Report on an unannounced inspection of

# HMP Pentonville

by HM Chief Inspector of Prisons

30 June – 10 July 2025

# Contents

# Introduction

Pentonville is a historic, reception prison in North London that held 1,189 men at the time of this inspection. It is never an easy jail to run, with overcrowded cells, crumbling infrastructure and a fast-changing population that includes many men who are mentally ill, addicted to drugs and homeless, or who are involved with criminal gangs. At this inspection, however, we found a prison that had seriously deteriorated, with scores of poor in our healthy prison assessments for safety, purposeful activity and preparation for release, and not sufficiently good for respect. As a result of the very worrying findings, I issued an Urgent Notification to the Secretary of State.

The treatment of new arrivals to the jail was completely inadequate; prisoners were placed in ill-equipped cells without some basic items such as bedding, pillows or cutlery. Due to the national population pressures, some men spent their first night in the prison housed not on the induction wing, but elsewhere in the jail where staff could not tell us who they were or which cell they were in. In our survey, 44% of prisoners said they felt unsafe at the time of the inspection, the highest number in any reception prison during my time as Chief Inspector.

The care for some of the most vulnerable was appalling and so far in 2025 three prisoners had killed themselves. Support for those who were at risk of self-harm or suicide was cursory at best and we found staff who were supposed to be looking after men on constant watch asleep, reading or entirely absent.

Many of the wings at Pentonville were chaotic and noisy with lots of shouting from both staff and prisoners. Levels of violence were high, often fuelled by the ingress of drugs into the jail, and inspectors frequently smelt cannabis on the wings. Relationships between prisoners and staff were often poor and prisoners complained that staff seemed to be indifferent to them or their needs. While there were many dedicated staff members at the jail, inspectors witnessed an apparent lack of care from too many officers.

The ineffective allocations system meant that many jobs or education places were not filled, meaning that the vast majority of prisoners spent more than 22 hours a day locked in their cells. Staff on one wing were unable to account for the whereabouts of their prisoners during the working day; symptomatic of a prison in disarray. Attendance at education was poor with many prisoners failing to turn up to their lessons. For a few men, there were some activities, such as bike maintenance, that were designed to help them find work on leaving the jail. Overall, the numbers getting into work on release was very low.

There were some more positive findings in this inspection. A dedicated health care team managed to deliver a good service, with some particularly good levels of care for some very unwell men on the inpatient unit. The integrated substance free living (ISFL) unit was better than we often see, with men given good support to address their addiction. The well-regarded Time for Change programme, run by an experienced custody manager, supported some of the younger men at Pentonville.

Inspectors were shocked to find that staff were consistently failing to calculate prisoners' sentence length correctly. This is a fundamentally important task to make sure that prisoners are released on the correct day. At Pentonville, this work was not being done accurately or in a timely fashion, meaning that many men had been kept in the prison after their sentence should have ended. While we believe that most had only been released a day late, there may have been others who were held for longer.

In this report we describe comprehensive failures by leaders to make sure that there was effective oversight and management of some of the basic operations of a reception prison.

It will take support and investment from the prison service to turn round this this troubled jail.

**Charlie Taylor**
HM Chief Inspector of Prisons
August 2025

# What needs to improve at HMP Pentonville

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. **Leaders' lack of oversight of critical systems and processes lay behind the widespread deterioration in outcomes for prisoners.**

2. **Care and support during prisoners' first night and induction were inadequate.** Their first few days were chaotic and prisoners felt unsafe.

3. **There was a lack of support for prisoners at risk of self-harm, including those subject to constant supervision**. Substantial weaknesses in the ACCT process were not given sufficient attention.

4. **There were considerable weaknesses in staff-prisoner relationships.** Many prisoners reported being victimised by staff, including being assaulted, and prisoners were frustrated that staff were unable or unwilling to respond to legitimate requests.

5. **Time out of cell was poor and unpredictable.** Most prisoners spent less than two hours out of their cells each day. They struggled to complete basic tasks, shower and exercise in the short time they were unlocked.

6. **Too few prisoners were allocated to the available activity spaces despite there being waiting lists.**

7. **A backlog in sentence calculations resulted in the late release of many prisoners.**

## Key concerns

8. **The prison remained overcrowded, cells were poorly equipped, lacked ventilation, and some were infested with pests.**

9. **Many cell call bells were not answered within an acceptable time.**

10. **Prisoners' attendance and punctuality at activities were too low.**

11. **There were not sufficient accredited qualifications available to prisoners to recognise the skills they had developed in industries.**

12. **The quality of education, skills and work was not consistently good.**

13. **Prisoners' resettlement needs were not routinely identified on arrival.** Referrals and signposting could not routinely take place, which hampered effective release planning.

# About HMP Pentonville

**Task of the prison/establishment**
HMP Pentonville is a category B reception prison for remand and convicted males aged 18 and over.

**Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection**
Prisoners held at the time of inspection: 1,189
Baseline certified normal capacity: 928
In-use certified normal capacity: 905
Operational capacity: 1,205

**Population of the prison**
- 4,690 new prisoners received each year (around 390 a month)
- 317 foreign national prisoners
- 57% of prisoners from black and minority ethnic backgrounds
- 190 prisoners released into the community each month
- 360 arriving with substance misuse needs each month
- 300 prisoners referred for mental health assessment each month

**Prison status (public or private) and key providers**
Public

Physical health provider: Practice Plus Group
Mental health provider: North London NHS Foundation Trust
Substance misuse treatment provider: Phoenix Futures
Dental health provider: Smile Dental Care
Prison education framework provider: Novus
Escort contractor: Serco

**Prison group/Department**
London

**Prison Group Director**
Ian Blakeman

**Brief history**
HMP Pentonville is a large Victorian local prison with four wings, unchanged since it was built in 1842.

**Short description of residential units**

| | |
|---|---|
| A wing: | 210 spaces, first night centre and induction unit |
| C wing: | 150 spaces, general remand and convicted prisoners |
| D wing: | 160 spaces for vulnerable prisoners |
| E wing: | 130 spaces, general remand and convicted prisoners |
| F1–3: | 116 spaces for prisoners requiring substance misuse stabilisation |
| F4–5: | 54 spaces, general remand and convicted prisoners |
| G wing: | 280 spaces, general remand and convicted prisoners |
| G1: | 40 spaces, neurodiversity unit |

E1: 10 spaces, care and separation unit
J wing: 60 spaces, incentivised substance-free living unit
Health care: 22 spaces

**Name of governor and date in post**
Simon Drysdale, January 2024 –

**Changes of governor since the last inspection**
Ian Blakeman, December 2019 – December 2023

**Independent Monitoring Board chair**
Jocelyn Hillman

**Date of last inspection**
July 2022

# Section 1 Summary of key findings

## Outcomes for prisoners

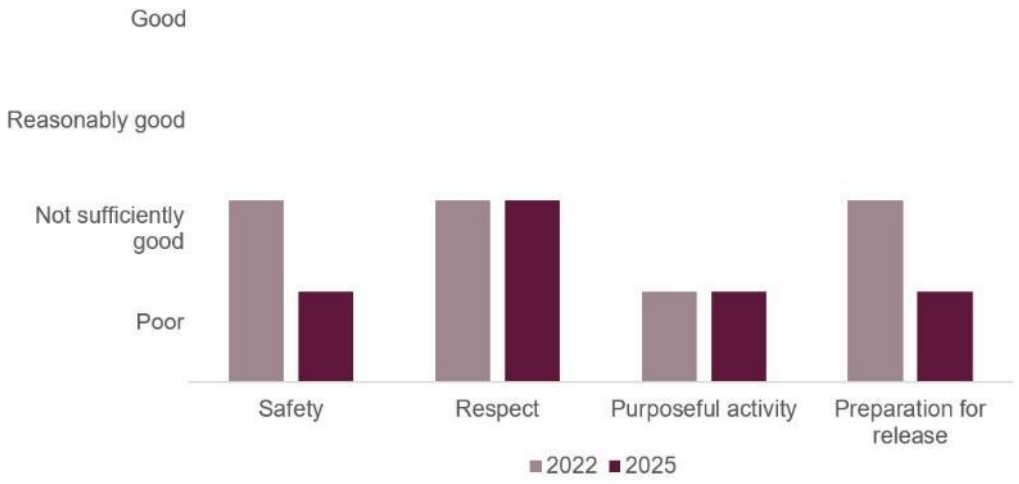
1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).

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

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

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

**Figure 1: HMP Pentonville 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 15 concerns, eight of which were priority concerns.

