Report on an unannounced inspection of

HMP Liverpool

by HM Chief Inspector of Prisons

11–21 August 2025

Contents

Introduction

Since our 2022 inspection, Liverpool had been recategorised back to being a reception prison. This disruption had been impressively managed with good commitment from the experienced staff team. The change in population to a more unstable group of prisoners with a higher proportion on remand had, in part, led to the disappointing reduction in our healthy prison scores in three areas. Safety had dropped from reasonably good to not sufficiently good, respect had gone from good to reasonably good and purposeful activity had fallen from not sufficiently good to poor, with preparation for release staying at reasonably good.

The prison was being continuously targeted by serious organised crime gangs who were frequently using drones to deliver drugs and other contraband to the jail. Leaders at the prison were liaising closely with the police and other agencies to try to stem the flow; however, 46% of mandatory drug tests completed in the last year were positive, the highest of all reception prisons nationally. Without a significant investment from the prison service in improving the security of windows and exercise yards, Liverpool will continue to be disrupted by unacceptable levels of criminality. The ingress of drugs and the change in population are likely to have been significant factors in the increases of violence recorded since the re-role of the jail.

Although good relationships between officers and prisoners are a real strength of the prison, there had been seven suicides since our last inspection and high levels of self-harm showed there had not been enough focus on supporting the most vulnerable men, many of whom were addicted to drugs or alcohol, or suffering from very poor mental health.

Leaders had not done enough to oversee the provision of activities. The one third of prisoners who were not in work were only unlocked for two hours a day during the week and even less at the weekends. Attendance at activities was really poor; when I visited education, there were only a handful of prisoners in the classrooms out of a population of 830. Leaders had not focused nearly enough on making sure wing staff prioritised getting men to education, training or work. Real-terms cuts in education provision will lead to serious reductions in services and some teachers had already been told they were facing redundancy.

The infrastructure of the jail, which was on the brink of a thorough refurbishment when we last inspected, had completely stalled because of the bankruptcy of the company who had been contracted to do the work. There were also serious deficiencies in routine maintenance work which often led to a loss of services. Although staff retention rates at Liverpool are much better than at most other jails, it suffered from the highest staff sickness rates of any prison in the country. Leaders were working to address this problem which was affecting the delivery of the regime and limiting the keywork offer, but they were hampered by insufficient HR support from the Ministry of Justice.

Many of the 42 officers recently recruited from overseas were in danger of losing their visas to work in the UK due to recent changes introduced by the Home Office. This was creating significant anxiety for those staff involved and would impact heavily on staffing levels if these issues are not resolved at a national level.

The public protection issues that we raised at our last inspection had, disappointingly, not been addressed, meaning that some risky men had not been adequately assessed and the monitoring of phone calls was not effective. Inspectors found lots of positives in this inspection. An experienced governor and his deputy were addressing many of the challenges faced by the prison and I left optimistic that there can be further improvements to return to the standards we found at our last inspection.

There will need to be support from the prison service to make sure the building work is completed and a much more comprehensive focus on reducing the impact of drone incursion. The prison must focus more on getting prisoners into purposeful activity every day; there are too many men at Liverpool lying on their beds watching daytime television and taking drugs to pass the time.

Charlie Taylor
HM Chief Inspector of Prisons
October 2025

What needs to improve at HMP Liverpool

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

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

Priority concerns

1. **Continuously high levels of sickness absence among staff prevented the delivery of a consistent and full regime.**

2. **The supply of illicit items including drugs and mobile phones remained a significant threat to the prison.** The positive rate for random mandatory drug testing was the highest of any reception prison at 46%.

3. **There had been seven self-inflicted deaths since the previous inspection and rates of self-harm were high.** Avenues of support for prisoners in crisis were not always fully identified or were generic in nature rather than tailored to the prisoners' needs.

4. **Living conditions for some prisoners were poor.** A lack of effective maintenance by the facilities contractor exacerbated this.

5. **Leaders had been too slow to design creative, ambitious and well-structured curriculums, suitable for the prison's function.**

6. **Senior leaders did not have an effective oversight of the quality of education, skills and work activities, nor manage the education provider effectively enough.**

7. **Leaders were taking far too long to rectify the issues of low attendance and punctuality at education and work.**

Key concerns

8. **New arrivals often waited far too long in reception holding rooms waiting to be seen by staff and health care professionals, with little to occupy their time.**

9. **Too few prisoners benefitted from key work, and the sessions that did take place lacked sufficient quality.** Key work did not support sentence progression.

10. **Not all patients requiring transfer to hospital under the Mental Health Act were transferred within the national guideline expectation of 28 days.** This meant assessment and treatment for

mental disorders was delayed and the potential for further harm and suffering increased.

11. **Prisoners spent too much time locked in their cells.** The regime at weekends was particularly poor, and there was not enough recreational or enrichment activity for prisoners during their association periods.

12. **Leaders had not implemented an effective reading strategy to support prisoners who could not read, or to develop prisoners' reading further.**

13. **Public protection arrangements were still not sufficiently robust.** Some prisoners with clear risks had either not been assessed promptly or, in some cases, not assessed at all.

About HMP Liverpool

Task of the prison/establishment
A category B men's reception and resettlement prison

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection
Prisoners held at the time of inspection: 830
Baseline certified normal capacity: 881
In-use certified normal capacity: 881
Operational capacity: 832

Population of the prison
- 4,085 new prisoners received each year (around 340 per month).
- 160 prisoners released into the community each month.
- 76 foreign national prisoners.
- 23% of prisoners from black and minority ethnic backgrounds.
- 256 prisoners receiving support for substance misuse.
- About 300 prisoners referred for mental health assessment each month.

Prison status (public or private) and key providers
Public

Physical health provider: Spectrum Community Health CIC
Mental health provider: Mersey Care NHS Foundation Trust
Substance misuse treatment provider: Change, Grow, Live (CGL)
Dental health provider: Time for Teeth
Prison education framework provider: Novus
Escort contractor: GEOAmey

Prison group
Greater Manchester, Merseyside and Cheshire

Prison Group Director
Mark Livingston

Brief history
HMP Liverpool is a Victorian prison built in 1855. The primary function of the establishment is a reception prison, serving Liverpool Crown Court and Liverpool & Knowsley Magistrates' Court. It also has a resettlement function for prisoners due for release to the local area.

Short description of residential units
A wing: drug dependency unit
B wing: first night centre (segregation unit is located on B1)
F wing: prisoners convicted of sexual offences and other vulnerable prisoners' unit
G wing: mainstream population (closed for refurbishment)
H wing: mainstream population (single cells)
I wing: mainstream population (shared cells)

J wing: well-being and incentivised substance-free living unit
K wing: mainstream population (single cells)
Health care unit: inpatients

Name of governor and date in post
Rob Luxford, April 2023 to present

Changes of governor since the last inspection
Mark Livingston, February 2020 to November 2022

Independent Monitoring Board chair
Paul Mullins

Date of last inspection
18–19 and 25–29 July 2022

Section 1 Summary of key findings

Outcomes for prisoners

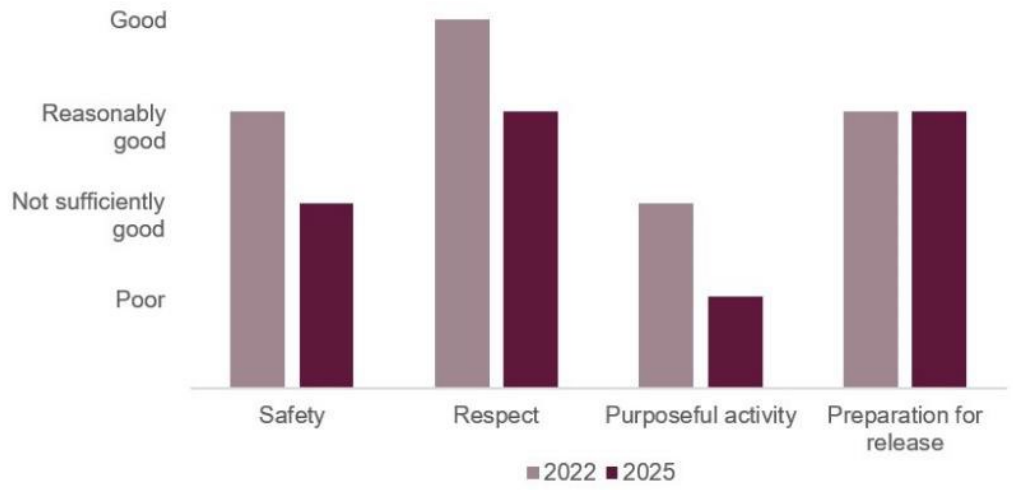
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

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

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

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

Figure 1: HMP Liverpool healthy prison outcomes 2022 and 2025



Progress on priority and key concerns from the last inspection

1.4 At our last inspection in 2022 we raised 11 concerns, four of which were priority concerns.

1.5 At this inspection we found that two of our concerns had been addressed, three had been partially addressed and six had not been addressed. The single priority concern in the area of safety about the availability of illicit drugs had not been addressed. The single priority concern in the area of respect about the medicine management had been partially addressed. Of the two priority concerns in the area of purposeful activity one had been partially addressed, and the other had not been addressed. For a full list of progress against the concerns, 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 11 examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice		
a)	The use of force coordinator focused on ensuring that cameras were activated during incidents and around 85% had recorded footage. Footage was RAG (red, amber, green) rated dependent on the quality and availability of footage. Any staff whose footage did not achieve a green rating were provided with guidance on how to improve camera use. As a result, leaders had good evidence to judge whether force was necessary and justified.	See paragraph 3.31
b)	There had been several initiatives to upskill and develop staff, including regular reflective practice sessions designed to help staff understand their role and how they could improve outcomes for prisoners.	See paragraphs 2.3 and 4.5
c)	A triage phone line provided a responsive health service accepting calls from patients in the morning between 8am and 9.30am which improved patient access to care.	See paragraphs 4.43 and 4.61
d)	A newly equipped urgent care room on the inpatient unit enabled acutely unwell or injured patients to be transferred to a clinical environment for observation, tests and treatment.	See paragraph 4.61
e)	Staff had set up an assessment clinic which patients were referred to if they were found to have a low or very high body mass index and were at risk of malnutrition.	See paragraph 4.61
f)	It was notable that as well as the routine health screening on arrival, all new prisoners received a mental health assessment to identify anxiety or depression within 48 hours. This enabled the early identification of risks and prompt access to care.	See paragraph 4.73

g)	The new ‘Connecting Communities’ initiative in Merseyside and Greater Manchester provided up to 12 weeks of health-related aftercare and support to prisoners on release.	See paragraph 4.90
h)	Flash cards translated into languages other than English helped foreign national prisoners to communicate with and request support from staff.	See paragraph 4.31
i)	The breastfeeding room in the visitor centre offered a private and comfortable space for mother and baby to use before and after a visit.	See paragraph 6.3
j)	The provision of a free hot snack and drink for children helped families reduce the cost of visiting the prison.	See paragraph 6.6
k)	The resettlement board was a well organised and effective resource that enabled prisoners approaching release to speak face-to-face with service providers who could support their reintegration into the community.	See paragraph 6.35

Section 2 Leadership

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

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

2.2 At the time of the last inspection in 2022, Liverpool was a category C prison with a small remand function and fairly static population. Since then, the role of the prison had changed, and it now operated as a reception prison with a significantly increased churn of prisoners arriving at and leaving the prison. Leaders had managed the re-role of the prison swiftly and efficiently.

