



**Annual Report**  
of the  
**Independent Monitoring Board**  
at

**HMP Nottingham**

**for reporting Year  
2017-18**

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*Monitoring fairness and respect for people in custody*

## **TABLE OF CONTENTS**

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### **Introductory Sections**

<b>Section</b>	<b>Topic</b>	<b>Page</b>
<b>1</b>	<b>Statutory Role</b>	<b>3</b>
<b>2</b>	<b>Executive Summary</b>	<b>4</b>
<b>3</b>	<b>Description of Establishment</b>	<b>6</b>

### **Evidence Sections**

<b>4</b>	<b>Staffing Issues</b>	<b>7</b>
<b>5</b>	<b>Safety</b>	<b>8</b>
<b>6</b>	<b>Equality and Fairness</b>	<b>10</b>
<b>7</b>	<b>Segregation/Care and Separation Unit</b>	<b>12</b>
<b>8</b>	<b>Accommodation (including communication)</b>	<b>13</b>
<b>9</b>	<b>Healthcare (including mental health and social care)</b>	<b>16</b>
<b>10</b>	<b>Education and Other Activities</b>	<b>18</b>
<b>11</b>	<b>Work, Vocational Training and Employment</b>	<b>20</b>
<b>12</b>	<b>Resettlement Preparation</b>	<b>21</b>

	<b>The Work of the IMB</b>	<b>22</b>
	<b>Applications to the IMB</b>	<b>23</b>

### 1 STATUTORY ROLE OF THE IMB

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

The Board is specifically charged to:

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

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

### **Main judgements**

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#### **Are prisoners treated fairly?**

- The Board is concerned about vulnerable prisoners in the induction wing whose regime is unfairly restricted and more widely about the limited out-of-cell opportunities for prisoners at HMP Nottingham.
- Lack of access to stored property is unfair.
- Inconsistencies in application of rules and access to resources within the prison are unfair and destabilising because of the resentment they cause.

#### **Are prisoners treated humanely?**

- A busy local prison is not a humane location for those with severe mental health issues.
- Shortages of various commodities during the year, and especially clean clothing, cannot be said to be decent.
- Restricted unlock poses risks of inhumane treatment when minimum standards are not achieved for various operational reasons

#### **Are prisoners prepared well for their release?**

- Limited opportunities for meaningful work or education available in a local prison mean prisoners are not being positively prepared for release.
- Failure to facilitate visits for prisoners is not conducive to their resettlement.

### **Main Areas for Development**

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#### **TO THE MINISTER**

Will the minister consider what actions can be taken to improve retention rates amongst staff and to reduce staff turnover?

We remain concerned about the difficulties which are encountered in transferring prisoners with severe mental health issues to an environment where they can be effectively treated. The Board would like to see greater availability of more suitable locations for these prisoners.

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

Will the prison service consider measures to improve the management of prisoners' property during transfer between establishments?

Will the prison service review the allocation of resources to establishments with prisoners serving short sentences who do not have access to the rehabilitative facilities present in training prisons?

Will the prison service consider steps to enable the separation of remand and convicted prisoners?

#### **TO THE GOVERNOR**

Will the Governor take steps to improve the access to regime activities of Vulnerable Prisoners on the induction wing?

Will the governor take steps to fully implement the Key Worker scheme across the prison?

Will the Governor review the arrangements for prisoners' access to property to improve the consistency and availability of such access?

### **Planned Improvements**

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During the final quarter of the reporting period HM Inspectorate of Prisons (HMIP) carried out an announced inspection of the prison, which resulted in its issuing an Urgent Notification to the Secretary of State on 17th January 2018. In accordance with its requirements, an Action Plan was formulated in response which was published half way through the final month of this reporting period. Although the IMB has noted improvements as a result, it is far too early to make any meaningful assessment of longer term outcomes.

### 3 DESCRIPTION OF THE PRISON

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The Operational Capacity of HMP Nottingham is 1060 prisoners. The Certified Normal Accommodation (CNA) is 718. The number of prisoners fluctuates on a daily basis due to cells being out of action due to damage, the number of high risk prisoners who cannot share a double cell, and the number of prisoners in Segregation or in hospital.

HMP Nottingham is designated as a Category B adult male and YOI establishment, serving primarily the counties of Nottingham and Derby and those cities. Around 30% of prisoners are on remand and around 55% are Category C and 1% Category D. A small amount of capacity is reserved for post sentence detainees awaiting resolution of their status and who are unsuitable for an Immigration Detention Centre.

Accommodation is arranged on seven Wings, all of modern design. Most accommodation is in shared cells. One is for vulnerable prisoners (VPs) and a second for First Night with VP overspill. Prisoners with drug dependency issues are concentrated on a further wing. Remand prisoners continue to be co-located with sentenced prisoners. During the reporting period, no smoking was extended from one to all wings.

The Segregation Unit has capacity for 12 prisoners, including one special cell.

