



Report on an unannounced inspection of

**HMP/YOI Lincoln**

by HM Chief Inspector of Prisons

28 April – 15 May 2025



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## Introduction

With a rating of reasonably good across all four of our healthy prison assessments, Lincoln is the best performing reception prison in the country. Levels of violence, drug ingress and self-harm are lower than comparators in a prison where a well-motivated staff team maintained good standards of behaviour and cleanliness on the wings.

Turnover of staff was much lower than we see in other prisons and at the time of this inspection there were no officers in training. Led by capable custody managers, an experienced and competent team of officers know their prisoners well and deal quickly with any low-level rule breaking. Keywork, that is almost non-existent in many jails we inspect, was impressive at Lincoln. Prisoners appreciated the regular sessions from a named officer that helped to build relationships and deal with emerging issues. There is scope to further extend this work to support prisoners with their sentence progression by linking more closely with the offender management unit.

Ofsted scored education to be good, one of only two reception prisons in the country with this grade. Attendance here and at workshops were good, and I observed prisoners working well. The jail has a well-integrated reading strategy with some impressive work to engage non- and low-level readers, although with only two one-to-one sessions a week for these men, there is scope for this to develop further.

The support for prisoners who were at risk of harming themselves was not good enough, with care plans limited and some interventions ending too quickly. However, the Lincolnshire Action Trust (LAT) team worked hard to support these vulnerable men, and also to help new arrivals to sort out concerns such as tenancy arrangements or care for pets.

There were some easily fixed difficulties with family contact that meant that prisoners were unable to make phone calls, even if supervised, to tell loved ones where they were, and phone numbers took longer than in other jails to get put on the system.

Prisoner consultation was very limited which was a missed opportunity to engage and motivate men to make suggestions and take greater responsibility for the way the prison operated. Some systems, such as applications, were disorganised and minority ethnic prisoners had little faith that discrimination complaint forms would be responded to appropriately.

Despite the age of the building, leaders made sure that standards of cleanliness were maintained and there was an active team of prisoners who decorated cells and communal areas. The prison did have a serious cockroach problem and there had been long delays with getting a new boiler, which meant the prison had relied for years on a temporary solution which had cost far more than getting a replacement.

Time out of cell for many men was not good enough and the prison operated an extremely limited regime at the weekend, although it was good to see some activities laid on for well-behaved prisoners in the evenings.

Lincoln is an impressive prison led by an effective and experienced governor and a strong senior leadership team. It sets a standard to which other reception prisons should aspire and there is plenty of scope for things to improve further.

**Charlie Taylor**

HM Chief Inspector of Prisons

July 2025

# What needs to improve at HMP/YOI Lincoln

During this inspection we identified 13 key concerns, of which six 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. **It was much too difficult for new arrivals to speak to their families and friends promptly.** Processes to approve phone numbers were inefficient and took about two weeks.
2. **Recorded levels of self-harm were rising but care planning for prisoners in crisis was not good enough.** Issues identified at assessment interviews and case reviews were not always added to care plans and support was sometimes ended too quickly. There were serious weaknesses in the way constant supervision was carried out.
3. **The temporary water heating system was not fit for purpose and required urgent investment.** There were problems with regulating water temperature, a heightened risk of legionella and the kitchen was not heated at all.
4. **Not enough was done to listen and respond to prisoners' concerns.** Consultation arrangements were weak, applications took too long to answer, and forums for prisoners with protected characteristics were too infrequent.
5. **There were some insecure and unsafe practices regarding the transportation and dispensing of medicines around the prison.**
6. **Prisoners unallocated to work or education spent 22 hours locked up each day during the week.** The regime was much too limited for everybody on Fridays and across the weekend.

## Key concerns

7. **The prison was very overcrowded, with nearly 90% of prisoners sharing cells designed for one person.**
8. **Work to promote fair treatment was under-resourced, and leaders had not explored or addressed prisoners' perceptions of inequality.**
9. **Access to a GP took too long and did not meet patients' needs.**

10. **The range of IT courses was not broad enough to help prisoners develop their IT skills in preparation for release and the proportion achieving qualifications in mathematics was too low.**
11. **Too many prisoners were unaware of the range of enrichment activities available at the prison.** Prisoners on a basic prison regime did not have access to these.
12. **There were gaps in public protection telephone monitoring arrangements.**
13. **Too many prisoners, about 20%, were released homeless.**

# About HMP/YOI Lincoln

## Task of the prison/establishment

HMP/YOI Lincoln is a category B men's reception and 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: 567

Baseline certified normal capacity: 408

In-use certified normal capacity: 403 (this was temporarily reduced to 376 for fire improvement work)

Operational capacity: 614

## Population of the prison

- About one-third of prisoners were unsentenced and two-thirds were sentenced.
- 12% of the population were foreign national prisoners.
- 19% of prisoners were from black and minority ethnic backgrounds.
- 116 prisoners were released each month from the prison gate.

## Prison status (public or private) and key providers

Public

Physical health provider: Nottinghamshire Healthcare NHS Foundation Trust

Mental health provider: Nottinghamshire Healthcare NHS Foundation Trust

Substance misuse treatment provider: We Are With You

Dental health provider: Time for Teeth

Prison education framework provider: PeoplePlus

Escort contractor: GEOAmey

## Prison group/Department

East Midlands

## Prison Group Director

Paul Cawkwell

## Brief history

HMP Lincoln opened in 1872. Three of the four main residential wings are the original Victorian design. E wing was opened in 1992.

## Short description of residential units

A wing – includes the first night centre (FNC)

B wing – remanded and sentenced prisoners

C wing – remanded and sentenced prisoners

E wing – vulnerable prisoners/prisoners convicted of sexual offences

Segregation unit

## Name of governor/director and date in post

Colin Hussey – 25 February 2024 to present

## Changes of governor/director since the last inspection

Matt Spencer, 2022 to 2024, and Paul Yates, 2016 to 2022

**Independent Monitoring Board chair**

Ms Maggie Townend

**Date of last inspection**

9 December 2019 – 10 January 2020

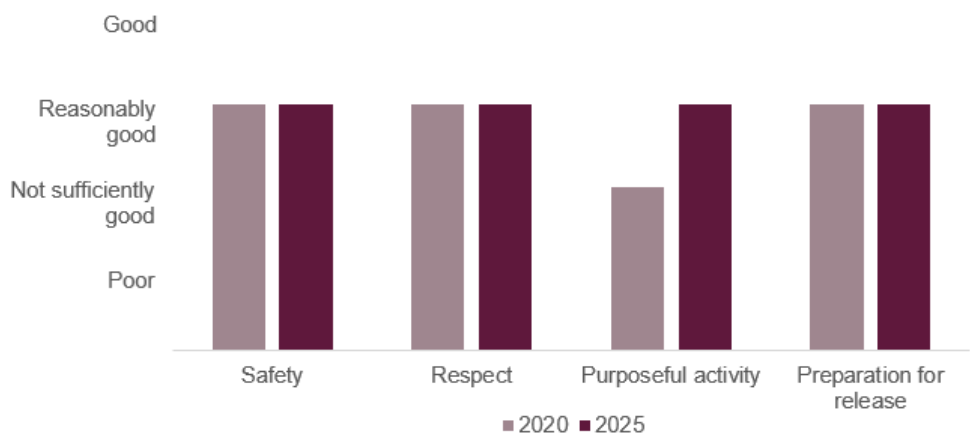


# Section 1 Summary of key findings

## 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 HMP/YOI Lincoln, we found that outcomes for prisoners were:
  - Reasonably good for safety
  - Reasonably good for respect
  - Reasonably good for purposeful activity
  - Reasonably good for preparation for release.
- 1.3 We last inspected HMP/YOI Lincoln in 2020. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP/YOI Lincoln healthy prison outcomes 2020 and 2025



## Progress on key concerns and recommendations

- 1.4 At our last inspection in 2020 we made 27 recommendations, 13 of which were about areas of key concern. The prison fully accepted 21 of the recommendations and partially (or subject to resources) accepted five. It rejected one of the recommendations.
- 1.5 At this inspection we found that four of our recommendations about areas of key concern had been achieved, four had been partially achieved and five had not been achieved. Notably, all the recommendations about purposeful activity had been achieved and we found that outcomes had improved. For a full list of the progress against the recommendations, please see Section 7.

## Notable positive practice

1.6 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.

1.7 Inspectors found eight 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)	The standard of decoration, design and signage across the prison was among the very best we have seen. These attractive, bold designs remained consistent across areas like reception, the first night centre, the employment hub and the education department. This helped to communicate to prisoners that Lincoln was well run and cared for by its leaders.	See paragraphs 3.4 and 4.6
b)	Lincolnshire Action Trust provided invaluable support throughout the prisoner journey. It helped new arrivals from reception onwards, supported many prisoners to build family ties and gave support on release in the departure lounge.	See paragraph 6.1
c)	Bertie's restaurant in the visits hall allowed prisoners and their families to dine together, providing an excellent incentive to behave.	See paragraphs 3.14 and 6.2
d)	A tissue viability specialist attended wound care clinics to review deep wounds. Outcomes for patients were impressive.	See paragraph 4.49
e)	Joint working between the prison and Nottinghamshire Healthcare NHS Foundation Trust ensured that most patients attended their outside hospital appointments as arranged, with fewer delays than at similar prisons.	See paragraph 4.50
f)	All prisoners had been tested for Hepatitis C, enabling those unaware they carried the virus to benefit from treatment.	See paragraph 4.40
g)	On release, prisoners who received reading support were given a resources pack. This included details of local libraries to encourage them to keep reading.	See paragraph 5.23
h)	The "Changing Rooms" competition allowed prisoners who were due for release, and interested in	See paragraph 6.25

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painting and decorating, to redesign a room over two days. Employers were part of the judging panel.