2.3 The governor had a clear vision for the prison and the senior team were committed to improving outcomes for prisoners. They were working hard to foster a learning environment with reflective practice sessions designed to help staff understand their role and how they could improve outcomes. There had been several initiatives to upskill and develop staff.

2.4 Most leaders, at all levels, were visible and supportive to staff in their teams. Although they still faced challenges in building the confidence of some staff who will be instrumental in delivering the establishment priorities.

2.5 Although the prison was fully staffed with prison officers, and despite having robust procedures in place, leaders had not yet addressed high levels of sick absence which impacted heavily on the delivery of an adequate regime. The time involved in administering sick management caseloads distracted leaders from other important work, and they would benefit from greater support and intervention from regional and national leaders.

2.6 Leaders faced several barriers that had delayed their ability to make progress at Liverpool. The company contracted to refurbish old and dilapidated buildings and accommodation had gone into liquidation a year before the inspection, leaving work unfinished. More recently, a significant reduction in the education budget threatened leaders' ability to deliver an appropriate curriculum in the future.

2.7 While leaders were working hard to reduce the ingress of drugs, including by good collaboration with partner agencies in the community, the site remained too vulnerable to drone activity and other supply channels. The techniques employed by the criminal gangs involved in the illicit drug economy posed an ongoing threat to the safety and stability of the prison, which required significant investment from HM

Prison and Probation Service (HMPPS) leaders to tackle the sheer scale of the problem.

2.8 Partnership working was generally effective, particularly in health, safety and preparation for release. However, relationships with the facilities management provider were fractured, and GEOAmey was currently subject to a performance improvement plan. As a result, senior managers spent a disproportionate amount of time trying to resolve a long list of maintenance issues.

2.9 Weaknesses in the oversight of education, skills and work by prison leaders had also led to significant failures in this important area. The curriculum did not meet the needs of the population, and attendance and punctuality were poorly managed.

2.10 Leaders gathered and analysed an extensive range of data and understood the strengths and weaknesses within their functions. However, they did not always use their data effectively to inform improvement plans.

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 Since our last visit, Liverpool had changed function and was now a reception prison: receiving prisoners from the local courts, assessing them once sentenced and then transferring them to a suitable prison to complete their sentence. The reception area was very busy, as the prison managed around 340 prisoners remanded or convicted by the courts each month. Due to the proximity of the courts journeys to the prison were relatively short and late arrivals (after 8pm) were rare.

Entrance to reception

3.2 Prisoners were held in large reception rooms on arrival. Leaders had tried to make the environment more comfortable with cushions on the metal benches and a TV displaying relevant information about the prison. The rooms were clean and bright, but there was little to occupy men during their extended periods in reception. Peer mentors provided hot drinks for prisoners and spent time talking to them, answering their

questions and reducing the potential anxiety experienced by those who were new to custody.

Reception holding room

3.3 Reception staff assessed the vulnerabilities and risks presented by new arrivals and prisoners received a comprehensive health assessment, both of which took place in suitably equipped private rooms.

3.4 Prisoner were offered toiletries, a shower, a free phone call, and importantly, the chance to talk to a Listener (see Glossary) or Samaritan.

3.5 Too many prisoners spent far too long waiting in reception holding rooms, with those arriving from court at lunchtime often still waiting to move to the wings six or seven hours later. This was often due to delays in waiting times to see the doctor before they were allowed to leave reception. Leaders were taking action to reduce waiting times with some early success.

3.6 The unit was clean and bright and new arrivals were greeted by peer mentors, some of whom were trained Listeners. It was positive that these mentors remained unlocked until all new arrivals had been seen, irrespective of the time of day or night.

3.7 Each new arrival was given a free phone call to contact friends and family and were helped by peer mentors to apply for their telephone numbers to be approved. Numbers were added reasonably quickly, except for prisoners whose offence required additional safeguarding checks to be completed; these were frequently delayed for several days.

3.8 All new arrivals were given £20 credit which they had to pay back using subsequent prison earnings. This allowed prisoners to place an order at the prison shop immediately which reduced the risk of borrowing and debt.

3.9 The cells on the first night units were adequately furnished. Each was inspected and graffiti removed before a new occupant arrived. However, a significant number of cells had broken phone sockets and no telephone.

B wing first night cell

3.10 The induction process was peer led and well received by prisoners. In our survey 65% of prisoners told us that induction covered everything they needed to know, which was significantly better than in other similar reception prisons (51%). The induction room was well appointed and held a good selection of information. Translation service 'thebigword' was available for prisoners for whom English was not their first language, and we saw plenty of induction material in different languages available for prisoners.

Peer-led induction

3.11 Both mainstream and vulnerable prisoners (prisoners with specific security or safety issues, including prisoners convicted of a sexual offence (PCoSOs) were located on the first night unit, although both cohorts were inducted separately. In our survey only 33% of this group told us that induction covered everything they needed to know about the prison, which was significantly worse than other cohorts (69%). However, the induction programme for this group had recently been moved to the vulnerable prisoner unit (F wing) which had led to some improvement.

3.12 The regime on the induction units was very restricted and prisoners were locked in their cells for too long. Most prisoners moved off the first night centre within a few days, but prisoners who were waiting for a space on F wing could spend weeks locked up. Leaders had recently increased time out of cell for this cohort by giving them some time out of cell on F wing each day.

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

3.13 The change in prison function from a category C to a reception prison had led to an anticipated increase in violence. In the last 12 months

there had been 176 assaults on prisoners compared to 99 at the previous inspection, and staff assaults had risen from 27 to 98. However, the rate of violence against prisoners was lower than in similar reception prisons, and assaults on staff were among the lowest. Few incidents were classified as serious.

3.14 Although the prison felt relatively calm, and few prisoners highlighted safety as a concern during our visit, 25% of respondents to our confidential prisoner survey told us they felt unsafe, which required continued proactive action from leaders.

3.15 The management of violence reduction work was good. The safer custody team maintained good oversight of incidents, all of which were investigated well. Daily checks were conducted to ensure appropriate recording, and a violence tracker had been implemented to monitor post-incident follow-up actions to completion.

3.16 Perpetrators of violence were effectively managed using the challenge, support and intervention plan (CSIP; see Glossary) framework, while victims of assault were supported through targeted debrief forms. When required, a guide for victims was provided, which included a list of support organisations both within and outside the prison.

3.17 Support for prisoners at risk of violence due to their offence was reasonably good. Those convicted of sexual offences were initially co-located with mainstream prisoners on the first night unit, but they did not mix. PCoSOs and other vulnerable prisoners were moved to their own living accommodation and took part in a separate regime as soon as possible (see paragraph 3.58).

3.18 There was good awareness of prisoners who chose to isolate themselves from the rest of the population. Safer custody visited regularly to encourage greater participation in the prison regime. Those who were not ready to integrate with the wider population were offered time out of their cell for basic daily tasks such as a shower and time in the fresh air. They had access to in-cell laptops, primarily for educational purposes.

3.19 The use of J wing as a well-being and incentivised substance-free living unit (ISFL; see Glossary) provided effective support for prisoners with a history of addiction or challenging behaviour. The unit had offered a safe and supportive environment for individuals with complex needs, including those with behavioural issues. Its rehabilitative ethos had been reinforced through various interventions, such as group work delivered by Change, Grow, Live (CGL; see paragraph 4.82).

3.20 The prison implemented the HMPPS incentive framework fairly and reviews were held promptly. The opportunity to go to the well-being and ISFL units motivated some prisoners to behave well. However, there was no enhanced wing and evening association for enhanced prisoners elsewhere was often curtailed. Keywork had not been prioritised and wing staff did not do enough motivate prisoners to

engage in purposeful activity. There was also scope to increase the range of enrichment activities available to encourage good behaviour.

3.21 A good range of data had been collated and analysed monthly, with findings reviewed during the Safer Liverpool meetings. However, leaders had not examined longer-term trends, and data had not consistently been used to inform effective actions aimed at reducing violence. Also, HMPPS performance data had indicated an upward trend in violence between October 2024 and February 2025, yet minimal action had been taken in response. Violence reduction representatives had only been introduced in July 2025, and the first weapons amnesty had taken place in August 2025.

Adjudications

3.22 At the time of the inspection, approximately 30 hearings had been adjourned. Quality assurance checks had been introduced to oversee the adjudication process, which had contributed to a reduction in adjournments. However, further improvements were still required to ensure that disciplinary proceedings were concluded within a reasonable time frame.

3.23 Guidance had been provided to adjudicators to improve their understanding of the criteria for referring cases to an external independent adjudicator. This had led to a reduction in the number of referrals, thereby helping to avoid some unnecessary delays.

3.24 In the charges that we reviewed, prisoners were given sufficient time to prepare for hearings and had access to legal advice when requested. However, we found many hearings with incomplete records, and in some cases a lack of evidence that the charge had been fully explored by the adjudicator before they reached a judgement.