There is a separate block for education which, along with classrooms, provides capacity for two workshops and the library; there are seven additional workshops, a large sports hall and gym and a fitness suite. Separately located workshop and education facilities are provided for VPs.

The following services to the establishment are provided by third parties under contract arrangements:

- Resettlement (Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company, owned by the Reducing Reoffending Partnership)
- Healthcare (Nottinghamshire Healthcare NHS Foundation Trust)
- Substance misuse provider (Nottinghamshire Healthcare NHS Foundation Trust)
- Learning and skills provider (Milton Keynes College)
- Escort contractor (GEOAmey)
- Visitor Centre (PACT)
- Maintenance (Amey)

Offender Management also works with a large number of partner agencies in its efforts to provide resettlement opportunities for prisoners.

## B Evidence sections 4 – 12

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### 4 STAFFING ISSUES

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During the reporting period, the prison went into “special measures” and additional staffing was made available via an influx of staff on detached duties. Simultaneously, a recruitment campaign significantly raised local officer numbers.

As the prison engaged significant numbers of new staff, the problem became less often of shortage (although that problem has still been evident in places) and more often the effects of inexperience (approximately 50% of its officers having less than a year’s experience). The prison reports a churn rate of approximately 20% amongst staff.

Prisoners complain of inconsistent approaches by staff and experienced staff say that appeasement of prisoners by inexperienced staff makes everybody’s job more difficult and less safe. Prisoners expect staff to be able to resolve day to day problems for them, but when staff do not understand the complexities of procedures in other departments they sometimes simply do not know what to do. On one occasion one of our board members was asked by a member of staff who they should contact on behalf of a prisoner.

As a result of the staff increases the daily, often unpredictable, cancellations of regime activity became less frequent, and the temporary restricted regime was discontinued.

Towards the end of the reporting period and following an announced HMIP inspection culminating in an Urgent Notification to the Secretary of State, an action plan had been produced which included a number of measures to address staffing pressures.

Much of the work done in the prison is fulfilled by agencies working in partnership and they are not immune to staffing pressures:

- Healthcare has not always had a full complement of staff and this has had an impact in Reception and also on meeting the demand in relation to ACCT Reviews. In particular, healthcare has only sufficient resources to service 12 ACCT reviews per day; during the final months of the reporting period there were sometimes over 60 ACCTs in place and up to 20 reviews due in a day.
- Towards the end of the reporting period, following changes to the PACT contract, prisoners were suffering from visitor centre processing delays which were depriving them of visits from friends and family.

## 5 SAFETY

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### 5.1 Reception

The Board has reported several times previously on the effects of the churn of prisoners through Reception at HMP Nottingham (approximately 100 per week, of whom about a third are new intake to HMP Nottingham) and expressed concern about the increased risk to prisoners when staff are rushed; shortages of healthcare staff to deal with reception needs have further exacerbated the situation on occasion during the reporting period. This situation, as reported in previous reports, continues to cause concern and it is notable that deaths in custody, or self-harm leading to subsequent death, continue to occur within a short time of arriving at HMP Nottingham.

Given the above, Board members have been monitoring reception activity closely during the year and still see arrivals to the prison well into the evening as a regular occurrence, with prisoners not being settled in a cell until late at night. This seems to be a consequence of prisoners only being transferred to the prison towards the end of the day, regardless of when they have appeared in court. An earlier transfer for those prisoners who have already appeared in court would spread the load on Reception and could improve both safety and decency. Bearing in mind the vulnerability of prisoners during the initial days of imprisonment, being kept in buses and then reception for lengthy periods prior to being shown to a cell, probably with another man who is unknown to them, is not conducive to wellbeing. We do note that since the publication of the Urgent Notification Initial Response Action Plan, the number of prisoners coming through Reception has fallen, as there has been a dramatic fall in the number of young offenders coming to the prison.

We have also raised concerns regarding the lack of privacy for undertaking interviews and risk assessments in reception and note that this has been included for remedy in the Urgent Notification Action Plan. The reception area contains little to occupy prisoners.

### 5.2 Self-Harm and ACCTs (monitoring for those identified as at risk of self-harm)

As in previous years, the Board remains very concerned at the level of self-harm in the prison. The prison recorded 730 acts of self-harm during the reporting period, up from 605 last year. Although prisoners have access to the Samaritans phone and to trained Listeners within the prison, not all prisoners are likely to ask for help and we are sometimes told that no Listener was available. During the reporting year there has been a drive to recruit and train more Listeners (up from 7 to 10, with 2 new intake listeners in training) and Signposters on wings. It is hoped that in-cell technology will provide better opportunities for prisoners to maintain contact with family and will reduce the frustrations which sometimes lead to self-harm. However, it should be recognised that many prisoners suffer from Mental Health and drug-related conditions which will continue to make them vulnerable. It is regrettable that the Key Worker scheme which is intended to link prisoners to designated officers with time to support them was slow in its introduction and at the end of the reporting period had not been extended beyond the pilot wing.