1.5 At this inspection we found that only three of our concerns had been addressed and 12 had not been addressed. The three that had been addressed included both health care concerns and one safety concern. No concerns had been addressed in purposeful activity or preparation for release. 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 three 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) | Leaders were routinely reviewing the quality of body-worn camera footage in use of force incidents and assessing it against a scoring system. This was reviewed at use of force meetings to drive up standards. | See paragraph 3.24 |
| b) | The early days in custody team reviewed all men on the day following reception screening which reduced the risk of a significant health issue being missed at a critical point of imprisonment. | See paragraph 4.50 |
| c) | Pharmacy staff worked flexibly to make sure that evening medicines were administered appropriately. A duty technician reconciled medicines for late arrivals so that they could continue the medicines they had been taking in the community. | See paragraph 4.83 |

# Section 2 Leadership

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

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

2.2 The governor 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 their control including population pressures and the Victorian buildings they were operating in. However, failures in oversight and accountability across the senior team were the cause of many of the very poor outcomes found at this inspection.

2.3 Leaders in the offender management unit were failing to address the large backlog of sentence calculations. This undermined other aspects of the work of the department and led to many prisoners being held beyond their release date.

2.4 There were clear shortcomings in oversight of first night and induction. As a result, many prisoners experienced a chaotic and frightening first few days at Pentonville.

2.5 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.

2.6 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.

2.7 Leaders were unaware of the weak relationships demonstrated in our survey and during the inspection. Despite many committed frontline staff and custodial managers, an inability to provide basic services undermined prisoners' trust in staff.

2.8 National leaders had not allocated sufficient resources to address the failing infrastructure at Pentonville. This was compounded by local managers not making sure that standards on residential units were high enough.

2.9 The governor had brought all staff training in house. He had increased the amount of initial training and included opportunities for new recruits to see the reality of frontline work at the prison during their training. While potentially positive, it was likely that this would take some time to have a measurable impact.

2.10 Governance of health care had led to several improvements since the previous inspection. Staff shortfalls had been largely resolved and access to most services was good.

# 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 The reception area was busy, with nearly 400 prisoners arriving each month. Most arrived during the evening from nearby courts which did not always allow enough time for reception and first night processes to be conducted effectively.

**Reception holding room**

3.2 In our survey, only 60% of prisoners said they were treated well in reception compared to 73% at similar prisons. We found that new arrivals spent long periods in bleak holding rooms which contained no information on what to expect over the coming days. In addition, strip-searches were not completed in private and prisoners did not have access to a shower. Staff were focused on processing men through reception quickly and, as a result, most interactions were polite but brief. Many reception staff had not been trained in using the body scanner to detect illicit items being brought into the prison, and it was not used during our observations (see paragraph 3.32).

3.3 First night interviews completed in reception were appropriately focused on risk, but they were not conducted in private. Interviews continued to take place simultaneously in the same area, with staff and prisoners walking in and out of the room. Although phone calls were offered during our observations, many other prisoners told us they never received one and, in our survey, only 31% said they had received a call on their first night. Those subject to public protection measures continued to wait too long for their phone account to be activated and could spend long periods with no contact.

3.4 In our survey, only 46% of prisoners said they felt safe on their first night. Many new arrivals did not go to the induction wing, instead going to other wings which were noisy and chaotic. Staff on these other units could not tell us who the new prisoners were or where they were located.

3.5 Only 20% of prisoners in our survey said their cell was clean on their first night at Pentonville. New arrivals were locked in overcrowded cells, many of which were dirty, needed repair and were lacking items such as bedding, pillows, cutlery, furniture and, in one case, a mattress. In our survey, only 15% of prisoners said they had the chance to talk to a Listener (prisoner trained by the Samaritans to provide confidential emotional support to fellow prisoners) or the Samaritans. Despite 38% reporting feeling suicidal on arrival, they were locked up with no information on how to contact this support.

**Cramped first night cells lacking furniture**

3.6 Peer workers were underused to help prisoners during their early days and just 16% in our survey said they had received support from another prisoner. Some peer workers in reception were trained as Listeners, but they wore T-shirts labelled 'reception orderly' and were not given the opportunity for private conversations, making the available support unclear to new arrivals. Similarly, an induction orderly was located on

the first night wing, but did not meet new arrivals until the induction power point presentation was delivered.

3.7 Induction arrangements were chaotic. For those on the induction wing, staff shortages prevented the induction presentation being delivered as scheduled. In addition, staff did not tell prisoners what to expect during their first few days because they could not predict what was likely to happen. We were not confident that prisoners located elsewhere in the prison received an induction.

## Promoting positive behaviour

Expected outcomes: Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

### Encouraging positive behaviour

3.8 At the time of our inspection, 44% of prisoners in our survey said they felt unsafe, the highest figure recorded in a reception prison since the return to inspection following the Covid pandemic. Thirty-seven per cent of respondents said they had been bullied or victimised by prisoners, and 50% by staff. Leaders were not aware of these perceptions.

3.9 The rate of recorded violence had increased by just under a third since the last inspection. During the last 12 months, there had been 454 assaults on prisoners and 260 assaults on staff, both higher than similar prisons. Leaders, staff and prisoners told us the main causes of violence included frustration, gang-based conflict and the influence of the illicit economy.

3.10 Each incident was investigated by Catch22 (provides intervention, rehabilitation and victim services in prison and the community). The investigations were reasonable, identifying triggers and contributing factors. However, the case management of perpetrators through challenge, support and intervention plans (CSIPs, see Glossary) was inadequate. Many plans were not implemented in a timely manner and the actions were often superficial.

3.11 Catch 22 had started to deliver one-to-one interventions for prisoners on topics such as emotional regulation, anger management and coping strategies. The programme Time 4 Change had been established at Pentonville for young adults, a 12-week course covering topics such as gang life, young fatherhood, forgiveness and conflict resolution. A small number of prisoners with complex needs, usually involving a pattern of disruptive behaviour, received support from the enhanced support service (ESS). Weekly sessions were held with a multidisciplinary team including a forensic psychologist, a mental health nurse and a dedicated officer.

3.12 This range of interventions aimed at prisoners who were at higher risk of committing acts of violence had not been successful in reducing the frequency of assaults.

3.13 There was little at Pentonville to motivate prisoners to behave well and few consequences for those who misbehaved. In our survey, just 13% of prisoners were aware of the opportunities and rewards offered and only 30% of these said that the incentives motivated them to behave well. Rewards such as additional time out of cell in the evening for enhanced prisoners were not consistently delivered. During our observations, only 10 prisoners attended, not all of whom were enhanced.

3.14 One of the few noticeable sanctions for poor behaviour was the removal of televisions from those on the lowest level of the incentives scheme. However, this was not implemented for the majority who lived in shared cells as it would be unfair to the other prisoner. The adjudication system for more serious behaviour, including violence, was also not effective (see paragraph 3.17).

3.15 The incentivised substance-free living wing (ISFL) provided a more positive environment to promote good behaviour. This smaller unit with dedicated staff had better facilities, including for cooking, and the unit felt calmer and more ordered than the rest of the prison. Those we spoke to said that they were motivated to remain substance free to stay on this unit.

**Independent substance free living unit**

## Adjudications

3.16 There had been a considerable increase in adjudications over the past 12 months, with 4,830 charges laid compared to 2,454 at the time of the last inspection. The majority of these were related to the possession of unauthorised items (49%) and violence (21%).

3.17 Leaders had not dealt with this increase well. A considerable proportion of cases were either dismissed (17%) due to insufficient evidence or not proceeded with (26%) because of administrative errors or excessive delays. At the time of the inspection, there was a backlog of over 200 adjudications, half of which were with the police. As a result, only 42% of adjudications were found to be proven.

**Outstanding adjudications**

3.18 Oversight of the adjudication process was limited. Although regular meetings were held and some issues were identified, there was insufficient follow-up action to address them. There was no formal quality assurance process to monitor or improve adjudications.

## Use of force

3.19 Use of force had increased since the last inspection, with 1,142 incidents in the last 12 months compared to 629 in the same period

before the last inspection. Force was used most frequently for violence and non-compliance.

3.20 In our survey, 18% of prisoners said that they had been physically assaulted, compared with 11% in similar prisons. Furthermore, in our staff survey, 40% of respondents said they had witnessed staff behaving inappropriately towards prisoners.

3.21 We reviewed use of force incidents, several of which were not necessary or proportionate, and we referred four cases to prison leaders for further investigation. Other prisoners told us of inappropriate force and we found evidence to support these views in two further cases, which we also passed to leaders.

3.22 Leaders carried out quality assurance of 20% of all incidents, and a review of four or five incidents by a small team of people every two weeks. This largely consisted of high-level incidents and planned force, although most use of force in the establishment was spontaneous. When disproportionate force or learning points were identified, some action was taken.

