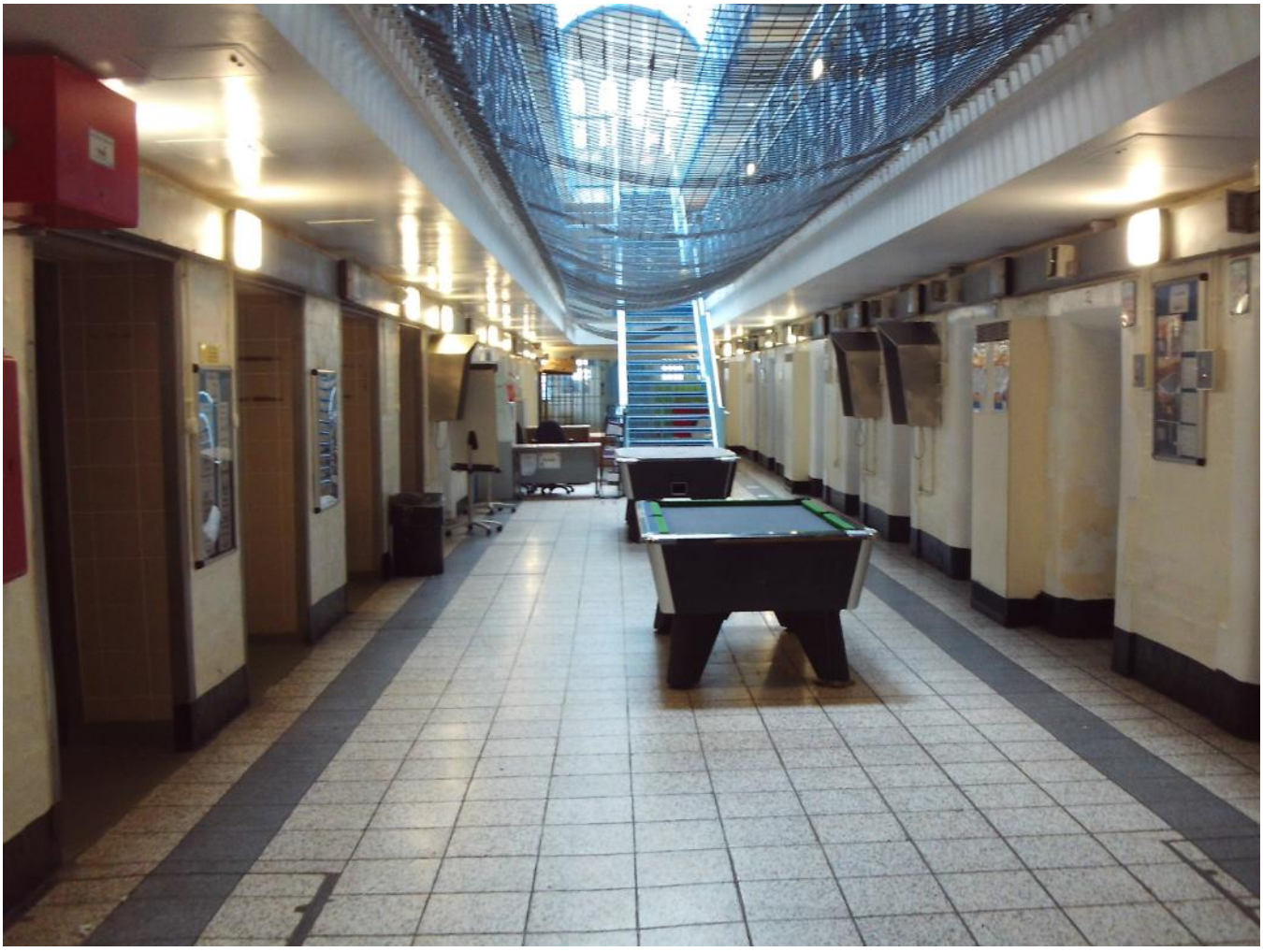
Report on an unannounced inspection of

HMP Leeds

by HM Chief Inspector of Prisons

14–24 July 2025



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Introduction

HMP Leeds, a busy category B reception and resettlement prison receiving around 500 new arrivals a month, continued to operate under significant strain. Despite the efforts of a committed leadership team, outcomes for prisoners had deteriorated across every healthy prison test since our last visit in 2022. The prison continued to face many challenges, including overcrowding, a transient population and rising levels of vulnerability among those held.

Safety was a serious concern, with high levels of mental health need and substance misuse. Leeds had recorded the highest number of self-inflicted deaths in all adult male prisons over the last three years, with 16 since our last inspection. While leaders had taken steps to respond to Prisons and Probation Ombudsman (PPO) recommendations – including the introduction of random CCTV checks and a taskforce chaired by senior leaders – many of the underlying issues persisted. Weaknesses in early days care, unacceptable delays in transfers to hospital under the Mental Health Act, and insufficient day-to-day support for those at risk of self-harm continued to place vulnerable prisoners at risk.

At the time of inspection, 78% of prisoners lived in overcrowded cells designed for one and time out of cell was poor, with around 40% of the population spending up to 22 hours a day locked in their cells. The regime was frequently curtailed, and access to education, work and other activities was limited. Attendance at education was low, and there was insufficient support for prisoners with special educational needs and disabilities. The curriculum failed to meet the needs of the large number of short-stay and remanded prisoners.

Relationships between staff and prisoners were inconsistent. While some staff demonstrated care and professionalism – particularly on F wing and the complex needs unit – others were disengaged or unhelpful. Key work had stalled, with fewer than 3% of planned sessions delivered in the previous six months, and far too little had been done to tackle the very high levels of homelessness on release. More positively, the prison offered the opportunity for school-aged children to visit their fathers in the early evening – a rare and commendable initiative in a busy reception prison.

Leadership at Leeds was characterised by commitment and a clear vision, but the scale of the challenges it faced had limited the impact of these efforts. The governor had set out priorities in consultation with staff and prisoners, and there was investment in leadership development and staff training. However, many of the concerns raised at our last inspection remained unaddressed.

Immediate action is required to address the concerns identified in this report, and leaders must make sure that the needs of the most vulnerable prisoners are placed at the heart of this work.

Charlie Taylor
HM Chief Inspector of Prisons
July 2025

What needs to improve at HMP Leeds

During this inspection we identified six priority concerns and nine key concerns. 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. **Support for new arrivals was not good enough.** Too many were unable to telephone their family and waited too long for their first visit. Prisoners were not informed of what to expect during their early days.

2. **The number of self-inflicted deaths had continued to rise and was the highest in all adult male prisons.**

3. **Too many prisoners lived in overcrowded cells originally designed for one.**

4. **Transfers to hospital for acutely mentally unwell patients took far too long.** Escalation processes were inadequate, and patients suffered because they were unable to access the specialist care they required.

5. **Time out of cell for most prisoners was poor.**

6. **The education curriculum was too narrow and was not structured to meet the needs of prisoners with very short stays in the prison.**

Key concerns

7. **Drugs were too readily available.** Too many prisoners developed a substance misuse problem while at Leeds.

8. **Staff-prisoner relationships were weak.** There was hardly any key work and some staff were uncaring and unhelpful.

9. **Communication with prisoners was undermined by the lack of electronic systems such as kiosks or in-cell technology**. The paper-based applications system caused prisoners immense frustration. Some staff worked in poorly equipped offices.

10. **Staffing across most health services was stretched.** At times, workforce levels were unsafe in primary care and the lack of staff was also leading to poor outcomes in social care.

11. **The induction into education, skills and work did not provide prisoners with the knowledge they needed to inform their applications for education or work.**

12. **Most prisoners with special educational needs and disabilities (SEND) did not receive effective support.**

13. **There was not enough practical support for remanded and recalled prisoners, who made up most of the population.**

14. **There were too many weaknesses in public protection arrangements, including limited oversight of high-risk releases.** There were insufficient dedicated staff to complete day-to-day processes and there were delays in phone monitoring.

15. **About 30% of prisoners had been released homeless in the last 12 months.**

About HMP Leeds

Task of the prison/establishment
Category B reception and resettlement prison for men

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Prisoners held at the time of inspection: 1,088
Baseline certified normal capacity: 655
In-use certified normal capacity: 641
Operational capacity: 1,110

Population of the prison
- There were about 500 new arrivals each month
- 17% of the population were foreign national prisoners
- 35% of the population were from black and minority ethnic backgrounds
- 30% of the population were in receipt of opiate substitution treatment
- 350 prisoners were referred to the mental health team each month
- An average of 160 prisoners were released from the gate each month

Prison status (public or private) and key providers
Public

Physical health provider: Practice Plus Group
Mental health provider: Practice Plus Group
Substance misuse treatment provider: Practice Plus Group
Dental health provider: Time for Teeth
Prison education framework provider: Novus
Escort contractor: GeoAmey

Prison group/Department
Yorkshire

Prison Group Director
Matt Spencer

Brief history
The prison was built in 1847 and originally comprised four wings. Two further wings were added in 1993.