During the reporting period 1452 ACCTs (1069 last year) were opened, with a maximum number of 78 open at a single point in time. During the previous reporting year there were 20-30 ACCTs open at any one time and the prison reports that more than 30 ACCTs at any point in time are beyond the system's capacity. A number of modifications to the process have been put in place during the year in response to incidents, Deaths in Custody, inspection findings and reports, but it is unclear as to the efficacy of these interventions. At the close of the reporting year the Board had concerns regarding the operation of the ACCT process and its sustainability.

### 5.3 Violence

Acts of violence continue to be a very significant problem at HMP Nottingham, and have continued to cause the Board considerable concern during the reporting period, even though the numbers of certain types of incident have fallen in comparison with last year. During the reporting period there was a similar number (194) of assaults on staff, but 246 recorded assaults by prisoners on other prisoners (down from 457) and 63 fires (down from 82). However, there have been many occasions on which prisoners have reported to members of the Board that they felt unsafe and these concerns have been extensively documented and raised by HMIP following their inspection in January 2018.

#### **5.4 Death in Custody**

The Board is sad to record the deaths in custody of 7 men during the reporting period. In one instance the death came after a period of hospital care following self-harm and a further within 48 hours of release. Five deaths occurred within a single 4 week period during the Autumn of 2017. In each case the Board was properly informed and attended at an appropriate time, speaking with prisoners and staff. All such deaths are reported to the police and to the PPO. In due course a PPO Report is issued in each case. The IMB has noted the findings of the reports as they have been published and those findings will inform our monitoring going forward.

#### **5.5 Drugs**

Illegal drugs continue to infiltrate the prison by a variety of means, all of them contrary to prison law. They are a source of bullying and debt, of acute health issues and longer term health damage and disruption to the prisoner regime. The Board acknowledges the efforts of both the prison and the police in their attempts to curb the problem.

There have been many instances during the year of prisoners requiring medical intervention as a result of using NPS, and some have required hospital treatment. Whilst we have no direct evidence, prisoners do tell board members that the use of NPS has increased and its effects have been exacerbated due to the introduction of a smoking ban across the establishment in July 2017. It is unsurprising that prisoners tell us that they find the absence of tobacco frustrating. Prisoners tell us that some have turned to NPS when they would have previously used tobacco and that the absence of tobacco makes abuse of NPS more dangerous as there is nothing to dilute the effects of the drugs. Over the summer period this was especially noticeable and the smell of drugs can often be detected around the wings.

Where drug-testing was carried out, it showed a level of positive testing at nearly 33% when new psychoactive substances (NPS) were included.

## 6 EQUALITY AND FAIRNESS

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### 6.1 General

The ethnic composition of the prison reflects to some extent the urban areas it serves. The level of churn of prisoners means that the population fluctuates constantly but the ethnic composition is generally around 77% white (including Europeans), 8% black, 6% Asian and 6% dual ethnicity. A wide range of ethnicities are represented across the staff at most levels, both uniformed and office based.

Issues relating to Protected Characteristics are not drawn to our attention in large numbers and there is a general level of tolerance towards different groups with Protected Characteristics within the prison community.

Equality and Diversity is recognised by the governing team as important and efforts have been made to re-establish the formal monitoring structures within the prison. Each Protected Characteristic has again been allocated a Governor Champion and our observations indicate that there is commitment to promoting equality. One governor had identified the reluctance of men to be openly gay and is working on strategies to develop an atmosphere in which people felt more comfortable with difference. However, the system was not introduced until late in the reporting period so it is too soon to assess its impact and overall there is further work for the prison to do to securely establish an effective monitoring system for Equality and Diversity. This includes focusing on wing equality reps and attendance at relevant meetings so that there is proactive community commitment to equality.

An episode of serious racist behaviour at the end of 2016 in relation to one group of staff was dealt with in a robust manner by the prison during 2017.

The Discrimination Incident Reporting system has been functional throughout the year with 150 submissions during the reporting period, although staff absence led to periods of delay in dealing with complaints, some of which were taking three months or more for investigation and report of outcome.

Older and disabled prisoners are increasingly in evidence at HMP Nottingham and their needs have posed challenges to the establishment. This is especially so for those with age-related dementia and sometimes for those with mobility restrictions which make it hard for them to function in prison. Particular attention is needed to ensure that such vulnerable people have some out of cell stimulation and meaningful activity.

Transgender prisoners can find the prison experience very difficult but it is our observation that the prison has tried very hard to accommodate the needs of three such prisoners during the year.

Fairness is a concern in the prison, with prisoners frequently complaining about inconsistent treatment by staff. It is appropriate to acknowledge that the prison is aware of the effect of inconsistent behaviour by staff and considerable effort has been made to improve the situation, especially in relation to the management of the Incentives and Earned Privileges (IEP) system. Clear differential treatment for those on Basic is intended to send a message to prisoners about behaviour.

Unfairness also manifests itself in many small ways, often impacting on the individual prisoner: a partially sighted man who waited days for his white stick to be permitted in cell; prisoners who need special dietary items which, although sent from the kitchen, do not reach them;; prisoners outside the average size range who cannot get shoes that fit them; prisoners unable to collect stored property in spite of repeated promises because there are no available staff at the weekend.

