



Debriefing paper for the inspection of

HMP Pentonville

by HM Inspectorate of Prisons

30 June – 10 July 2025

This paper represents the material presented at the full inspection debrief by HM Inspectorate of Prisons. The material and assessments are indicative only and may be changed at the discretion of the Chief Inspector after due reflection during the report production process or on the discovery of additional evidence. Inspected bodies will be offered the opportunity to correct factual inaccuracies as part of the publication process.

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Healthy prison assessments

Outcomes for prisoners are good against this healthy prison test.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

Outcomes for prisoners are reasonably good against this healthy prison test.

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 against this healthy prison test.

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 against this healthy prison test.

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.

1. Leadership

Our judgements about leadership take a narrative form and do not result in a score.

- The governor and deputy governor understood the many weaknesses and few strengths at Pentonville. They had set three priorities to drive improvement, but we were unable to see any impact on outcomes at the time of the inspection.
- Leaders faced many challenges outside of their control. However key failures in oversight across the senior team had led to deteriorating outcomes for prisoners.
- There were clear shortcomings of oversight of first night and induction. As a result, many prisoners experienced a chaotic and frightening first few days at Pentonville.
- There had been four heads of safety in the previous two years, and they had not addressed poor care for prisoners at risk of self-harm or suicide. We found unacceptable practices in the care of prisoners under constant supervision; this was a particular concern given the three self-inflicted deaths in 2025.
- The governor's appropriate plan to make Pentonville more purposeful by opening up the regime was fundamentally undermined by poor management of allocation to activity. This meant the large majority of prisoners spent more than 22 hours a day locked in their cells.
- Leaders in the OMU were failing to address the large backlog of sentence calculations and lack of initial screenings for prisoners on remand. These weaknesses undermined many other aspects of the work of the department.
- Leaders were unaware of the weak relationships evidenced through our survey and the inspection.
- Managers did not ensure high enough standards on residential units and many staff accepted the poor living conditions at the prison.
- National leaders had not allocated sufficient resources to address the failing infrastructure at Pentonville.
- The governor had brought all staff training in house. He had increased the amount of initial training and included opportunities for staff to see the reality of frontline work at the prison. While potentially positive it was likely that this would take some time to have a measurable impact.
- Governance of health care had led to several improvements since the previous inspection.
- There were some dedicated, hardworking and effective custodial managers.

2. Safety

Outcomes for prisoners against this healthy prison test were poor.

Early days in custody

- Nearly 400 new prisoners arrived each month. Most arrived during the evening from nearby courts. Reception was in need of decoration.
- Only 60% of prisoners said they were treated well in reception. We found they spent long periods in bleak holding rooms, strip searches were not completed in private and new arrivals did not have access to a shower.
- First night interviews were appropriately focused on risk, but they were not sufficiently private. In our survey, only 31% of prisoners said they had received a free phone call on their first night.
- Just 46% of prisoners said they felt safe on their first night.
- We found many new arrivals were not held on the designated induction wing. Staff on the other units were unable to tell us who the new prisoners were or where they were located.
- Prisoners were locked in cramped cells which were missing items such as bedding, pillows and cutlery and were without any information on how to contact support such as Listeners or the Samaritans.
- Induction arrangements were chaotic.

Promoting positive behaviour

- Perceptions of safety were a serious concern; in our survey, 44% of prisoners said they felt unsafe at the time of the inspection; these were the worst perceptions we have found in a reception prison in recent times.
- The rate of violence had increased by almost a third since our last inspection and was higher than similar prisons. The main causes of violence were frustration, group-based conflict and the illicit economy.
- Investigations into violence were reasonable, although the subsequent actions through the CSIP lacked impact.
- There was a good range of interventions available, some of which had been recently introduced, including Catch 22 and conflict resolution peer workers which, while in their infancy, were promising.
- There was little at Pentonville to motivate prisoners to behave well, and the adjudication system was not working effectively to address poor behaviour; only 42% of adjudications had been found proven in the last 12 months.

Segregation

- The use of formal segregation had decreased since the last inspection, with 397 episodes in the last 12 months. Most stays were short, but two prisoners had spent much longer on the unit.
- Segregation cells did not include basic furniture such as a table and chair.
- Most prisoners we spoke to reported positive treatment from staff.
- Time out of cell was limited, with prisoners only receiving a shower and time in the open air, and on occasions this too was cancelled.

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- There was no oversight or safeguards for prisoners who were informally segregated, some for several weeks, on the main residential wings. Many did not receive any regime entitlements.

Use of force

- There had been a substantial increase in force being used since the last inspection, with 1,142 incidents in the last 12 months. Most of these were due to violence and non-compliance.
- While scrutiny was in place and actions taken where identified, in the sample we reviewed we were not assured that all force was necessary or proportionate and we had to refer incidents of concern to leaders.
- Leaders had improved the use of BWVC and now had good processes in place to try to improve the quality of footage.
- The use of unfurnished accommodation was not always justified.