Short description of residential units

A wing:	incentivised substance-free living unit
A1 landing:	segregation unit
B wing:	general population
C wing:	general population
D wing:	induction unit
D1 landing:	complex needs unit
E wing:	general population
F wing:	prisoners convicted of sexual offences and those seeking protection

Healthcare unit: prisoners with social care needs

Name of governor and date in post
Rebecca Newby: June 2023 to present

Changes of governor since the last inspection
Simon Walters: March 2022 – March 2023
Mark Scott (temporarily promoted): March – June 2023

Independent Monitoring Board chair
John Cleland

Date of last inspection
September 2022

Section 1 Summary of key findings

Outcomes for prisoners

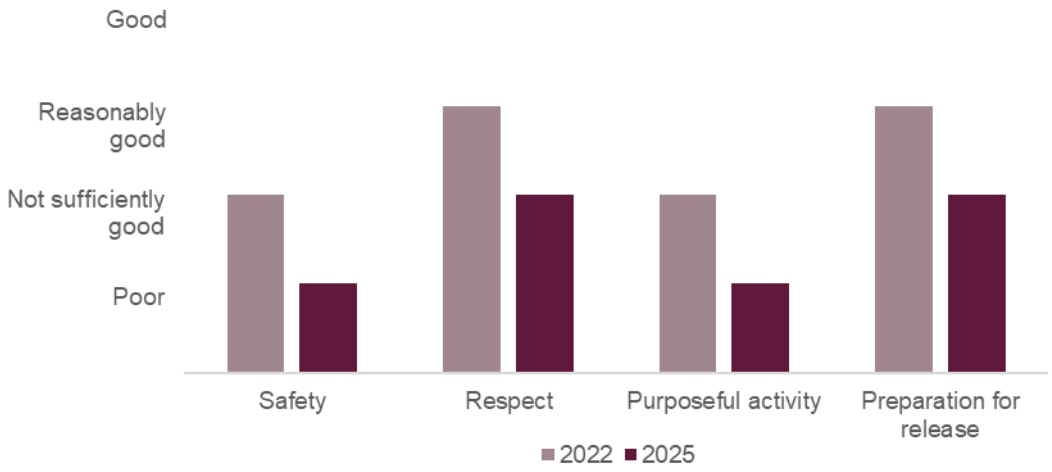
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

1.2 At this inspection of HMP Leeds, we found that outcomes for prisoners were:

- poor for safety
- not sufficiently good for respect
- poor for purposeful activity
- not sufficiently good for preparation for release.

1.3 We last inspected HMP Leeds in 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Leeds healthy prison outcomes 2022 and 2025



Progress on priority and key concerns from the last full inspection

1.4 At our last inspection in 2022, we raised six priority concerns and seven key concerns.

1.5 At this inspection we found that just one of our 13 concerns had been addressed, three had been partially addressed and nine had not been addressed. Notably, five of the six priority concerns had not been addressed and outcomes had deteriorated across every healthy prison test. 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 one example of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, this example is not formally evaluated, is a snapshot in time and may not be suitable for other establishments. It shows a way our expectations might be met, but is by no means the only way.

Example of notable positive practice		
a)	There were excellent opportunities for school-aged children to have early evening visits with their fathers.	See paragraph 6.3

Section 2 Leadership

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

2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.

2.2 The governor had a vision and plan for the prison and had mostly set appropriate priorities in consultation with both staff and prisoners. These included improving safety, getting the basics right, tackling the drugs problem, increasing purposeful activity and investing in the confidence and competence of staff. However, she had not yet been able to deliver these priorities effectively against the increased demands of a more transient and complex population.

2.3 The senior team's assessment of the prison's strengths and weaknesses was largely in line with our findings, although we had doubts about whether the extensive systems of assurance operated by the prison gave leaders an accurate assessment of outcomes in key areas of delivery. Most of the concerns we had raised at our last inspection had not been addressed and outcomes had deteriorated across every healthy prison test. The governor's request for a reduction in the prison's population to alleviate pressure on the very overcrowded older wings had not yet been agreed by national leaders.

2.4 While the Area Executive Director and the regional team had supported the prison's response to Prison and Probation Ombudsman (PPO) recommendations following the very high number of self-inflicted deaths, wider issues that affected prisoner well-being still needed to be addressed. There was also a need for more focus on the increased numbers of remanded and recalled prisoners and better work with partners to reduce high rates of homelessness.

2.5 While almost fully staffed with relatively experienced officers, not all were available for operational duties; the regime was regularly curtailed and delivery of key work had stalled. Only 8% of officers who responded to our survey described morale at work as high/very high, and many told us of their low morale. The governor, who had an inclusive and supportive style of leadership, was working hard to shift the culture of the prison and had set clear expectations for staff behaviour. There was investment in leadership development for custodial managers and supervising officers, and the national coaching team had been working at the prison to support inexperienced officers. More regular staff training was planned.

2.6 Although leaders had reorganised the regime to offer part-time education or work to all prisoners, around 40% of the population were

not in purposeful activity. Leaders had lacked ambition in improving time out of cell for those not actively involved in activities, including those on the induction unit, and most prisoners spent around 22 hours a day locked in their cells. Ofsted judged overall effectiveness of the current education, skills and work provision as inadequate.

2.7 Communication with prisoners was undermined by the lack of electronic systems such as kiosks or in-cell technology, and some staff worked in poorly equipped offices.

2.8 While leaders had been instrumental in securing additional funding from NHSE commissioners to increase health care staffing in response to greater clinical need, this remained insufficient in key areas. Although very well led by a custodial manager, the complex needs unit (see paragraph 4.68) required appropriate clinical resourcing.

2.9 Despite leaders enacting escalation processes, the high number of mental health transfers was taking far too long. During the inspection, we had significant concerns about the five desperately unwell men awaiting transfer (one of whom had waited for 155 days).

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 Each month about 500 new admissions were received, with about 160 prisoners released from the gate. In addition, about 300 prisoners were being processed through reception to facilitate court appearances. Many new prisoners arrived during the evening after long waits in court cells. It was also not uncommon for arrivals to be held in reception for around four hours before they were sent to the induction wing.

3.2 Reception staff were friendly, and prisoners received refreshments on arrival, including a hot meal. In our survey, 32% of prisoners said they felt suicidal on arrival (see paragraph 3.38). Staff had a good understanding of identifying risks and triggers among new arrivals and those who returned from court. However, safety interviews lacked privacy, taking place at the busy, noisy front desk with other prisoners and staff in the immediate vicinity.

Reception interview desk (left) and reception holding room

3.3 The reception area and holding rooms were clean and bright, but no useful information was displayed or given to prisoners about what to expect following their arrival.

3.4 Too many prisoners were unable to make a telephone call to their family or friends on arrival. In our survey, just 36% said they received a

free phone call before they were locked up on their first night. Among those charged with a sexual offence, the finding was even worse. Prisoners subject to public protection restrictions could not make phone calls themselves until telephone numbers had been approved. In the meantime, staff usually offered to make a call to a family member on their behalf, but the prisoner was not permitted to be present during the call, which was more restrictive than we usually see. Other prisoners, who were not subject to these restrictions, were given a £1 phone credit. However, the prison sometimes ran out of these credit slips so not all new arrivals had the opportunity to call their family on their first night. Furthermore, staff sometimes inaccurately recorded that they had been issued the phone credit, which led to disputes the following day.

3.5 First night cells were mostly clean and well equipped but, in our survey, only 16% said they were offered a shower on their first night. Peer support was underused, and new arrivals were not given any written information about what would happen next or how to ask for support, such as from the Samaritans or Listeners (prisoners trained by the Samaritans to provide emotional support to fellow prisoners).

3.6 Prisoners spent most of their time on the induction unit locked up with not enough to do; in our survey, 100% of those who were on the unit said they spent less than two hours unlocked compared with 61% in the rest of the prison. The induction included a presentation about prison life on the afternoon following arrival, but not all relevant departments joined sessions, and a gym induction was not included. We identified a small number of prisoners who did not receive their induction at all.

3.7 New arrivals usually had to wait around 10 days before receiving their first visit from family or friends, which was too long.

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 In our survey, 59% of prisoners said they had felt unsafe at some point during their stay at Leeds and 36% currently felt unsafe, compared with 44% and 17% respectively at our last inspection. Violence at the prison had increased by 42% since the last inspection, although it remained lower than findings at similar prisons.

3.9 Leaders had a good understanding of the causes of violence and there was a comprehensive safety and violence reduction action plan. Debt was believed to be a main driver of violence, and a debt reduction strategy had also been developed. Prisoners told us that the prison had

become more violent due to frustrations at an ineffective applications process (see paragraph 4.20) and a lack of meaningful engagement from staff (see paragraph 4.2).

3.10 Perpetrators of violent incidents were referred to the challenge, support and intervention plan (CSIP, see Glossary) management process, and 18 prisoners were on a CSIP at the time of our inspection.

3.11 There were limited incentives to encourage positive behaviour. In our survey, only 15% of prisoners felt there were opportunities and rewards to motivate them, and just 14% felt that the culture in the prison encouraged them to behave well. Support for the large number of prisoners on the lowest level of the incentives scheme was inconsistent. In several cases, reviews were late, leading to frustration among prisoners, and the goals they were set were far too limited. Overall, the incentives scheme was ineffective in providing tools or strategies to change behaviours.

Adjudications

3.12 Around 360 adjudications were heard each month. Most were for serious offences such as the possession of unauthorised articles, positive drug tests or fights and assaults. Records demonstrated a reasonable level of enquiry into prisoners' behaviours and substance misuse support was available for those who had received an adjudication for a positive drug test.

3.13 Awards were generally proportionate, but it was increasingly difficult to manage adjudications for the transient, short-stay population, some of whom were released or transferred before their case could be heard. In addition, despite a useful weekly crime clinic which screened for the most serious charges to be investigated by the police, some cases took too long to be returned to the prison. This meant that some prisoners were not held accountable for their poor behaviour.

Use of force

3.14 There had been 1,029 uses of force incidents in the last 12 months, which was an increase of 114% since our last inspection. Around 45% involved the full application of force.

3.15 In the last 12 months, staff had drawn batons five times but not used them, and PAVA (incapacitant spray) had been drawn 23 times and used in 18 cases. In the sample of cases we reviewed, efforts to de-escalate incidents was too limited prior to force being used.