3.23 Our review of high-level interventions including batons and parva (incapacitant spray) indicated that they were used proportionally and that good oversight was in place.

3.24 The use of body-worn video cameras had improved. Leaders had improved oversight and assessed the footage of antecedence, application of force, and the post incident response. This was fed back to staff and was improving standards.

3.25 Unfurnished accommodation had been used six times in the previous 12 months, but some of the authorisations were missing. Most episodes that we could view were short in duration. We found one case, however, where the use was not justified.

**Segregation**

3.26 The use of formal segregation had decreased; there had been 397 episodes in the last 12 months. Most stays were short with an average of just over five days, although two prisoners had been segregated for some time. While there was limited use of formal reintegration plans, we observed good efforts by leaders during reviews to try to reintegrate prisoners on longer stays in segregation.

3.27 The segregation unit was small, with only 10 cells available. It was often full and some prisoners were informally segregated on the main residential wings. There were no records for these individuals and the scale of the issue was not fully understood. We identified several prisoners who had been informally segregated, including one who had remained in this situation for several weeks. There was no oversight or safeguarding in place and many did not receive their entitlements, including access to time in the open air.

3.28 The segregation unit was clean, but some of the cells had damaged walls and were not appropriately equipped. Cells typically only had a bed, a toilet and sink, with no tables and chairs, and prisoners had to keep personal possessions in a locker outside their cell.

**Segregation cell**

3.29 Overall, the daily routine on the unit was too limited, and prisoners only received a shower and time in the open air. Prisoners we spoke to said this did not happen every day and electronic records indicated cancellations for poor behaviour. Staff also said that time in the open air did not always happen because of staffing pressures, particularly on busier days.

3.30 In our survey of prisoners who had spent one night or more in segregation, 45% said they were treated well by staff. Prisoners we spoke to were positive about their relationship with staff, and staff appeared to know their prisoners well.

## 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.

3.31 Drugs were widely available at Pentonville. In our survey, 41% said that drugs were easy to get and 17% said they had developed a drug problem while at the prison. The random drug testing rate over the previous 12 months showed that 27% of prisoners had tested positive.

3.32 There were good physical security measures to try to disrupt supply, such as netting, and leaders were also working with the police and local community on drone awareness and reporting. However, there were considerable weaknesses in procedural security measures which hampered these efforts. Not all new arrivals received a body scan because of a lack of trained staff, and staff and prisoners were not searched consistently.

3.33 Other weaknesses included not being able to account for prisoners; for example, in our roll checks staff were not confident about the number of prisoners they were responsible for.

3.34 There was a high number of prisoners who were associated with organised crime groups at Pentonville, which increased the risk of trafficking at the establishment. Security staff understood this group well.

3.35 Overall, intelligence was managed well. However, some actions were not carried out consistently. Some target searching was not completed and there was not enough use of suspicion testing, with only an average of 10 tests completed each month.

## 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

3.36 There had been five self-inflicted deaths since our last inspection, three in 2025. Early learning reviews from the self-inflicted deaths had been completed and there was a death in custody action plan. However, deficiencies repeatedly identified in the ACCT process (assessment, care in custody and teamwork case management for prisoners at risk

of suicide or self-harm) were not given sufficient attention and one Prisons and Probation Ombudsman report had not been addressed at all. In addition, investigations into serious incidents of self-harm were not always carried out.

3.37 In our survey, 38% of prisoners said they felt suicidal on arrival. During the previous 12 months, 831 ACCT documents had been opened, an increase since our last inspection. At the time of this inspection, 57 were open. Many prisoners identified as at risk of self-harm told us they did not feel cared for, and described staff as unhelpful, uncaring and unfriendly. We found prisoners without basic items such as telephones, bedding and furniture. In our survey, only 36% of prisoners who had been on an ACCT said they felt cared for.

3.38 Staff had very limited knowledge of prisoners in their care or the reasons why they were on an ACCT. The single case management model that we commented on during our independent review of progress had lapsed. Reviews were not always completed on time, including the initial assessment in some cases, and review documents were missing from the folders and we were unable to confirm that they had been completed. Many supervisor checks and handovers were missing and recorded conversations were limited. Prisoners who had recently had an ACCT closed rarely had daily entries completed by staff.

3.39 Support for prisoners whose risk was assessed as high enough for constant supervision was also poor. We found that staff did not know the name of the prisoners they were supervising, one officer was asleep, and others were reading or completely absent when they should have been caring for some very vulnerable men. The doors were kept shut, with staff conducting their observations through a plastic screen. These prisoners had limited interaction with staff or other prisoners and there was little effort to engage them in an activity. Furthermore, prisoners were not always being supervised by the appropriate grade of staff.

3.40 The number of recorded self-harm incidents was similar to our previous inspection and remained lower than at other reception prisons. Prison data had identified that poor mental health and a disrupted daily routine were the main reasons for prisoners' self-harm. Some prisoners expressed frustration at delays in seeing someone from the mental health team. We found that the health department had made timely appointments, but the prisoner either did not know of them, or they were not unlocked by staff to attend.

3.41 There was a Listener scheme but the population churn made recruitment and retention challenging for leaders and there were only 10 Listeners at the time of our inspection. Listeners told us that not all staff understood their role and they were not always unlocked. In our survey, 37% said it was easy to speak to a Listener if they wanted to. Listener suites across the prison were unwelcoming and in a poor condition.

**Listener suite**

## Protection of adults at risk (see Glossary)

3.42 Links with the local safeguarding adults board were being renewed. The weekly safety intervention meeting had good oversight of prisoners of concern and the health team had made 11 referrals to the local safeguarding board in the last 12 months.

3.43 Most staff whom we spoke to were not confident about what constituted safeguarding but said that they would refer any concerns to the safer custody department.

# 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 There were considerable weaknesses in staff-prisoner relationships. In our survey, only 54% of prisoners said that staff treated them with respect, and 50% reported that they had been bullied or victimised by staff, compared with 66% and 38% respectively at similar prisons.

4.2 Some prisoners expressed frustration that staff were unable to respond to legitimate requests, including providing essential items. One prisoner suggested that what was needed was to: "…train staff to actually help prisoners with problems, for example contacting OMU, sorting out apps, and basic things like checking things like release dates and spends. Most of the time you're being pushed behind your door and told it will be checked but it rarely is.".

4.3 We did observe some positive and friendly interactions; particularly on the independent substance-free living unit, health care inpatients and G1, which were smaller specialist units. However, most relationships were strained and there was a noticeable lack of empathy and care, even for those in crisis (see paragraph 3.39).

4.4 There were barriers to forming good relationships. The restricted regime and frequent curtailments (see paragraph 5.4) limited the time staff and prisoners spent together, and prisoners were well aware that staff shortages caused them to spend more time behind their door. Pressures such as accessing showers then became a flash point for tension.

4.5 The key worker scheme (see Glossary) was not operating effectively. Most prisoners were not eligible for key work under the revised model being delivered, but even those deemed to be a priority, such as young adults or those on ACCTs, rarely received a session with a member of staff.

## 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

4.6 The prison was more overcrowded than at our last inspection. The occupational capacity had risen from 1,115 to 1,205 and, as a result, more than 60% of prisoners were sharing cells that were suitable for one person.

4.7 In our survey, prisoners were more negative about the cleanliness of communal areas than at comparator prisons. We observed a marked contrast in the standards on different wings and in some locations, including many of the staircases, dirt was so deeply ingrained that only deep cleaning would eradicate it effectively. Mice and cockroaches were widespread, including in cells, and pest control measures were not proving effective at eradicating the infestations.

4.8 Most of the wings were extremely noisy and this was reflected in our survey where 31% of prisoners said it was quiet enough to relax on the wing or houseblock compared with 48% in comparable prisons. It was noticeable that staff contributed greatly to the noise levels by shouting out information and instructions to prisoners some distance away.

4.9 Ventilation in the cells was poor and many, particularly on the higher floors, were unpleasantly hot during our inspection. Not all cells were suitably equipped: some lacked furniture, bedding, functioning telephones or kettles.

**Cockroach**

4.10 The level of overcrowding meant that there were not enough showers for the population (see paragraph 5.6). Only 34% of prisoners against a comparator of 78% said they could shower every day. Many showers were in a poor condition. A programme to refurbish the showers was under way and there were plans to increase the number on G, the largest wing.

4.11 Prisoners continued to experience long delays in accessing their property. They were directed to submit applications but many told us that they did not always receive a response (see paragraph 4.18) and wing staff were instructed by managers not to contact the property store to follow up on delayed requests. Access to property therefore continued to be the source of many complaints (see paragraph 4.19). Prison leaders had recently committed more human resources to try to address the issue.