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## 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 Leaders had tight control of the prison's operation and communication with staff was good. The jail was calm and well ordered. Rates of violence, self-harm and illicit drug use were lower than in similar prisons.
- 2.3 Despite overcrowding and the challenges posed by ageing Victorian buildings, leaders maintained high standards of cleanliness and decoration, and cells were well equipped. However, investment from His Majesty's Prison and Probation Service (HMPPS) was urgently needed to fix the heating and water systems and resolve the long-standing legionella risk.
- 2.4 The prison was fully staffed with experienced officers who had a sense of pride in their establishment, and retention was good. Leaders had prioritised staff training, but twice monthly training shutdowns restricted prisoners' access to activities and time out of cell.
- 2.5 Middle managers were visible in their roles and knowledgeable. Leaders had begun to explore the gender imbalance in the senior team and amongst middle managers, and had taken limited action to support the progression of women.
- 2.6 Leaders had prioritised the consistent delivery of key work and had developed specialist roles. For example, to support young adults and foreign nationals.
- 2.7 However, oversight of some systems and processes, such as applications and approval of telephone numbers, was not good enough and contributed to prisoner frustrations. Prisoners were further frustrated by limited consultation arrangements, and senior leaders were not sufficiently visible to allay these concerns.
- 2.8 Leaders had created a strong culture of joint working, although support from the police was not as good as we see elsewhere. There was positive partnership working with the education provider, People Plus, with the overall effectiveness of education, skills and work graded 'good' by Ofsted.
- 2.9 There was also good strategic oversight and effective partnership working across the resettlement pathways. This included impressive

work by Lincolnshire Action Trust (LAT) supporting new arrivals, family contact and prisoners on release.

- 2.10 Leaders gave a clear self-assessment of the prison's strengths, weaknesses, opportunities and threats. Ongoing assessment by the heads of each department, shared at a regular meeting that included partners, was a good initiative.

## 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 In the last 12 months, reception had been extremely busy because of national population pressures. Many prisoners arrived from other areas, typically Leeds. However, numbers had slightly reduced in recent weeks. About 20% of new prisoners in the last year had arrived in the evening, which reduced the amount of help they could receive. Despite these challenges, reception and the first night centre (FNC) were both efficiently run by experienced staff and very well maintained.



**Reception**

- 3.2 Some aspects of the reception process were excellent, especially the friendly support given by SPARC (Supporting People After Remand or Conviction) project staff, who made phone calls to help prisoners sort out their practical arrangements. The SPARC project was delivered by Lincolnshire Action Trust.
- 3.3 The initial safety interview by prison staff in reception did not check how the prisoner was feeling. The door was left open, meaning it was

not private. Staff ran through a list of questions that were largely unconnected and which left the prisoner slightly baffled. A much better, and more supportive, interview with an officer took place once prisoners arrived on the FNC. However, in total, men were asked very similar questions by four different sets of staff, which frustrated them.

- 3.4 The FNC was sensibly located on A wing, next to reception. It was exceptionally clean and well decorated, given the age of the building. Cells were well prepared and prisoners were offered a book. Those arriving after 7pm missed out on first night safety interviews with SPARC and the FNC officer, as well as a shower. They also encountered some delays in accessing prescribed medicines (see paragraph 4.45). First night checks on new arrivals were routinely completed. Prisoners had a limited regime on the FNC but only stayed for a night or two.



**First night centre**

- 3.5 It was much too hard for new arrivals to speak to family and friends on the phone. Documents detailing prisoners' previous offences often did not arrive the same day. This meant that staff did not feel able to facilitate calls in many cases, or they would only make the call for the prisoner while they waited in a holding room. This approach was more risk averse than we see in other jails. There was no free credit given to help eligible prisoners make a first night call from their in-cell phones and, in any case, prisoners did not always have a working phone in their cell. There were also significant delays of around two weeks getting prisoners' nominated phone numbers approved (see also paragraph 6.8).
- 3.6 In our survey, 98% of prisoners said that they had received an induction. Although a group induction took place routinely the following morning, it was not supervised by staff and we observed peer workers giving inappropriate advice. Nonetheless, it was very positive to see that this was immediately followed up with the opportunity for prisoners to have individual interviews with staff from the offender management unit (OMU), SPARC, the chaplaincy and We Are With You.

- 3.7 Vulnerable prisoners went directly from reception to E wing and did not attend the main induction session. These new arrivals relied heavily on other, more experienced, prisoners for advice. This included a peer worker on their wing. There were also firm plans to deliver a more comprehensive induction session to this group.

## **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**

- 3.8 The prison felt well ordered and calm. In the previous 12 months, there had been a total of 212 violent incidents. This was lower than at other reception prisons and few were serious.
- 3.9 In our survey, 40% of prisoners said they had felt unsafe at some point during their stay at Lincoln; 19% said they currently felt unsafe; and 24% said they had been bullied or victimised by other prisoners. These were all more positive findings than at other reception prisons. However, vulnerable prisoners on E wing (including those convicted of sexual offences) gave much less positive responses to some of these questions. Many of these men told us they were subject to verbal abuse from other prisoners who passed the wing on their way to and from work.
- 3.10 Monthly safety meetings provided useful data. Leaders had identified that a main cause for violence was prisoners' frustrations with staff not fully explaining processes or decisions to them. This included frequent delays in responses to applications to get simple things done (see also paragraph 4.15). The useful weekly safety intervention meeting (SIM) monitored many complex prisoners, including victims of violence and those suspected of being in debt.
- 3.11 Leaders had introduced several positive initiatives to reduce the levels of violence, including a daily meeting led by the safety team to review incidents and anti-social behaviour from the previous day. Additionally, most prisoners involved in an incident were promptly spoken to by a member of the safety team to identify and address any immediate concerns.
- 3.12 The prison's response to violence also included the use of challenge, support and intervention plans (CSIPs, see Glossary). Referrals for CSIP support were appropriate and prompt. However, there were often delays in creating plans to address men's behaviour. When a plan was developed, the quality was mixed. To address this weakness, the prison's psychology team had recently trained case managers to set more appropriate targets.



- 3.13 The number of prisoners self-isolating due to fears for their safety was low. However, support for these prisoners was poor. Access to daily showers was inconsistent, there was no opportunity for outside exercise, and they had little meaningful contact from staff.
- 3.14 In our survey, prisoners were more positive than at similar prisons about good behaviour being rewarded and bad behaviour being dealt with fairly. We observed prisoners abiding by wing rules and saw low-level poor behaviour being challenged appropriately by staff. Some prisoners we spoke with shared examples of how staff had provided them with opportunities and motivated them to adopt more positive behaviour. There were evening activities available on the wings (see paragraph 5.3), and additional incentives to encourage positive behaviour. For example, enhanced prisoners could have a restaurant-style experience with their families in the visits hall (see also paragraph 6.2). However, not many prisoners took part in, or knew about, these opportunities.

### **Adjudications**

- 3.15 In the previous year, there had been 2,396 adjudication hearings. Most were for possessing an unauthorised article or disobeying an order given by staff. Although fewer hearings with prison governors were postponed than we usually see, around 20% had not been proceeded with in the previous 12 months. Typically, this was because the original hearing had been adjourned for further evidence and the prisoner had then been released from custody. Staff told us that many serious offences had been referred to the police without any subsequent charge. This undermined the credibility and effectiveness of the disciplinary process. At the time of our inspection, there were 46 charges outstanding with the police, dating back to 2023 (see also paragraph 3.28).
- 3.16 There was some quality assurance of adjudication hearings and data was reviewed at the quarterly adjudications standardisation meeting. However, there was insufficient focus on the longer-term trends and outcomes to assess if the system was operating effectively, and make improvements.

### **Use of force**

- 3.17 The prison's own data indicated that in the last 12 months there had been 470 incidents of force. This was low compared to other reception prisons. Around 95% of incidents had been spontaneous. About two-thirds were low-level, such as guiding holds used to return prisoners to their cells, and did not involve full restraint.
- 3.18 Every incident was viewed by the use of force coordinator. Any incidents of concern were discussed at a weekly development meeting chaired by the deputy governor. However, in the random sample of video recordings we reviewed, there were missed opportunities for de-escalation by staff, both prior to and during the use of force. We also

found some staff used inappropriate language. Not all these problems had been identified and addressed during the development meetings.

- 3.19 In the year prior to our inspection, PAVA spray (see Glossary) had been drawn three times and used once, and a baton had been drawn but not used. These incidents had been brought to the weekly development meeting, but it was not clear if any learning had been identified. It was positive that there had been no use of special accommodation (see Glossary) recorded since our previous inspection.

### **Segregation**

- 3.20 Prison data showed that in the previous 12 months there had been 267 periods of segregation. Apart from some particularly complex prisoners, most stays in the segregation unit were short, and most men returned to living on a wing in the prison.
- 3.21 Segregation unit cells and communal areas were generally clean and free of graffiti. However, one of the showers was out of action due to the risk of legionella, and some in-cell phones were damaged.
- 3.22 Prisoners we spoke to were positive about staff working on the unit. The interactions we observed were good and officers knew the prisoners in their care well. Prisoners received their basic entitlements daily but, overall, the regime was poor and had deteriorated since our last inspection. Prisoners were locked up for most of the day with little to occupy their time and meals were given at the cell door. They had access to one hour in the fresh air in the yard, which remained austere but contained exercise equipment.