## **6.2 Chaplaincy**

The Chaplaincy continues to provide a range of services to prisoners in line with its remit. In addition, they run weekly Narcotics Anonymous and Alcoholics Anonymous groups.

A memorial service was held for the prisoners who had died within a few weeks of each other in the autumn, which was attended by prisoners and staff. Members were especially impressed by the sensitivity and dignity with which this was observed. Whilst we have occasionally dealt with issues in relation to food for religious observance, overall the faith needs of prisoners are provided for adequately.

## **6.3 Disability**

The number of prisoners with a disability is significant (222) and the Board is aware from contact with prisoners that provision of services and activities, particularly for wheelchair users, is not always adequate. Staff do try to make adjustments where they can; this may sometimes be as simple as providing a seat in showers or allowing a prisoner (properly risk-assessed) to use a suitable walking stick, but adjustments are not always possible, or are not identified in Reception, resulting in delays in their implementation. There is limited access to gym facilities for disabled prisoners due to the continued closure of the fitness suite, which is accessible, and difficulties in accessing the main gym, which requires an additional member of staff to escort a disabled prisoner.

Integration issues, particularly amongst the population of older prisoners, have been reported by prisoners and the Board would welcome efforts by the prison to improve this. It is noted that as part of the Urgent Notification actions the number of young offenders has dramatically reduced, bringing stability and a more suitable environment for older prisoners.

There is an inevitability of dementia increasing within the prison system and there needs to be a focussed look at the provision that will be needed to meet this growing need. To date there are some dementia trained staff – dementia friends. Related cases at the moment identified at Social Care assessments will lead to a need for extra care providers and possibly an identified area being established.

Prisoners with social care needs are assessed by a Nottingham City Council social worker and the health care department provided care packages. There had been nine referrals in 2017, with one new referral waiting to be assessed. We have had requests concerning social care provision from prisoners and there is a need to inform prisoners of their rights to request an assessment. The prison needs to develop a formal social care referral protocol and prisoners who support others should be appropriately risk assessed and trained.

## 7 SEGREGATION/CARE AND SEPARATION UNIT

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Throughout the reporting year the Segregation Unit was generally at or close to capacity, although the available capacity was often reduced by cell damage. The unit is small for the capacity of the Prison and sometimes prisoners have to be moved off the unit to accommodate more troublesome individuals. When demand for Segregation cells cannot be met, individuals who would otherwise be placed in Segregation are returned to their cells on the wing, which leads to greater disruption and violence. Last year we reported that Management proposed that some prisoners should be assessed before going into the Unit, the assessment process taking place in specially designed accommodation on one of the wings. A business case for this scheme was submitted but we are not aware of any progress with this. The Board believes that if properly resourced and organised the scheme would be beneficial.

Staff have dealt with numerous prisoners who suffer from severe mental health problems and/or personality disorders which often manifest themselves in challenging behaviour including self harm, dirty protest, violence, extensive damage, extreme noise, verbal abuse and assaults.

During this reporting year there have been a number of individual dirty protests. However, there has been a significant impact on the unit of the long term and repeated detention of a prisoner in the Segregation Unit for whom such dirty living conditions seemed to be a “way of life” rather than a protest. Despite all reasonable attempts by prison staff and health services to bring a change in this situation, it has resulted in the Segregation Unit being near permanently in a “dirty protest” state. We are satisfied that these situations were handled as best they could be in extremely difficult circumstances, with Health and Safety considerations and security prioritised.

As in previous years, the Board wishes to commend the efforts of the Segregation Unit staff who carry out their duties to a high standard in these difficult circumstances. The Board repeats our previous observations that the prison is not a suitable environment for those individuals whose mental health and psychological difficulties make them especially vulnerable.

Prisoners do still come to the prison from mental health hospital environments and have often had to be housed in Segregation because of the risks involved in putting them on normal location. Scheduled transfers to specialist institutions following medical/mental health assessment are subject to the same pressures on resources as for the rest of the community and it is concerning that prisoners often wait quite long periods for transfer to a more appropriate environment.

During the reporting period, the Governor responsible for the Unit has conducted reviews personally whenever practicable bringing improved consistency. Healthcare staff have properly attended reviews, as have Chaplaincy staff. As reported last year, Education and Psychology input is beneficial but continues to be irregular, as staff are not always available. More input from them would be welcomed by the Board. Discussions at Review Boards are properly focussed on the relevant issues and most prisoners attend, subject to security considerations, and the overwhelming majority of prisoners express their views.

On the rare occasions when the special cell has been used the Board has been properly informed and the time in use kept to a minimum.