3.16 Oversight was good, with quality assurance at weekly use of force and monthly scrutiny meetings. Findings were discussed at the safety meetings to share learning and drive continuous improvement.

3.17 The quality of documentation by officers following use of force that we reviewed was mixed. However, the recent recruitment of a use of force coordinator was driving improvements in quality and a reduction in outstanding staff statements.

3.18 Special accommodation had been used 12 times in the last year, and these had been appropriately authorised. The average length of time in special accommodation was eight hours.

Segregation

3.19 Leaders maintained good oversight and management of the segregation unit. Relevant data was reviewed at regular meetings and there was evidence of appropriate action being taken to drive improvements. Segregation had been used on 462 occasions during the last 12 months, a reduction since our last inspection. Prisoners were held on average for 10 days. During the last 12 months, three prisoners had been segregated for more than 42 days.

3.20 Reasonable reintegration planning was delivered through multidisciplinary reviews, and almost all prisoners returned to normal location eventually.

3.21 Most prisoners we spoke to reported positive treatment by staff. Officers had detailed knowledge of the prisoners in their care but deployment to other duties and the need to support the adjudications process limited opportunities for engagement. The daily regime was poor, with only access to showers and 30 minutes in the open air offered. Those who were refusing to return to normal location were only allowed to shower every 72 hours, which was both inexplicable and unacceptable. There were few opportunities to take part in activities or education which left prisoners frustrated.

3.22 Prisoners were allowed to make phone calls on the landing and had access to a limited range of books. They were provided with radios, but cells had no power points for televisions or kettles.

3.23 Despite efforts to brighten up the environment with murals, they had been graffitied and the two exercise yards remained small and austere.

Low hanging razor wire in the segregation yard

3.24 Despite the recent redecoration of the unit, there was considerable graffiti and rising damp in a number of cells.

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.

3.25 Drugs were too readily available. In our survey, 46% of prisoners said that drugs were easy to get and 18% said they had developed a drug or alcohol problem while at the prison. In the last 12 months, there had been 577 incidents of prisoners under the influence.

3.26 While lower than most other reception prisons, the random mandatory drug testing positive rate (20.5%) remained too high. During the previous year, there had been 331 intelligence-led suspicion drug tests resulting in a 70% positive rate. The prison had the highest number of drug equipment finds and the second highest drug finds among reception prisons.

3.27 Leaders had a good understanding of how drugs were entering the prison and exercise netting and window grilles were regularly maintained. However, there were some weaknesses with procedural security which we reported during our inspection.

3.28 A total of 12,303 intelligence reports had been submitted in the last 12 months, demonstrating a good flow of security information. Reports had been assessed promptly by regional security analysts and appropriately addressed by the security team. At the time of the inspection, none was outstanding.

3.29 Joint working with the police and the local authority had improved, resulting in a significant reduction in the threat from drones. Since our last inspection, there had been just three recorded events involving drones.

3.30 There was evidence of leaders being proactive in addressing concerns about staff corruption and protecting staff from exploitation. Counter-terrorism work was well organised, with good staff training and multidisciplinary cooperation.

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

3.31 Leeds had had the highest number of self-inflicted deaths in all adult male prisons over the last three years. There had been 16 self-inflicted deaths since our last inspection, a further two post-release deaths and one other death awaiting classification. The prison had been identified as a high-risk cluster death site by HMPPS and was supported by the Area Executive Director who chaired a fortnightly taskforce meeting to monitor a range of identified actions, that included better identification of risk for new arrivals. Further support had been given by regional teams to understand drivers of self-harm and the high number of men supported by ACCT (assessment, care in custody and teamwork case management of prisoners at risk of suicide or self-harm).

3.32 There had been consistent leadership within the safety department, including the recruitment of an additional manager to support the demands of representing the prison at coroner's court. The management of Prisons and Probation Ombudsman (PPO) recommendations and early learning action plans had been reviewed, and an effective and improved overarching plan had been created to give assurance and oversight.

3.33 Following a recommendation from the PPO, leaders had introduced random CCTV checks to assure themselves that staff were completing required ACCT well-being checks on prisoners at risk of suicide.

3.34 However, some actions from recent early learning investigations completed by the prison had not yet been fully addressed. For

example, weaknesses in understanding the importance of entering a cell in an emergency were still evident during our discussions with night staff.

3.35 Early learning reviews were not routinely carried out in response to all serious acts of self-harm, which was a missed opportunity to help leaders understand why prisoners were in crisis.

3.36 Although the recorded rate of self-harm incidents was lower than the average for reception prisons, the number of self-harm incidents had increased by 20% since our last inspection. Leaders had a reasonable understanding of the drivers of self-harm and had taken some action to reduce the rate, including implementing a debt reduction strategy.

3.37 However, weaknesses in care for prisoners during the early days in custody had not been identified: two self-inflicted deaths in 2025 had involved new arrivals and 53% of self-harm incidents had occurred within the first 28 days of men arriving at the prison.

3.38 Staff identified prisoners at risk of self-harm well, and a high number of prisoners at risk of suicide or self-harm were supported by ACCT case management. At the time of the inspection, there were 53 prisoners being supported by ACCT case management. In our survey, 35% of prisoners said they had been supported by ACCT case management compared with 18% at the last inspection.

3.39 The weekly safety intervention meeting (SIM) was an effective multi-disciplinary forum for discussing the care provided to prisoners with particularly complex needs. The daily senior management meeting also provided an opportunity to discuss and support prisoners. In our survey, 63% of prisoners said they had mental health problems.

3.40 However, for most prisoners subject to ACCT case management, day-to-day support was lacking. Many spent 22 hours a day locked in their cells with little to do and prisoners told us that, while they appreciated wing staff checking in on them, most officers did not give them time to talk and prisoners felt they did not care. Recorded conversations were brief and key work (see Glossary) was not used effectively to support prisoners at risk of self-harm. Most prisoners only stayed at Leeds a few weeks or months, but communication from resettlement agencies about their release plans was not good enough to allay their anxieties (see paragraph 6.25). Support from the chaplaincy was also not as good as we usually see (see paragraph 4.31).

3.41 Access to Listeners had improved since our last inspection, and a suitable Listener suite had been introduced on the induction wing.

Listeners' suite

Protection of adults at risk (see Glossary)

3.42 Prisoners identified as being at risk were referred to the weekly SIM for discussion. There was a local safeguarding policy and links were well established with the external adults safeguarding board. There had been eight referrals to the safeguarding board in the last 12 months.

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 In our survey, 59% of prisoners said staff treated them with respect and 68% that they had a member of staff they could turn to if they had a problem. However, survey responses from prisoners living on F wing, which held prisoners convicted of sexual offences, were much more positive: 79% of prisoners said staff treated them with respect.

4.2 Staff were generally visible on the wings and, while we saw some very good interactions particularly by staff working on F wing and the complex needs unit (see paragraph 4.68), staff were very busy and often appeared disengaged. Some prisoners told us that many staff were unhelpful and uncaring and described a small number as antagonistic. Relationships were made more difficult by the increasingly transient nature of the population and weaknesses in responding to basic requests (see paragraph 4.20).

4.3 There was hardly any key work to support staff-prisoner relationships: fewer than 3% of planned sessions had been delivered in the previous six months. There was no evidence that prisoners were prioritised for key work according to need and the quality of entries was poor, with little focus on progression. In our survey, only 42% of prisoners said they had a named key worker compared with 69% at the last inspection and 59% at similar prisons.

4.4 A wide range of peer workers contributed to the community in areas including prisoner information desks and education. Most such prisoners were trained for their roles and were well supported and generally positive about the opportunities they were given. However, there was no formal system for the training and oversight of prisoner carers (see paragraphs 4.27 and 4.57).

Prisoner information desk

Daily life

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

Living conditions

4.5 Leeds is the sixth most overcrowded prison in the country. Since the last inspection, leaders had identified 12 of the smallest cells and converted them back to single occupancy. However, far too many prisoners were living in cramped conditions, often for 22 hours a day. At the time of our inspection, 78% of the population lived in overcrowded cells designed for one.

Cell on D wing

4.6 Leaders had introduced a good system for monitoring cell conditions, but the ageing fabric of the buildings was having a negative impact on prisoners' well-being. During the inspection, prisoners on B wing complained of the heat in cells because of a lack of ventilation from the windows, which the prison had responded to by purchasing fans. A team of prisoners had repainted some cells and the 'Q branch', an officer-led prisoner party, undertook small repairs, which included fixing telephone sockets in the cells.

4.7 Overall, cells were adequately equipped and prisoners told us that they could get clean bedding and cleaning materials regularly. However, shared cells did not have any lockable cabinets and many cells remained poorly decorated with stained toilets. A small number had no privacy curtains.

C wing cell toilet

4.8 In our survey, 78% of prisoners said they could have a shower every day against 48% at the last inspection. Most showers were clean and in reasonable condition, but many still opened on to landings, with only a small swing door which offered very little privacy.

Shower area on A wing

4.9 Communal areas were generally well maintained but had very little furniture. During association periods, many prisoners had to stand, and we saw some prisoners sitting on the floor. In our survey, 84% of respondents said their landings and stairs were very or quite clean which was better than similar prisons.

4.10 External areas were well maintained with bright murals painted around the grounds. The 'Q gardens', which grew fresh vegetables and looked after birds of prey, could be a positive initiative, but very few prisoners were able to visit the area. Exercise yards were clean and free from litter with some fitness equipment, but most yards had no seats.