**Segregation exercise yard (left) and segregation exercise equipment**

## 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.

- 3.23 Leaders had a very tight control of the day-to-day running of the prison. It was well ordered and felt safe. The rate of incidents of disorder was one of the lowest among reception prisons. In the 12 months to March 2025, the random mandatory drug testing (MDT, see Glossary) rate was 12%, which was the lowest among reception prisons.
- 3.24 Despite this, 41% of respondents to our survey said it was easy to get illicit drugs and 39% said it was easy to get medication prescribed to others. In recent months the prison had been vulnerable to the ingress of drugs. This had reached a peak in March 2025, when 68 prisoners were found under the influence. The security department responded robustly. At the time of our inspection, the MDT rate had returned to its previously low level.
- 3.25 The drug strategy needed updating and, in response to the emerging threats, these were under review. Health care inspectors found serious risks in the delivery of prescription medication (see paragraphs 4.73 and 4.74). These were fed back to the health care and security teams during our visit.
- 3.26 The security department was well staffed with experienced officers. In 2024, there had been about 7,800 intelligence reports submitted by staff. This intelligence was generally processed and acted on promptly. The recent departure of an analyst had led to a very small backlog, but daily triage meetings meant that any immediate threats were responded to. Prison data showed that between January and April 2025 about 90% of requested cell searches had been completed. Additionally, in the six months ending March 2025, three-quarters of suspicion drug tests had been carried out.
- 3.27 Since the last inspection, there had been good investment in enhanced gate security and a body scanner. However, there were ongoing issues with CCTV systems. Daily security measures were robust but proportionate to the current threats. For example, new arrivals were strip-searched and subject to a body scan to prevent the ingress of drugs, but there was very little use of closed social visits or banned visitors. The experienced staff group understood their security objectives and these were communicated at daily wing briefings. There had been a good amount of training delivered to staff to help them

avoid conditioning by organised crime members and spot the promotion of extremist beliefs among the prisoner population.

- 3.28 Joint working with the police was too limited, but leaders were working hard to build better links with the local force. The prison intelligence officer was now shared with two other prisons. There had also been recent challenges in making sure that charges referred out to the police were taken seriously (see also paragraph 3.15). Other sources of support, such as the prison Prevent lead, worked effectively with the security team.

## **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**

- 3.29 In the last 12 months, levels of recorded self-harm had increased but were still lower than at most other men's reception prisons. In the 12 months to the end of April 2025, there had been 443 incidents of self-harm. Leaders reviewed a good range of data at monthly meetings and knew some of the reasons behind self-harm. For example, there had been recent peaks among men from outside the prison's usual catchment area, and at weekends when the regime was worse (see paragraph 5.4). However, leaders did not use this information to continually improve their approach, and the self-harm reduction strategy needed refreshing.
- 3.30 Some aspects of daily life had a detrimental impact on prisoners' well-being. Just over a quarter of prisoners were not allocated to an activity and spent about 22 hours a day in their cell. Men were also very frustrated by delays in getting their applications answered (see paragraph 4.15) and their phone numbers approved to allow contact with family and friends (see paragraph 6.8).
- 3.31 There was some good support available to men in crisis, including regular visits from a therapy dog and help from LAT to settle in and rebuild family ties (see also paragraph 6.1). However, these interventions rarely featured in care planning for prisoners. Overall, assessment, care in custody and teamwork (ACCT) case management was not good enough. Some care plans did not address needs that had already been identified during prisoners' assessment interviews. Support was also sometimes ended quickly without underlying issues being resolved, only to have to be restarted later when further incidents of self-harm occurred.
- 3.32 Despite the best efforts of safer custody staff, for the last 18 months there had not been a Listeners scheme (see Glossary) and there was

still no confirmed date for the local Samaritans group to train new volunteers. We were reassured to see that the national Samaritans phone number was very well advertised, especially on the FNC, although not everybody was issued with a working in-cell phone. We tested the safety hotline for families and friends to raise concerns and received a very prompt response.

- 3.33 In the last 12 months, there had been two self-inflicted deaths in the prison. Not all recommendations from the Prisons and Probation Ombudsman (PPO) were tracked by the safety team to ensure that improvements were embedded. Local learning was reasonably good and there had been a good number of investigations into serious incidents of self-harm.
- 3.34 We found too many weaknesses in the way that constant supervision was carried out for those prisoners at greatest risk of suicide. For example, on the FNC the officer was seated in a chair clearly labelled 'constant watch' which drew attention to the vulnerable individual. Staff completed 13 and a half hour shifts in the same role, which was far too long to stay alert, and they sometimes read a book. We had to ask managers to remove an obvious ligature point from the cell wall that had been there for some time. Although staff had held multidisciplinary meetings and the prisoner's particular circumstances were well known, there was no simple one-page plan to guide new officers who were taking over supervision.



**Chair outside constant supervision cell**

### **Protection of adults at risk (see Glossary)**

- 3.35 Wing staff had a reasonably good awareness of those prisoners likely to be vulnerable to exploitation or neglect and typically knew to raise their concerns with the safer custody team. The head of safety was the

adult safeguarding lead and regularly attended the local safeguarding adults board. Individual cases of concern were discussed at the weekly safety intervention meeting, but there was no routine data capture or oversight in place to identify the level of need and plan for future provision.

## 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 Overall, relationships between staff and prisoners were reasonably good. Staff were more confident and experienced than at most reception prisons. They provided a good level of supervision and routinely patrolled the landings. We observed generally positive interactions. However, prisoners' opinions were mixed. We were told that whilst some officers were respectful and fair, others were unhelpful and impolite.
- 4.2 In our survey, 92% of prisoners said they had a named officer, which was much higher than the average of 60% across reception prisons. Prisoners benefited from regular key work sessions, consistently delivered by the same officer, and generally found these sessions to be supportive. Specialist key workers supported young adults and foreign national offenders, which was good to see. However, key work sessions did not focus enough on sentence progression (see also paragraph 6.11).
- 4.3 Peer worker roles existed in most areas of the prison, but these were not always well developed. The high number of releases and transfers made it challenging to develop and keep men in these roles. Some peer workers benefited from adequate training and supervision. However, others, such as the social care buddies, lacked enough oversight to make sure that standards were being maintained and that prisoners were properly supported in their roles.

### 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.

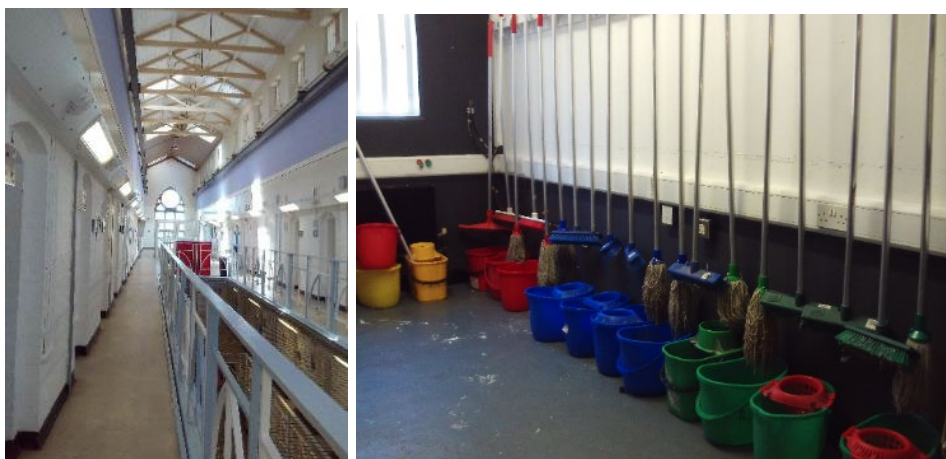
### Living conditions

- 4.4 As at the last inspection, the prison continued to be very overcrowded. In the 12 months before this inspection, 87% of the population had shared a cell designed for one person. Although cells were cramped,



they were well furnished, regularly painted and generally kept clean by prisoners. However, there were ongoing serious problems that affected men's daily well-being such as damp walls, pigeon excrement coming through the roof, and an infestation of cockroaches.

- 4.5 Communal and external areas were regularly cleaned and kept tidy. A work party of skilled prisoners regularly repainted landings, maintaining a high standard which was very commendable given the age and limitations of the buildings. Cleaning cupboards on wings were well stocked and organised, and prisoners had suitable access.



**B wing (left) and organised cleaning cupboard**

- 4.6 The standard of decoration, design and signage across the prison was among the very best we have seen. These attractive, bold designs remained consistent across areas like reception, the first night centre, the employment hub and the education department and helped to communicate to prisoners that Lincoln was well run and cared for by its leaders.
- 4.7 Long-standing problems with the supply of prison-issued kit had been somewhat alleviated by a change in policy that enabled all prisoners to wear their own clothes, which they could wash in the washing machines on wings. Funding had been found for a dedicated officer to oversee decency standards and coordinate a central response to ongoing challenges with the availability of kit. This had driven improvements that were recognised by both prisoners and staff. However, prisoners still complained about problems with the sizing of the prison-issued shirts they were required to wear to social visits.
- 4.8 Some aspects of the infrastructure needed urgent investment. The heating system had originally been installed as a temporary measure. At the time of our inspection, it had been in place for seven years and was not fit for purpose. As a result, there were periodic issues with regulating water temperature and there had recently been no hot water in showers on one wing for several weeks. The kitchen was also not heated and portable heaters had to be used in the winter months.



- 4.9 There continued to be a heightened risk of legionella and shower units were often closed as a result, although prisoners were able to shower elsewhere. The shower units on E wing had blocked sinks and broken doors. There was a backlog of repair jobs across the prison, and some maintenance issues took many months to fix. Senior leaders were managing the maintenance contractor to tackle this.



**Broken and dirty showers on E wing (left) and temporarily closed showers**

- 4.10 In our survey, only 17% of prisoners said that they could access their stored property promptly. We found that it could take many weeks to access stored property and rules were not always applied consistently.
- 4.11 Cell call bell response times were monitored by senior management teams. In our survey 51% of prisoners said that bells were normally answered within five minutes, which was much higher than the average of 28% across similar prisons.