## **8 ACCOMMODATION (including communication)**

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### **8.1 Restricted unlock**

The restricted unlock regime reported in our previous report was still in place for the first few months of the reporting period but was gradually lifted from April onwards. The arrangements whereby prisoners were served their evening meal at cell doors, rather than having a period of informal association to collect food from the servery also ceased. This gave prisoners access to a more normal schedule, with regime activity available for some prisoners for part of the day, and a period of unlock for domestic duties and exercise during the other half of the day. There is no purposeful activity at weekends for most prisoners although time out of cell is facilitated in either morning or afternoon and some gym access is available.

We are concerned about the amount of time prisoners still spend locked in their cells, a situation which is sometimes exacerbated by bad weather, staff training, staff shortage and disruption caused by indiscipline. Whilst the current IEP guidance gives a minimum of 75 minutes out of cell time (plus time for collecting meals), if this is eroded for any reason a prisoner without work or education can expect to spend more than 22 hours locked up. Whilst we recognise that those most likely to be affected are those on Basic Regime, that should not be used as a justification for breaching the Mandela Rules.

### **8.2 Accommodation**

Typically, men share a cell of about 6 square metres, Very few cells have en suite facilities and whilst toilets should be screened with a curtain this is not always the case. Prisoners eat in the same room as an open toilet.

Pressure on accommodation means that only enhanced prisoners and those who pose a risk to others, or have some personal need, can normally expect a single cell. However, by the end of the reporting period, this had changed markedly because almost all the young offenders had been moved elsewhere in response to the HMIP Urgent Notification. Whilst the whole prison system is overcrowded and this arrangement is understood to be temporary, it is evident that the atmosphere and pressure on services is much less strained with less overcrowding.

### **8.3 Provision of kit and equipment**

Notwithstanding the marked improvement of provisioning of kit and equipment, there are still numerous occasions when prisoners report the absence of essential kit, especially bedding and clothing. We were informed that over a 2 month period in the latter part of the reporting period, 2,800kg of laundry went missing between leaving the prison and being returned from the laundry at Ranby. Early in the year we were told by a governor that the wearing of own clothes was to be considered but this remains restricted to enhanced and remand prisoners.

### **8.4 Food**

We are pleased that the prison has found resources to improve the quantity of food made available to prisoners at lunchtime. A prisoner is served their evening meal before 17.00 and then has a small portion of cereal, a small carton of milk and four slices of bread to last through until lunch is served at 11.45 the next day (almost 19 hours). Whilst established prisoners can supplement this with canteen food purchases, for those new to prison or on restricted pay this is a much more limited option. Trusted prisoners on the Induction Wing advise us that the informal prison economy works on a two for one payback system, which is clearly a recipe for debt build up and bullying.

Management of serveries requires a proactive approach by staff to prevent favouritism in serving, something which is raised with us by prisoners; if officers are working alone and are

distracted by other events, this cannot be effective, so it would be reassuring if two members of staff could always supervise the serving of food.

### **8.5 Access to reception for stored property**

We reported last year about the fragility of the system allowing prisoners to access stored property at the weekend. This continues to be disrupted when there are staff shortages. The efforts of Reception staff in finding opportunities to allow access during quieter times during the week are acknowledged but are not a replacement for a robust and reliable system which would allow for fair access to stored property.

In addition, we have noted an increase in the amount of prisoners' property being lost during transfer across the prison estate. This causes distress and anxiety and can be almost impossible for the prison to resolve when other establishments do not respond to complaints.

### **8.6 Remand prisoners**

Remand prisoners, around 30% of the total, continue to be distributed throughout the prison. As we have repeatedly reported, there is no separation by cell, landing or wing, which is in contravention of the UN Mandela Rules.

### **8.7 Vulnerable Prisoners**

There are 140 places for vulnerable prisoners (VPs) on the wing dedicated to vulnerable prisoners, G Wing. These are mostly prisoners whose offences, or the charges they face, relate to sexual matters. The prison has been successful in separating men who have debt problems from this very different vulnerable population. A few are there for their own safety.

There has been no improvement in the situation which sees vulnerable prisoners, for whom there is no space on the VP Wing outlined above, and who are located on a landing in the Induction Wing (D Wing). The situation where these men are not allocated work has continued. Their time out of cell is still constrained, given the need to manage the wing in such a way that they are kept safe, as the accommodation allocated to them cannot be physically separated from the rest of the wing. Prisoners have reported to us whole days of being locked up, apart from collecting meals. As previously, we commend the efforts of the staff to treat these prisoners fairly and with dignity, but the situation undermines their efforts. The plans to allocate a larger Wing for the purpose of housing VPs so that there are more than the present 140 places have been abandoned. The Board are aware of some vulnerable prisoners waiting on D wing for over four months for a space on G wing.

A further concern is that vulnerable prisoners have reported reluctance to attend health care owing to verbal abuse from other prisoners; we have raised this issue with both the prison and healthcare on numerous occasions throughout the year. Officers frequently have to intervene, and prisoners have told us that this stops them reporting health issues which can increase problems for them in the future. A specific clinic on G Wing has been introduced once a week to try and improve this situation and we learned at the end of the reporting period that further developments are planned.