Q gardens polytunnels (left) and birds of prey

4.11 Although local monitoring of emergency cell bell response times showed that they were answered promptly, we noted many left unanswered for long periods and prisoners told us that they were not always responded to quickly. In our survey, 24% of prisoners said that their cell call bell was usually answered within five minutes, which was similar to comparable prisons.

Residential services

4.12 In our survey, only 25% of prisoners said that the food was good and only 24% said they had enough to eat at mealtimes, which reflected the view of most prisoners we spoke to. Meals were chosen weekly by completing a menu choice sheet, but prisoners were frustrated that they were often not given the meal they had selected because of wing moves and errors in the menu sheets.

4.13 The portion sizes we observed were reasonable apart from the standard breakfast packs, which were small and given out the day before they were to be eaten. The kitchen manager regularly held consultation meetings and, following feedback, unrestricted access to cereals, tea bags and whitener was being made available across the prison.

4.14 Staff supervision of the serveries was reasonable, but we saw some prisoners working behind the hotplate who were not wearing the correct personal protective equipment. We also saw prisoners serving food with their hands rather than using utensils.

4.15 For most prisoners, there were no cooking facilities or opportunities to eat together. An enhanced unit holding 13 prisoners (B1) had some basic cooking facilities, including a microwave, toaster and grill. The incentivised substance-free living wing (A wing) also had some cooking facilities, but these had recently closed due to security concerns.

4.16 The prison shop had a reasonable range of products, including fresh fruit and vegetables, and regular prisoner forums were held which the canteen provider (DHL) attended.

4.17 Newly arrived prisoners could buy grocery, vape packs and telephone PIN credit on their first night, but prisoners could wait up to 12 days before they received their first shop order. There was a good range of catalogues that prisoners could order from; in our survey, 64% of prisoners said they could use catalogues to buy the things they needed compared with 49% at similar prisons.

Prisoner consultation, applications and redress

4.18 Consultation with prisoners was not good enough. In our survey, 34% of prisoners said they had been consulted about everyday topics such as food, prison shop or wing issues, compared with 53% at our last inspection.

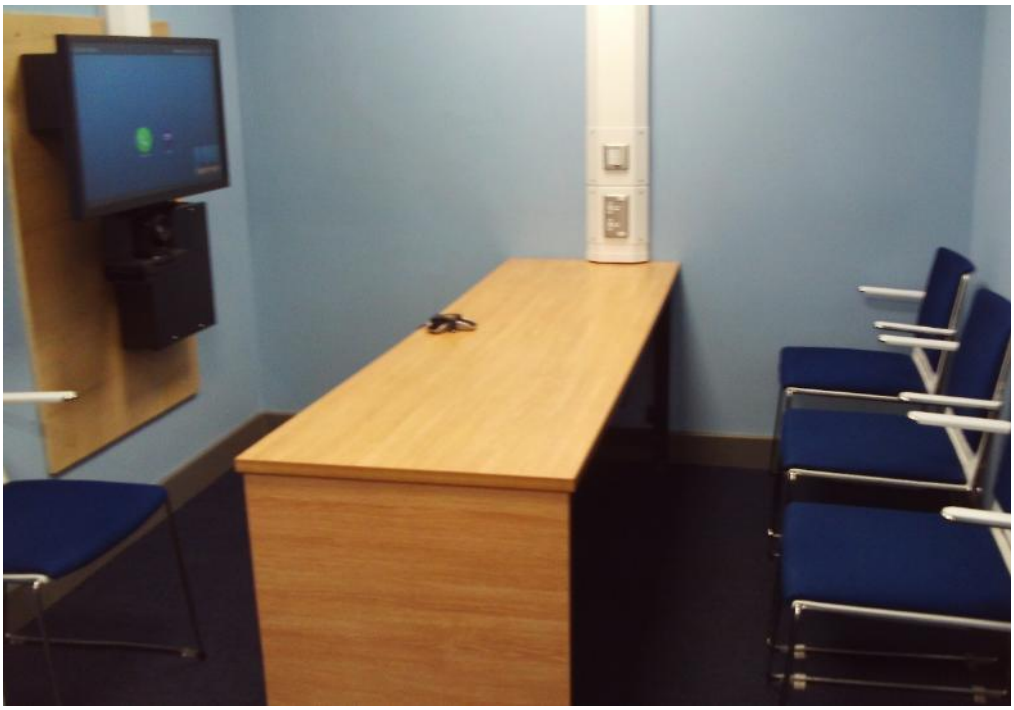
4.19 A prison council was now in place which met monthly with good attendance by senior leaders, staff and wing representatives. Some

issues had been addressed, such as better availability of prison clothing and wing boxes for menu sheets, but many prisoners we spoke to did not know who the council representatives were, when meetings had taken place or what had changed as a result. Wing forums usually took place each month, but they were poorly attended by wing managers and there was little evidence of subsequent improvements.

4.20 All wings had prisoner information desk (PID) peer workers, who supported prisoners with making applications, but the paper-based application process had not improved since the last inspection and was ineffective. The management and tracking of applications were poor, and prisoners told us that late responses, or not getting a response at all, were a source of huge frustration. In our survey, only 56% of prisoners said that it was easy to make an application compared with 71% at the last inspection.

4.21 A total of 2,739 complaints had been submitted in the last year which was similar to the last inspection. Analysis of complaints was good and leaders were aware of emerging issues. Responses that we reviewed were generally of reasonable quality and addressed the issues raised, although it was not always clear that prisoners had been spoken to in person.

4.22 There was good provision for legal visits. In-person legal visits took place on weekdays in a suite of 18 private rooms which are primarily used for video-conferencing, including court hearings and meetings with legal representatives, the Parole Board and probation.



Video conferencing room

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.

4.23 Work to promote fair treatment and inclusion was limited. Basic information, such as a prisoner's ethnicity or the language that they spoke, was not always accurately recorded. This limited the help that staff could provide as well as the understanding that leaders had about the groups they needed to prioritise for support.

4.24 Some data were used to analyse disproportionate outcomes for different groups. This analysis showed that prisoners from an Asian background were under-represented in jobs on the wings and that prisoners with a disability were over-represented in the use of force, especially those with a neurodiverse need. However, these outcomes were not always investigated or communicated to prisoners. Consultation to explore some of these experiences was inconsistent and often undermined by continual changes in the population.

4.25 There had been more than 160 reports of discrimination in the last seven months. Investigations were often a few weeks late, but there was generally a good level of enquiry into the issues raised and we saw examples of prisoners being spoken to face to face. External scrutiny arrangements, led by the Zahid Mubarek Trust (see Glossary), were good.

4.26 The poor perceptions of some protected groups remained a concern. In our survey, 72% of prisoners who said they had a disability reported that they had felt unsafe at some point during their time at Leeds and 52% said they had been bullied or victimised by staff compared to 40% and 28% respectively of prisoners who said they did not have a disability.

4.27 Prisoners who used a wheelchair had poor access to most parts of the prison, including education and workshops. Wheelchairs were too wide to get through cell doors and there was no buddy system in place. Lifts were often broken which caused further problems, and opportunities for progressive transfers were very limited as other prisons also could not meet their needs.

4.28 Almost 40% of the population had needs relating to neurodiversity. Very little staff training had taken place. However, peer workers visited prisoners and provided distraction packs and fidget toys to those who were finding the environment difficult to cope with.

4.29 There was some help for the 25 prisoners who did not speak English and we found evidence that translation services were being used for some reviews and meetings. Support for foreign national prisoners was generally reasonable.

4.30 There was an over-45s weekly gym session for older prisoners but nothing at all for younger prisoners to incentivise or engage them.

Faith and religion

4.31 In our survey, only 49% of prisoners said they had spoken to a member of the chaplaincy compared with 63% at similar prisons. Two chaplains were suspended at the time of the inspection which had adversely affected the service available to prisoners. Those chaplains on site, however, worked hard to help prisoners, such as meeting new arrivals and attending some ACCT case reviews. Leaders had also arranged interim help from other prisons to make sure that Friday prayers continued to be delivered.

4.32 It was disappointing to find that the bereavement counselling service was no longer available. Some help was provided by visiting trainee counsellors, but only for a very small number of prisoners.

Health, well-being and social care

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

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

Strategy, clinical governance and partnerships

4.34 Practice Plus Group Health and Rehabilitation Services Limited (PPG) was the prime provider of health and social care services with psychosocial substance misuse sub-contracted to NHS Inclusion. Dental services were delivered by Time for Teeth Ltd.

4.35 Partnership working was a strength. Teams worked well together and with prison staff and leaders for the benefit of patients. Services were clearly stretched because of the increased health care needs of the population, the high number of emergency responses from illicit drug use and some gaps in staffing.

4.36 Services were well led, both clinically and operationally. Effective clinical governance ensured a good focus on patient safety and service improvement. This was underpinned by a sound local and regional

governance meeting schedule. The provider's risk register was up to date and reviewed regularly.

4.37 Despite the pressures on services, we observed staff delivering care diligently. They were skilled and knowledgeable and there was excellent communication between teams.

4.38 Compliance with mandatory training requirements was very good and staff accessed regular clinical and management supervision. All staff had received an appraisal in the last 12 months. The provider was supporting several staff to upskill in advanced practice and prescribing, which was positive. Most staff we spoke to felt supported by leaders.

4.39 Clinical incidents were reported and leaders had good oversight of themes and trends. Lessons learned were disseminated creatively in a variety of ways. Leaders maintained good focus on actions arising from deaths in custody and these actions were subject to regular audit and compliance checking.

4.40 Services focused well on patient engagement and patient meetings were held regularly on the wings. Similarly, well-trained and supported health champions provided valuable peer support and those we spoke to felt supported and were proud of their role. The provider was aware of the need for consistency in responses to complaints and had advanced plans to make sure that responses were quality assured.