### **Residential services**

- 4.12 Prisoners were generally positive about the food quality and portion sizes. In our survey, 49% of prisoners said that the food was good, which was significantly better than at similar prisons. The kitchen was well run and clean, although there were some long-term problems with leaks in store cupboards and lack of heating (see also paragraph 4.8). Serveries were also clean, and orderlies adhered to hygiene and food handling standards. Mealtimes were well supervised as prisoners queued and collected their meals from the servery. However, there was no communal dining. On some wings, lunch was served before 11.30am, which was too early. Prisoners were consulted on food through a survey and quarterly forum. As a result of this consultation adjustments had been made, such as the introduction of a daily hot lunch option.



**Evening meal on C wing**

- 4.13 In our survey, 63% of prisoners said that both the canteen and catalogues provided the items that they needed. This was much better than at other reception prisons. However, some prisoners reported that ordering items from catalogues took too long.

#### **Prisoner consultation, applications and redress**

- 4.14 Consultation arrangements were not fully effective. Leaders had recently introduced wing forums, but these had yet to be held consistently across all wings. It was not always clear if actions were followed up or resolved from these forums. The prisoner council was more established and gave prisoners a chance to raise issues that were affecting them. However, they lacked attendance from both senior leadership and some wing representatives, and actions were not always completed.
- 4.15 In our survey, only 62% of prisoners said that it was easy to submit an application, compared to 82% at the last inspection. The paper-based applications system was facilitated by peer workers called Padmates. It had some key weaknesses. For example, departments did not consistently follow the process for replying to prisoners, responses were not tracked, and some still took too long to be answered. However, leaders were well sighted on these issues and had plans for improvement. The Padmates also ran a phoneline that their peers could call from their cells with questions.
- 4.16 Because of the problems with the consultation and the applications processes, many prisoners did not feel listened to and reported frustrations in getting simple things done. The complaints process was better. In the last 12 months, over 1,700 had been submitted. Forms were available on the wings, and in our survey 55% of prisoners said

that it was easy to make a complaint, which was in line with similar prisons. Leaders had introduced their own complaints survey to improve the process and conducted comprehensive quality assurance. This had led to reasonably good responses.

- 4.17 Adequate arrangements were in place for prisoners to meet their legal representatives. There was only one private room for legal visits. This meant most legal meetings had to take place simultaneously in the main visits hall, which inevitably reduced privacy. However, the staff working in visits took a pragmatic approach to the use of the private room, and leaders had ordered additional booths.

## **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.

- 4.18 Work to promote fair treatment and inclusion had a low profile in the establishment. The equalities team was under-resourced so the support they could offer was limited. There was no dedicated equalities officer and only one part-time administrative support worker. Despite these shortcomings, in our survey prisoners from minority groups responded similarly to men in other reception prisons.
- 4.19 Leaders had developed an equalities policy and an accompanying action plan, but these lacked strategic thinking to improve inclusivity at the prison. Equalities meetings were held every two months. They considered a good range of data about outcomes for minority groups, but did not generate much sustained action to improve the experiences of those prisoners with protected characteristics.
- 4.20 In the last 12 months, 21 complaints about discrimination had been submitted. Only four of these had been upheld. The investigations into these reports were of mixed quality, with some lacking sufficient enquiry. Many responses to these complaints did not sufficiently evidence why the investigator came to their conclusion and not all investigations sought the opinion of the prisoners involved. Many were processed as a standard complaint and there was little evidence about why they had been dealt with in this way. The prisoners we spoke to had little faith in the discrimination reporting process. Many prisoners told us that they did not think there was much point in submitting a discrimination complaint.
- 4.21 Leaders had held some forums for prisoners who shared protected characteristics, but most were poorly attended and had resulted in little meaningful change.

- 4.22 We found some good work with young adults, and leaders had invested in a middle manager to specialise in working with those under the age of 21. Several officers had been trained to work with young adults with low maturity and deliver the 'Choices and Changes' intervention during key work sessions. The gym ran specific sessions for younger prisoners, as well as offering The Duke of Edinburgh's Award (DofE) scheme. On E wing, there was a room older and retired prisoners could use to socialise or have a quieter environment. Prisoners told us they appreciated this.
- 4.23 Since the last inspection, a neurodiversity manager had been appointed, and some good support was in place for prisoners who are neurodivergent. This included bespoke support plans, training for staff and workshops for prisoners.
- 4.24 The ability for disabled prisoners to live independently was limited by the age and design of the prison. For example, there was only one dedicated cell suitable for wheelchair users. Reasonable adjustments had been made for some disabled prisoners, such as grab rails or hospital-style beds. Prisoners with disabilities had help from their peers, who were known as 'buddies'. However, the selection and training of these prisoners was not formalised and there was too little oversight of their work.
- 4.25 Effective processes were in place to monitor and review the support provided to transgender prisoners, which we found to be reasonable. Leaders had managed some complex cases and transgender prisoners told us that they felt supported.
- 4.26 There were some perceptions of discrimination among black and minority ethnic prisoners that leaders had failed to explore, and more needed to be done to promote cultural awareness throughout the prison.

## **Faith and religion**

- 4.27 The chaplaincy team had vacancies and there were currently only three permanent members of staff. The team relied on sessional workers and volunteers to provide pastoral support to prisoners. Despite these gaps, men we spoke to valued the chaplaincy team. In our survey, 82% of respondents said they were able to attend religious services. The chaplaincy team completed all their statutory duties, including visiting the segregation unit and meeting all new arrivals. Due to staff shortages, they had been unable to deliver any faith-based courses.
- 4.28 The main chapel was in the oldest part of the prison and was a welcoming space for worship. Facilities for other faiths were more limited. Long-standing plumbing issues meant that Muslim prisoners attending Friday prayers could not reliably complete their ablutions.

## 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.

- 4.29 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 breaches of regulations and issued requests for action plans following the inspection (see Appendix III).

### Strategy, clinical governance and partnerships

- 4.30 Partnership working between the prison and its health and social care providers was strong and informed by appropriate joint oversight and governance arrangements. A rapid health needs assessment was leading to promising internal reorganisation of care pathways. The decision by the main provider, Nottinghamshire Healthcare NHS Foundation Trust (NHNFT), to withdraw from providing the service had not, to date, affected care delivery. Most patients' health needs were being suitably addressed.
- 4.31 In our survey, prisoners were more positive about the quality of some key services, like mental health and dentistry, than in similar establishments. There was some evidence of service user satisfaction surveys and consultation, though the latter required development.
- 4.32 Systems for learning from adverse events, complaints and audits were in place, and learning was disseminated to staff. However, some recent good audits of care planning lacked associated action plans.
- 4.33 There were sufficient suitably qualified staff to offer a 24-hour health service, but there were not enough GP sessions. Several staff, including nursing and pharmacist prescribers, were expanding their range of skills to help them better respond to the needs of patients. Occasional sickness led to the cancellation of some clinical sessions, which was not ideal. Recruitment to vacancies was proving successful. Staff training and supervision were well developed.
- 4.34 We observed appropriate professional exchanges and respectful relationships with patients. There was good attention to maintaining patients' dignity, and health staff safeguarded vulnerable patients via prison safety meetings.
- 4.35 The health centre was extensive and well used, though there were some challenges with the old building, such as damp. Despite this, cleanliness and infection prevention compliance (IPC) was good, although annual IPC auditing was too infrequent. Clinical equipment was well maintained.

- 4.36 Emergency response equipment was sited strategically and well maintained. Prison officers carried cards reminding them how to respond to medical emergencies. All staff we spoke to had been trained in emergency resuscitation.
- 4.37 There were very few formally submitted health complaints (less than one per month) and these were efficiently processed. The complaints we sampled had appropriate responses.

### **Promoting health and well-being**

- 4.38 There was no whole-prison approach to promoting well-being, which was a potential missed opportunity to drive important health messages. NHNFT followed a programme of national health campaigns that featured on health promotion noticeboards on each wing. However, the health care centre waiting area lacked useful displays promoting health and well-being.
- 4.39 Telephone translation services were available to facilitate health appointments when needed. There were no leaflets in different languages or in easy-read text, although these could be printed if required. There were no peer workers to assist in promoting health.
- 4.40 At the time of inspection, there was 100% uptake for hepatitis C testing, which was excellent. The usual preventative screening programmes, including retinal screening, bowel screening and aortic abdominal aneurysms, were available. Age-related vaccinations took place including measles, mumps, rubella, influenza and shingles.
- 4.41 There was an effective policy to prevent the spread of communicable diseases, supported by advice from the UK Health Security Agency. An outbreak of streptococcus in 2024 had been safely managed.
- 4.42 Visiting sexual health specialists from Lincolnshire NHS Trust provided a weekly clinic. Symptomatic and asymptomatic screening, including for chlamydia, was available. Results were imparted confidentially and patients were actively encouraged to make follow-up appointments.

### **Primary care and inpatient services**

- 4.43 NHNFT primary care services were generally good, despite facing recent staffing problems. There was an ongoing shortage of GP sessions and patients told us they felt ignored by healthcare staff. Occasional other gaps in clinical activity, due to staff sickness, were managed to minimise disruption for patients.
- 4.44 The screening of patients by nurses at reception was efficient. Thereafter, administrative staff were thorough in checking patients' consent, acquiring data from outside sources and attempting to link patients to GPs on release.
- 4.45 Late reception arrivals did not have access to a GP. This led to some patients not receiving their routine medicines the following day, or for several days at the weekend. At the time of the inspection, 95 non-

urgent patients had waited up to seven weeks to see a GP. This was excessive and unacceptable. A proposal to remedy the situation had been received by NHNFT but there had been no additional GP recruitment since a temporary solution ceased in March 2025.