### **8.8 Communications**

The Board is aware that the prison has been focusing on improved prisoner interaction, and a major investment in in-cell technology. The Board welcomed both of these planned developments which are intended to give prisoners far more opportunity to communicate directly with service providers, to access information and to make controlled phone calls at a much reduced cost. The in-cell telephones were commissioned from December 2017. However, we are disappointed to note that, beyond the use of in-cell technology for telephone calls, future plans for a roll out of further functionality has been suspended.

Prisoners continue to complain to us about delays in PIN phone activation and prisoners subject to public protection restrictions suffer longer delays. Those same prisoners are also

the first to suffer when there are staff shortages in the mail room causing delays. Public protection should be an indicator for more resources, not longer waits.

In addition, in the latter part of the reporting period there were delays with visits authorisations, apparently arising from staff restrictions in the Visits Centre. We would suggest that it is not humane to disrupt prisoner access to their family and friends and it is also unfair to those outside. It is also not conducive to successful resettlement.

## 9 HEALTHCARE (including mental health and social care)

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### 9.1 Healthcare

Healthcare applications have been received every month by the IMB and make up 13% of the total of all applications. More than half of these (36) concern complaints by prisoners about 'wrong or no medication' being applied, particularly for pain relief. All these issues are referred to healthcare where the prisoner agrees but IMB scope for investigating such complaints is typically very limited.

NHS England now commissions Nottingham Healthcare NHS Foundation Trust to provide 24-hour health and social care services for prisoners; they work in partnership with the prison. With this changing commissioning role the old PALS forms have been replaced by new in-house complaints and praise forms. These are readily available now but are still not always fully understood by Wing Orderlies and there have been instances when this generates bad feeling between prisoners and healthcare professionals, as complaints are no longer seen as confidential; an amendment to the form is now planned.

Time for Teeth provide eight dental sessions a week, split between triage and assessment. A full range of NHS-equivalent treatment is available and prisoners have access to emergency dental treatment. Optician provision is equally available and all prisoners have equal access, although the concerns of vulnerable prisoners apply here as to all healthcare (see 8.7 above).

Although we are advised that waiting times for primary care services, including the optician and dentist, do not exceed clinically accepted waiting times in the community, prisoners do raise issues with us about access to healthcare. It has to be recognised that many prisoners have high levels of health need. They have access to daily nurse triage clinics, two GPs provide eight clinic sessions from Monday to Friday and urgent GP appointments are available on the same day. A separate GP contract provides reception and urgent cover between 7pm and 9pm from Monday to Friday and on Saturday afternoons. Telephone advice only is available between 9pm and 7am. The use of synthetic cannabinoids and new psychoactive substances (NPS) puts a significant strain on healthcare provision, currently these make up over a quarter of all urgent calls.

Pain relief has previously been identified by IMB as a problem and prisoners are expected to buy their own pain killers (paracetamol). Although nurses and pharmacy technicians do administer and supply over-the-counter medicines, they can only provide single doses. Pain relief, especially at night continues to be a source of complaint from prisoners and a concern to us.

Medicines are scheduled for administration three times a day on the Wings. Generally this works well, but it is not unknown for delays caused by staff shortage or incidents on wings to lead to sessions being cancelled and prisoners missing medication. Some prison officers' supervision of medicines administration can be poor, leaving it to health staff to manage hatches. Opioid Substitution Treatment administration is private and well supervised on A Wing, but on other Wings this is not always the case.

DNA (Did Not Attend) levels have fallen but remain high; scheduled to attended being 72.7% and booked to attended at 76.9%. The current regime and the staffing inputs are helping to address both 'in prison' and 'external' DNA levels. External hospital appointments were now rarely cancelled, with support from the prison to ensure prisoners attend. We welcome improvement in this area about which we have previously been concerned.

A palliative care pathway is in place and arrangements for prisoners include provision of a summary record for their GP. The health care team develop detailed care plans for patients with long-term conditions and challenging behaviour to ensure good clinical outcomes. Person-centred care plans help meet needs and ensure links with occupational therapists can be effective, and some equipment and adaptations are provided.

## **9.2 Mental health care**

The integrated mental health service provides a service to the prisoners and we are pleased to have again established links with the Integrated Mental Health Team.

The service operates between Monday and Friday, despite the prison receiving prisoners from Monday to Saturday. The team has to respond to a high population turnover with a significant proportion either remanded or serving short sentences and a recent HMIP survey showed that 52% of prisoners said they had a mental health problem. Staffing vacancies across the year have caused difficulties but prisoners' needs are identified and the threshold for being accepted onto the caseload is lower than in the community.

Weekend staffing provision is still minimal and has caused issues throughout the year but now 7-day Mental Health provision is to be funded with 2 more Band 6 staff and the development of a rotational programme. This will make a significant improvement in the mental health provision for all prisoners. The recruitment process is now underway.