3.25 It was positive to observe that some prisoners charged with substance misuse offences were dealt with using ‘rehabilitative’ adjudications, which focused on supporting recovery rather than relying solely on punishment to change behaviour. These adjudications had been appropriately applied in cases where there was an underlying need for support, such as failing a drug test or being found under the influence of illicit substances.

3.26 Rehabilitative adjudications enabled the adjudicator to offer a suspended sanction if the prisoner worked meaningfully with substance misuse services. Progress was assessed by a panel, including the drug strategy manager and a CGL representative (see paragraph 4.82).

Use of force

3.27 The use of force was reasonably low when compared to similar reception prisons; there had been 729 incidents recorded in the 12 months prior to this inspection.

3.28 PAVA (see Glossary) had been used 10 times in the previous 12 months and batons had been used twice. Although usage was not

excessive in comparison to many other reception prisons, it was interesting to compare outcomes to those in HMP Altcourse, the other large reception prison in Liverpool, which had been inspected the month before. At Altcourse, PAVA was not issued to staff so was never used, and although batons had been in place for over a year, staff had never used them.

3.29 In the selection of incidents we reviewed at Liverpool, the application of force was justified in most cases. Eighty per cent of restraints resulted in compliance by the prisoner and a peaceful relocation to cell showing some good levels of de-escalation. However, inspectors were concerned about the frequent swearing by staff, which had the potential to prolong incidents and escalate aggression towards them.

3.30 The appointment of a use of force coordinator had improved oversight, which was now good. All incidents where force was used were scrutinised in a weekly meeting; relevant incidents were escalated for senior managers to review; and learning points were acted upon. A monthly strategic meeting reviewed a wide range of data and identified trends in the use of force, but this meeting was less effective in generating actions to reduce incidents.

3.31 Body-worn video camera usage was better than we usually see. The coordinator had focused on improving camera activation by staff and had delivered good results; at the time of the inspection around 85% of all incidents had recorded footage. The quality and quantity of footage was RAG (red, amber, green) rated and any staff who did not achieve the green rating were given further guidance. This meant that far more antecedence was available to view, which improved leaders' ability to ensure that all force was appropriate.

3.32 Special accommodation had not been used in the preceding 12 months, but one prisoner who was in crisis had some items removed from their cell for a short period to prevent injury and this was appropriately approved by leaders.

Segregation

3.33 In the previous 12 months around 700 prisoners had been segregated from the general population. Periods in segregation were short with an average stay of six to seven days, and successful efforts were made to reintegrate prisoners back into the general population. For the small number of prisoners who had been segregated for longer periods, senior leaders maintained appropriate oversight.

3.34 The segregation unit was clean and well-kept. Cells were adequately furnished, but the exercise yards were stark with nothing to occupy prisoners. The regime in segregation was consistent but basic, and there were limited interventions or opportunities for prisoners to demonstrate an improvement in behaviour.

3.35 We observed positive relationships between segregation staff and prisoners. Staff were caring and provided meaningful support when

needed. The prisoners we spoke to were positive about the way they were treated by unit staff.

3.36 A good range of data was collated and reviewed every quarter to assist in the oversight of segregation; however, it was not clear how this data was being used to improve practice.

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.

3.37 The supply of illicit items including drugs and mobile phones remained a significant threat to the prison. In our survey, almost half of prisoners said it was easy to get illicit drugs at Liverpool, and the positive rate for mandatory random drug testing (see Glossary) was the highest of any reception prison at 46%.

3.38 Leaders worked hard to reduce the ingress of illicit items, usually flown in by drone or thrown over the vulnerable walls and fences surrounding the prison. However, the change in population had led to an increased number of prisoners from organised crime groups using more sophisticated methods to supply drugs and phones into the prison. Liverpool featured in the top 10 prisons nationally for the number of drone incursions.

3.39 There was good partnership working with the local police and wider Northwest regional organised crime unit. Prison leaders had liaised with the local community to improve intelligence about drugs being thrown over the perimeter fence, and local police had increased patrols around the prison when needed. Many drug parcels were successfully intercepted before they could reach prisoners, but the scale of the problem was overwhelming for local leaders to manage.

3.40 The recent appointment of a dedicated drug strategy lead had led to improvements in the delivery of substance misuse support services. It was surprising that despite the obvious drug problem at Liverpool, the governor had to find the funds for this post within his existing budget.

3.41 A revised drug strategy had been implemented, incorporating best practice informed by academic expertise from a professor at Leeds Trinity University. Additionally, the strategy benefited from a comprehensive service review conducted by a former prisoner and recovering addict affiliated with The Basement Project (see Glossary). While this was good practice, work was in its infancy, and it was too soon to see any significant impact.

3.42 There was good joined up working with the substance misuse service provider CGL (see paragraph 4.82) to explore ways to reduce the

demand for drugs. Both the drug strategy lead and CGL sat on the panel monitoring 'rehabilitative' adjudications (see para 3.25). However, there was still some way to go to see a reduction in the misuse of drugs which was widespread across the prison.

3.43 Although we found some examples of innovative practice in place, other significant strategic factors had not been tackled effectively to reduce the demand for drugs.

3.44 Security measures more broadly were reasonably proportionate for a prison of this type. The security team worked well with wider departments and did not inhibit innovative practice. With an average of 600 intelligence reports submitted monthly, the flow of intelligence from most areas of the prison into the security department was good, and reports were processed promptly. This allowed leaders to identify and develop a response to emerging threats, which were communicated at security meetings and on regular bulletins sent to all staff.

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

3.45 There had been seven self-inflicted deaths at HMP Liverpool since our last inspection in 2022, the most recent occurring in March 2025. Senior leaders had identified a manager to ensure that any early learning points raised in initial reviews or recommendations from the Prisons and Probation Ombudsman (PPO; see Glossary) were prioritised and responded to swiftly. We saw evidence of this in the assessment, care in custody and teamwork (ACCT; see Glossary) quality assurance process (see paragraph 3.52) and in policies such as debt management, both of which were linked to recommendations by the PPO.

3.46 Levels of self-harm were now similar to other reception prisons and were high. There had been 611 incidents of self-harm in the 12 months prior to this inspection.

3.47 A safety analyst had been appointed recently, and the use of data was improving. Leaders were able to review a significant amount of good quality data at the safer Liverpool meeting each month, and at the weekly safety intervention meeting (SIM; see Glossary), where they also discussed learning from investigations into serious acts of self-harm. This meant leaders were well sighted on the drivers of self-harm. However, this data was not always used to inform clear actions to reduce the number of incidents or improve outcomes leading to self-harm.

3.48 An average of 80 ACCT documents had been opened each month in the preceding 12 months. Many were opened for less than 72 hours as leaders were encouraging staff to consider alternative and more appropriate avenues for support in relevant cases.

3.49 The quality of ACCT documents was poor. Too many contained either blank care and support plans or plans containing cursory actions that did not seek to address the reasons leading to the period of crisis. Many failed to detail suitable support for the prisoner.

3.50 Quality assurance was ineffective, with not enough documents being reviewed and the same deficiencies repeatedly highlighted when identified. Leaders had begun a training programme for assessors and managers involved in assurance, but it was ongoing and too soon to see any tangible results at the time of the inspection.

3.51 More positively, leaders had introduced daily reviews of CCTV footage to confirm that checks on prisoners in crisis were conducted at appropriate times and to a suitable standard of observation.

3.52 Despite our criticisms of the ACCT process, which was designed to provide safeguards for those in crisis, most of the prisoners we spoke to who had either been on ACCT or had recently been supported through the process said they felt well cared for by staff. They told us that reviews were helpful, and health care staff were always present and provided good support.

3.53 At the time of the inspection there was a team of 11 prisoners trained as Listeners who were available to support prisoners in crisis on request and were frequently used. Those we spoke to told us they were called out at any time during the night and day on a rota basis and were well supported by staff. The Samaritans phone number was free for prisoners who due to safety concerns could not be supported by Listeners, and a Samaritan phone was made available on request.

3.54 Leaders had identified an over-reliance on constant supervision for those assessed as being in severe crisis. Staff training had been delivered to encourage the use of alternative strategies and interventions that were more suitable for the prisoners' circumstances, and this was showing early signs of success. The constant watch cells we saw were austere, but prisoners were allowed a TV and other distraction materials following a risk assessment, which was an improvement, and the prisoners we spoke to on constant watch felt supported by the staff responsible for them.

Protection of adults at risk (see Glossary)

3.55 There was a 24-hour safeguarding line that was used frequently; calls and messages were responded to promptly with response times tracked by leaders and a record kept of any actions taken.

3.56 There was a good adult safeguarding policy that set out definitions and responsibilities and signposted staff to the relevant agency or leader if they became aware of neglect or abuse of a vulnerable adult.

3.57 The governor was invited to attend the local area safeguarding board but rarely attended. Social care referrals were timely, and there was effective planning for those who needed support when returning to the community (see paragraphs 4.80 and 4.90).

3.58 Prisoners who could not mix with the mainstream population due to security concerns or the nature of their offence were located separately and had their own regime.

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 Relationships between staff and prisoners were good. In our survey, 77% of prisoners said that staff treated them with respect, which was significantly higher than the 66% at similar establishments. Inspectors observed friendly and relaxed interactions during the inspection, and staff demonstrated a good knowledge of the prisoners in their care.

4.2 Most prisoners reported that they had someone they could turn to if they had a problem, and many spoke positively about their relationships with staff. These constructive relationships are likely to have contributed to the low level of assaults on staff.

4.3 However, staff did not consistently challenge poor behaviour, such as vaping in communal areas, and were not sufficiently proactive in encouraging prisoners to attend education and work. This lack of challenge and motivation contributed to low attendance rates and limited time out of cell (see paragraphs 5.2 and 5.3).

4.4 Leaders had not prioritised delivery of the key worker scheme (see Glossary). Too few prisoners had regular contact with a key worker, and the sessions that did take place did not support sentence progression. In many cases, entries were generic with no meaningful engagement, making the process broadly ineffective.

4.5 In other areas, leaders were focused on upskilling staff. They had introduced weekly training sessions (known locally as reflective practice) to improve staff competence and address issues raised by prisoners, such as perceived unfairness in systems and procedures. These sessions also provided a useful platform for communication between managers and wing staff.