- 4.46 Most patients received a timely comprehensive secondary health assessment and appropriate treatment.
- 4.47 Prisoners used a paper-based health care application system which was confidential and efficient. Other than for the GP, waiting times were not excessive.
- 4.48 There was a suitable range of regular clinics from nurses, GPs and specialists such as an optometrist and physiotherapist. Nurses ran daily clinics and triage services on the wings. Patients with long-term conditions, such as diabetes, were carefully managed. Care planning was template-based, though recently created plans were personalised and detailed. Officers assigned to the health centre helped to minimise did-not-attend rates, which were about 12%.
- 4.49 Each month a tissue viability specialist joined the wound care clinics to review deep tissue cases. Outcomes for patients were impressive. Arrangements for palliative and end of life care were good and were supported by Marie Curie.
- 4.50 Fewer patients experienced delays in accessing outside hospital appointments than at similar prisons. The process was assertively managed by health care administrators alongside prison staff. Managers were considering the use of video calling, which could widen access to the NHS.
- 4.51 Patients were offered pre-release health appointments. Upon release they were given medicines to take home as necessary and information for their GPs and others. They were advised on harm minimisation to maintain health.

## **Social care**

- 4.52 Since the last inspection, the prison and Lincolnshire County Council (LCC) had improved social care. A memorandum of understanding and information sharing agreement underpinned suitable arrangements for the assessment and provision of social care.
- 4.53 Most referrals for assessment came from health care. While patients could self-refer, we saw no information about this displayed in the prison. Joint working was effective. The LCC social care practitioner attended the prison weekly and participated in various patient safety meetings where referrals were discussed. There was no centralised database kept by the prison to enable systematic tracking of referrals and clients in care. Most referrals resulted in prescription of aids to daily living (ADLs). At the time of inspection, no prisoners were in receipt of a package of care.



- 4.54 Equipment to assist prisoners who needed ADLs was readily available, including portable alarms for disabled clients to use in their cells to summon emergency assistance. Prisoner buddies were available to assist men with their social care, but their training and oversight was lacking (see also paragraph 4.24).
- 4.55 There were suitable processes in place for continuity of care following release or transfer of men receiving social care.

### **Mental health**

- 4.56 NHNFT provided a seven day a week stepped-care mental health service, including a crisis response nurse until 6.30pm and a senior nurse at weekends. In our survey, patients were notably more positive about the quality of the mental health service compared to other reception prisons.
- 4.57 Most prison officers had received some generic mental health awareness training. Though NHNFT had not yet been invited to provide bespoke training, they did deliver wing-based support to some officers to enhance their understanding of complex behaviours.
- 4.58 Mental health staff engaged in regular clinical and management supervision and multi-disciplinary reflective practice sessions encouraged staff to review patients holistically. The team was small and had two vacancies. Additionally, nurses routinely administered medication on the wings. The cumulative effect was that nurses' time to prepare for clinics was reduced, and the number of assessment appointments was curtailed.
- 4.59 Patients were not seen on arrival into the prison by the mental health team. However, the wider healthcare team made electronic referrals or patients could self-refer through the paper-based healthcare application system. Each month, an average of 92 patients were referred and waited around eight days for assessment. However, urgent referrals were seen within 48 hours. Managers were sighted on this and monitored response times.
- 4.60 Regular multi-disciplinary team meetings discussed assessed patients and allocated them for treatment. Patients could access a range of psychological therapies from a skilled team. This included interventions for anxiety and depression, with compassion-focused therapy and eye movement desensitisation and reprocessing (EMDR) therapy available for those patients with complex needs. Waiting lists were managed effectively and waiting times compared favourably to those in the community.
- 4.61 A pathway for patients with neurodevelopmental disorders such as ADHD (attention deficit hyperactivity disorder) was effectively delivered through a small, dedicated nursing team working jointly with the psychiatrist. New assessments were on hold due to a staff vacancy, but interventions continued.



- 4.62 Prior to this inspection, access to a psychiatrist had reduced, which the provider was addressing. Referral to the psychiatrist was through the multidisciplinary team meeting. Potential delays for review or increased risk were mitigated through the clinical team. Patients on antipsychotic or mood-stabilising medication received appropriate physical health checks.
- 4.63 Clinical records reviewed were consistently good, providing detailed narrative of care delivered. Care plans were clear and risks identified, though some plans could have been enhanced by personalisation.
- 4.64 Upon release, patients' care was coordinated with community engagement agencies. During the previous 12 months, 10 patients had been transferred to hospital under the Mental Health Act. Six of these cases had exceeded the required time for transfer, which was unacceptable.

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

- 4.65 We Are With You (WAWY) delivered addictions psychosocial and clinical recovery services appropriate to patients' needs. The service operated seven days a week until 8pm. NHHFT nurses monitored patients for withdrawal symptoms overnight.
- 4.66 In our survey, 41% of prisoners said it was easy to get illicit drugs (see paragraph 3.24). In early 2025 there had been a very high number of reported incidents of prisoners under the influence, which had peaked in March. Some prison staff had been trained in the use of nasal naloxone (to reverse the effects of opiate overdose) which was good. However, WAWY reported some delays in referrals following these incidents, which represented a risk.
- 4.67 Newly arrived prisoners had timely assessment of their needs and suitable prescribing as clinically indicated. However, as WAWY staff did not work after 8pm, symptomatic relief for opiate withdrawal was not available on the first night in custody. This was poor practice.
- 4.68 In the six months prior to this inspection, the team received 258 referrals. Staff were responsive to new referrals. Prisoners were seen quickly for assessment and allocated a recovery worker.
- 4.69 On average, about 220 patients were on WAWY's caseload. Of these, 57 patients were solely in receipt of psychosocial interventions on an individual or group basis, including relapse prevention, understanding addiction and alcohol awareness. Breaking Free, a one-to-one online accredited programme, provided an accessible and personalised intervention. Some prisoners could attend Alcoholics Anonymous and Narcotics Anonymous meetings in-person or by video-link.
- 4.70 At the time of inspection, 174 patients were in opiate substitution therapy (approximately 30% of the population) including methadone and buprenorphine preparations. Those men in receipt of treatment

received regular reviews in line with evidence-based practice. WAWY staff routinely dispensed and administered medicine for alcohol withdrawal at patients' cell doors, which was not acceptable. During the inspection, this was fed back to leaders in health care and security.

- 4.71 Peer mentors supported men on the wings. The service had recently engaged with Forward Leeds to introduce a lived experience short group work programme. Early feedback was positive.
- 4.72 All clients were supported on release which enabled continuity of care. Practical help included harm minimisation advice, nasal naloxone and a nitazene drug testing kit.

### **Medicines optimisation and pharmacy services**

- 4.73 Medicines were supplied by a local community pharmacy and access was usually prompt. The supply chain in the prison was insecure and unsafe. As at the previous inspection, controlled drugs were transported around the establishment in bags or boxes that were not secure while prisoners were unlocked. This exposed staff and patients to heightened risks. There was no local operating procedure for transporting medicines around the prison.
- 4.74 Some staff undertook poor practices in delivering medicines to patients, including placing single tablets in pots or plastic bags to be transported to the patient's cell. This was unacceptable. Managers began to address the issues once they had been raised.
- 4.75 Not all wings had appropriate temperature monitoring arrangements in place, so we were not assured that medicines were being stored at the correct temperatures. A reliance on an old automated system had continued despite the contract ending in March 2025.
- 4.76 Medicines that patients had to take in front of a member of staff were administered twice daily on several wings. There was a process in place for any medicines which were required to be given at alternative times. There was also a system in place to ensure continuity of supply for patients who were being released.
- 4.77 Medicines administration at hatches was mostly good, although administration sometimes occurred with a single staff member. This meant that adherence to the second check policy for controlled drugs was not always followed. We were told this was on NHNFT's risk register.
- 4.78 In-cell storage of medicines had improved. Lockers had been fitted for patients to use and 69% of them had medicines in their possession. However, we found oversight and assurance was not in place for several core pharmacy processes. This included identifying patients who had not collected their in-possession medicines, and failing to ensure complete and accurate documentation relating to cell checks.
- 4.79 There was an emergency medicines cupboard providing access to urgent and critical medicines, though we saw evidence that this was

not always being used. The process to replenish the emergency medicines was not robust and lacked oversight. We found some medicines had been out of stock for 10 days. An audit trail of where and to whom medicines had been given was not always available. Staff also told us that medicines reconciliation data was not accurate due to an error in the reporting system.

- 4.80 The service had one area pharmacist to cover four prison sites and one short-term holding facility, therefore professional input was limited to guidance on policy and procedure and advice only. There were no pharmacy led medicine-use reviews and no pharmacy clinics. But pharmacy staff told us they knew how to access advice should they need it and the pharmacist intended to introduce a prescribing clinic shortly.
- 4.81 There was no drug and therapeutics committee in place, despite efforts by the area pharmacist to introduce one. This created a gap in strategic oversight and reduced opportunities for reflection and discussion. However, medicines management, including the use of tradeable medicines, was discussed in safer prescribing meetings.

#### **Dental services and oral health**

- 4.82 Time for Teeth provided a well-led, reliable and efficient dental service. In our survey, patients were more positive about the dental service than at similar prisons. Oversight and governance of the service was exemplary.
- 4.83 Competent and experienced staff offered four dental sessions per week from a high-quality surgery. Facilities had been improved by the prison with the addition of dedicated decontamination facilities. This enabled full compliance with best practice.
- 4.84 Prisoners had prompt access to dentistry with frequent triage of applications by the dental nurse and dentist. At the time of inspection, just eight patients had been waiting two to five days for urgent attention. Waiting patients could receive pain relief and antibiotics from other prescribers, if required.
- 4.85 The full range of NHS evidence-based treatments was available. However, the short stay of many remanded patients affected what could be reasonably achieved.