4.12 In our survey, only 8% of prisoners said that their cell call bells were answered within five minutes compared with 29% at comparable prisons and 24% at the last inspection. We observed cell call bells ringing without answer for extended periods. No report of response times was being produced because of a problem with the software and no alternative monitoring system had been put in place.

## Residential services

4.13 The kitchen had reopened after being closed for several months during the previous year to address a rat infestation. In our survey, only 25% of prisoners considered that the meals were of good quality. Only 10% of Muslim prisoners compared with 31% of other prisoners thought the food was good and this merited further enquiry by leaders. Our survey also revealed that 22% of prisoners considered that they had enough to

eat at mealtimes compared with 37% at our previous inspection. We observed considerable variations in the portions which the staff supervising the serveries did not challenge.

4.14 Meals were still being served too early. The serving of the evening meal during the week was scheduled to be from 4.45pm but we observed that it was still being served as early as 4pm on some wings.

4.15 There were limited opportunities for prisoners to prepare their own food and only those on some of the small specialist units had access to a kitchen.

4.16 Prisoners could buy items from the prison shop and larger items from a catalogue list that had been developed specifically for the prison. In our survey, prisoners were more negative than in similar prisons about being able to buy the things they needed from the shop and from catalogues. We did not find any notable deficiencies in either, though many prisoners were under the mistaken impression that it was no longer possible to buy electric fans to reduce the heat in some of the cells (see paragraph 4.9).

**Prisoner consultation, applications and redress**

4.17 Consultation arrangements were reasonably good. A monthly 'prisoner platform' meeting brought leaders together with prisoner wing representatives who met before the meeting to decide which issues to focus on at the main meeting. Positive changes had been achieved in aspects of prison life such as the food menu and shop choices, but very limited consultation took place at wing level which was a missed opportunity for leaders to identify and address issues specific to locations.

4.18 The applications system remained paper-based and Insiders (prisoners who introduce new arrivals to prison life) helped prisoners to make these requests. Insiders were tasked with taking the completed applications to pigeonholes located off the residential units, where they also collected responses. They had to be escorted by wing staff to access this area which led to delays. Prisoners were frustrated at how long it took to process applications and suggested that many did not receive a response. Despite this, there was no oversight of the applications system by managers.

4.19 The complaints process was functioning relatively well, facilitated by the presence of complaints boxes on the wings. There was good oversight of the complaint process, deadlines were closely monitored and most responses were timely. Reports of complaint data and trends were being produced which identified that property, activities and finance were the source of many complaints. However, there had not been more detailed enquiry into the specific themes of the complaints which would have facilitated remedial action.

4.20 Prisoners could receive legal visits in the main visits hall or through video calls in private rooms in the visits area. In our survey, only 36%

of prisoners said it was easy to communicate with their legal representative and prisoners told us they faced challenges including getting the relevant PIN number put on their phone. Some told us that their representatives found it difficult to book legal visits.

## 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.

4.21 Leaders had carried out some good work towards ensuring fair treatment and inclusion in the prison, but progress was sometimes slow and there were not enough dedicated resources in this area.

4.22 In 2024, in response to consistently negative data on violence, the equality manager had undertaken detailed investigation of the perceptions of younger prisoners through surveys and focus groups. Unfortunately, implementation of many aspects of the resulting plan had been slow.

4.23 About 11% of prisoners were over 50 and there was little in place for this cohort. A support strategy had recently been developed, which was positive, but there was no implementation plan and current provision was largely confined to dedicated gym sessions.

4.24 At the time of the inspection, 27% of prisoners were foreign nationals. Until recently, provision had been limited for these men. Most written communication was in English, but a recently appointed communications officer had plans to address this. It was apparent that interpreting and translation facilities were not being used widely, not least because staff did not know they were available.

4.25 During 2024, the equality department had undertaken a survey of foreign national prisoners and developed an action plan, but this had been slow to implement. Positively, two staff members in the offender management unit had recently been assigned to work with this group of prisoners. They were already providing support and had plans to extend their work. Better coordination with the equality team was needed to prevent overlap in the work.

4.26 There were gaps in services for those with disabilities. An equality officer tasked with undertaking welfare checks on these prisoners was often assigned to other tasks. Management of personal emergency evacuation plans (PEEPs) was inconsistent: staff on some wings had limited knowledge of prisoners with evacuation needs or where to find this information.

4.27 Health care was largely responsible for making adjustments and providing equipment for prisoners with disabilities and there was a more limited role for the equality team than we usually see. In this context, there was a risk that the needs of some prisoners with disabilities might not be met.

4.28 A unit for neurodivergent prisoners had opened since our last inspection. A sensory room was located on the wing but this was not often used by prisoners and was flooded at the time of our inspection. Staff on the unit told us that they had had no specific training in neurodiversity. However, the unit was small and calmer than most parts of the prison and the residents we spoke to were positive about being located there.

4.29 Forums for prisoners with protected characteristics (see Glossary) had elicited more useful information about prisoner perceptions than we often see, but little had been done with this information and these forums were only scheduled to take place once a year for each protected characteristic. Recent efforts to identify disproportionate treatment had been undermined by poor presentation of data.

4.30 The number of discrimination incident report forms (DIRFs) was high, with 155 received in the first six months of 2025. The equality manager had taken responsibility for all DIRFs which took up a considerable portion of her time. The sample of DIRFs that we reviewed were largely not processed in time, did not demonstrate thorough investigation and had formulaic responses. A cohort of other managers had recently been trained to investigate and respond to DIRFs in future while the equality manager would support them and quality assure the responses.

**Faith and religion**

4.31 The chaplaincy provided religious services for prisoners from a range of faiths. Christian services took place in the main chapel. The prison mosque was not in use because its roof continued to leak despite major expenditure. Friday prayers for Muslim prisoners were, therefore, taking place in two locations: the sports hall and a classroom. Services and meetings for prisoners of other faiths took place in the synagogue which also served as a multi-faith room.

4.32 The chaplaincy was visible across the prison and provided good pastoral care. The managing chaplain had updated chaplaincy procedures, including introducing a duty chaplain rota, and had enhanced information sharing and communication within the team.

4.33 The chaplaincy offered or facilitated a range of courses, study groups and activities, including the Sycamore Tree victim awareness programme and bereavement counselling. It also co-ordinated the work of six official prison visitors.

## Health, well-being and social care

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

4.34 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

4.35 Practice Plus Group (PPG) was the main health care provider, subcontracting mental health and psychosocial addictions services. Partnership working between health providers and the prison was robust and well documented.

4.36 A pan-London model of service delivery commissioned by NHS England had been adopted and had improved safety for patients. Although the health needs assessment had expired, there were no gaps in service and commissioners were working on a revised approach with public health advisers.

4.37 Health services were well led by a large, clinically focused team of matrons and departmental heads. Clinical staff were easily recognisable. We observed compassionate care for patients throughout the prison.

4.38 The staff vacancy rate of 16% was a dramatic improvement on 2022 when it had been about 50%. Current staff confirmed they were in date for mandatory training and received regular supervision. There were several novel roles in the staffing complement that honed aspects of the pathway, for example the patient safety practitioner solely focused on care of the vulnerable.

4.39 A culture of enquiry into systematic auditing, adverse events and patient complaints was comprehensive, with learning disseminated to staff. Following a death at the prison, NHS commissioners had started an innovative development to prepare prison and health staff to care for patients with sickle cell disease and improve recognition of medical crises.

4.40 The PPG patient engagement lead visited the wings each day, consulting prisoners and wing representatives about health services. This resulted in suitable feedback to patients via the representatives and noticeboards at wing medicine hatches.

4.41 The health centre was well equipped with clean consulting and treatment rooms. Wing-based treatment and medicines administration rooms varied from modern to just adequate; many would benefit from

refurbishment and air-conditioning. Infection control and prevention measures were audited and good.

4.42 Several sets of resuscitation equipment were placed at key points in the prison and subjected to regular documented checks. Staff were suitably trained and available to respond to collapsed patients. This was vital, as there were around 60 such emergencies each month.

4.43 PPG received about 25 patient complaints/concerns each month, most commonly about clinical care and medicines. The process for managing them was timely and responses were focused and appropriate.

4.44 A matron and team ensured the prompt safeguarding of vulnerable patients. Eleven had been safeguarded in 2025 to date, with meticulous record keeping.

### Promoting health and well-being

4.45 Only 27% of prisoners in our survey said they were able to maintain healthy lifestyles. There was no formal prison-wide approach to promoting health and well-being, although health care worked with prison departments to raise awareness of issues such as overdose prevention and the management of epilepsy.