4.41 Clinical areas were generally clean but in need of modernisation. Some did not meet infection prevention standards and we were told that repairs were often slow.

4.42 Emergency resuscitation equipment was in good condition, strategically placed and subject to daily checks. Health care practitioners were trained to provide immediate life support. We were told that an ambulance was promptly called in an emergency and vehicle entry to the prison and exit was swift.

Promoting health and well-being

4.43 A provider health promotion strategy was in place. Well-being leads arranged monthly health promotion events which followed the NHS national calendar and regularly visited the wings to listen to patients and improve service delivery. There were health champion peer workers on each wing, although these changed regularly because of the transient population.

4.44 New arrivals were offered screening for blood-borne viruses such as HIV and hepatitis. NHS age-related health checks and screening programmes for bowel cancer and abdominal aortic aneurysm were delivered appropriately. The health promotion leads took part in activities to improve the uptake of immunisation.

4.45 Sexual health services, including full STI screenings, examinations and treatment, were available. Condoms could be requested confidentially by prisoners.

Primary care and inpatient services

4.46 PPG were commissioned to deliver the primary care services seven days a week. There was an emergency nurse and health care assistant overnight. GP sessions took place Monday to Friday and there was one GP session at the weekend to see prisoners arriving in reception.

4.47 There were vacancies in primary care and staffing levels were frequently unsafe, with too few on shift. Staff told us they were stretched, frequently required to provide support across multiple disciplines and that the service was becoming unsafe. There was excellent teamwork among staff to minimise the disruption to patient care. Most patients received excellent care, although we saw a few examples where this was not the case.

4.48 A primary care nurse or trained health care assistant held the emergency radio and responded to emergency codes. There were regular spikes in emergency calls in the prison which were exacerbated by the increased number of new arrivals with short stays and patients with complex health needs. There was a handover each day and a weekly multidisciplinary care meeting to discuss new and existing patients with complex health care needs.

4.49 Nursing staff screened new arrivals and made appropriate referrals to other services, but secondary screenings for patients did not always take place within the seven-day target. The provider was aware of this and advanced plans were in place to improve compliance.

4.50 Recent software difficulties had affected the notification of blood test results and we saw evidence that patients did not always receive their results. The software problems had also affected the ability of health care staff to review repeat medication requests effectively, which created additional workloads and risk for patients.

4.51 There were two long-term condition nurses. Patients with long-term conditions were seen, appropriate care provided and onward referrals made.

4.52 Waiting times to access a range of visiting practitioners and allied health care professionals were in line with the community, although there had been an increase in the waiting time to see the radiographer. A radiographer attended one day a month and if the clinic was cancelled waiting times for patients were affected significantly.

4.53 Some external hospital appointments were cancelled because of a shortage of officers to escort patients. Sometimes this placed patients at risk, particularly when they were awaiting an A&E attendance. Health care staff worked hard to escalate patients with the prison, but improved authority and communication were required to make sure that higher risk patients were not delayed.

Social care

4.54 Despite high levels of social care need, the governance of delivery was poor. There was no memorandum of understanding to identify key roles and responsibilities. PPG was commissioned by Leeds City Council (LCC) to deliver a trusted assessor model for social care assessments and care, when required. There was no formal contract management and LCC did not attend local governance meetings. The service model was transitioning to a social worker-led approach.

4.55 Health staff screened for social care need at reception and, when appropriate, promptly referred the prisoner for assessment. If required, care was initiated on arrival and formal assessment followed.

4.56 At the time of our inspection, 22 prisoners were in receipt of a care package (see Glossary) with a further nine awaiting assessment. The longest wait for assessment was seven weeks, which was too long and exceeded agreed timescales. PPG's senior social care nurse did not have adequate protected time as they were required to cover other duties. Care plans were mostly in place but varied in quality.

4.57 The prison-led social care unit accommodated prisoners with high social care need, but there were not enough social care staff and limited clinical oversight of care. The unit was dependent upon poorly engaged prison staff and hardworking, but untrained, prisoner cleaners to support prisoners.

4.58 In the main prison, there were no prisoner carers (buddies) and those with low levels of need did not receive appropriate support. There were insufficient social care staff to bridge this gap. The informal arrangements for other prisoners to provide care were not acceptable and presented risks.

4.59 Equipment was provided through Leeds Equipment Services, but there was no oversight of the use or maintenance of equipment. We observed wheelchair users struggling in cramped single cells and more mobile prisoners in larger accessible cells (see paragraph 4.27).

4.60 Processes were in place to support prisoners with social care needs when leaving the prison.

Mental health

4.61 The mental health team operated seven days a week and access to support was good for most patients. The large volume of referrals (about 350 a month) were triaged according to need and urgent and non-urgent patients were seen within expected timescales. Multi-disciplinary working was evident and underpinned by weekly multi-disciplinary review meetings to make sure patients were receiving the most appropriate care and treatment.

4.62 The service was stretched. Leaders were concerned at the recent increase in acutely unwell prisoners arriving directly from court who they felt should have been diverted from custody but were not due to

the lack of community alternatives. Alongside this, some gaps in staffing resulted in patients with mild to moderate needs facing long waits for treatment. Leaders told us that four staff were about to join the team and a further three posts were being advertised. It was positive that the team had very recently secured social prescribing support and speech and language therapy input.

4.63 Mental health staff attended all initial ACCT reviews for those on their caseload and visited the segregation and complex needs units each day. Prison staff we spoke to were complimentary about the mental health team and knew how to refer prisoners if they had concerns about them. Care plans and risk assessments that we looked at were reasonable. Leaders were aware of areas that needed to improve and training was to be delivered imminently.

4.64 A newly appointed psychologist had restarted group reflective practice and had advanced plans to initiate a dialectal behaviour therapy group with patients. No additional training or awareness sessions were being offered to prison officers, which was a gap. A senior learning disabilities nurse provided valuable support to patients with learning disability needs.

4.65 Access to the psychiatrist was prompt and good joint working was evident with substance misuse service colleagues. Physical health monitoring for patients in receipt of mental health medicines was co-ordinated well by the well-being team.

4.66 Discharge arrangements on release were well coordinated with local services. Patients could access the valuable local Reconnect service if appropriate.

4.67 There had been 18 transfers to hospital under the Mental Health Act in the last 12 months. Only two were transferred within 28 days and the longest took 252 days which was absolutely unacceptable. Leaders had put escalation procedures in place but there were no available beds. At the time of the inspection, a further five acutely disturbed patients were waiting for transfer.

4.68 The complex needs unit provided good support for prisoners with extra support needs such as mental health or neurodiversity conditions. Prison leaders had developed well-established referral criteria and met mental health staff regularly to review them. Care was delivered mainly by prison staff with some contribution by the mental health team. Given the complex care needs of the unit, not enough was done to ensure sufficient clinical input to the unit.

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

4.69 There was strong partnership working across organisations, working towards the mutually agreed priorities identified in the revitalised drug strategy.

4.70 There was high demand for substance misuse services. In our survey, 37% of respondents said they had a drug or alcohol problem.

4.71 Resources had not kept pace with increases in demand since the inception of the current contract in 2016. Both teams were stretched and worked tirelessly to meet the needs of patients. PPG's clinical team were experiencing continuing recruitment difficulties with 50% vacancies in their registered nurse and health care support worker posts. Substance misuse services featured heavily on the provider's risk register.

4.72 New patients were assessed on arrival and robust pathways were in place to ensure continuation or initiation of clinical treatment, and onward referral for psychosocial intervention.

4.73 At the time of our inspection, 324 patients (30% of the population) were in receipt of opiate substitution treatment. While this was predominantly methadone, a full range of treatment options was available, and 12 patients were receiving long-acting buprenorphine injections. In addition to the GPs, several non-medical prescribers supported prescribing. Out-of-hours provision was available through an on-call PPG rota. Reviews in accordance with guidelines were not always completed on time.

4.74 Joint working with the mental health team to support patients with co-occurring diagnosis was limited by the availability of clinical staff.

4.75 Inclusion received between 260 and 300 referrals each month which were promptly triaged and prioritised. Assessments were completed within the five-day timescale. At the time of our inspection, 222 patients were receiving the service. Although recovery workers' caseloads were at manageable levels of between 30 and 40, other activity affected capacity. This included responding within five days to all patients suspected of being under the influence.

4.76 Inclusion offered a comprehensive range of individual and group interventions that included brief interventions, relaxation, auricular acupuncture, overdose awareness and exercise on referral and mindfulness. Patients had access to a range of in-cell workbooks and information sheets on drug and alcohol use and their risks. The team was piloting an alcohol lead worker to work with alcohol-dependent patients, delivering alcohol-specific interventions. A lived experience community project delivered a weekly peer-led, recovery-focused group.

4.77 There were not enough full-time peer mentors to support patients across the prison. There was no mentor support in reception or on the induction wing.

4.78 The prison-led independent substance-free living unit (ISFL) offered a limited range of incentives. Inclusion delivered enhanced substance misuse interventions including group work and mutual aid. However, the wing was too large and population pressures meant that places

were not limited to those who wished to live substance free. Only 60% of prisoners on the ISFL engaged with substance misuse services.

4.79 In the last quarter, 646 patients had required referrals on release. Robust planning processes and strong links with community providers were in place. The team attended reception each day to deliver harm minimisation advice to leavers, which included training and issuing Naloxone (a medicine used to treat opiate overdose).

Medicines optimisation and pharmacy services

4.80 Pharmacy services were delivered by a highly skilled and experienced team. There were still no pharmacist-led clinics, which remained a gap.