Security

- Drugs were widely available. In our survey, 41% said that illicit drugs were easy to get and 17% said they had developed a drug problem at Pentonville. The random drug testing rate over the previous 12 months was 27%.
- Leaders were working on the challenges posed by the ingress of drugs, but this was hampered by weakness in some procedural security.
- The operation of the incentivised substance free living wing was better than we usually see.
- Intelligence was managed well, but actions were not always completed.

Suicide and self-harm prevention

- There had been five self-inflicted deaths since our last inspection, with three occurring in 2025. In our survey, 38% of prisoners said they felt suicidal on arrival.
- PPO recommendations were not always responded to, and one PPO report had not been addressed at all. Additionally, investigations into serious incidents of self-harm were not always carried out.
- The number of recorded self-harm incidents was similar to our previous inspection and remained lower than other reception prisons.
- In our survey, only 37% of prisoners who had been on an ACCT said they felt cared for. We found staff had very limited knowledge of prisoners in their care or why they were on an ACCT, including those on constant supervision.
- There were substantial weaknesses in the ACCT case management documents.
- We found prisoners on ACCT documents without basic items such as telephones, bedding and furniture.
- Support for prisoners on constant supervision was very poor.

3. Respect

Outcomes for prisoners against this healthy prison test were not sufficiently good.

Staff-prisoner relationships

- In our survey only 54% of prisoners said that most staff treated with them with respect, and half said that they had been bullied or victimised by staff, which was worse than at similar prisons.
- While we observed some positive and friendly interactions with staff, which was particularly noticeable on the small specialist units, we also saw many staff failing to provide basic care to prisoners, or challenge low-level poor behaviour.
- Some prisoners we spoke to were frustrated about staff not being able to respond to legitimate requests, such as providing bedding or access to a shower, which affected relationships.
- The key worker scheme was not operating effectively.

Daily life

- The prison was more overcrowded than at the time of our previous inspection. Over 60% of prisoners were sharing cells that were designed for one person.
- Many living areas were dirty and there was a widespread infestation of mice and cockroaches.
- Many cells lacked furniture, bedding, functioning telephones and kettles. Ventilation in the cells was poor, and many were unpleasantly hot during our inspection.
- In our survey prisoners were more negative about noise levels than at similar prisons. During our inspection we found most of the wings to be extremely noisy.
- There were not enough showers, and many were in poor condition, although a programme of refurbishment was underway.
- Prisoners experienced long delays in accessing their property.
- We observed that prisoner cell call bells were not answered promptly and there was no monitoring of response times.
- The food was unpopular and many prisoners reported not getting enough to eat at mealtimes. We observed ineffective supervision of meal service and substantial variations in the size of portions being served to prisoners.
- The evening meal was being served as early as 4pm.

Consultation, application and redress

- Consultation arrangements were reasonably good and there were instances of responsive action being taken.
- The applications system was ineffective.
- The complaints process was functioning well with timely responses.

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Fair treatment and inclusion

- The overrepresentation of young prisoners in instances of violence had been identified and good work had been undertaken to understand the causes and develop a responsive plan. However, implementation had been slow.
- The way that data was presented at equalities meetings was not always clear and hindered the identification of other instances of disproportionality.
- Responses to the high number of complaints about discrimination were poor.
- Twenty-eight per cent of prisoners were foreign nationals. Provision had been limited but two staff members had recently been appointed to work with them.
- Management of emergency evacuation plans (PEEPs) for disabled prisoners was inconsistent.
- The chaplaincy provided religious services, good pastoral care and offered a range of courses, study groups and activities. Friday Muslim prayers took place in the main gym because repairs to the leaking roof in the mosque had not been successful.

Health, well-being and social care

- Joint oversight and governance of the health services was strong.
- There was good evidence of learning as a result of adverse incidents and complaints.
- The absence of a prisoner well-being strategy was mitigated by multi-departmental coordination of initiatives.
- Age-appropriate vaccinations were available for patients across the age range. There was a high level of testing for blood-borne viruses, though uptake of hepatitis vaccinations was poor.
- Staffing had significantly improved since the last inspection, enabling a new model of primary care delivery. This added safety features such as the review of all new patients in the prison following reception screening.
- Clinic waiting lists, except for the dentists, were well-managed and DNA rates low.
- The care of patients with long-term conditions such as diabetes and epilepsy had improved.
- Mental health services met the needs of the population with an apposite range of therapeutic options. However, the waiting time for some therapeutic groups was long.
- Those with higher level needs received compassionate care on the clinically led inpatient unit.
- There were comprehensive psychosocial addiction services in the prison. Recovery-based groups were also running on the ISFL. This was coordinated with the clinical prescribing team, who treated patients in alcohol withdrawal.
- Pharmacy services were generally good.
- Access to the dentists was not equitable, and governance procedures needed to be strengthened in relation to essential staff training and equipment management.

