or in another facility	15	13
H3	Canteen, facility list, catalogues	0	7
I	Sentence management, including HDC (home detention curfew), ROTL (release on temporary licence), parole, release dates, re-categorisation	6	14
J	Staff/prisoner concerns, including bullying	29	52
K	Transfers	11	3
L	Miscellaneous	22	44
	<b>Total number of applications</b>	<b>208</b>	<b>306</b>

## **Annex**

### **Main service providers**

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





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