4.46 On arrival, all prisoners were offered screening for blood-borne viruses and take-up rates were high. There was access to NHS health checks and immunisation programmes, with uptake improving except for hepatitis vaccines.

4.47 Health promotion material was displayed in several places around the prison, with a particular focus on hepatitis C. In line with PPG's annual calendar of events, the Hepatitis C Trust was due to visit the prison to talk to prisoners and staff. However, none of the health promotion materials and information were in other languages or formats to assist those who did not speak or understand English. There were some peer health champions, but their role was limited and required development.

4.48 There were effective measures to manage communicable diseases. Men could access a weekly public health clinic for sexual health services or be seen by specialists if needed. Condoms were available for men at the health centre, to minimise the risk of infection.

### Primary care

4.49 The new model of working delivered by PPG teams included early days in custody (EdiC), planned care (PCare), unscheduled care (UCare) and transfer and release (T&R). The model reduced risks to health and improved the focus on patients' needs.

4.50 All new arrivals to the prison were seen by EdiC nurses for initial screening to identify immediate health care needs. The EdiC team reviewed every new patient the day after arrival which ensured that physical, mental health and substance misuse needs had been

identified and appropriate referrals made. A secondary comprehensive health assessment was undertaken within required timescales.

4.51 Men were able to request health care appointments via a paper application, and these were screened each day by a clinician to make sure they were managed appropriately. However, some prisoners we spoke to said they had had no response to their applications. Waiting times for most primary care appointments were reasonable and levels of attendance were good, except for dental appointments.

4.52 Access to clinicians was good with nurses available 24 hours a day and GPs for seven sessions a week. A wide range of nurse-led clinics ran each day. Patients' needs were met. Speech and language therapists were based at the prison, and a physiotherapist, optician and podiatrist ran regular clinics. Following several recent attacks by patients on health care staff, clinic treatment room doors were no longer closed when in use, thereby compromising patients' dignity and confidentiality.

4.53 Health care records that we reviewed showed that patients received timely and appropriate health care interventions. Their long-term medical conditions were managed well and there had been a recent focus on diabetes and epilepsy care to improve patient outcomes. Patients requiring more intensive health care were discussed at weekly multidisciplinary meetings which made sure their complex needs were appropriately treated.

4.54 There was effective administrative oversight of secondary care appointments, with good support from prison officer escorts to ensure patients attended them.

4.55 The recently implemented T&R team reviewed patients' health care needs to ensure a smooth transition for those leaving prison.

**Social care**

4.56 A Section 75 agreement between Islington Council (IC) and NHS commissioners authorised the latter to engage PPG to provide social care. A social care protocol contained a suitable information-sharing agreement, although there had been no recent meetings between parties to oversee the delivery of social care. The lack of oversight resulted in a conflict between IC and PPG referral data. We were assured by both that an imminent meeting with NHS commissioners would address our concerns.

4.57 Clients requiring urgent social care received prompt support from PPG. We were told that men could make self-referrals to IC for assessment, but we saw no information about this in the prison. All referrals to IC were submitted by PPG. At the time of inspection, no clients were in receipt of a package of care from IC.

4.58 Equipment was available for prisoners for support with day-to-day living, but there were no portable alarms in cells for men with disabilities to use to summon emergency assistance. Three peer

buddies were available to assist men with routine tasks, but the buddies we spoke to said they had not received training or supervision, which presented risks.

4.59 Processes were in place to ensure continuity of social care following release or transfer.

**Mental health**

4.60 Mental health services were delivered by North London NHS Foundation Trust (NLFT) and were integrated with the PPG model of care, so that UCare included emergency and crisis care and self-harm and suicide. This enabled a focus on the most vulnerable patients.

4.61 The team comprised trained, supervised and highly skilled managers and pertinent disciplines including nursing, psychiatry, psychology and an impressive array of therapists including art, occupational therapy and speech and language.

4.62 The very busy daily service received about 300 referrals a month from prison and external sources including self-referrals. EDiC and UCare clinicians quickly triaged and assessed all referred patients to prioritise care; cases were then discussed and allocated at weekly multidisciplinary meetings for PCare. Many new patients had acute mental health issues.

4.63 PCare staff supported 236 patients (about 20% of the population) through evidence-based one-to-one or group therapies on wings or in the well-being unit. Outcomes were good, although patients reported slow access to treatment. The waiting time was long for the 'Understanding Me' group. Those on the waiting list were prioritised by clinical need rather than waiting times, so suitable alternative support was offered to patients on the list. Patients leaving and returning to Pentonville were backdated on to waiting lists, which was good, but added to extended waiting times.

4.64 Thirty patients with severe and enduring mental disorders received effective close monitoring and support akin to the provisions of the Community Mental Health Framework. Clinical records were of good quality with comprehensive patient assessments, care plans and identified risks.

4.65 The enhanced support service (ESS) was delivered by a team of three staff who supported up to 12 patients with considerably challenging behaviours to improve their coping with daily life.

4.66 Neurodivergent patients were supported by the therapies team working in tandem with the prison neurodiversity support manager. They also offered training and supervision to prison officers.

4.67 Patients requiring hospital treatment under the Mental Health Act were not always transferred in line with national timeframes; one patient had been waiting 55 days, which was unacceptable. The NLFT London

transfer coordinator worked to expedite transfers, which was a good initiative.

4.68 Effective release planning was in place, including apposite links to community services to ensure continuity of treatment, when required.

4.69 The spacious inpatient unit had 22 beds, although five rooms were damaged at the time of the inspection, resulting in a waiting list. Patients had complex physical and mental health needs requiring 24-hour nursing.

4.70 An experienced, knowledgeable NLFT nurse managed the unit. The staff team comprised mental health nurses, support staff, a physical health nurse and prison officers. There was a clear clinically-led admission policy. All new patients received a welcome pack which included information, toiletries and a thermal cup. The staff on the unit knew the patients well and we saw kind and caring interactions.

4.71 Weekly multidisciplinary ward rounds with the GP, psychiatrists, nurses and officers coordinated care. Patients were invited to their reviews, which was good practice.

4.72 The weekday programme of activities was suited to the needs of the patients and led by occupational therapists who also ran some valued groups in the well-being centre.

4.73 Clinical documentation was generally good, although some care plans were not sufficiently personalised.

4.74 Patients returning to the wings were supported by the PCare team.

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

4.75 Phoenix Futures (PF) provided clients with psychosocial recovery support and PPG patients with their clinical treatments. Both providers worked in effective partnership and contributed meaningfully to the prison drug strategy.

4.76 Demand for services was constant with around 360 (75%) new prisoners requiring PF support each month. Despite the pressure, we found clients' needs to be well met. Clients we spoke to were generally content, although some were not happy that their evidence-based prison opiate substitution treatments (OST) were not consistent with previous community treatments.

4.77 All new prisoners were offered appropriate support and harm minimisation advice from PF recovery workers and peer supporters. Referrals arose from several sources, including self-referrals. Assessment and access to subsequent treatment were prompt.

4.78 PF recovery workers had sizeable caseloads of up to 40 each which the manager carefully balanced. They offered one-to-one motivational work and an extensive array of recovery and group activities, including

the Jubilee programme on the ISFL unit, which operated therapeutically.

4.79 At the time of our inspection, 165 patients required OST. PPG and PF undertook joint reviews of patients whose care was evidence based. Patients had access to a professor of psychiatry and addictions, who provided a monthly clinic and expert advice to prescribers, and managed complex cases, including dual diagnoses. The clinical nursing team offered 24-hour monitoring to patients undergoing alcohol de-toxification, which reduced risks. Integrated clinical records were individualised and outcome focused.

4.80 Dedicated PF staff enabled clients leaving the service to access care in the community while PPG provided medicines to take home, as required. Clients had access to naloxone (to reverse the effects of opiate overdose) and harm reduction advice to avoid health risks after release.

**Medicines optimisation and pharmacy services**

4.81 Medicines were supplied effectively by an in-house pharmacy and all patients had their medicines reconciled within 72 hours of arrival. Only 33% had their medicines in possession but all had been risk assessed.

4.82 Medicines were administered on the wings twice a day, mostly on a named patient basis, but some from stock. The queues for medicines' administration were adequately supervised but there was a lack of confidentiality and patients crowded the hatches. Pharmacists were involved in training prison officers but accepted that more was required to improve confidentiality and minimise diversion.

4.83 Prisoners were followed up when they missed their medicines and referred to compliance clinics. Cell checks were taking place regularly, which reduced risk. A pharmacy technician worked until 8.30pm to make sure that evening medicines were administered, which was good.

4.84 Medicines were stored safely, ambient and fridge temperatures monitored, and medicines administration rooms were clean and tidy, with daily checks and cleaning of the environment. Daily cleaning logs for some methadone dispensing equipment were not always completed.