4.6 Peer workers were used effectively in some areas, including in early days work where they provided support and essential information to help new arrivals navigate prison life. However, in other areas, peer workers were underused and poorly supervised. For example, social care buddies lacked appropriate training, and governance was weak (see paragraph 4.71).

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.

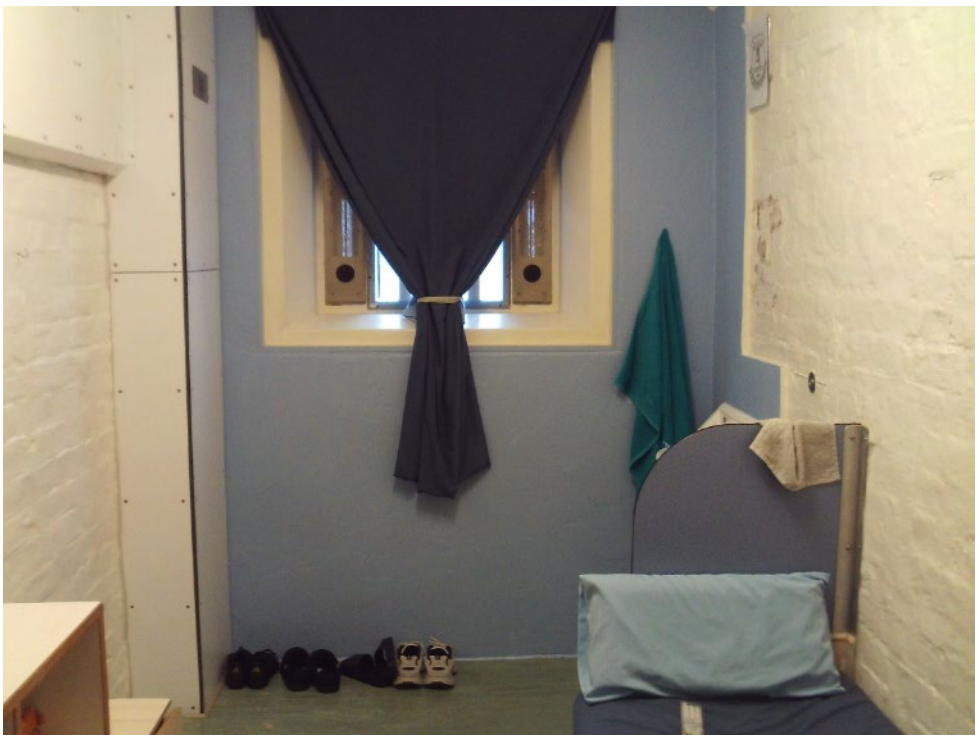
Living conditions

4.7 Living conditions varied across the establishment. During refurbishment, leaders designated two wings for single-cell occupancy, which helped reduce overcrowding. Nevertheless, many prisoners continued to share cells that were too small for two people.

4.8 The refurbishment programme, which had started before the last inspection, had stalled when the contracted company went into administration. No progress had been made for over a year; large parts of the prison remained a building site and snagging issues on refurbished wings had not been addressed.

Ongoing building work

4.9 Where refurbishment had been completed, conditions were good. However, the remaining wings were tired and worn, and cells were frequently taken out of use due to disrepair.



Refurbished cell

4.10 The facilities management contractor was not sufficiently responsive to an extensive list of outstanding maintenance jobs. Staff regularly reported problems, such as a lack of hot water, but these issues were often unresolved. In response, leaders had introduced a prisoner maintenance party (known as the 'refresh party') to address some of the outstanding work.

4.11 Most prisoners reported having the items they needed in their cells. On many wings, separate toilet facilities provided better privacy than we often see in other overcrowded prisons.

4.12 Communal areas were generally clean, and external areas were pleasant and well maintained, which was notable given the age of the establishment.

External areas

4.13 The ‘gardens party’ had created a therapeutic space outside of health care for ACCT reviews, which promoted well-being.

Windlesham winning garden

Residential services

4.14 The quality and quantity of food served was adequate. In our survey, 39% of prisoners said they received enough to eat at mealtimes, which

was higher than at comparator prisons. However, younger prisoners and those who had little money to supplement the provision with snacks from the prison shop struggled more.

4.15 A lack of ongoing maintenance in the kitchen had resulted in equipment failures, but the catering team worked hard to maintain service standards.

'Pot wash' area in kitchen

4.16 Leaders had recently introduced catering forums to address prisoner concerns. These provided regular opportunities for feedback and had already led to changes in the menu.

4.17 There was insufficient supervision on wing serveries, which led to poor hygiene practices, such as incorrect PPE and workers eating while serving. However, the serveries were clean, and leaders were working to improve supervision through weekly reflective practice sessions.

Servery

4.18 There were limited opportunities for communal dining, and most wings did not have self-cook facilities.

4.19 The prison shop offered a reasonable range of items, and in our survey, 60% of prisoners said it sold the things they needed. Prisoners could also order items through catalogues such as Argos and MandM.

Prisoner consultation, applications and redress

4.20 Monthly prisoner council meetings were a reasonably effective forum for prisoners to make suggestions for improvement and raise concerns with senior leaders. Issues discussed in these forums had led to positive change, including the provision of hot food for children in visits (see paragraph 6.6). Separate consultation meetings focused on specific areas, including food and health care, had also been held.

4.21 However, too many prisoners lacked awareness of these consultative forums, and outcomes from these meetings were not effectively communicated. Leaders tried to ensure that as many wings as possible were represented at meetings, but the fast turnover of prisoners at the prison meant that attendees were usually chosen by wing staff at short notice rather than by a fair process which would ensure that different demographics were represented.

4.22 Other communication systems were generally effective. Most applications were completed electronically, and data showed that over 94% received timely responses. This was reflected in our survey, where more prisoners reported receiving a response within seven days than at similar prisons. The quality of responses was generally sufficient.

4.23 Prisoner information desk workers supported their peers in completing applications and understanding procedures.

4.24 The complaints process was effective. Most responses were timely and appropriate. A comprehensive quality assurance process was in place, and complaints were monitored monthly for trends. This enabled leaders to act on emerging issues and support continuous improvement.

4.25 There were sufficient legal visits available, both in person and via video link. Legal texts were available in the library, and useful data was kept on their usage.

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.

4.26 Leaders recognised the importance of developing the culture of the prison in response to increased diversity within staff and prisoner groups but had not yet delivered an effective strategy to do this. A newly appointed manager had begun to implement structures to support fair treatment. This included assigning senior leaders to each protected characteristic group and setting up forums to consult with prisoners. However, not all senior leads were proactive; many of the forums were poorly attended or publicised, which did not help them to understand and meet the diverse needs of their population.

4.27 Some prison processes did not support a positive culture of inclusion. Wing workers – who spent the most time out of cell – were chosen by officers on the wings rather than through a fair and transparent process. There were no trained equalities peer workers, and there were few events and activities that raised awareness and brought prisoners from different groups together. Leaders recognised the importance of changing the culture of the prison in response to increased diversity within staff and prisoner groups but had yet to identify how they were going to do this.

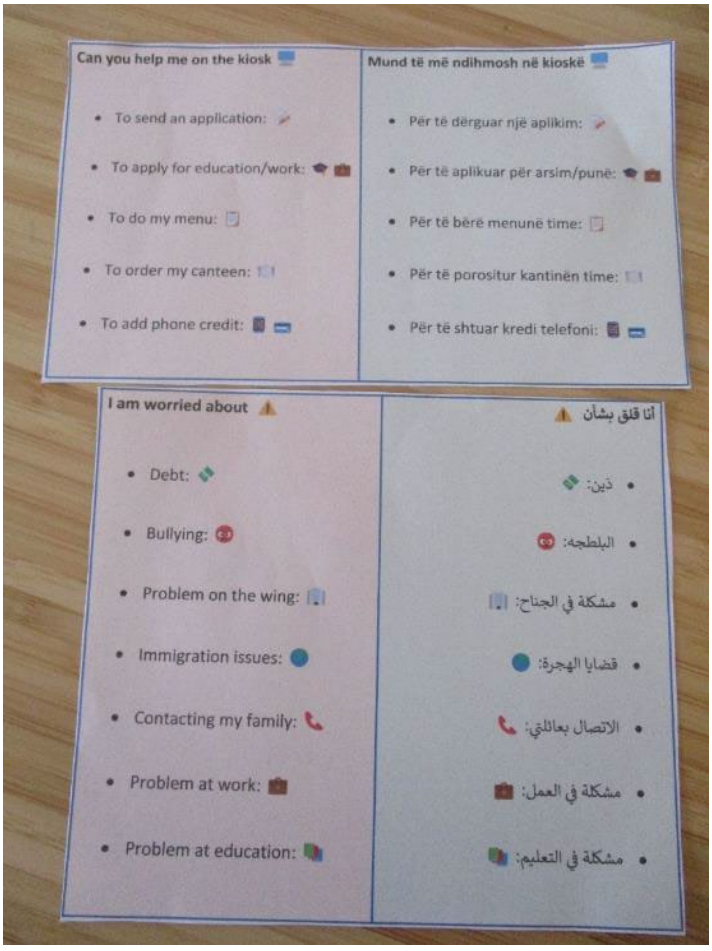
4.28 Although leaders reviewed a large amount of equalities data, it was not always used effectively to identify areas of focus, or to drive or monitor improvements. For example, strategic meetings held every other month generally presented data from the previous two months rather than over a longer period which would allow leaders to look at trends over time.

4.29 We also found that data held about prisoners was incomplete or inaccurate, with new arrivals often not having their ethnicity, languages

spoken, disabilities or sexuality recorded in reception. This was a missed opportunity to identify prisoners' support needs, and to help leaders understand their population. Leaders were aware of the issue and had recently provided training to reception staff as well as issuing guidance to all staff on how to record hidden disabilities, but this had not yet led to significant improvement.

4.30 Despite these weaknesses, focused and sustained efforts by some of the dedicated leads had resulted in better support for some groups than we usually see in reception prisons.

4.31 Prisoners who did not speak English were supported to understand and participate in prison life with the use of translated written information and flash cards to help communication. We also saw some evidence of telephone interpretation being used in key meetings, for example, when supporting those in crisis or when discussing their immigration status.