## 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 About 72% of the population was in part-time or full-time education, training or work and this group spent between six and eight hours unlocked each weekday. The regime was predictable and very rarely subject to curtailments.
- 5.2 However, around 28% of prisoners were not allocated to any education or work and they were only unlocked for two hours each day during the working week. This was far too low and a worse outcome than at the last inspection. More positively, retired prisoners were unlocked during the working day.
- 5.3 There was no evening association for each wing although a programme of evening enrichment activities had been introduced. This included chess, gaming and gym activities for enhanced prisoners and sessions for neurodivergent, older and LGBT+ prisoners, and peer-led music and faith groups. Overall, these were not well attended and most prisoners spent the evenings locked in their cells.
- 5.4 The regime on Fridays and across the weekend was much too limited. On Saturdays and Sundays, prisoners only spent around two hours and 30 minutes unlocked.
- 5.5 In our survey, prisoners reported much better gym access compared to similar prisons. The gym provided a reasonable timetable that enabled prisoners to attend three times a week. Enhanced prisoners were offered an additional three sessions. Those prisoners on the basic level of the incentives scheme, or who refused to work, were offered access for one hour and 30 minutes a week. Around 46% of prisoners were active gym users.
- 5.6 PE facilities included a three-court sports hall and two areas with weights and cardiovascular and resistance machines. There was no outside sports field, but funding had been agreed for an astroturf pitch.



**Gym equipment**

- 5.7 Remedial, detox and weight loss sessions were offered to prisoners who needed them, with referrals made by health care teams. There continued to be strong links with Lincoln City Football Club. As a result, in the last 12 months, 60 prisoners had completed courses related to subjects like leadership and mathematics. The PE team offered several other qualifications, including a healthy living course, first aid and the DofE scheme.
- 5.8 The prison had two libraries. These were managed by Greenwich Leisure Limited and staffed by enthusiastic librarians and five orderlies. Both libraries were well decorated, welcoming and stocked with a good selection of books, DVDs and music.



**The main library**

- 5.9 In our survey, 76% of prisoners said they got to the library each week, which was better than at similar prisons. According to data provided by library staff, around 70% of the population had borrowed items in the last 12 months. The team collected and closely monitored engagement and borrowing data to identify issues and trends, which was good to see.
- 5.10 The library held a reasonable stock of foreign language books, although there were some challenges accessing foreign language multimedia. A good range of activities took place in the library, including Raising Readers, Storybook Dads, Bedtime Stories workshops, and a staff and prisoner book club.

## **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 Since the previous inspection, leaders and managers had successfully rectified all the recommendations raised by inspectors.

- 5.13 Leaders and managers responded well to the changing prison population. The increase in prisoners on remand or unsentenced, and the decline in the number of prisoners preparing for release, required leaders to change the curriculum. Leaders and managers used information on skills gaps in the Lincolnshire, Yorkshire and Humber regions to plan their courses purposely, as these were the areas where most prisoners were released after completing their sentences.

- 5.14 Leaders and managers implemented a curriculum that effectively met the needs of the different prisoner groups. They did this by offering unit accreditation or intensive short courses for those prisoners who were only at the prison for a very short time. Prisoners learning English, mathematics, and English for speakers of other languages (ESOL) progressed quickly through the units and became motivated to achieve. Leaders and managers planned relevant education pathways which grouped courses into a coherent programme of study. These allowed prisoners who were in the prison longer to achieve qualifications in several interrelated topics. For example, prisoners gained qualifications in hospitality at levels 1, 2 and 3 while working in the prison's popular on-site restaurant. Likewise, prisoners studying barbering developed their skills up to level 3 and provided a barbering service to other prisoners. Leaders and managers had developed good partnerships with employers to develop drylining and forklift-truck driving courses. These provided prisoners with specific skills that were sought after by employers in their release areas.

- 5.15 Leaders did not offer prisoners a broad enough range of information technology (IT) courses to help them develop their IT skills, ready for release. Leaders had removed art lessons from their curriculum, which upset prisoners as these lessons helped them maintain positive mental health.

- 5.16 Leaders had provided enough activity spaces to occupy prisoners, but too many were not allocated to any education or work. Prisoners allocated to an activity attended well. The pay policy incentivised prisoner participation in education over work and, within education, attendance at functional skills lessons was paid more. Where waiting lists existed, these were very short, and prisoners did not have to wait very long to attend their chosen activity.
- 5.17 Leaders and managers promptly provided prisoners with an effective induction into education, skills, and work soon after they arrived at Lincoln. This helped prisoners understand the wide range of activities available to them. The allocation of prisoners to activities was mostly done soon after their induction. However, a minority of prisoners found the amount of information provided overwhelming and struggled to remember what options were available to them.
- 5.18 The neurodiversity support manager worked well with the prison education framework provider (PEF), PeoplePlus, to ensure that prisoners with neurodiversity needs were quickly identified and support plans swiftly implemented. Staff from across the prison, as well as peer mentors, benefited from training on supporting individuals who were neurodiverse. This included communicating with prisoners with ADHD and autism, as well as how to identify someone with poor mental health and signposting them to the readily available support. This helped prisoners who were neurodiverse to achieve in line with their peers.
- 5.19 Prison industries and work activities were focused well on supporting prisoners to develop useful skills and behaviours that would help prisoners gain employment when released. In the two textiles workshops, prisoners produced work to a good standard and learned to follow instructions from prison instructors. Some prisoners found the work frustrating when they had to wait for other aspects of the production process before they could complete their tasks, despite instructors often directing prisoners to use reading corners while waiting. Brickwork tutors taught prisoners the basics of building walls before moving on to arches, integrating mathematics effectively into these activities. Tutors in painting and decorating helped prisoners develop their wallpapering skills, ensuring they hung the paper to a good standard. Workshop staff were knowledgeable and enthusiastic, which helped motivate prisoners.
- 5.20 PeoplePlus provided education and most of the vocational training in the prison. Leaders had planned the curriculums for English, mathematics and ESOL to support prisoners to develop their skills in these essential subjects from entry level to level 2. Teachers planned and taught lessons that met the needs of individual prisoners. They created an environment where prisoners could practise, for example, their pronunciation in ESOL lessons without fear of being mocked by their peers. Prisoners in English lessons were encouraged to read aloud. In mathematics, prisoners understood the importance of learning the subject. For example, some prisoners wanted to develop their mathematics skills as it would help them get a job in drylining on release. Others wanted to help their young children with their



homework. Prisoners with few reading and mathematical skills made rapid progress to higher-level courses.

- 5.21 Most tutors provided helpful feedback on prisoners' written work, correcting spelling and grammatical errors. As a result, most prisoners knew what they needed to do to improve their work, learned new and useful skills, and most achieved their qualifications.
- 5.22 Leaders and managers had effectively implemented a whole establishment reading strategy. Prisoners in the FNC had access to books even before they had received their library induction. Those in the care and separation unit had access to a book trolley, which helped alleviate boredom. All of the classrooms and work areas had reading corners that were used during breaks or if prisoners needed time away from their activity.
- 5.23 The prison reading specialist provided practical, twice-weekly one-to-one sessions with prisoners who could not read. Those receiving this support made rapid progress and appreciated the support they received. Prisoners who had poor reading levels were supported through popular weekly wing-based reading groups that helped them improve their confidence. The prison-wide staff and prisoner book club was a popular way of encouraging prisoners to read for pleasure, and recently, prisoners and staff completed the million-page reading challenge. Prisoners who had benefited from reading support at Lincoln received a useful pack with resources to encourage them to keep reading on release, such as details of local libraries.
- 5.24 Prisoners' attendance at education, skills, and work activities was high. They were punctual for sessions and ready to begin. Where prisoners occasionally missed sessions, tutors and instructors were aware of the reasons, most of which were due to legal visits or medical appointments.
- 5.25 Prisoners developed relevant and useful employability skills that put them in good stead for their next steps. Prison officers on accommodation wings, alongside employability coaches and instructors, identified and discussed with prisoners the skills they needed to develop to be successful in education, skills and work. Prisoners who were allocated to wing work benefited from the same focus on developing skills, such as teamwork, communication, and working to a specified standard, as those who were working in workshops and prison industries. Employability coaches monitored closely the progress prisoners had made towards achieving these. Prisoners articulated how this support had changed their outlook on situations.
- 5.26 Prisoners who had recently entered the prison received effective support from the careers advisors during their induction. Prisoners discussed their interests with careers advisors and opportunities to participate in education, skills and work were explored. This helped prisoners to be allocated to the most appropriate curriculum pathway. Prisoners approaching the end of their sentence received effective

support from the prison employment lead (PEL). The PEL worked well with a wide range of large and small employers from around the region. They provided valuable guidance on setting up bank accounts, disclosure letters and interview support. This resulted in a higher proportion of prisoners gaining employment upon release than in similar prisons. Those prisoners who had not secured suitable employment continued to be supported by the PEL.

- 5.27 Leaders and managers provided prisoners with a wide range of enrichment activities, such as charity and fundraising events and inter-wing football tournaments. Through these, prisoners contribute actively to the prison community and enhance their well-being. Younger prisoners also had the opportunity to participate in the DofE scheme. However, too many prisoners were not aware of these opportunities and the small number of prisoners on a basic prison regime did not have access to any of them.
- 5.28 Tutors and instructors had created a calm and positive environment in education and industries. They had set clear boundaries, and prisoners adhered diligently to these. Staff nurtured a culture of mutual respect between prisoners and themselves, leading to prisoners demonstrating positive behaviours and attitudes. In classrooms, tutors and prisoners agreed on appropriate respect, timekeeping, and behaviour rules. In workshops, instructors set clear expectations about wearing proper personal protective equipment, which prisoners did without being reminded. As a result, classrooms and workshops were pleasant spaces where prisoners focused on the learning and work taking place.
- 5.29 Staff in education, skills, and work valued the feedback they received from leaders and managers on their teaching. Managers' observations, which were part of the quality improvement process, were supportive and helped them improve.
- 5.30 The number of prisoners in education who achieved their intended qualification was high. However, the small number of prisoners on level 1 and 2 functional skills mathematics courses did not achieve to the same high level as those on lower-level mathematics courses. Leaders and managers had recently provided training to staff to support them teaching level 1 and 2 mathematics. This was starting to have a positive impact but, at the time of inspection, achievement needed to improve.