4.81 Medicines administration on the wings was led by the pharmacy technician with support from pharmacy assistants and occasionally nurses. We observed administration on all wings. Prison officers supervised the queues, but some patients gathered near the patient presenting for their medication and patients had to shout through a small gap in the door, making private conversations difficult.

4.82 On several occasions patients' medication was not available when they presented. The pharmacy technician often had to stop medicine administration to contact the pharmacy. We were told that the pharmacy team had been short-staffed in recent months which had affected the timely processing of prescriptions. This had improved in recent weeks following the implementation of a pharmacy team rota. The pharmacy team also collaborated with prescribers to ensure urgent prescriptions were printed off and signed ready for priority dispensing.

4.83 The pharmacy was usually given advance notice when patients were attending court, released or transferred so that daily doses could be arranged before the patient left and EPS (electronic prescription service) prescriptions generated.

4.84 The pharmacy team managed INR results (a blood test to support blood thinning medications) and subsequent prescribing, which was positive.

4.85 Around 58% of patients had all or some of their medication in possession (IP) and risk assessments were in place. Several IP supplies were administered daily or every seven days, which was being reviewed by the pharmacy technicians to identify patients who could have 28-day supplies. All medicines were appropriately labelled, but IP supplies were handed over directly to patients and not concealed in a bag, so could potentially be seen by other patients. There were storage facilities in some cells but many were broken. Random checks were completed by the pharmacy team; non-compliance resulted in a review and change to the patient's IP status.

4.86 There was out-of-hours provision of medicines and supplies could be made against patient group directions. Patients could receive over-the-

counter medication such as paracetamol. Access to an interpretation service helped patients to understand their medication.

4.87 The pharmacy team responded suitably to errors involving patients' medicines. They kept records of errors and identified opportunities to reduce the risk of errors.

4.88 Suitable arrangements were made for transporting medication around the prison. Fridge temperatures were regularly checked and recorded. Controlled drugs were appropriately managed and securely stored, although the controlled drugs cabinet on F wing was broken and the drugs were moved to another wing for safe storage. The fault had been reported. There was no fridge on F wing and the team had to store fridge medicines on E wing, bringing them over when needed for administration. Drug safety alerts were correctly responded to. Patients' confidential waste was suitably managed and medicines waste was correctly disposed of.

Dental services and oral health

4.89 Time for Teeth delivered a range of dental services, including standard treatments and extractions. It was commissioned to run nine dental sessions a week with an additional nurse triage clinic once a week. Waiting times for the dentist were good: two weeks for first appointments and eight weeks for follow-up appointments.

4.90 The health care and dental team triaged patients and urgent referrals were seen the next working day. Pain relief and antibiotics were available as required. There was a referral pathway for patients who required extractions under general anaesthetic, as well as those with other complications not covered by dentistry. The dental nurse gave patients oral health advice.

4.91 The dental service had all the required equipment, with a new x-ray machine, and the suite met infection control standards.

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 Time out of cell was poor for many prisoners. About 40% of the population were not engaged in any purposeful activity. These men spent around 22 hours a day locked up in often overcrowded conditions with very poor ventilation in their cells (see paragraph 4.6). They accessed about two hours out of cell each day during the week to have exercise, use the showers and complete domestic tasks. Prisoners living on the induction wing had an even poorer experience (see paragraph 3.6).

5.2 In our roll checks, only 19% of men were in work and education off the wing. Only 17% of the population were employed full time and they benefited from the most time out of cell at approximately seven hours each day.

5.3 The regime was subject to frequent curtailments and evening association was routinely cancelled which caused frustration among the population. Prisoners' time unlocked was not spent meaningfully and we observed them all crowded together on the ground floor landing during association periods with very little to do.

5.4 The weekend regime was very limited and, in our survey, 86% of prisoners said that they usually spent less than two hours out of their cell on Saturdays and Sundays.

5.5 The library service was popular with around 1,200 visits from prisoners each month. However, in our survey, only 36% of prisoners said that they were able to visit the library once a week or more compared with 54% at the last inspection. Some recent sessions had been cancelled because of regime curtailments.

5.6 The two prison libraries were small but welcoming and functional with a generally good range of stock. Prisoners appreciated the distraction packs on offer, which included quizzes, competitions and word searches, and the recent introduction of a book and games club on F wing was well received.

5.7 Despite the wide range of languages spoken by prisoners, books in languages other than English were not consistently available across

both libraries. For example, there were no texts in Urdu, Albanian or Vietnamese.

5.8 In our survey, only 62% of prisoners said they could access the gym once a week or more and only 23% said they could use the gym or play sports at the weekend against 73% and 41% respectively in comparable prisons. Access was inequitable and prisoners were required to sign up at the prisoner information desk on a first come, first served basis, which meant that some routinely missed out.

5.9 Only 44% of the population used the gym and not enough was done to encourage participation by all prisoners. It was also disappointing that new arrivals did not receive a gym induction in their early days. The gym had weights and cardiovascular equipment while the sports hall was mainly used for football and small team games. There was limited space for sports and games outside.

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.

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

Overall effectiveness:	Inadequate
Quality of education:	Requires improvement
Behaviour and attitudes:	Requires improvement
Personal development:	Requires improvement
Leadership and management:	Inadequate

5.11 Leaders and managers had provided sufficient education, skills and work (ESW) activity spaces, but they had not ensured that these activities prepared prisoners adequately for their next steps. The curriculum did not meet the needs of the increased number of un-sentenced and very short-stay prisoners, who made up over two-thirds of the prison population. Work in prison workshops was focused on meeting the financial needs of the prison or external contracts rather than supporting prisoners' skill development needs or career aspirations. In our survey, only 27% of prisoners said they had been allocated to activities that would help them when released. The very few vocational courses that did exist were greatly oversubscribed. Prisoners studying English and mathematics could only study long, full qualifications. As a result, they were frequently transferred to other prisons or were released before they had completed their examinations and gained qualifications. Managers had not planned a structured programme of personal development. Leaders and managers fully understood that they needed to create a curriculum that was fit for purpose, so that the needs of prisoners prior to release or transfer were better met.

5.12 Leaders and managers had not been successful in resolving most of the weaknesses identified at the previous inspection. The curriculum did not offer enough subjects. Consequently, managers could not allocate prisoners to activities that related to their ambitions or future career goals. The attendance of prisoners to education remained low. The training and qualifications of workshop staff had greatly improved but the quality of prison-led activities was not routinely checked. For example, no arrangements were in place for the systematic oversight of the large number of prisoners working on the wings as cleaners or servery workers. As a result, prisoners did not learn many new skills. The quality improvement group was not effective in coordinating and monitoring improvements. It had met only once in the previous 12 months. Consequently, only two targets from the previous year's prison quality improvement plan had been fully met.

5.13 Prison staff had not received enough training to help them meet the needs of prisoners. Prison officers had received only very brief awareness raising to help them support prisoners develop their reading skills. Although newly appointed prison staff had received training in neurodiversity, this training had not been delivered to the very great majority of prison staff. As a result, officers had not been equipped to support prisoners with special educational needs and disabilities (SEND) in their wing-based ESW activities or reading for pleasure.

5.14 The induction into ESW did not provide prisoners with sufficient knowledge about the education, training and work opportunities at the prison. Information, advice and guidance (IAG) specialists had to supplement this knowledge and discuss the opportunities when they met prisoners individually. Attendance at induction sessions was very poor. The qualified and experienced IAG team drew up realistic individual development plans which informed the allocation of prisoners to activities. However, IAG staff spent too much time following up the many prisoners who did not attend induction in order to complete these

plans, which limited the time they had for later support. Once these plans had been completed, managers allocated prisoners to activities promptly but the spaces available did not match the needs of prisoners set out in their individual development plans. Waiting lists for vocational training were very long. As a result, many prisoners were temporarily allocated to low skilled work in industries, for example sewing and packing, which was repetitive and through which they developed few new skills. Too many prisoners were released or transferred before they could be allocated to a relevant activity. Prisoners did not have sufficient access to the virtual campus (internet access to community education, training and employment opportunities for prisoners) to help them with their job searches prior to release. Managers organised well-attended monthly job fairs where local and national employers and other partners, for example housing providers, provided helpful advice to prisoners.

5.15 Novus delivered the education and vocational training provision in the prison. Vocational training tutors and teachers in English and mathematics used their knowledge of prisoners' prior education and skills effectively to plan individual learning. They sequenced the curriculum well to rectify gaps in knowledge to prepare prisoners for their examinations. In catering, prisoners learned about safe hygienic working environments and working effectively as a team before preparing simple salads and then progressing to prepare and cook meat and finally dough products. In most lessons, detailed written feedback from teachers was used by prisoners to improve their written work. For example, in English, teachers gave helpful feedback which resulted in prisoners improving their formal letter writing by writing more complex paragraphs. Teachers and instructors used effective questioning to deepen prisoners' knowledge. Trained prisoner mentors gave good support to their peers and acted as positive role models. However, in English for speakers of other languages (ESOL), teachers did not place sufficient emphasis on developing speaking and listening skills for those prisoners with particularly low levels of English. Too many teachers in education did not use effective assessment strategies to check what prisoners had learned to inform the next stage of their learning. Most of the few prisoners who completed their courses achieved. Standards of work in vocational training were good.

5.16 Most teachers in education did not set appropriate targets to help prisoners to improve quickly. Targets which were set too often focused on completion of elements of the qualifications rather than making clear to prisoners the knowledge and skills they needed to improve. A few prisoners made repetitive spelling or grammar errors in their work. Managers did not have sufficient oversight of the progress that prisoners made. As a result, teachers were not encouraged to enter for examinations those prisoners who had made rapid progress. This slowed their progress to the next level. Teachers, instructors and prison wing staff did not routinely recognise or record the progress many prisoners made in their behaviour, attitudes and employability skills.