4.85 There was a clear emergency procedure to access supplies of critical medicines, and naloxone was available for prison staff to administer if required. Controlled drugs were stored and recorded in line with the regulations. There was a good range of over-the-counter medicines to treat minor ailments, including pain relief.

4.86 Although the service did not initiate Valproate prescriptions, there was no counselling of men taking the medicine in line with the MHRA recommendations from September 2024.

4.87 Regular local and regional medicines management meetings made sure there was shared learning from incidents, complaints and audits.

Medication reviews were taking place, although only 10% (115 eligible patients) had been reviewed in the last 12 months.

4.88 Data showed that in only 50% of cases men left with medicines on release, albeit sometimes prescriptions were supplied or sent to a local community pharmacy which was not reflected in these numbers.

**Dental services and oral well-being**

4.89 Two dental providers were commissioned to deliver routine NHS dental services at the prison. Access to them was not equitable as one dentist had a waiting list of eight patients with a waiting time of five days and the other a waiting list of 117 patients with a waiting time of seven weeks. There was no clinical triage of the longer list to identify patients requiring prioritisation.

4.90 Dental care records were detailed and showed that patients received appropriate assessment, treatment and oral health instruction. Infection control and the decontamination of dirty instruments were good.

4.91 Governance procedures were not strong enough in relation to essential staff training, equipment management and auditing of the service to make sure they met nationally recognised standards.

# Section 5 Purposeful activity

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

## Time out of cell

Expected outcomes: All prisoners have sufficient time out of cell (see Glossary) and are encouraged to engage in recreational and social activities which support their well-being and promote effective rehabilitation.

5.1 Time out of cell was poor and unpredictable. In our survey, 71% of respondents said that they usually spent less than two hours out of their cells each weekday and 75% less than two hours at weekends.

5.2 In our afternoon roll check we found 46% of prisoners locked up and just 14% engaged in activity off the wing. We were unable to reach a reliable figure during our morning check because some staff were unable to confirm how many prisoners were on their landings, how many were locked up, working on the wing or off the wing in an activity or appointment.

5.3 Fifty-nine per cent of prisoners were unemployed and typically received about two hours out of their cells each day. Part-time workers could be unlocked for 5.5 hours a day provided they received their full regime.

5.4 Staff absences frequently brought inconsistency to the daily routine and prisoners received less than their scheduled two hours unlocked. Prisoners told us that they were often unable to shower, and our observations confirmed this.

5.5 Planned curtailments at the time of our inspection forced prisoners to choose between having a shower, going out on exercise, completing basic tasks or speaking to staff to get their requests resolved.

5.6 The regime was unpredictable and, in our survey, only 32% of prisoners said unlock and lock up times were usually kept to. Records were not accurately completed to identify the reason for regular curtailments which hindered decision making on which wing would receive a restricted regime when staff shortfalls arose. Prisoners on one wing, for example, were not offered a shower on the Saturday, but the restriction was not recorded and the same wing was again not given the opportunity to shower two days later.

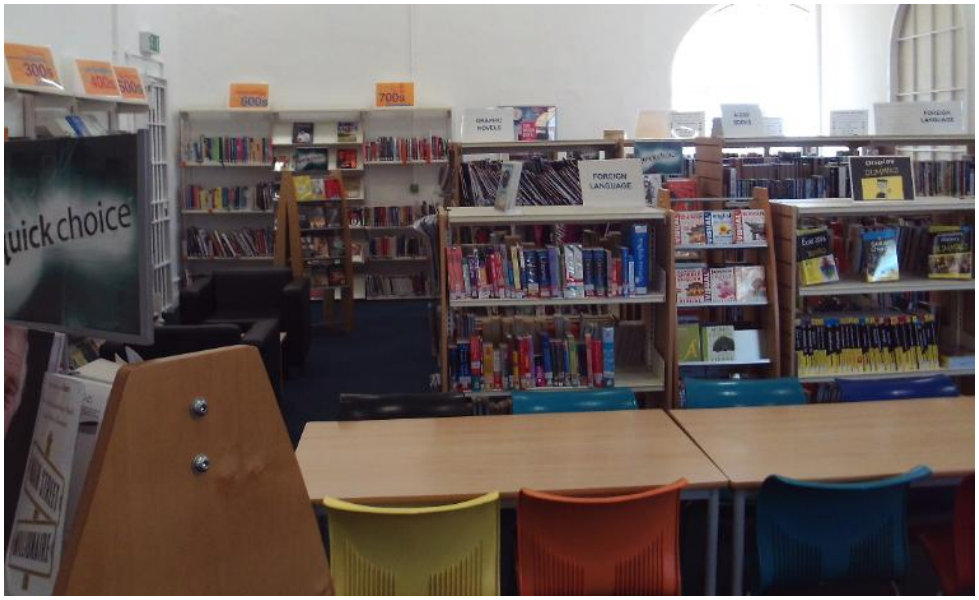
5.7 There had been an increase in gym staff, who were visible around the prison. Accredited and non-accredited programmes were offered, including certifications in weightlifting, emergency first aid, coaching fundamentals and a drug and alcohol rehabilitation and treatment course.

5.8 The programme allowed all prisoners to attend the gym at least once a week and prison data showed that about 30% of the population participated. However, in our survey, 55% of prisoners said they could attend the gym at least once a week or more. There were three gyms in the prison, but the gym for E and F wing was notably smaller and less well equipped, meaning that fewer prisoners could attend.

**(Larger gym (left) and smaller gym (right)**

5.9 The sports hall had been repaired and was in use. Although most gym equipment was working, contract restrictions meant that repairs were only carried out once a year.

5.10 The library had moved to a more central location to encourage attendance. However, despite a well-designed timetable, many prisoners who applied to attend did not turn up because they were not unlocked from their cells. In our survey, only 23% of prisoners said they were able to attend the library once a week or more.




**The library**

5.11 The library continued to offer 'Family Fables', where a prisoner could record a story book for their children. Shannon Trust mentors (charity that supports people in prison to learn to read) supported prisoners with reading, but creative writing sessions had not yet been reinstated.

## 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: | Inadequate |
| Behaviour and attitudes: | Inadequate |
| Personal development: | Requires improvement |
| Leadership and management: | Inadequate |

5.13 A period of approximately 18 months between staff leaving and new staff being appointed had delayed progress and the quality improvement group had not met during this time. The quality assurance of activities in industries had not taken place and prison leaders and managers did not have sufficient overview of the quality of education, skills and work during this time. As a result, the recommendations from the previous inspection had not been achieved. Recently appointed leaders and managers had developed a good understanding of the issues in education, skills and work but it was too soon to see their impact.

5.14 Leaders and managers provided prisoners with a helpful induction into education, skills and work promptly after they arrived at HMP Pentonville. This helped prisoners to understand the range of education courses available to them. Prisoners who attended the induction had a good understanding of the range of activities available to them.

5.15 Leaders and managers had provided enough activity spaces to fully occupy prisoners on a part-time basis. The allocations process was ineffective, as too few prisoners were allocated to the available activity spaces, despite there being waiting lists for most activities.

5.16 Leaders and managers had planned a curriculum that aligned with the areas they identified in their prisoner needs analysis, and with the employment needs in the areas in London where prisoners were most likely to be released. This had resulted in the introduction of courses such as bicycle maintenance and a community kitchen. These courses were popular with prisoners, but it was too early to determine their impact.

5.17 Leaders and managers had recently created a number of education pathways which included construction and services industries. They grouped courses, such as health and safety, waste management and industrial cleaning, and painting and decorating, construction skills certification scheme (CSCS) into a coherent programme of study. This enabled prisoners to gain skills and experience in interrelated topics which helped them secure work within the prison and upon release.

5.18 Tutors and workshop instructors did not have up-to-date information on which prisoners were scheduled to attend activity sessions. Where they did have this, the staff did not use it to plan lessons and activities based on the levels of prisoners in their group or the activities they had completed previously. Instead, they taught topics regardless of which prisoners attended.

5.19 Prison industries and work activities focused on supporting prisoners to develop skills, such as sewing or tattooing, as well as learning to follow basic instructions from prison instructors. For example, in tattooing lessons, instructors taught prisoners how to produce a continuous line and shading effectively, which allowed prisoners to create a textured look. Consequently, prisoners produced work to a high standard. In the textiles workshop, instructors effectively developed prisoners' skills in sewing pillowcases and duvet covers. Prisoners quickly became confident in their newly acquired skills and were able to produce bedding of a high enough standard that it was sent to other prisons around the country.