Translated cards to enable foreign nationals to request support/simple guides to prison processes

4.32 There had also been some environmental changes to better support the significant number of prisoners with neurodivergent needs and hidden disabilities, including clear signage, and easy read booklets explaining prison processes. The recording of hidden disabilities and individual support needs had improved, but too many wing staff did not know how to access or use this information.

4.33 Support for care leavers was reasonably good. Forums and coffee mornings encouraged these prisoners to engage with staff and some external organisations, while also providing an opportunity for those who did not receive visits to socialise and receive the same advantages (such as goody bags) as prisoners on family visits.

4.34 Disabled prisoners were generally located in appropriate cells and staff were clearly trying to meet their needs. However, a small number were still not able to participate fully in prison life as many areas of the prison remained inaccessible to those with restricted mobility, including the library, gym, chapel and most workshops. There were also significant delays to some prisoners receiving the adaptations and equipment they needed (see paragraph 4.64).

4.35 Younger prisoners (aged 18–21) were a new population for Liverpool, and there were too few targeted interventions and activities for these men, many of whom told us they felt bored and frustrated. Leaders were aware of the gaps in provision and some disproportionate outcomes for this group and had set up a working group that brought together representatives from different prison departments to understand how to better support this cohort. The first meeting was held the month before the inspection.

Faith and religion

4.36 Chaplaincy provision had improved significantly since the last inspection. There were now chaplains for all major faith groups, and proactive steps were being taken to address gaps for smaller groups.

4.37 The chaplaincy team was well embedded in prison life, including working alongside the substance misuse provider to deliver a course on the role of faith and spirituality in recovery, attending all resettlement boards, and conducting ACCT assessments for prisoners at risk of self-harming.

Health, well-being and social care

Expected outcomes: Patients are cared for by services that assess and meet their health, social care and substance misuse 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.

4.38 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 there were no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

4.39 The prison and health partners worked well together to support some innovative projects in health care delivery. The current health needs

assessment was expiring and awaiting review to better reflect the change in prison population.

4.40 An impressive head of health care gave strong leadership across the health services. There was a culture of innovation, with a clear focus on quality of care via several clinical leads and compassionate and competent staff. Staff were easily recognisable and accessible on the wings.

4.41 There were a high number of vacancies (about 36%) within the department, but an effective recruitment campaign had been undertaken, and a regular cohort of temporary staff meant that gaps were minimised. All staff were involved in regular supervision and were trained to undertake their roles within the revised model of care. Also, a broad range of policies and procedures had recently been reviewed by the head of health care and was readily available to guide staff.

4.42 Staff were positively encouraged to report any incidents or gaps in patient care. This, in conjunction with a range of audits; a risk register; and incident investigations as well as deaths in custody investigations, meant that action plans were focused on using learning to improve care. Staff benefitted from identified learning which was circulated in daily briefings, emails and bulletins.

4.43 Regular forums were used to gather the views and concerns of patients, and it was notable the patient triage line had been developed following a suggestion from the forum.

4.44 The health care centre was welcoming, clean and had an appropriate range of consulting and treatment rooms. Some of the wing-based medicine administration rooms were not fit for purpose and awaiting replacement in the wider prison refurbishment programme. Some waiting rooms were bland, and there was a missed opportunity for health promotion in these areas. Infection prevention and cleanliness were generally good.

4.45 Emergency resuscitation equipment was strategically sited in the prison and subjected to regular documented checks. Staff were suitably trained and deployed to respond to collapsed patients.

4.46 Health care complaints and concerns were well managed. There were complaint forms and boxes on the wings and targets for responses. Oversight of the process revealed that most complaints were about medicines and access to treatment. Responses we sampled acknowledged the feelings of the complainant, focused on the issues and were timely.

Promoting health and well-being

4.47 There was a joint approach to well-being between the prison and health care, although not all wings had information on display. The health care department followed national health promotion calendar events, which was appropriate.

4.48 There were effective systems to prevent and manage communicable diseases. All patients were offered screening for blood-borne viruses on admission to the prison with a reasonable take-up.

4.49 Patients could easily access NHS screening and health checks.

4.50 Vaccine clinics were held daily, and patients received repeated offers of missed vaccinations. But poor vaccine uptake was a concern in the prison as well as the community, particularly as there had been a recent outbreak of measles in the Liverpool area.

4.51 There were no peer health champions to support health promotion messages which was a notable gap.

4.52 Patients had good access to sexual health services, which included referral to specialist services.

Primary care and inpatient services

4.53 Primary care services were well led across all areas including care of patients with long-term conditions, the inpatient unit and administration. The service operated 24 hours a day, seven days a week.

4.54 Highly skilled and competent staff worked diligently and flexibly in the busy prison to provide high quality care and treatment, despite ongoing staffing pressures.

4.55 Initial reception and secondary health screenings for new arrivals were thorough, and patients were promptly referred to other services where needed. The service provider had appointed nurse prescribers in response to the high level of patients who required a prescription before going to the wing.

4.56 There was a full range of primary care clinics led by nurses, health care assistants and a locum GP. Staff also ran an outreach clinic, visiting patients on the wings who struggled to access the health care unit. Waiting lists were minimal across primary care. A range of allied health professionals visited the prison, and their waiting times were reasonable.

4.57 Patients with long-term conditions were promptly identified and managed well. They received the appropriate checks and reviews and had personalised care plans.

4.58 The service held three handover meetings a day for staff to share important information about patients. Staff maintained a high standard of clinical records.

4.59 Administrative staff managed the external hospital appointments process skilfully and effectively and had good working relationships with local hospitals.

4.60 The prison allocated two officer escorts each morning and afternoon, which was not enough to meet the demand for all external

appointments and led to cancellations. However, clinical oversight ensured that urgent referrals and emergencies were prioritised.

4.61 The team implemented several service development initiatives aimed at improving clinical outcomes and access for patients and using resources effectively. For example, a triage line available between 8am and 9.30am on weekdays was proving popular with patients and helped staff better manage demand. An urgent care room on the inpatient unit was used to assess and treat acutely unwell or injured patients in an equipped clinical environment. In recognition of the significant proportion of patients at risk of malnourishment, referrals were made to a weight clinic for full assessment.

4.62 The team competently supported the high number of releases and transfers in the prison. Staff completed transfer information; patients being released were informed of their appointments; and all patients left with their medicines or prescriptions.

4.63 A dedicated health care team ran an inpatient unit alongside designated officers. A local operating procedure, agreed with the prison, set out the clinical criteria for admission.

4.64 The unit had 20 cells which when used as large single cells could accommodate equipment such as hospital beds, wheelchairs and other mobility aids. However, access to aids and adaptations via an occupational therapy (OT) assessment was poor.

4.65 At the time of our inspection, there were 16 patients on the unit who were unwell or had complex needs. All patients had personalised care plans and received care and treatment that met their assessed needs.

4.66 The unit offered a pleasant environment. Wing workers allocated to the unit kept it clean and tidy. Patients had access to recreational activities such as television, games, and books, but there was no structured programme of activities for patients, and the adjacent exercise yard was bleak.

4.67 There were arrangements in place with the local palliative care team to support patients needing palliative or end-of-life care. An appropriate suite was set up within the health care unit to accommodate these patients.

Social care

4.68 Social care was commissioned by Liverpool City Council. The memorandum of understanding was up-to-date and included information sharing which was appropriate. The prison did not have full oversight of the referrals made to the council, nor was it monitoring outcomes. This was raised during the inspection and promptly addressed.

4.69 In the last 12 months, 36 patients had been referred to the council for social care assessment and had been promptly assessed by the social worker and appropriate packages put in place. However, there were

delays for patients who required an assessment from the OT service. Liaison about the outcome of OT assessments was poor, and we met patients who had not received necessary aids, which inhibited their ability to live as independently as they wished (see paragraph 4.32).

4.70 Spectrum provided good quality social care which was highly valued by patients.

4.71 One prisoner provided some social care peer support on the inpatient unit but had not received appropriate training. There was no structured oversight in place which was a gap.

4.72 The council coordinated discharge arrangements for those with ongoing social care needs.

Mental health

4.73 The integrated mental health team (IMHT) provided a highly effective and personalised service to patients. Mental health services were highly responsive with a skilled range of clinicians who provided interventions and therapies. All new arrivals received a mental health assessment within 48 hours, which was notable.

4.74 The mental health team triaged routine referrals within the expected time frames, which was good. It was positive that every patient was screened for anxiety and depression on arrival.

4.75 Record keeping was good, and risk assessments were carried out in a timely manner. We saw examples of patient-centred care plans providing detail and insight into the patients' care needs and goals; these were regularly reviewed and updated.

4.76 Waiting lists for trauma-focused work were long, with one patient waiting since 18 February 2025.

4.77 Psychological services were good and were led by a clinical psychologist. Patients had access to a counsellor, and there was a range of groups to address psychological needs led by a multi-disciplinary team. This was good as it was available not only to patients with enduring mental illness but across the general population in the prison.

4.78 Referrals to the clinical psychology and talking therapies team came from a range of sources across the prison and ensured timely access to the service. Patients could self-refer via the kiosk, at drop-in clinics, or other contact with the team.

4.79 Although IMHT did not provide training on mental health awareness, all new prison officers receive Mental Health Awareness training during their initial training course. Prison staff we spoke to were aware of how to refer patients. All ACCT reviews were attended by a mental health practitioner which demonstrated good joint working with the prison.

4.80 Discharge planning, including for those with enduring mental health needs, and referral to community mental health services for continuation of care was good.

4.81 Despite efforts to reduce waiting times, and some good local care, there were unacceptable delays to the transfer of patients to mental health inpatient services in the community. In the last 12 months, 16 patients were transferred to hospital, but only six of them were transferred within 28 days. This meant patients in urgent need of hospital-based care were unable to access appropriate treatment in a timely way, which posed a risk of further deterioration in their condition.

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

4.82 Spectrum provided clinical substance misuse services and commissioned CGL to provide non-clinical recovery and psychosocial interventions. The inspiring service worked closely with prison leaders to support a prison-wide drug strategy and to address the high level of drug-related issues in the prison.