Men can refer themselves, alongside being referred by both health and prison staff. An identified mental health worker is allocated every day to complete initial assessments and participate in scheduled ACCT reviews. There is a mix of staff – mental health nurses, psychiatrists, a part-time psychologist, a psychological well-being practitioner and skilled support staff; the team are visible across the prison as designated mental health nurses visit the Wings on a daily basis.

The Clinical matron is looking to introduce the MAPS (Mental Health Awareness Peer Support) –initiative into HMP Nottingham to support prisoners in need through a team of motivated prisoner support workers. When fully in place, this will make a marked difference as it will stop offenders with mental health issues getting 'lost in the system' by giving them someone to speak and relate to.

There are still some concerns regarding time lags over safeguarding issues as referrals are on Mondays for Thursday reviews and if the slot is missed it can cause a delay in being seen. There are exceptions for reviewing extreme cases. Referrals are now made daily but due to demand it is a challenge to respond with assessment appointments within the expected five working days.

Over the reporting period there had been 14 transfers to hospital under the Mental Health Act 1983. There is still an over-long delay in some men waiting for transfers, with one case waiting for over eight weeks. Patients requiring a transfer under the Mental Health Act should be transferred expeditiously and within the current transfer guidelines.

Very few prison officers have undertaken mental health awareness training but the prison has plans to improve this situation. All discipline staff should have regular mental health awareness training to recognise and take appropriate action when a prisoner has mental health problems, with segregation unit staff prioritised for this. This training gap has arisen numerous times in the past and it is regrettable that it cannot be scheduled and prioritised as essential training.

## **9.3 Reception**

There are still some concerns over reception and health staff sharing information about risks and concerns. Men should see a nurse promptly on arrival and receive a scheduled follow-up health assessment within the first seven days after their arrival to ensure risks and concerns can be identified but this still does not always happen.

## 10 EDUCATION AND OTHER ACTIVITIES

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### 10.1 Education

Education services were again provided by Milton Keynes College under the OLASS 4 contract. Delivering education to short stay prisoners of whom approximately 50% did not complete their schooling remains challenging. However, the IMB received few applications directly regarding education and learning opportunities or provision. There are 113 education places in the mornings and 116 in the afternoons over 27.25 hours per week, with up to 36 additional spaces through vocational courses. There have been no teaching staff shortages during the reporting period.

New prisoners' learning needs continued to be assessed whilst on the Induction Wing, usually the day after their induction. However, if they are quickly relocated then this may not happen. The prison has continued making good progress in ensuring learning needs assessments influence the opportunities on offer. However, sentence plans do not address learning needs and influence the provision on offer as sentence plans are not done for low and medium risk prisoners (see section 12).

All education, work and training areas were reopened after the regime restrictions were lifted. Prison and education staff worked well to improve the education and training provision, and course success rates have continued to rise. There is now a broader range of vocational training subjects, including at higher levels and business courses, including personal finance and budget management have been introduced. Education provision for prisoners in Segregation is evident to the extent of a prisoner in Segregation still being able to maintain studying for his Business Studies qualification, supported by Segregation Unit Officers and Education staff.

Board members have observed lessons involving mixed ability groups of prisoners where Education Orderly/Learning Support Assistants were in place. Prisoners attending the English as a second language classes were particularly complimentary about the teaching, and the staff also commented on the commitment and good behaviour of the students.

There were workshops to support development of employment and personal skills and the skills development awards continue to be well received by prisoners. However, attendance at some education classes and in all workshops remains low, with attendance averages of 70% - 74% weekly and attendance at the end of the reporting period at 73%.

Success rates for completed courses have increased and are now considered high, but many men leave before course completion. Success rates in English and Maths improved and at one point were the highest in the prison service region (1st in region for English results and 2nd for Maths). Learners are not permitted to repeat courses at the same level. Progression is encouraged in the College particularly in the maths and English classes, with aspiration encouraged to reach Level 2. The board had once again met with prisoners reporting good access and support for higher level, external (Open University) courses.

Vulnerable prisoners located on the dedicated wing (G Wing) were able to access education in classrooms with similar, but not identical provision to other prisoners, for example, professional cookery not domestic cookery was available and there were no options regarding construction qualifications. However, vulnerable prisoners in the overspill area on D wing have almost no access to education, training or any out of cell activity, which is an ongoing concern to the Board. These D wing learners have been encouraged to attend courses whenever possible, but as previously described this has proved difficult. However, they have been offered access to the distance learning provision of the College. Older prisoners have been involved in community arts projects and have completed a number of commissioned pieces.

The provision of virtual classroom activity, which can continue to be accessed on release to support employment and a return to normal life, is welcome and we hope that the aspiration to expand this to allow ongoing, uninterrupted study/development post release will be possible.

### **10.2 Gym**

The introduction of a more stable regime has reduced the large number of unscheduled closures of sports facilities, and the IMB has had markedly fewer applications regarding this. Members have observed that gym sessions are popular with prisoners and have seen good interactions with staff. However, the fitness suite has remained closed and there has still been frequent disruption to sports activities due to staff redeployment, which causes frustrations both to prisoners and staff. This has also hampered the efforts of staff to offer qualifications for prisoners and to develop community links.