5.17 Leaders and managers had not put in place suitable support for prisoners with SEND. Staff completed a basic assessment of all

prisoners' abilities and support needs at induction and assessed fully the needs of those attending education routinely. In education, support strategies centred around providing overlays or magnifiers. Not enough staff in education and vocational training had suitable training to help prisoners with additional needs. Advice provided by off-site specialist teachers was not always put into practice. In industries, prisoners did not benefit from specialist support for their SEND needs which slowed their progress. The many prisoners who worked on the wings received limited support from prison officers.

5.18 Leaders and managers had introduced a well-considered whole-prison strategy which had raised the profile of reading and literacy. Staff screened all prisoners with low levels of English skills. Prisoners found to be without functional reading skills were referred to one of two full-time Shannon Trust (charity that supports people in prison to learn to read) facilitators who coordinated effective individual support from trained peer mentors. Prisoners had an hour to read for leisure alongside a hot drink in the popular monthly 'reading cafés' which took place in each classroom and workshop. Each wing had a good selection of books available. Too few teachers of English had professional training in phonics. As a result, lower-level readers in education did not make as much progress as possible, but those with higher skills read aloud confidently. The progress of those engaging with Shannon Trust was monitored routinely, which demonstrated the good progress made by those prisoners who stayed for long enough to benefit. However, managers had not measured the impact of the strategy on the wider prison population.

5.19 Prisoners who attended ESW activities benefited from a calm and purposeful working and learning environment. They had positive attitudes and behaved respectfully to staff and each other. Prisoners felt safe while attending education and work activities. Prisoners understood the necessity of carefully following health and safety guidance and used personal protective equipment (PPE) appropriately. However, the prison did not provide the correct PPE for those wing workers expected to clean biohazards. This exposed these prisoners to unnecessary risk as well as teaching bad practice.

5.20 Attendance in education was too low. Often, prisoners arrived late to lessons. Leaders and managers recognised that the number of unauthorised absences was too high. They had put in place improvement measures and monitored attendance on a regular basis, but they had not succeeded in achieving planned targets. However, attendance in industries had much improved since the previous inspection and was high. Pay was equitable across ESW. A very recently introduced policy incentivised attendance at activities but it was too soon to judge its impact.

5.21 Leaders and managers had not planned a broad enough personal development programme to help prisoners deepen their knowledge and understanding beyond the subjects they studied. Not enough prisoners had the opportunity to learn about managing their own money, or how to be healthy when living independently and cooking for themselves.

Too few prisoners benefited from enrichment activities to widen their horizons and discover new interests and talents. Other than the over-subscribed arts course in education, few opportunities existed for prisoners to develop creative skills or explore new ideas. Teachers and instructors promoted and practised equality and inclusion. Prisoners worked collaboratively in diverse groups and both appreciated and respected others' differences. They demonstrated a sound basic knowledge of fundamental British values. However, prisoners did not benefit from receiving awareness raising or training to help protect themselves from the dangers of radicalisation.

Section 6 Preparation for release

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

Children and families and contact with the outside world

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

6.1 There was far too little family engagement work for the substantial number of men passing through the prison. Jigsaw, the longstanding provider, delivered a very good service to visitors, but was only contracted to provide one part-time caseworker to help prisoners rebuild family ties. There were no parenting courses.

6.2 The introduction of a families and significant others (FASO) officer was positive, but she was frequently redeployed to other duties. The schools project that the FASO ran was excellent, allowing teachers from local schools to visit the prison and see what pupils with a father held at Leeds were experiencing. She also ran monthly events for prisoners who did not receive visits or phone calls, although these had been cancelled frequently.

6.3 There were excellent and reliable opportunities for school-aged children to have early evening visits with their fathers which we rarely see in a busy men's reception prison. There was also a good range of family sessions and themed events every Friday morning across the year.

6.4 Social visits were constantly at full capacity. Most families were from the local area and keen to attend in person, but the visits hall was much too small for a mostly remanded population who needed and were entitled to more visits. There were almost 800 unsentenced men in the prison but only 380 face-to-face visit slots each week. Consequently, new arrivals typically waited up to 10 days for their first visit, which was much too long (see paragraph 3.7). It was also too difficult to book a visit on the phone, not least because the two visits booking clerks had been working for over a year in an office which had only one phone line to receive calls.

6.5 About 300 emails were printed off and distributed to prisoners each day through the eMates scheme. More than half the population had public protection markers. Those prisoners sometimes had to wait longer for their phone numbers to be added to their account because offender management unit public protection clerks were not sufficiently resourced to contact family members for approval for contact (see paragraph **Error! Reference source not found.**).

Reducing reoffending

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

6.6 The population had become even more transient since the last inspection: 70% were now unsentenced compared to 50% at the 2022 inspection, and two-thirds of men had only been at Leeds for three months or less.

6.7 Oversight of work to reduce reoffending had lapsed for about 18 months in 2023 and 2024 and there had been no multi-agency meetings. As a result, strategic work to improve key outcomes, such as the very high levels of homelessness and associated recalls to custody, had not been prioritised. Senior leaders had not paid enough attention to the impact of these outcomes on the well-being of prisoners, too many of whom returned to Leeds multiple times.

6.8 Despite an enthusiastic new leader taking over the reducing reoffending brief in late 2024, resettlement agencies in the prison were still too scattered and ill equipped to be fully effective. Although prisoners had in-cell phones, these agencies did not have phone lines that allowed them to dial in to the cells. They could not, therefore, communicate updates and release plans quickly and instead wasted valuable time finding the men or speaking to them through their cell doors. There were not enough suitable places for staff to conduct interviews with prisoners on the wings.

6.9 There was still not enough support for remanded prisoners. They were now included in more contracted work, for example they could be referred to a housing worker, but we did not find enough evidence of reliable support for this majority group of prisoners. Even when referrals had been completed, they did not receive regular communications to allay their concerns. Remanded men also lacked the levels of contact we would expect from key workers, family engagement workers and chaplains (see paragraphs 4.3, 6.1 and 4.31).

6.10 In the last year, about 1,600 admissions, just over a quarter of all arrivals in reception, were licence recalls. Many of these were 14-day recalls and some men had already been recalled up to seven times in the previous year. There was no meaningful additional support for the most frequently recalled prisoners for staff to understand and address

some of the reasons. An intervention known as the 'Reset' workshop was intended to help this group, but only 14 prisoners had taken part in the last year. We found examples of repeatedly recalled prisoners not receiving enough support to resolve their lack of accommodation.

6.11 About 30% of the population who were sentenced were subject to offender management. The offender management unit (OMU) was well staffed and well led by a cohesive team of two senior probation officers and a prison leader. Contact between prison offender managers (POMs) and prisoners was reasonably good for longer-staying men. Contact with other prisoners was appropriately task led, for example explaining the reasons for recall. We noticed that, in the absence of any key work from officers, many prisoners relied on POMs for basic information and advice. The POMs also held drop-in sessions on all the wings which helped to manage some prisoners' frustrations.

6.12 In recent months, good progress had finally been made in transferring category C prisoners convicted of sexual offences to training prisons, a problem which had persisted since the last inspection. However, a small number of category B prisoners and some prisoners who used wheelchairs remained at the prison awaiting a suitable move (see paragraph 4.27).

Public protection

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

6.13 The volume of receptions, releases, recalls and short stays made oversight of high-risk releases extremely challenging. At the time of this inspection in late July 2025, most high-risk prisoners due to be released from Leeds in the following three months had only arrived at the prison in the preceding six weeks.

6.14 Even when there was more time to review release plans for longer-staying high-risk prisoners, they were not discussed at the interdepartmental risk management meeting (IRMM) until the month of their release. This did not allow enough time for any gaps in risk management planning to be addressed. The IRMM was held monthly, which was not frequent enough for managers to have good oversight of the very high turnover in the population. The weaknesses in the IRMM were especially concerning because there was not enough recorded communication between POMs and community offender managers (COMs) in individual cases to demonstrate good risk management planning.

6.15 Most written contributions by OMU staff to MAPPA meetings (see Glossary) about the most concerning prisoners due for release reflected a confident understanding of the case and supported effective risk management planning.

6.16 Day-to-day public protection work was not adequately resourced. There were only two dedicated clerks, who worked extremely hard to keep on top of 500 screenings of new arrivals each month.

6.17 About 20 prisoners were subject to mail and phone monitoring at the time of the inspection. Phone monitoring logs were three weeks out of date and breaches could not be promptly identified to protect victims.

Interventions and support

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

6.18 Most prisoners only stayed a few weeks or months at Leeds, but hardly any brief interventions were available to help them start thinking about changes they could make to their lives. About half the population had a history of perpetrating domestic abuse but there were no interventions to address their behaviour. There were also no parenting courses or courses on securing a tenancy, despite very high levels of homelessness on release. There was too little to help men deal with trauma they had experienced and the bereavement counselling service had recently ceased (see paragraph 4.32).

6.19 The Growth Company gave excellent support with finance, benefit and debt and had completed about 1,200 pieces of work with remanded and sentenced prisoners in the previous financial year. Typical examples included postponing the repayment of court fines, cancelling direct debits and obtaining credit reports.

6.20 Unhelpful contractual restrictions prevented most prisoners from applying for a bank account, either because they were remanded or because they only stayed at the prison for a few weeks. Consequently, only nine prisoners out of about 3,000 arrivals had so far opened a bank account in 2025. Some credit union accounts had been opened.