4.83 Staff ensured that patients received appropriate person-centred care and treatment. Initial reception screening identified new prisoners with substance misuse issues and promptly referred them to the substance misuse team. Clinical substance misuse staff based in reception arranged detoxification treatment where needed.

4.84 The clinical service supported around 109 patients on opioid substitution therapy. An impressive number of these patients (29) were being treated with Buvidal, which is a long-acting injectable form of buprenorphine, available on a weekly or monthly regime.

4.85 The clinical service worked alongside the drug and alcohol recovery team to provide a comprehensive, flexible, and responsive service. Whenever possible, they completed reviews jointly, which were up to date.

4.86 The recovery team saw all new prisoners soon after arrival to provide advice and offer services, aided by an impressive range of resources and materials. The team followed up every prisoner found to be ‘under the influence’ and those who tested positive for illicit substances.

4.87 At the time of our inspection, the recovery team was supporting 265 patients. It offered a wide range of one-to-one and group interventions tailored to the needs of the population and delivered on the wings.

4.88 Five peer mentors were actively supporting the service. Mutual aid (Alcoholics Anonymous and Narcotics Anonymous) was available on a weekly basis.

4.89 The service routinely provided training to officers on their induction and offered additional training, for example, on the use of Naloxone (see Glossary), and uptake had been good.

4.90 The recovery team was actively involved in release planning, which included making appointments with community substance misuse teams and referrals to recovery units. A new project 'Connecting Communities' offered aftercare in the community for up to 12 weeks, and 24 prisoners had been enrolled on the service.

4.91 Patients were offered Naloxone on release. The service also offered training on the use of Naloxone to family members, which was good.

Medicines optimisation and pharmacy services

4.92 Medicines were dispensed and delivered to the prison in a safe and timely fashion. Stock medicines were used when the pharmacy was closed to help manage the high number of arrivals into the prison, although there were no defined processes to ensure their use was safe and to enable audit. Policies enabled the health care team to supply a wider range of medicines, including homely remedies.

4.93 Medicines were stored in administration rooms throughout the prison with some stored poorly and found outside their labelled containers. The transportation of medicines lacked basic security measures. These issues posed a potential risk to safe administration and were addressed while we were on site.

4.94 Administration of not-in-possession medicines took place twice a day. Officer supervision was inadequate, which risked administration errors and medicines being diverted by patients. It also reduced confidentiality at medicine hatches. ID cards were checked, and there were systems to record, identify, and refer those who did not attend to collect their medicines. Compliance checks were undertaken to identify potential concerns. Patients who were being transferred or released were provided with a minimum of seven days' supply.

4.95 In-possession risk assessments were completed at reception, and 56.5% of the population were able to receive their medicines as in-possession. The risk assessments we reviewed were kept up to date.

4.96 Prescribing trends of tradeable medicines were monitored and the pharmacist conducted a regular medicine use review of complex patients. Pharmacy technicians provided a well-attended smoking cessation clinic twice a week.

4.97 Regular medicine management meetings were in place, with actions taken, but there were some gaps in the routine governance checks to ensure they provided effective outcomes.

Dental services and oral health

4.98 Dental services were good, but there remained a persistent issue of patients not attending for appointments which contributed to excessively long waiting times. This had led to a focus on emergency care over routine appointments. Patients applying for a routine appointment were rarely seen and often deteriorated prior to getting to the top of the list.

4.99 Only 13% of prisoners we surveyed said it was easy to see a dentist, and at the time of the inspection the waiting time for a routine dental appointment was around 16 weeks. This was too long given the average length of stay was eight weeks.

4.100 Key areas of safety, such as radiography, infection control and the decontamination of dirty instruments, were managed well. There was a separate decontamination room, and safe practices were observed managing the effective cleaning of equipment and tools.

4.101 Patients with facial swelling and in pain were being seen immediately during the week when the dentist was available. Analgesia and antibiotics were available, but during weekends patients were referred to hospital.

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 for the estimated one-third of prisoners who were unemployed, as well as a further 100 prisoners who could not attend their activities because their sessions had been cancelled, remained poor. These prisoners spent only two hours out of their cells each day.

5.2 Prisoners working part-time spent around six hours unlocked and those working full-time around eight and a half hours. We observed that many wing workers were under-employed, and staff were not sufficiently focused on encouraging prisoners to engage in purposeful activity.

5.3 In our roll checks, we found around 20% locked up during the core day, and only 24% involved in purposeful activity off the wing.

5.4 Full-time off-wing workers were disadvantaged by the frequent cancellation of their evening domestics period, which could leave them without time for a shower, using the kiosk or socialising after work. This was a disincentive to engaging in productive, purposeful activity.

5.5 The weekend regime remained very poor, with prisoners often not unlocked for more than two hours on Saturdays and two and a half hours on Sundays.

5.6 There was very little recreational activity for prisoners on association; wings lacked communal seating areas and equipment was limited to a couple of table tennis or pool tables. The library and gym provided some activities off-wing, but there was scope to expand the range of enrichment opportunities to engage, motivate and occupy prisoners. Prisoners on J wing (the well-being and ISFL unit) and those on the health care inpatient unit spent more time unlocked than those on regular units and had a better choice of on-wing activities.

5.7 PE facilities were good, with two gyms, a sports hall and an outdoor sports pitch. Shower facilities in the main gym remained unsuitable as they lacked privacy, but funding had been secured to replace them. There were no showers in the smaller gym which added to regime pressures as these prisoners had to shower on return to their wing.

5.8 It was positive that prisoners could take part in team and racquet sports; circuit training; a Park Run on Saturday mornings; and events to

raise money for charity. There were special gym sessions available for weight management, over 45s, and the substance misuse service.

5.9 In our survey, prisoners reported more positively about many aspects of the library service than those at other reception prisons. For instance, 60% said they were able to visit the library once a week or more, compared to 45% at similar prisons; and more prisoners said the library had a wide enough range of materials to meet their needs (66% versus 48%).

5.10 The library offered a good range of materials, as well as activities such as chess and jigsaws, which were greatly appreciated by prisoners who otherwise would be locked in cells for much of the day. There was also a thoughtfully decorated room for Storybook Dads (see Glossary; and paragraph 6.8

Storybook Dads recording area in the library

5.11 There was an effective and valued delivery service for prisoners unable to visit the library.

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.

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

Overall effectiveness: Inadequate

Quality of education: Requires improvement

Behaviour and attitudes: Inadequate

Personal development: Requires improvement

Leadership and management: Inadequate

5.13 Prison leaders had not ensured that education, skills and work activities were a high, strategic priority across the prison. They had very low expectations of what prisoners could achieve. Leaders did not know whether they provided sufficient activity places in education, skills and work for the prison population, and their overall use of available spaces was too low, with just over half of all prisoners being allocated to activities.

5.14 Leaders had been far too slow to create well-designed and ambitious curriculums that met the needs of prisoners in a reception prison and supported their next steps. They had known of the prison's change of function for over a year.

5.15 Leaders did not have sufficient oversight of the allocations to education, skills and work activities. Allocations were not always fair and equitable, in particular for wing work. Leaders had not taken appropriate action to tackle the high number of prisoners on waiting lists, especially for education and vocational training courses. Many prisoners did not receive their preferred choice of activity because they did not stay long enough at the prison.

5.16 Prisoners benefited from swift access to an education, skills and work induction on their arrival at the prison. This provided them with an overview of the activities available to them. Information, advice and guidance mentors helped prisoners to quickly make initial choices about which education, skills and work activities they wanted to pursue. However, prisoners did not receive sufficient impartial careers information, advice and guidance from qualified advisers until a few weeks after making their choices. Consequently, too few prisoners followed an agreed learning pathway that met their individual needs.

5.17 The pay policy was fair across all education, skills and work activities. It incentivised attendance at education, skills and work and rewarded achievement. However, this was not sufficient to encourage prisoners to attend. Attendance was far too low and had not improved since the previous inspection. Too many prisoners lacked the motivation to attend their activities. Those responsible for ensuring that prisoners attended education, skills and work activities did not value the importance of getting them there on time or at all. They did not enforce the incentives and earned privileges scheme sufficiently, and there were no consequences for unauthorised absences. Too often prisoners experienced a restricted daily routine due to staffing shortages. This impacted even further on their attendance and punctuality and, consequently, the continuity in their learning and skills development.

5.18 Most prisoners completed activities to assess what they already knew and could do on arrival at the prison. This included initial screening to identify any special educational needs and/or disabilities and reading skills. However, a few teachers in English and mathematics assigned prisoners to the wrong course and gave prisoners work to complete at the wrong level.

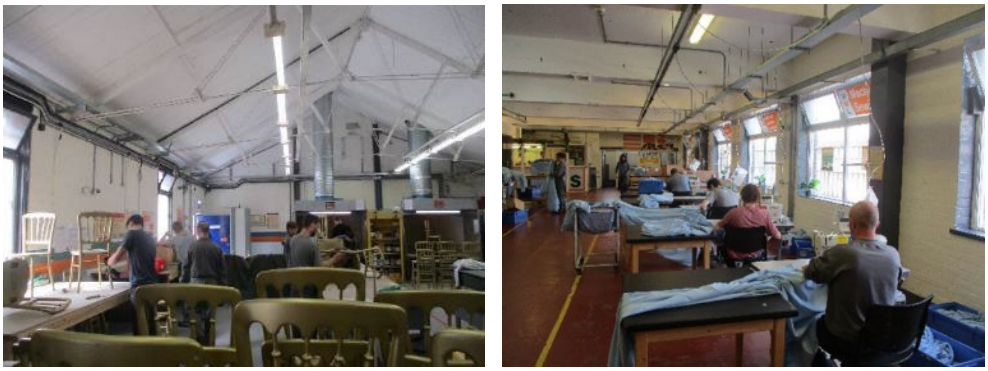
5.19 Most teachers and prison instructors implemented effective strategies to support prisoners with neurodivergent needs. Teachers provided additional time, overlays, fidget spinners, and physical alphabet numbers that helped prisoners with dyslexia to write letters the correct way round. However, the education provider did not ensure that learning support workers were suitably qualified to support prisoners who had learning difficulties and/or disabilities. Prison instructors received training from the neurodiversity support manager to better understand how to adapt prison work to meet prisoners' additional needs. This led to prisoners with learning difficulties and/or disabilities performing as well as their peers. In prison industries, instructors made effective use of peer mentors to support prisoners in their work. However, there were no peer mentors in English and mathematics lessons to reinforce key concepts.