### **10.3 Library**

Following the restricted regime during the last reporting period, the library staff have continued to provide a library service to prisoners on the wings as well as in the Library, with regular library staff and book trolley visits to wings, installation and stocking of additional bookcases on wings, circulation of booklists and a highly responsive requests service for both books and information. The weekend on-wing service is especially well liked by prisoners. The library continues to supply activity packs to prisoners, supports wing "signposters" in providing a link between prisoners and library staff and publishes a regular newsletter to keep prisoners informed about how library services can be accessed. However, it has been brought to our attention it is not formally included in induction and prisoners' awareness of the library service is patchy. The service also organizes and hosts activities to encourage reading and contact with family (Story-Time Dads and the Vulnerable Prisoners' Book Club/Reading Group) and has organized workshops and talks by ex-prisoners who are now successful authors. Prisoners continue to hold the library service in high regard.

## **11 WORK, VOCATIONAL TRAINING and EMPLOYMENT**

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The main focus of the last year has been to drive up attendance, and low attendance is now seen by the prison management as a cultural rather than an access issue, given the improved staffing levels and improved regime.

A review of the pay structure for prisoners is underway, with the intention of making work more attractive to prisoners.

The Board was especially pleased with the reopening of the bicycle refurbishment workshop, which remains popular and continues to lead to a number of prisoners securing employment with the participating cycle schemes on release.

Learning awards, bonuses and reward schemes continue, with certificates, financial awards and small prizes given in recognition of achievement.

The number of prisoners training in catering/hospitality has increased and the number working in the Bistro has doubled. There has been an emphasis on professionalism and mirroring real life catering/hospitality requirements, such as serving staff wearing "Bistro" polo shirts. Prisoners working in the Bistro continue to report this as a positive and enjoyable experience. The number of prisoners in the kitchen has also increased.

Safeguarding courses, led by psychologists, have been provided to suitable prisoners and range from general awareness (entry level) to level 2 qualifications.

However, much of the work available to prisoners in the workshops remains undemanding and does little to enhance employment prospects on release.

## 12 RESETTLEMENT PREPARATION

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Much of the preparation for release in a Cat B local prison focuses on housing. At the present time, around a quarter of prisoners are being released from HMP Nottingham with no fixed accommodation, either because they were homeless prior to imprisonment or because they have lost their accommodation whilst in prison. However, benefit and debt work through access to a benefits adviser, debt advice and money management courses was provided and prisoners due for release report that they received help with banking.

Catering on a budget (how to live with a kettle and a microwave) training has been offered but we understand that further expansion depends on support from local supermarkets.

The virtual campus has started to be used to provide access and materials to support prisoners in the month before their release and then post release (e.g. ongoing access to job applications, CVs, employment materials, advice and information).

Resettlement is also contingent upon having the opportunity to work. Advanced Personnel Management provided courses to improve employability but their funding was reduced and it is uncertain in the longer term, so they have been focussing on "hard to reach offenders".

There were also training/employment pathways in place for Art, Catering, Bike Repair, Construction, Warehousing and Interserve Servicing.

The Employment Academy is assisting in forming links with potential employers.

In recognition of the number of older prisoners, Retirement projects are to be started for prisoners who will be released into retirement rather than employment.

Offender management support for all but high risk cases has been problematic, with prisoners regularly reporting problems, as the prison has not been completing OASys reports for lower risk prisoners. This has caused significant distress when prisoners believe this to be a necessary requirement. IMB members have regularly been asked to look into sentence planning and issues with access to and information from Offender Managers, both within the prison and in the community.

Problems with home detention curfew (HDC) processes were addressed in the latter part of the reporting period, with a streamlined and more effective system for assessments and decision-making being implemented, so fewer prisoners remain in prison beyond their HDC eligibility date.

## C Section – Work of Board

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<b>BOARD STATISTICS</b>	
Recommended Complement of Board Members	20
Number of Board members at the start of the reporting period	10
Number of Board members at the end of the reporting period	10
Total number of visits to the Establishment	358
Total number of individual segregation reviews attended	349

## D Section - Applications

Code	Subject	Current reporting year	Previous reporting year
A	Accommodation including laundry, clothing, ablutions	21	17
B	Discipline including adjudications, IEP, sanctions	9	5
C	Equality	25	11
D	Purposeful Activity including education, work, training, library, regime, time out of cell	31	15
E 1	Letters, visits, phones, public protection restrictions	51	42
E 2	Finance including pay, private monies, spends	21	15
F	Food and kitchens	15	7
G	Health including physical, mental, social care	66	70
H 1	Property within this establishment	31	46
H 2	Property during transfer or in another establishment or location	49	56
H 3	Canteen, facility list, catalogue(s)	16	18
I	Sentence management including HDC, ROTL, parole, release dates, re-categorisation	61	71
J	Staff/prisoner concerns including bullying	57	44
K	Transfers	41	36
	<b>Total number of IMB applications</b>	494	520