5.20 Prisoners in industries and workshops completed a 'Progress to Work' workbook, where instructors could identify the skills prisoners developed, such as teamwork and following instructions. However, instructors did not routinely identify the skills that prisoners needed to develop, nor did they set meaningful targets for them. Where instructors did set targets, they were often too vague, such as register for an English course or practise, or instructors did not identify exactly

what behaviours prisoners should develop. Prisoners whose first language was not English often struggled with using the 'Progress to Work' workbooks and, consequently, did not complete them.

5.21 The Prison Education Framework provider, Novus, had constructed an effective curriculum that provided prisoners with skills that would help them once released. This ranged from English and mathematics courses for those who needed to improve their skills in these areas, and business courses to respond to the demand from prisoners who wanted to use the practical skills they had learned to start their own business once released, to higher-level criminology courses that would provide credits towards a university qualification. In mathematics and business, prisoners benefited from carefully structured and well-paced lessons that actively involved them. Tutors provided prisoners with sufficient time to discuss topics and practise new concepts, individually and in small groups. In these lessons, tutors used questioning and assessments well to check what prisoners knew and built on their knowledge. However, English tutors did not plan lessons that built on prisoners' knowledge, and lessons were not structured in a logical sequence. On a few occasions, tutors did not challenge prisoners who were vaping in the classroom. Most tutors provided feedback on prisoners' written work, correcting errors. This was particularly good in mathematics, which helped prisoners to understand why they had not achieved the correct answer.

5.22 Prisoners working in industries or workshops, including the kitchen, the textiles workshop and recycling, were unable to gain meaningful qualifications for the skills and knowledge they gained. Consequently, when prisoners were released or moved to another prison, they had no recognition of the skills they had developed. Recently appointed leaders and managers were in the process of rectifying issues in the quality of training in these areas.

5.23 Leaders and managers had recently updated their reading strategy and had relaunched this. There was now a greater emphasis on reading within the prison. Tutors in education had started to focus on reading in their subjects. They did this by providing prisoners with texts related to the topics they taught and asking them to read aloud. Prisoners for whom English was not their first language and early readers had started to receive two sessions per week of reading support as part of their activities, where they were supported by tutors using phonics and subsequently by the Shannon Trust. Staff across education, skills and work encouraged prisoners to read for pleasure and reading books were readily available. Staff had provided reading materials in workshops, and Shannon Trust mentors would frequently visit prisoners in workshops to support them. However, some of the books provided were aimed at children and not appropriate for adult early readers.

5.24 Information, advice and guidance staff did not work closely enough with prison employment staff. This resulted in prisoners not receiving the support they needed to secure employment or further training on release from prison. Recently appointed leaders and managers were

starting to improve the quality of the careers advice and guidance service. Prisoners were now beginning to benefit from advice on potential career options when they left the prison.

5.25 The small number of prisoners who completed courses in education achieved their intended qualifications. The introduction of short courses and unit accreditation for those prisoners who were likely to be transferred or released before the end of their course had benefited prisoners.

5.26 Prisoners with additional support needs were identified effectively at induction. However, as staff across education, skills and work did not always have up-to-date lists of prisoners who were due to attend activities, they were unable to plan tasks that took into account individual prisoner needs effectively. As a result, these prisoners' motivation to engage in activities declined as they did not always get the support they needed in education, skills and work.

5.27 A neurodiversity specialist had been recently appointed. They had provided helpful training for staff on how to support prisoners with dyslexia, attention deficit hyperactivity disorder and autism. Staff gained confidence in supporting prisoners and making adjustments in lessons and workshops. They provided prisoners with tools such as fidget toys, pen grips and line rulers that supported prisoners to take part in activities.

5.28 Prisoners in education had a good understanding of fundamental British values. This was because tutors carefully integrated these topics into discussions in lessons. However, prisoners' understanding of these topics in industries was less well developed. Instructors did not plan or cover these topics in sessions.

5.29 Staff had created a calm, productive and professional working environment. They did this by setting clear expectations of prisoners' behaviours. For example, in textiles, the demands to meet production targets helped to focus prisoners on the work that needed to be completed. Prisoners responded positively to these expectations and were well behaved and respectful towards staff and their peers in classrooms and work areas.

5.30 Prisoners had a positive approach to learning when in activities. Most wanted to attend classes, as they understood the value of participating in learning. Prisoners were motivated by not wanting to return to prison on their release. However, the under-allocation of prisoners to activities and the time taken to move prisoners from their accommodation to activities created frustration, which resulted in reduced motivation of prisoners.

5.31 Prison staff did not prioritise unlocking so that prisoners could attend education, skills and work. In addition, there were long delays in moving prisoners to activities, which resulted in poor punctuality. Leaders and managers had recently revised the pay policy, which was effective in prioritising education. This had started to incentivise

prisoners, which had resulted in attendance at education, skills and work beginning to improve.

5.32 Staff used laptops effectively with prisoners so that they could complete short courses, such as food hygiene, in their cells. Staff provided prisoners in the care and separation unit with a laptop so that they could continue with their learning. Leaders and managers were in the process of expanding the use of laptops to provide better access to education to prisoners and reduce the pressure on access to the virtual campus (internet access to community education, training and employment opportunities for prisoners) to create a curriculum vitae and conduct job searches.

5.33 Leaders and managers had provided prisoners with access to an appropriate and interesting range of activities that helped them to explore their interests and hobbies. These included a chess club, yoga, football, debating, criminology, wing-based book clubs and the Duke of Edinburgh award. The small number of prisoners who participated in these activities enjoyed them and found them useful as they provided a welcome distraction from the prison regime and allowed prisoners from different accommodation units to mix.

# 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.**

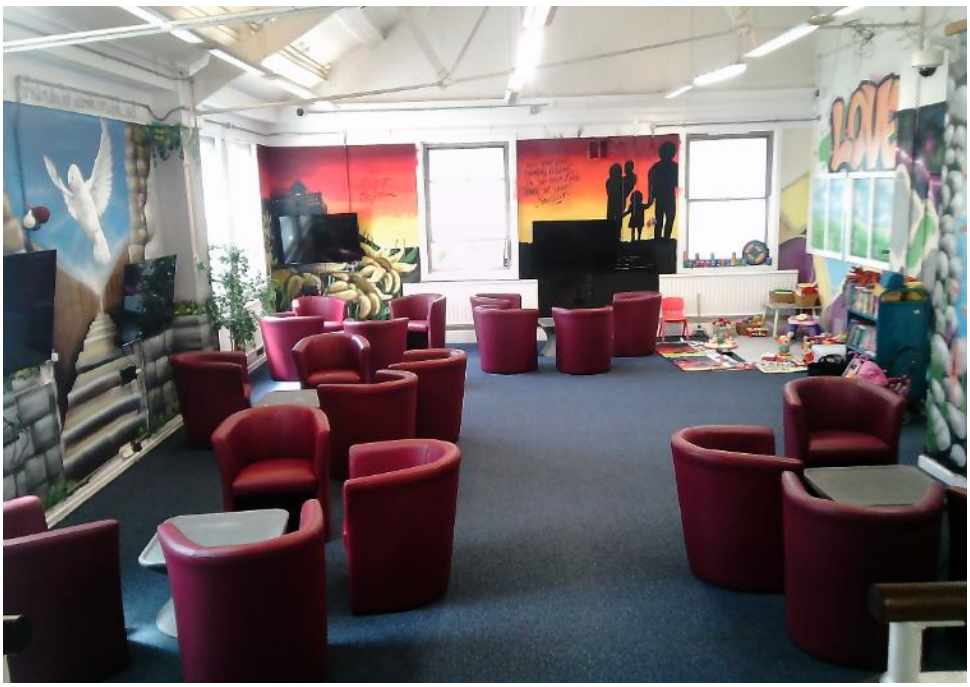
## Children and families and contact with the outside world

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 Leaders had published a friends and significant others strategy which provided clear direction on the delivery of activities to support and strengthen family ties. A dedicated families lead and the strategy champion worked collaboratively with the Prison Advice and Care Trust (PACT) to deliver visit sessions and activities. Several contracted and voluntary services, including the little angels project and the toy project, enhanced the experience of all those who attended the family days.

6.2 Weekday social visits took place every afternoon but were limited to one hour per visit. Weekend visits were based on wing rotation and prisoners potentially had a six-week wait for a Saturday visit. Sunday visits were only available for enhanced prisoners, which was disappointing. Visitors spoke of unnecessary delays during the arrival process and visits being cut short. This was confirmed in our survey with only 17% of prisoners saying that visits started and finished on time.

6.3 The visits hall was a welcoming environment and was complemented by a separate enhanced families area where games and soft play were offered. During the arrivals process, visitors could buy a good range of food and drink to consume during the visit. Profits from the tea bar had been used to part fund the new enhanced families area.