5.20 Novus provided a narrow range of education and vocational training courses for prisoners. The education curriculum for prisoners convicted of sexual offences consisted solely of English, mathematics and personal development courses. While Novus leaders had a clear rationale for teaching English, mathematics and hospitality and catering, their rationale for the industrial cleaning course was ill-considered. Prisoners were already wing cleaners and the course did not take account of what prisoners already knew and could do. Teachers mostly planned their curriculums in a sensible order to enable prisoners to develop their knowledge and skills over time. They used effective teaching methods to help prisoners to learn, as well as effective questioning techniques and clear, constructive feedback to challenge prisoners and to encourage them to extend their knowledge and understanding further. While achievement rates for functional skills qualifications in mathematics were high, achievement rates in functional skills English had declined recently below leaders' expectations. Prisoners on the hospitality and catering course

developed a range of new knowledge, skills and behaviours quickly, with over half securing permanent employment in the sector on release.

5.21 Most teachers and instructors were suitably qualified and experienced to teach and instruct in their subject areas. They accessed mandatory training to maintain the currency of their subject knowledge. However, there was no professional development to help teachers or instructors to improve their teaching or training practices.

5.22 Teachers and instructors mostly provided orderly and purposeful environments that allowed prisoners to concentrate on their learning and work. They set clear expectations for those prisoners who attended and encouraged them to work hard and to an appropriate standard. In prison industries, instructors intervened swiftly if prisoners lost focus on their work. However, prisoners employed in wing work were not fully occupied or adequately supervised. They did not develop new knowledge, skills and behaviours that would benefit them on transfer or release. Too many prisoners withdrew from their chosen activity across education, skills and work.



Furniture refurbishment workshop (left) and textile workshop

5.23 Leaders had not ensured that the prison's industry workshops related closely enough to local or regional skills' needs. While prisoners in prison workshops developed broad employability skills, these did not link directly to their next steps or potential career plans. Leaders did not provide opportunities for those prisoners who had achieved level 2 or higher-level qualifications to develop their knowledge and skills further or to understand what options were available to them.

5.24 Leaders had not established a clear and up-to-date strategy to support prisoners to learn to read or to develop their reading skills further. Leaders did not know how non- or emergent readers were taught to read, such as by using phonics, nor whether the initial assessment of prisoners' reading skills on their arrival at the prison was fit for purpose. Leaders had discontinued reading initiatives when regional funding was withdrawn. At least six prisoners per month required intense support, specifically from the Shannon Trust (see Glossary), to learn to read. However, at the time of the inspection, none had accessed this provision recently due to a lack of management oversight and prisoners' poor attitudes to learning. While leaders provided prisoners

with access to books, they did not monitor the impact of these resources on the development of prisoners' reading skills. In a few instances, such as in hospitality and catering, prisoners read for pleasure and enjoyed reading cookery books and researching recipes from other cultures.

5.25 Prisoners felt safe in education, skills and work. They were confident that teachers and instructors would take a firm stance on bullying, harassment or discrimination, if any incidents arose. However, in vocational training and prison industries, teachers and instructors lacked the knowledge and confidence to incorporate topics such as values of tolerance and respect, and radicalisation and extremism effectively into the curriculum. Consequently, prisoners did not understand how these concepts applied to their daily lives.

5.26 Leaders had not developed a suitable personal development curriculum to broaden prisoners' wider knowledge and skills. The minority of prisoners who attended the personal and social development courses recognised how the courses helped them to develop their self-awareness and improve their confidence. However, very few prisoners engaged in any additional activities that developed their wider life skills and interests.

5.27 Leaders had developed strong employment links with a national hospitality and hotel provider. They had an active employment board, with employer events that took place frequently. However, prisoners had a poor awareness of the employer events and attendance at them was low. While prisoners benefited from a wide range of partner agencies who provided support in preparation for their release, too few prisoners gained employment on release.

5.28 Prisoners did not have access to wider online learning or resources. A few prisoners who were self-isolating had access to non-networked laptops through which they could access a small amount of learning via the new digital education platform. However, most prisoners did not benefit from this resource to broaden their learning.

5.29 Prison leaders did not have an effective oversight of the quality of the education, skills and work provision. They focused too much on process and contractual compliance. Quality assurance and improvement arrangements did not help leaders to rectify areas of weakness swiftly enough, including two-thirds of the recommendations identified at the previous inspection. Prison leaders did not hold managers across education, skills and work fully to account. They did not manage the education provider effectively enough.

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 good support for prisoners to keep in touch with family and friends, with active leadership from the managing chaplain and the contracted family service provider Partners of Prisoners (POPS).

6.2 Following the change in function, the prison now held an increased number of remand prisoners who were entitled to more frequent visits than sentenced prisoners. In response to this the prison had introduced additional visiting slots at the weekend. It was positive that the visits timetable also included some two-hour long sessions for those who had to travel more than 75 miles.

6.3 POPS staffed the comfortable visitor centre outside the gate and provided support and information for visitors. The visitor centre included a private breastfeeding room, which is something we seldom see.

Visitor centre (left) and breastfeeding room in the visitor centre

6.4 In our survey, far more respondents than at similar prisons said that their visitors were treated with respect (75% versus 61%), and this was endorsed by visitors we spoke to.

6.5 However, the visits booking line had not always been sufficiently staffed, and several visitors reported long delays trying to get through. In addition, the visiting times for vulnerable prisoners changed each month, which was not published on the website, and this led to frustration and delays.

6.6 The visits hall was bright and comfortable, with an adjacent private space for family visits or where there was a need for privacy. It was positive that the prison offered a free hot snack for children to help families with the cost of visits.

Visits hall

6.7 Several prisoners had completed family and parenting courses delivered by POPS together with internal and external partners.

6.8 Storybook Dads was promoted well and supported by the library (see paragraph 5.10), but only 40 prisoners had taken part in the previous year. POPS also promoted the Storytime Families initiative where prisoners could choose a book to be sent to their child and read it together during a video visit.

6.9 POPS provided welcome support to individual prisoners to rebuild family ties or for those involved with family court. A promising project was about to start in partnership with Liverpool City Council to continue some of this support on release.

6.10 The POPS team contacted prisoners who did not receive social visits to offer support, such as a referral to the official prison visitor scheme.

These prisoners were also invited to a coffee morning event which included several resettlement partners and therapy dogs and provided them with an opportunity to speak with others who did not receive visits.

Reducing reoffending

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

6.11 Following the change in the prison's function, the proportion of remand and convicted prisoners waiting to be sentenced had increased by about 40%. Sentenced prisoners were usually transferred promptly to other establishments (see paragraph 6.20) which meant that 68% of the population had been at the prison for less than three months at the time of the inspection. This gave staff less time to work with them to reduce their risk of reoffending and prepare for their return to the community.

6.12 Strategic oversight of work to prepare prisoners for release was reasonably good, involving a wide range of departments and partners who worked within the prison and could provide face-to-face support.

6.13 The head of reducing reoffending met regularly with Liverpool City Council and the Merseyside Police and Crime Commissioner to ensure that the prison was involved in strategic partnership plans.

6.14 The offender management unit (OMU; see Glossary) had 19 prison offender managers (POMs), 12 of whom were prison staff and seven who were probation staff. Three of the probation staff worked part time. As POMs were only allocated to sentenced prisoners, caseloads were lower than we often see. However, four of the prison POMs were frequently deployed to alternative duties on the wings, which significantly reduced the time they had available to work with prisoners on their caseloads. They were only allocated to sentenced prisoners, so caseloads were lower than we often see. However, the four operational POMs were frequently deployed to alternative duties on the wings, which significantly reduced the time they had available to work with prisoners on their caseloads.

6.15 Most newly arrived prisoners had initial contact with their allocated POM within their first two weeks. However, some POMs only sent an introductory letter, which did not afford prisoners the opportunity to discuss any concerns face-to-face. It was also not appropriate for the high number of men with low levels of literacy (see paragraph 5.24) or those who had difficulty communicating in English.

6.16 Most (79%) sentenced prisoners had an offender assessment (OASys; see Glossary) that had been completed in the previous 12 months. In our survey, of those who said they had a sentence plan almost three-quarters (74%) said they knew their targets.

6.17 Many OASys had been completed by community offender managers (COMs), and some had little reference to what the prisoner needed to do while in prison. However, the reports we saw that had been completed by POMs at Liverpool were generally of a good standard.

6.18 Levels of contact between POMs and prisoners were good, although very few prisoners received a regular key work session, and those we reviewed did not include reference to sentence progression.

6.19 Despite this, in the cases we reviewed several prisoners had made some progress, although this tended to be in areas such as getting a prison job or abiding by prison rules. We saw much less evidence of progress against targets that related to specific offence-related work to reduce their risks (see paragraph 6.28).

6.20 Initial categorisation and subsequent reviews were completed promptly. Most prisoners who required a transfer were moved without unreasonable delay.

6.21 In the previous 12 months 189 prisoners had been transferred under the temporary presumptive re-categorisation scheme (TPRS; see Glossary); almost all of these to HMP Kirkham. In many cases the review by the POM concluded that the individual was not ready or suitable for open conditions but had to be transferred as they met the criteria for TPRS. This created a potential risk for leaders at Kirkham.

Public protection

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

6.22 The increase in the remand population meant there were now far more prisoners arriving with public protection risks that had not been previously assessed. Many newly arrived prisoners were perpetrators of domestic abuse, and at the time of the visit almost 300 had current restraining order issued by the courts.

6.23 Public protection work had not always been sufficiently well resourced, and some prisoners with clear risks had either not been assessed promptly, or in some cases, not at all.

6.24 In the previous year, at any one time there had been between 20 and 50 prisoners subject to offence-related monitoring. Staff detailed to this task had been instructed that they only needed to listen to five minutes of calls for each prisoner each day, which undermined the purpose of monitoring. In addition, there had regularly been no staff detailed to monitoring, so on some days calls were not listened to at all.