**Education corridor**

## 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 The support available to help prisoners build and maintain family ties was excellent. The family support provider, LAT, offered men help through their journey at Lincoln, including in reception and on release (see also paragraph 3.31). Two family engagement workers undertook casework with individual prisoners, liaised with families, and attended the weekly visits sessions. We spoke to some of the prisoners on their caseload and were told that the work they carried out was highly valued and 'life changing'.
- 6.2 The visits hall was bright and welcoming. Excellent refreshment facilities were offered by Bertie's, a restaurant run in conjunction with the education provider, and The Right Course, a charity helping prisoners gain employment in the hospitality industry on release. Visitors could order a wide range of hot and cold food. Enhanced prisoners could have a restaurant-style experience with their families which was a good incentive to behave (see also paragraph 3.14).



**Bertie's restaurant in the visits hall**

- 6.3 Prison leaders had worked with LAT to make positive changes to the visitors' centre and the visiting process. For example, noise cancelling headphones and sunflower lanyards (which indicate the wearer might need additional support) had been introduced to improve the experience for individuals who are neurodivergent.
- 6.4 Visits took place on Tuesday and Thursday afternoons and all day on Saturdays and Sundays. There were sufficient spaces available for the population and video calls for family and friends who could not attend in person.
- 6.5 Monthly family visits were run by LAT, all of which were themed and had activities for children of all ages. These visits were relaxed and allowed prisoners to interact with their families in a calm environment. These extended visits were particularly well received by the families of the increasing number of men who did not come from the Lincoln area, and who therefore travelled long distances.
- 6.6 LAT had identified prisoners who did not receive any social visits and wrote to them to offer support. The family engagement workers also ran sessions for these prisoners. During our inspection, the first session with vulnerable prisoners took place and many men told us that they were grateful for the opportunity.
- 6.7 LAT sought regular feedback on visits and family events. This had led to changes such as the removal of visits restrictions for those prisoners on the basic level of the incentives scheme.
- 6.8 In-cell telephones enabled most prisoners to keep in contact with family and friends. In our survey, 96% of prisoners said that they could use a phone every day compared to 88% at similar prisons. Delays in adding

phone numbers to prisoner accounts stopped many new arrivals from promptly contacting their family and friends. Some prisoners waited about two weeks for their numbers to be approved. A few cells lacked a working phone or phone line.

## Reducing reoffending

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

- 6.9 Lincoln was a busy reception and resettlement prison holding a diverse population of unsentenced and sentenced prisoners. This included men on licence recall, foreign nationals, young adults, prisoners convicted of sexual offences and a small number of prisoners serving indeterminate sentences for public protection (see Glossary). The turnover of arrivals and releases was high. Most prisoners did not stay very long at the prison. This posed challenges for offender management, public protection and release planning work. Due to wider prison population pressures, an increasing number of men came from other parts of the country, typically Yorkshire.
- 6.10 There was good strategic oversight and effective partnership working across the resettlement pathways in an effort to reduce prisoners' likelihood of reoffending. The OMU was well led and nearly all staff were in post. The team worked hard together to keep on top of the demanding pace of work driven by the high population turnover and numerous recent policy changes.
- 6.11 About two-thirds of the population were sentenced and required offender management. Prison offender manager (POM) caseloads were manageable, especially given that many prisoners were either the responsibility of a community offender manager (COM) or were due to transfer imminently to another prison. Since the last inspection, the frequency of contact between POMs and prisoners had improved overall and varied appropriately according to risk and need. However, most of the prisoners we spoke to were unable to name their POM, which was disappointing. Key work was regular, but largely insufficient in terms of supporting sentence progression (see paragraph 4.2).
- 6.12 Most eligible prisoners had an up-to-date offender assessment system (OASys, see Glossary) of their risk and needs, including a sentence plan. In our sample, the quality of these was reasonably good.
- 6.13 During the inspection, about 80 prisoners were on remand. Support for this group was better than we usually see. Two duty POMs and two SPARC workers (see also paragraphs 3.2 and 3.6) reliably saw new arrivals to identify and address any immediate concerns. All remand prisoners were allocated a key worker and an offender manager. Following a short gap in provision, a bail information officer had recently been appointed to triage those who were potentially eligible to apply for bail, and to improve the risk information available for courts

considering applications. However, there were still some gaps for those on remand, such as help with finding accommodation and securing personal identification and a bank account.

- 6.14 At the time of the inspection, just over a quarter of the population had been recalled to custody following a breach of their licence conditions. Some of these prisoners had returned to Lincoln multiple times while serving the same sentence. There were delays in the OMU receiving important recall paperwork from the national public protection casework team. This had resulted in some prisoners having already left the prison by the time the implications of their recall could be explained to them.
- 6.15 There was good oversight of home detention curfew processes. Some prisoners were not released on their eligibility date. Reasons for this included delays with community checks and a lack of housing, which were outside of the prison's control.
- 6.16 Initial security categorisations were usually set swiftly after sentencing, and transfers out were well managed by two dedicated case administrators. In the last year, there had been over 700 transfers to other prisons. While most were prompt, especially to category B and open establishments, some category C prisoners waited too long to move to a more suitable prison. These included some prisoners convicted of sexual offences serving over 16 months who needed treatment interventions that Lincoln was not resourced to provide (see paragraph 6.22), as well as prisoners from a different resettlement area who were supposed to be closer to home in preparation for their imminent release.

## 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 About a third of the population were assessed as posing a high or very-high risk of serious harm to others. A similar proportion of prisoners were eligible for multi-agency public protection arrangements (MAPPA, see Glossary) because of the nature of their offences. Good work was taking place to embed new public protection arrangements in line with national guidance.
- 6.18 The prison benefited from having a public protection manager in the OMU and a small, dedicated team of case administrators. The team screened all new arrivals and promptly shared identified risks with the relevant POM to implement appropriate measures, such as child contact restrictions or mail and telephone monitoring.
- 6.19 The interdepartmental risk management meeting was held fortnightly and included oversight of high-risk prisoners due for release. Minutes showed detailed discussions, but it was seldom attended by staff from other departments and this reduced its effectiveness.



- 6.20 At the time of the inspection, there were some prisoners who were subject to offence-related communications monitoring. Not all staff assigned to listen to calls were trained to identify potential risk and respond to concerns and breaches. There were delays in calls being listened to, which meant that potential risks to the public were not promptly identified. In addition, reviews were sometimes postponed until intelligence could be gathered, resulting in prisoners remaining on monitoring potentially longer than necessary. Mail monitoring arrangements were more thorough.
- 6.21 Information sharing and joint working between the prison and community probation teams were usually good. Written contributions from prison staff to community MAPPA meetings were usually well informed and sufficiently analytical.

## Interventions and support

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

- 6.22 As a reception and resettlement prison, Lincoln was not resourced to run accredited offending behaviour programmes. This meant that some men who remained at the prison for too long, including prisoners convicted of sexual offences, completed very little offence-related work to address their attitudes, thinking and behaviour. There was also very little to challenge and support those men serving very short sentences or who had been recalled to custody.
- 6.23 We found a few examples of meaningful interventions being delivered, such as Choices and Changes (a targeted intervention for young adults with low maturity, see also paragraph 4.22). Some prisoners could attend Alcoholics Anonymous and Narcotics Anonymous meetings either in-person or by video-link (see paragraph 4.69).



**The employment hub**

- 6.24 In the 12 months to March 2025, about 20% of eligible prisoners on license had found employment six weeks after release. This proportion increased to about 36% at six months after release. An impressive and experienced prison employment lead was in post and an employment hub had been introduced, which prisoners could attend by

appointment. There was a good range of advice and guidance available for those approaching release to improve their employment prospects. This included help to develop CVs, write criminal record disclosure letters, job search, support for interview preparation and access to the 'Unlocking Employment' course. There were regular employment events where prisoners could meet employers and learn about the opportunities available to them.

- 6.25 The 'Changing Rooms' competition was an excellent initiative for those prisoners who were due for release and interested in painting and decorating as a vocation. Selected prisoners were given two days to redesign a room to a specific brief. Employers were part of the judging panel. The winners received a £50 voucher and a decorating start up kit donated by some members of the employment advisory board.
- 6.26 Sentenced prisoners could get help to open a bank account and apply for recognised forms of personal identification such as birth certificates, but remanded prisoners were excluded. Staff from the Department for Work and Pensions (DWP) prepared benefits claims for prisoners as they neared the end of their sentence and activated them on the day of release, so they received payment the same day (see paragraph 6.32).

## 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.

- 6.27 The demand for resettlement support was very high. Each month an average of 116 sentenced prisoners were released. Most of these were from outside the prison's local area, which presented challenges in terms of effective release planning.
- 6.28 Timeframes to work with prisoners on fixed-term recalls and those serving very short sentences were very limited. Despite staffing shortfalls within the pre-release team, they worked hard to keep pace to ensure most sentenced prisoners' resettlement needs were identified. Staff were able to make referrals directly to housing workers and local authorities, rather than wait for a COM to do this, which speeded up access to help.
- 6.29 In our survey, 69% of respondents who expected to be released in the next three months said that someone was helping them with this, a notably better result than at similar prisons. In our case sample, we saw effective resettlement planning taking place and prisoners spoke positively about the support they received.
- 6.30 Within three months of their release date, prisoners were invited to attend a 'ready for release' drop-in session to check that their outstanding needs were being addressed. They could speak to a range of resettlement staff in person, including the pre-release team, DWP, LAT and the prison employment lead.