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.

6.21 An average of 160 prisoners were released each month and demand for resettlement help was extremely high. The pre-release team was responsible for checking prisoners' needs and making necessary referrals. They had struggled with recruitment and retention but were reasonably well staffed at the time of inspection and, although they were stretched, they swiftly identified men's needs. However, in the cases that we reviewed, not enough sustained support was given.

6.22 It was difficult to put effective release plans in place for most prisoners for three main reasons. Firstly, many men were serving a fixed-term recall which gave as little as a few working days to plan.

6.23 Secondly, national population pressures required OMU staff to transfer prisoners out of Leeds to make room for new arrivals. As a result, men were sent to a category C prison almost immediately after being sentenced, some of whom had as little as 14 days left to serve. This disrupted release planning, for example only 15 prisoners had been released from Leeds on home detention curfew in the last 12 months.

6.24 Thirdly, local data showed that about a third of all releases were 'immediate', for example, the prisoner was sentenced and once time served on remand was accounted for, had to be released on the same day. These prisoners quite often left the gate as late as 7 or 8pm, which did not support good outcomes.

6.25 Joint working and recorded communication between housing workers, POMs and COMs were not always good enough ahead of release, especially for some of the most frequently recalled men. For example, POMs could not refer to housing workers' case notes because they were held on a separate IT system. We found no evidence of COMs routinely updating POMs, and prisoners were not, therefore, kept well enough informed of progress with their release plans.

6.26 About 30% of prisoners had been released homeless in the last 12 months and leaders had not done enough to improve this situation. Local data showed that between January and May 2025, more than half the men who ended up homeless had not had a 'duty to refer' completed to maximise their chances of being housed by their local authority. In addition, just over a third of those who were homeless had not been referred to a housing worker in the prison before release. No regular events were organised for local housing providers to conduct face-to-face assessments with large numbers of prisoners.

6.27 Good support was given to a small number of prisoners by the West Yorkshire Community Chaplaincy Project (WYCCP) and Ingeus. WYCCP had helped 42 prisoners released in the last year, and Ingeus offered mentors with lived experience who worked with prisoners before and after release.

6.28 The departure lounge service on the day of release was excellent and among the best we have seen. The dedicated building had been refurbished, was well staffed and was open between 9am and 5pm, providing increasing opportunities for prisoners to meet resettlement agencies, get advice from probation staff, pick up some basic toiletries and clothing and arrange onward travel.

Section 7 Progress on concerns from the last inspection

Concerns raised at the last inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection in 2022, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Priority concern

The number of deaths at Leeds since the last inspection continued to be high, 29 in total including eight self-inflicted, one attributed to drug use and two others still waiting to be classified.
Not addressed

Key concern

The recently opened complex needs unit (CNU) had a clear aim of supporting prisoners with vulnerabilities including mental health problems. Clarity concerning its approach and methodology, as well as structures and systems of governance and oversight were, however, lacking.
Addressed

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection in 2022, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Priority concern

Too many prisoners were living in overcrowded cells originally designed for one.
Not addressed

Key concerns

Prisoners with reduced or limited mobility were disadvantaged by a poor physical environment which made it difficult for them to access some areas or services.
Not addressed

Some of the very basic processes and services needed in prison, such as an effective application system, the quality and quantity of food, and an efficient ordering system for the prison shop were poor which led to significant frustrations for prisoners.
Partially addressed

Prisoners identified as requiring treatment under the Mental Health Act waited too long to be transferred to hospital.
Not addressed

Purposeful activity

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

At the last inspection in 2022, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Priority concerns

Time out of cell for many prisoners was poor.
Not addressed

Leaders had not yet made sure that there were enough activity spaces, and the curriculum was too narrow to meet the needs of a substantial proportion of prisoners.
Partially addressed

Leaders and managers did not allocate prisoners to work activities that related to their ambitions or future career goals.
Not addressed

Key concerns

Leaders and managers did not monitor the quality of prison-led activities, and too many prison instructors were not qualified in teaching or training. Consequently, instructors did not help prisoners to make progress beyond gaining the basic skills required for the job or to achieve the qualification where relevant. Managers did not check the quality of these areas and did not provide training for staff to help them support prisoners to make better progress.
Partially addressed

Prisoner attendance at their allocated work placement during the working day was poor and required immediate and sustained improvement.
Not addressed

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 2022, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Priority concern

Almost half of prisoners were remanded and they had very little support with planning for their resettlement. Support available to them should be equivalent to other prisoners being released.
Not addressed

Key concern

Resettlement services aimed at ensuring prisoners were released to employment or a training place were not good enough and more targeted help to assist them on release was required.
Not addressed

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 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)). 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:

Martin Lomas	Deputy Chief Inspector
Sara Pennington	Team leader
Jonathan Tickner	Inspector
Dionne Walker	Inspector
Natalie Heeks	Inspector
Rebecca Stanbury	Inspector
John Wharton	Inspector
Dawn Mauldon	Inspector
Alicia Grassom	Researcher
Tareek Deacon	Researcher
Emma Crook	Researcher
Jasmin Clarke	Researcher
Shaun Thomson	Lead health and social care inspector
Simon Newman	Health and social care inspector
Helen Jackson	General Pharmaceutical Council inspector
Bev Gray	Care Quality Commission inspector
Allan Shaw	Ofsted inspector
Alison Humphreys	Ofsted inspector
Glenise Burrell	Ofsted inspector
Mary Devane	Ofsted inspector

Appendix II Glossary

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

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

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

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

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

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

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

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 Social Video Calling
A system commissioned by HM Prison and Probation Service (HMPPS) to enable calls with friends and family. The system 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).

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.

Zahid Mubarek Trust
Independent national charity founded in 2009 by the family of 19-year-old Zahid Mubarek, who was murdered by his racist cellmate on the morning scheduled for his release from Feltham Young Offender Institution.

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 Leeds 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)). The Care Quality Commission issued a request for an action plan / requests for action plans [delete as required] following this inspection.

Breach of regulation

Provider

Practice Plus Group Health and Rehabilitation Services Limited

Location

HMP Leeds

Location ID

1-3862840708

Regulated activities

Diagnostic and Screening Procedures
Treatment of disorder, disease or injury

Regulation 12 Safe Care and Treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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:

- Blood tests for patients were not always promptly undertaken and test results were not always followed up due to shortage of healthcare staff.

  Blood test clinics were frequently cancelled, for example, during the w/c 02 June 2025, three of four blood test clinics were cancelled. We saw examples on individual patient records where there had been delays in staff taking patients' blood.

  Blood test results were not followed up promptly. A secondary care provider local to HMP Leeds had updated their systems in February 2025 and blood test results were no longer automatically received. A spreadsheet was maintained by the provider to ensure results were received. This spreadsheet was not completed consistently, and we saw examples where test results for individual patients had not been followed up by the provider.

- Patients did not always receive their second healthcare screening within 7 days. The provider had cancelled several second healthcare screening clinics due to shortages of staff. During the months of April, May and June 2025, the service achieved 64.9%,86.5% and 71.4% respectively, against a target of 90%. This placed patients at risk because not all relevant healthcare information may have been captured during the initial screen on arrival to HMP Leeds and necessary treatment and referrals may not have been provided promptly.

- Suitable processes were not in place to ensure patients who clinically required transfer to A&E were taken promptly. Delays were primarily due to a shortage of prison staff. Healthcare staff repeatedly raised concerns with prison staff, but the escalation process was unclear. Prison staff frequently responded that there were insufficient escorts available, without fully understanding the immediate clinical risks involved. For example, one patient identified as needing IV antibiotics due to an injury with an identified risk of developing sepsis experienced significant delay. It took five days for the patient to be taken to A&E.

- There was an increased risk patients would not receive critical medicines on time due to a recent upgrade in the patient record system.

  One week prior to our inspection an upgrade had been made to the patient record system at a national level. Prior to the upgrade, prescribing clinicians had oversight of all prescription requests, including details of the required medicines for each patient and timeframes for dispensing/administration. Following the upgrade, the summary view no longer included detail of the medicines required. Prescribing clinicians had to review each individual patient record before they could prioritise authorisation of individual prescriptions. This significantly increased workloads for staff and introduced an avoidable risk of delays for patients who required critical medicines.

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 18 (1) and (2) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

1. Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.

How the regulation was not being met:

- There were insufficient numbers of staff deployed on each whole shift to ensure the safe care and treatment of patients.

- Staff told us the service was unsafe due to insufficient numbers of staff covering the primary care services during the day shifts and that they were required to support the social care inpatient unit most days, on occasion this was whilst holding the alarm to respond to healthcare emergencies. They also told us that on occasion, agency staff who filled some staffing gaps did not have access to the patient record system or access to prison keys, which meant they couldn't provide care to patients without support from permanent staff.

- The shortage of staff was further impacted by a significant increase in the number of patients being processed at reception each week, as well as a change in the demographics of patients, many of whom had complex healthcare needs.

- The current provider standards for optimum staffing levels each day were either four registered nurses and three healthcare assistants or three registered nurses and three healthcare assistants. Review of rotas demonstrated that shifts were frequently short staffed. For example, on 02 July 2025 two registered nurses worked the daytime shift with no healthcare assistant support. On that same day, there was one social care assistant which meant that primary care staff would have also been required to support the social care unit.

- This was in breach of regulation 18(1) 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.

Any enquiries regarding this publication should be sent to us at the address below or: hmiprisons.enquiries@hmiprisons.gsi.gov.uk

This publication is available for download at: Our reports – HM Inspectorate of Prisons (justiceinspectorates.gov.uk)

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