6.25 Managers in the OMU held regular meetings to scrutinise the risk management plans for prisoners approaching release. The plans we reviewed included appropriate safeguards to manage residual risks. We saw evidence of good communication between POMs and COMs

about these plans and clear challenge from POMs when they felt the arrangements for release were not sufficient.

Interventions and support

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

6.26 The prison offered the Building Choices accredited offending behaviour programme (OBP). About 30 prisoners were expected to complete this in the next year; broadly appropriate for the type and size of the establishment. Some prisoners were placed on transfer hold to complete the programme, and at least one prisoner had been transferred into Liverpool to do so.

6.27 Leaders had good oversight of OBP delivery through a monthly accredited intervention meeting, attended by OMU and psychology.

6.28 Some prisoners had completed other structured courses designed to improve their self-awareness and life-skills. These included the personal and social development course in education (see paragraph 5.26), the facing up to conflict distance learning course facilitated by Achieve North West Connect, as well as individual and group work provided by the substance misuse service and mental health teams (see paragraph 4.83). However, these courses were not sufficiently well promoted, and not all the POMs we spoke to were aware of them or did not routinely consider referring prisoners on their caseload to them.

6.29 All new arrivals had a careers information advice and guidance (CIAG) induction supported by enthusiastic and knowledgeable peer workers.

CIAG induction in the resettlement hub supported by peer mentors

6.30 As part of this induction identity prisoners could apply for an identity card and a bank account to ensure they were eligible to apply for work on release. The prison had developed links with local employers and had held several employment fairs. Job opportunities were advertised in the employment hub.

Job adverts in the resettlement hub

6.31 Data from HMPPS showed that while the proportion of prisoners in employment shortly after release was not high enough, this improved over time with 44% in work six months after release, which was the second highest among reception prisons.

Returning to the community

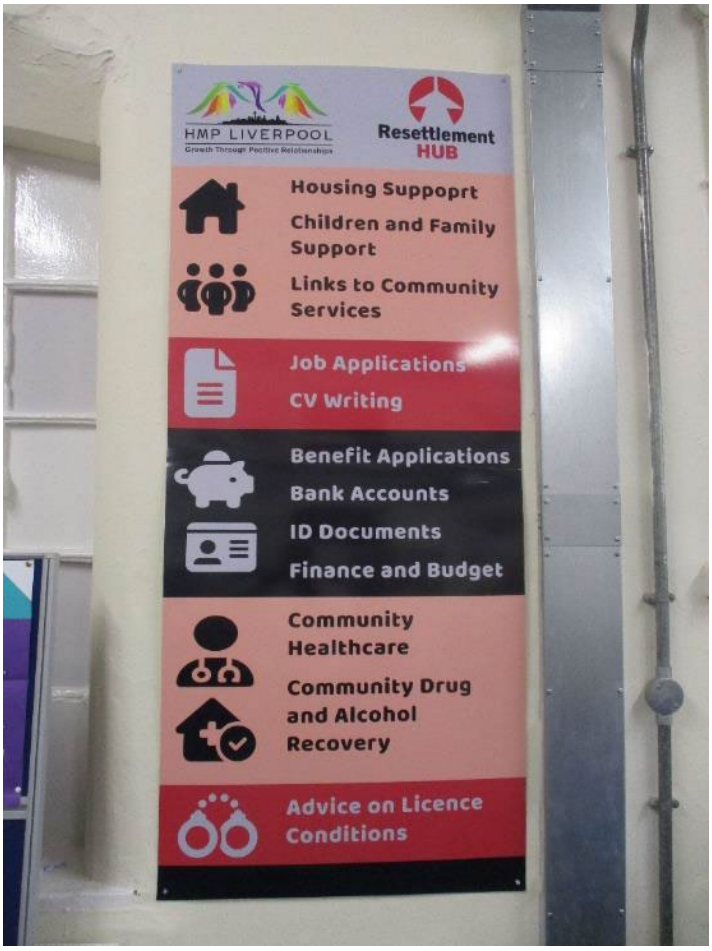
Expected outcomes: Prisoners' specific reintegration needs are met through good multi-agency working to maximise the likelihood of successful resettlement on release.

6.32 There was good oversight of work to support the high number of prisoners released to the community, which had risen to about 170 per month since Liverpool became a reception prison.

6.33 About 12 prisoners each month were released early on home detention curfew (HDC; see Glossary). Despite active efforts by the prison to prompt community partners to carry out required checks, almost half (49%) had been released after their eligibility date.

6.34 The pre-release team (PRT) saw all new arrivals, including those on remand, to identify their immediate resettlement needs. The team

made referrals as necessary, for example to ensure benefit payments continued and contacting landlords about tenancies. The team also helped with practical issues, such as arranging for someone to collect pets left at an address. The PRT also contacted prisoners with 12 weeks left to serve to develop a release plan and made referrals to a range of resettlement partners as appropriate. These prisoners were also invited to the weekly resettlement board where they could discuss their plans face-to-face with a range of resettlement agencies.



Poster showing support available at the resettlement hub

6.35 The prison had also recently introduced a resettlement board specifically for those on a recall, to ensure that this group, who often only had a short amount of time to serve, had access to this support before release.

6.36 A fortnightly resettlement governance board reviewed the resettlement plans of those due for release in the next month to escalate any actions still not resolved.

6.37 Leaders had taken action to increase the resources provided by the commissioned accommodation service. They also worked with staff from Liverpool Housing Options, a team within Liverpool City Council specialising in working with people who are not 'tenancy ready' to help them find accommodation. The team regularly attended the prison to support this cohort who were at risk of being released homeless.

6.38 Despite this, in our survey, of those who expected to be released in the next three months, less than a quarter (23%) of those who needed support finding accommodation said someone was helping them with this.

6.39 In the previous 12 months about 14% of prisoners about which there was data were released homeless and only 28% went to sustainable accommodation.

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 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 reasonably good against this healthy prison test.

Priority concerns

The availability of illicit drugs was too high.
Not addressed

Respect

Prisoners are treated with respect for their human dignity.

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

Priority concerns

The management of medicines was inadequate. Administration was not safe, there were delays in the delivery of medicines and the management of sedating medicines was not in line with national guidance.
Partially addressed

Key concerns

The standard of some living accommodation was inadequate. Too many prisoners were living in a cell designed for one and too many cells had broken windows.
Partially addressed

Prisoners waited too long to see a GP or a dentist.
Addressed

There was a lack of training and oversight for peer workers who provided care for other prisoners in receipt of social care.
Not addressed

Prisoners waited too long for a hospital transfer under the Mental Health Act for specialist care and treatment.
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

There were not enough activity places for the population. Too many prisoners were unemployed, the allocation process was not efficient and the rate of pay for education acted as a disincentive.
Partially addressed

Prisoners did not have enough time unlocked. Unemployed prisoners in particular were locked up for far too long.
Not addressed

Key concerns

Attendance at education, vocational training and work was too low. Punctuality was a problem with delays caused by late movement, medication dispensing and health care appointments.
Not addressed

Instructors in prison industries did not effectively identify or support prisoners with learning difficulties or development needs in English and mathematics.
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.

Key concerns

Arrangements to manage public protection risks posed by prisoners were not sufficiently robust. The inter-departmental risk management team meeting failed to identify and share information about prisoners who presented the greatest risk before their release.
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 concerns from the previous inspection.

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

This report

This report outlines the priority and key concerns from the inspection and our judgements against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on our website at

https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/). Section 7 lists the concerns raised at the previous inspection and our assessment of whether they have been addressed.

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

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Deborah Butler	Team leader
David Foot	Inspector
Martyn Griffiths	Inspector
Lindsay Jones	Inspector
Harriet Leaver	Inspector
David Owens	Inspector
Nadia Syed	Inspector
Tareek Deacon	Researcher
Phoebe Dobson	Researcher
Alicia Grassom	Researcher
Joe Simmonds	Researcher
Sarah Goodwin	Lead health and social care inspector
Gift Kapswara	Health and social care inspector
Si Hussain	Care Quality Commission inspector
Craig Whitelock	General Pharmaceutical Council inspector
Dave Everett	Ofsted inspector
Philippa Firth	Ofsted inspector
Suzanne Wainwright	Ofsted inspector
Helen Whelan	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. If you need an explanation of any other terms, please see the longer glossary, available on our website at: http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

ACCT
Assessment, care in custody and teamwork – case management for prisoners at risk of suicide or self-harm.

The Basement Project
The Basement Recovery Project is an independent self-help, not for profit, charitable organisation which offers support and inspiration to those that suffer from addictions. The aim of its work is to provide an opportunity of a new sustained abstinent lifestyle.

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.

Home detention curfew (HDC)
Early release 'tagging' scheme.

Incentivised substance-free living (ISFL)
Prison wings providing a dedicated, supportive environment for prisoners who want to live drug-free in prison.

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

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

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

Mandatory drug testing (MDT)
Enables prison officers to require a prisoner to supply a urine sample to determine if they have used drugs.

Naloxone
A drug that rapidly reverses the effects of an opioid overdose and therefore can help to prevent overdose deaths.

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

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

Offender management unit (OMU)
The aim of offender management units in prisons is to try to rehabilitate people so they are less likely to offend in the future.

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

Prisons and Probation Ombudsman (PPO)
Independent organisation investigating deaths in custody, and complaints from people who are in custody or under community supervision.

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).

Safety interventions meeting (SIM)
A multi-disciplinary safety risk management meeting, chaired by a senior manager.

Shannon Trust
Charity that supports people in prison to learn to read.

Storybook Dads (also, Mums)
Enables prisoners to record a story for their children.

Temporary presumptive recategorisation scheme (TPRS)
A scheme intended to tackle overcrowding, which requires governors to fast-track prisoners to open establishments without the usual restrictions. Restrictions apply for certain categories of offences. TPRS was introduced in March 2023.

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

Appendix III 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.

Crown copyright 2025

This publication, excluding logos, is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

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: http://www.justiceinspectorates.gov.uk/hmiprisons/

Printed and published by:
HM Inspectorate of Prisons
3rd floor
10 South Colonnade
Canary Wharf
London
E14 4PU
England

All images copyright of HM Inspectorate of Prisons unless otherwise stated.