- 6.31 Staff from LAT chaired a multi-agency weekly resettlement planning board which considered sentenced prisoners' practical release arrangements at around 10, four and one week(s) prior to release. Attendance at these meetings had improved over recent months and oversight of high-risk prisoners had very recently been introduced, which was positive.
- 6.32 The departure lounge at the gate remained an excellent resource, providing immediate, practical support for prisoners as they were released. The area was small but welcoming and well equipped. It was run by enthusiastic and caring LAT workers. There was a small supply of clothing and footwear, and decency packs containing toiletries were available. Prisoners could charge their mobile phone, check travel arrangements, phone their COM and activate benefits claims. A supply of basic mobile phones was available for those men without one. Most prisoners were released through the departure lounge entrance. This was more decent than being released through the vehicle gate, as we typically see at other prisons, which can draw unnecessary attention from the public.



**The departure lounge**

- 6.33 On the day of release, there was good through-the-gate provision to support and accompany the most complex and vulnerable prisoners. This included help for those at risk of homelessness and/or drug and alcohol addiction.
- 6.34 Despite the strenuous efforts made, accommodation outcomes remained poor. During the previous 12 months, data provided by the prison showed around 20% of all those prisoners released from the gate were homeless and only about a quarter went to accommodation that was deemed sustainable. The outcomes for many others, including those prisoners released directly from court, were largely unknown.

## Section 7 Progress on recommendations from the last full inspection report

### Recommendations from the last full inspection

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison.

#### Safety

**Prisoners, particularly the most vulnerable, are held safely.**

At the last inspection, in 2020, we found that outcomes for prisoners were reasonably good against this healthy prison test.

#### Key recommendations

Managers should further develop practices to reduce violence in the prison, and review the violence reduction strategy regularly to increase its effectiveness.

**Not achieved**

The prison should further develop its work to understand and reduce the number of prisoners who self-harm and the number of self-harm incidents.

**Not achieved**

#### Recommendations

All first night cells should have a telephone.

**Not achieved**

Adjudications should be completed promptly and those adjourned, for whatever reason, should be reheard with minimum delay.

**Not achieved**

All planned incidents should be reviewed promptly by the use of force committee, lessons should be learned and effective remedial action taken.

**Partially achieved**

There should be a sufficient number of trained Listeners to meet prisoner need.

**Not achieved**

## Respect

### Prisoners are treated with respect for their human dignity.

At the last inspection, in 2020, we found that outcomes for prisoners were reasonably good against this healthy prison test.

#### Key recommendations

Prisoners should not be held in overcrowded conditions.

##### **Not achieved**

There should be sufficient investment in the maintenance and repair of cells, and refurbishment of the showers, to ensure that all prisoners live in decent, respectful conditions.

##### **Partially achieved**

Prisoners with disabilities should be given sufficient support to allow them to live independent and purposeful lives in prison.

##### **Partially achieved**

#### Recommendations

Prisoners should be able to obtain clean clothing as needed, and to change underwear and socks daily.

##### **Achieved**

Legal visits should take place in rooms providing privacy.

##### **Partially achieved**

Foreign nationals should have their immigration status confirmed well before the end of sentence to allow for meaningful release planning and, if they are detained, they should be transferred promptly to an immigration removal centre (IRC), unless risk assessment demonstrates that they cannot reasonably be managed in an IRC.

##### **No longer relevant**

The prison should work with the local authority to ensure the effective provision of social care.

##### **Achieved**

The transfer of patients to hospital under the Mental Health Act should take place within agreed Department of Health timescales.

##### **Not achieved**

Psychosocial support should be extended to meet the needs of the whole population, including short-term prisoners.

##### **Achieved**

The administration of medicines on A wing should take place in a location that enables patient confidentiality.

**Partially achieved**

Patient group directions should facilitate the administration of symptomatic relief to patients suffering withdrawal symptoms through the night.

**Not achieved**

## **Purposeful activity**

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

At the last inspection, in 2020, we found that outcomes for prisoners were reasonably good against this healthy prison test.

## **Key recommendations**

Leaders and managers should implement strategies to fill key teaching vacancies with high-quality staff, as well as raise the teaching and learning standards of the relatively high number of teachers whose performance requires improvement.

**Achieved**

The curriculum for prisoners should offer opportunities to study courses they can complete while in custody, and at levels above level 1. Those engaged in prison jobs should be able to achieve a relevant qualification, and more prisoners should complete and achieve English and mathematics qualifications.

**Achieved**

Teachers should improve their strategies for target setting, developing prisoners' skills in English and mathematics and recording employability skills, and swiftly implement additional support for those identified as requiring it.

**Achieved**

## **Rehabilitation and release planning**

**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.**

At the last inspection, in 2020, we found that outcomes for prisoners were reasonably good against this healthy prison test.

## **Key recommendations**

All eligible prisoners should have regular contact with an appropriately trained prison offender manager to drive their sentence progression.

**Partially achieved**



Prisoners convicted of sexual offences who require interventions should progress from Lincoln without delay so that they can address their offending behaviour.

**Not achieved**

A multidisciplinary risk management meeting, led by the offender management unit, should review the most dangerous prisoners due for release in sufficient time to address any gaps in risk management planning.

**Achieved**

Prisoners should be subject to rigorous and effective public protection measures that manage their risks in custody.

**Partially achieved**

The proportion of prisoners being released from Lincoln with sustainable accommodation should be increased.

**Not achieved**

### **Recommendations**

Prisoners approved for release on home detention curfew should not be held at Lincoln beyond their eligibility date.

**Not achieved**

Prisoners' resettlement needs should be reviewed far enough ahead of their release to provide effective support.

**Partially achieved**

## 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 recommendations 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 recommendations from the previous full inspection (and scrutiny visit where relevant), and our assessment of whether they have been achieved.

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:

Charlie Taylor	Chief inspector
Sara Pennington	Team leader
Harriet Leaver	Inspector
Natalie Heeks	Inspector
Jade Richards	Inspector
Jonathan Tickner	Inspector
Jessie Wilson	Inspector
Martyn Griffiths	Inspector
Emma Crook	Researcher
Sophie Riley	Researcher
Sam Moses	Researcher
Adeoluwa Okufuwa	Researcher
Paul Tarbuck	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Chelsie Richardson	Pharmacist
Joanne White	Care Quality Commission inspector
Steve Lambert	Ofsted inspector
Jai Sharda	Ofsted inspector
Nikki Brady	Ofsted inspector
Sheila Willis	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.

### **Family days**

Many prisons, in addition to normal visits, arrange 'family days' throughout the year. These are usually open to all prisoners who have small children, grandchildren, or other young relatives.

### **Indeterminate sentence for public protection (IPP)**

Given to offenders who posed a significant risk of serious harm to the public. Although the IPP sentence was abolished in 2012, thousands of people subject to such a sentence are still in prison.

### **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.

**Listener**

Prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners.

**Mandatory drug testing (MDT)**

Enables prison officers to require a prisoner to supply a urine sample to determine if they have used drugs.

**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 assessment system (OASys)**

Assessment system for both prisons and probation, providing a framework for assessing the likelihood of reoffending and the risk of harm to others.

**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.

**PAVA**

Pelargonic acid vanillylamide – incapacitant spray classified as a prohibited weapon by section 5(1) (b) of the Firearms Act 1988.

**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).

**Secure video calls**

A system commissioned by HM Prison and Probation Service (HMPPS) that requires users to download an app to their phone or computer. Before a call can be booked, users must upload valid ID.

**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).

**Special accommodation**

Unfurnished accommodation – used to manage prisoners who cannot be located safely in normal accommodation.

**Special purpose licence ROTL**

Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

**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/YOI Lincoln 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 requests for action plans following this inspection.

### Regulation 12 Safe Care and Treatment

1. Care and treatment must be provided in a safe way for service users.
2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:
  - (a) assessing the risks to the health and safety of service users of receiving the care or treatment.
  - (b) doing all that is reasonably practicable to mitigate any such risks.
  - (g) the proper and safe management of medicines.

#### How the regulation was not being met:

The registered provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:

- The GP service was insufficient to meet the needs of the population. Patients waited too long for a routine GP appointment.

There was no proper and safe management of medicines. In particular:

- Staff did not safely and securely transport medication around the prison.
- Staff dispensed controlled drugs on E wing to take to the segregation unit.
- Staff potted up medication in the segregation unit.

- Not all medicines fridges were checked as required.

This was in breach of regulation 12(1)(2)(a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## **Regulation 17 Good Governance**

1. Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.
2. Without limiting paragraph (1), such systems or processes must enable the registered person to:
  - b) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services)
  - c) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

### **How the regulation was not being met:**

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- There was no strategic oversight of medicines. Managers did not analyse medicines data sufficiently to identify and understand patient safety concerns, gaps in service provision and opportunities for service improvement.
- Medicines related audits were not effective.
- The management of the emergency drug cupboard was not effective.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- There are no written processes in place relating to the safe and secure transportation of medicines.
- The registered provider had no patient group directions (PGDs) in relation to symptomatic relief for patients experiencing opiate withdrawal.

This was in breach of regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## **Regulation 12 Safe Care and Treatment**

1. Care and treatment must be provided in a safe way for service users.
2. Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:

(g) the proper and safe management of medicines.

### **How the regulation was not being met:**

There was no proper and safe management of medicines. In particular:

- Staff dispensed Chlordiazepoxide for patients experiencing alcohol withdrawal. Staff delivered Chlordiazepoxide to patient in their cells and did not print out individual prescriptions.

This was in breach of regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## **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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