**Families area in visits hall**

6.4 There were monthly Storybook Dads (enables prisoners to record bedtime stories for their children) sessions and in-cell packs focused on addressing appropriate themes, including anger and stress, parenting teenagers and good relationships. These were positive initiatives.

6.5 Prisoners benefited from in-cell phones and, in our survey, 84% said that they were able to use a phone each day if they had credit. Each wing, apart from G wing, had access to Secure Social Video Calling (see Glossary) but the service was underused. In our survey, only 10% of prisoners said they had been able see their family using video calling in the last month.

## Reducing reoffending

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

6.6 Leaders had failed to address considerable backlogs in sentence calculations. This prevented effective sentence or release planning and had led to several prisoners being released in error. Many told us they had been sentenced weeks or even months earlier but had still not received their sentence calculation dates. In one case, a prisoner told us he had waited six months before his dates were confirmed. Others expressed clear frustration and anxiety, particularly concerning their eligibility for home detention curfew (early release tagging scheme). In the last six months, 23% of sentenced prisoners had been released after their confirmed release date.

6.7 Basic custody screening assessments were not routinely completed, making it difficult for initial signposting and referrals to be conducted.

Prisoners we spoke to who had self-referred for support were content with the service they had received.

6.8 Substantial delays in starting custody assessments had caused a gap in supporting risk management and sentence progression. We found many of the basic custody screenings that we reviewed to be incomplete, with entire sections left blank. This prevented early identification of need and undermined sentence and release planning. The absence of this key process increased the risk of prisoners, particularly those new to custody, getting lost in the system, particularly with no key worker (see Glossary) or prison offender manager (POM) allocated until after their sentence.

6.9 Contact between POMs and prisoners remained largely infrequent and too often lacked the necessary focus and support to drive progression. The ability of POMs to conduct essential tasks was severely affected by cross-deployments and conflicting priorities. Initial contact usually took place after allocation, but this was rarely followed up in a timely way, if at all. Applications often went unanswered and, while interactions were described as helpful when they did happen, by that point prisoners were already feeling confused or stressed.

6.10 Sentence plans were inconsistent and, in some cases, objectives were not clearly linked to the identified risks. Many prisoners were unaware of their sentence plan.

6.11 The recent introduction of offender management unit (OMU) wing-based surgeries was positive, although we witnessed staff appearing overwhelmed by the scale and number of queries being posed. Following a request raised at a prisoner forum, the OMU had recently produced a guide about sentence calculations and transfers. Its content was not clear and posed a risk of miscommunication of inaccurate information by wing representatives.

6.12 The enhanced support service and OMU staff worked well together to manage a small number of prisoners with very complex and challenging needs.

## Public protection

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

6.13 A backlog in public protection screening had resulted in delays in the timely application of restrictions. As a result, some potential risk indicators were not identified or acted on early enough, increasing the likelihood that safeguards were not in place to protect victims or the public. Leaders were not meeting their statutory duties in this area and the overall process lacked the timeliness and coordination needed to manage public protection effectively.

6.14 The multi-agency public protection arrangements (MAPPA, see Glossary) information-sharing forms that we reviewed were of consistently good quality and offered clear insight into the current and potential future risks posed. Most drew on a range of sources, including custodial behaviour, previous assessments and intelligence, to support effective risk identification and planning. There was strong evidence of analysis and the majority added value to the MAPPA process. Senior probation officer oversight was evident and appropriately recorded.

6.15 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.

## Interventions and support

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

6.16 A good range of interventions was provided by Catch 22, the Shaw Trust, Phoenix Futures and a local initiative called Time 4 Change (see paragraph 3.11). Access to the interventions depended largely on the providers identifying new admissions and individual needs.

6.17 The employment hub and contracted services from the Shaw Trust provided good support for prisoners with their finance, benefit and debt needs and obtaining recognised forms of personal identification. Employer engagement events had been delivered with industry recruiters attending the establishment to inform prisoners of potential employment opportunities. However, very few prisoners had employment on release.

## 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.

6.18 The demand for resettlement help was high. On average, over 200 prisoners were released each month, nearly half of which were unplanned.

6.19 The pre-release team had worked hard to make sure that prisoners' immediate resettlement needs were identified and addressed. Coordination of release planning for individual prisoners benefited from a regular multi-agency pre-release meeting. This was undermined by backlogs in the offender management unit; in particular, delays to sentence calculations.

6.20 Planned releases often took place in the afternoon which reduced the time prisoners had to get to their destination and comply with any reporting conditions. Many immediate releases took place later in the evening, which was concerning and placed unnecessary pressure on departments facilitating the release.

6.21 Twenty-three per cent of planned releases were homeless on the day of release. As at other establishments, there were no data for those unplanned releases.

# 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 not sufficiently good against this healthy prison test.

### Priority concerns

A high proportion of prisoners said they felt unsafe and in our survey over half said they had experienced some form of victimisation from staff.
**Not addressed**

There had been seven self-inflicted deaths since the last full inspection and support for prisoners in crisis was not good enough.
**Not addressed**

### Key concerns

Fewer than half of new arrivals said they felt safe on their first night in custody, and the management of risks was undermined by safety interviews that did not take place.
**Not addressed**

Body-worn cameras were not well enough used and footage from CCTV and body-worn video cameras was not retained beyond a month to inform learning and improve practice.
**Addressed**

There was a high level of illicit drug use and staff did not consistently challenge the use of drugs.
**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 not sufficiently good against this healthy prison test.

**Priority concerns**

The prison was severely overcrowded, and it could not decently or safely care for the number of prisoners it was currently required to hold.
**Not addressed**

The high number of prisoners with low-level mental health needs had long waits for appointments and few prisoners in our survey said they had been helped with their mental health problems.
**Addressed**

**Key concerns**

Meals continued to be served too early and with lengthy gaps between mealtimes. We saw lunch served from 10.30–11am and the evening meal from 4pm.
**Not addressed/no longer relevant**

There was insufficient support for prisoners from protected groups, including the large population of foreign nationals.
**Not addressed**

The primary care health service had a high nursing vacancy rate and not all agency staff had access to keys, which limited the duties they were able to carry out independently.
**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 poor against this healthy prison test.

**Priority concerns**

Time out of cell was poor for most prisoners. There were frequent regime curtailments, attendance and punctuality at activities were poor, most prisoners could not visit the library and they had inadequate access to the gym.
**Not addressed**

Prisoners did not receive sufficient or equitable access to a broad range of education, skills and work based on their needs.
**Not addressed**

### Key concern

There was too much variation in the quality of teaching across education, skills and work.
**Not addressed**

## 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.**

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 serious deficiencies in the performance of the offender management unit, including work on public protection. There had been some recent progress to address this concern, but it was fragile and depended on temporary staff remaining in post.
**Not addressed**

There was little funded resettlement support for almost one half of prisoners who were on remand, affecting their access to release accommodation and other resettlement.
**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 6, 2023) (available on our website at Expectations – HM Inspectorate

of Prisons (justiceinspectorates.gov.uk)). 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 |
| Angus Jones | Team leader |
| John Wharton | Inspector |
| Natalie Heeks | Inspector |
| Chris Rush | Inspector |
| Donna Ward | Inspector |
| Dionne Walker | Inspector |
| Samantha Moses | Researcher |
| Alicia Grassom | Researcher |
| Adeoluwa Okufuwa | Researcher |
| Phoebe Dobson | Researcher |
| Paul Tarbuck | Lead health and social care inspector |
| Lynn Glassup | Health and social care inspector |
| Anne Melrose | Care Quality Commission inspector |
| Janie Buchanan | Care Quality Commission inspector |
| Steve Lambert | Ofsted inspector |
| Glenise Burrell | Ofsted inspector |
| Joanne Stork | Ofsted inspector |
| Andrea McMahon | Ofsted inspector |

# Appendix II Glossary

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

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

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

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

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

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

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

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

**Official Prison Video Conferencing**
All prisons now have some Official Prison Video Conferencing (OPVC) to enable remote court hearings, and official visits and meetings (including legal and probation visits). OPVC is only be used for official visits and hearings, and not for social visits.

**Protected characteristics**
The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

**Protection of adults at risk**
Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).

**Secure Social Video Calling**
A system commissioned by HM Prison and Probation Service (HMPPS) to enable calls with friends and family. The system requires users to download an app to their phone or computer. Before a call can be booked, users must upload valid ID.

**Social care package**
A level of personal care to address needs identified following a social needs assessment undertaken by the local authority (i.e. assistance with washing, bathing, toileting, activities of daily living etc, but not medical care).

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

# 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.

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

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

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