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4. Purposeful activity

Outcomes for prisoners against this healthy prison test were poor.

Time out of cell

- Time out of cell was poor. In our survey, 71% of respondents said that they usually spent less than two hours out of their cells on weekdays.
- In our afternoon roll check we found 46% of prisoners were locked up and just 14% engaged in activity off the wing. We were unable to reach a reliable figure when conducting our morning check as staff on one wing could not confirm how many prisoners were on their landings.
- Inconsistencies in the daily regime frequently meant that prisoners received less than their scheduled two hours unlocked. Prisoners told us that they were often unable to shower, and we observed this during our inspection.
- There had been an increase in gym staff and accredited programmes were now offered. Data showed around 30% of the population participated.
- The library had moved to a more central location to encourage attendance.
- However, many prisoners who applied did not turn up because they were not unlocked from their cells.

Education, skills and work

- There were sufficient part-time activity places for the population. Leaders did not allocate prisoners to all these places. In addition, many of those allocated to activities did not attend. This meant that most prisoners were unoccupied at the time of inspection.
- Leaders and managers offered a range of curriculum pathways that had been informed by the prison's curriculum needs analysis.
- Leaders had started to offer a range of courses that would help prisoners to become self-employed or work in shortage areas. This had included a tattooing course as well as bike maintenance and a community kitchen. These courses were popular with prisoners but were new, so their full impact could not be determined.
- Most tutors planned activities that met the needs of prisoners. This meant prisoners were enthusiastic and engaged.
- The quality of teaching was inconsistent. In English and ESOL lessons, teachers did not develop prisoners' knowledge and understanding in a coherent manner.
- Due to ongoing poor quality, the awarding organisation had stopped the prison offering accredited qualifications in industries.
- In education, leaders had a good overview of the quality of education. However, in industries measures to evaluate the provision were still being developed. The absence of the quality improvement group resulted in a lack of overview of issues and the progress towards improvement.
- Most prisoners who completed their courses achieved their qualifications.

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- Once in activities, prisoners were respectful towards staff and each other. Most worked well in lessons and industries and understood the importance of teamwork.
- Instructors in industries did not help prisoners gain a sufficient understanding of fundamental British values and how they applied to them. Tutors in education were better at this and most prisoners in education had an adequate understanding.
- Too many prisoners did not know what courses were available to them.
- At the time of the inspection the careers education, information, advice and guidance service was not good enough.

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5. Preparation for release

Outcomes for prisoners against this healthy prison test were poor.

Children and families and contact with the outside world

- A friends and significant others (FaSO) strategy provided clear direction in the delivery of activities to support and strengthen family ties.
- Leaders worked collaboratively with PACT to deliver visit sessions and activities, including family days.
- There was good availability of visits except at weekends where prisoners had to wait six weeks for the next slot.
- The visits hall was a welcoming environment and was complemented by the addition of a separate, enhanced families area providing access to games and soft play.
- Secure video calls were available on all but one of the wings, but the service was underused.

Reducing reoffending

- Leaders had failed to address significant backlogs in sentence calculations. This prevented effective sentence or release planning and had led to several prisoners being released in error, as well as many held after their release date.
- Basic custody screening assessments were not routinely completed at the establishment, making it difficult for remanded prisoners to address issues like debt or maintain their tenancies.
- Substantial delays to start custody assessments meant that there was a gap in supporting risk management and sentence progression.
- Contact between POMs and prisoners remained largely infrequent and too often lacked sufficient focus and support to drive progression. The ability for POMs to conduct essential tasks was severely impacted by cross deployments and conflicting priorities.
- The recent introduction of OMU wing-based surgeries was positive.
- There was a good range of interventions provided by Catch 22, the Shaw Trust, Phoenix Futures and a local initiative called Time 4 Change.
- The psychology team and OMU staff worked well together to manage a small number of prisoners with very complex and challenging needs.

Public protection

- A backlog of screening and cross-deployment of staff resulted in a delay in public protection monitoring.
- Interdepartmental risk management meetings were not well attended by internal departments. However key information was shared among agencies regarding individuals due for release within the next three months.
- The quality of Multi-Agency Public Protection Arrangements (MAPPA) information sharing forms was consistently good.

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Returning to the community

- The demand for resettlement help was high. On average over 200 prisoners were released each month; nearly half of these were unplanned.
- Planned releases often happened in the afternoon which reduced the time prisoners had to get to their destination and comply with any reporting conditions. Many immediate releases were happening later in the evening which was concerning.
- The pre-release team had worked hard to ensure prisoners' immediate resettlement needs were identified and addressed. Coordination of release planning for individual prisoners benefitted from a regular multi-agency pre-release meeting.
- There was good support to help prisoners with their finance, benefit and debt needs and to obtain recognised forms of personal identification.
- Where releases were planned, 23% of those prisoners were homeless on the day of release. There was no data for prisoners immediately released from court.
- Very few prisoners had employment on release.