



Report on an unannounced inspection of

HMP Wormwood Scrubs

by HM Chief Inspector of Prisons

9–19 June 2025



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Introduction

Inspectors visited this high-profile, overcrowded London prison during a June heatwave. When we last visited, the prison was emerging from the restrictions imposed by Covid. This time, although inspectors identified many positives, they found that the healthy prison score for safety had fallen from reasonably good to not sufficiently good and purposeful activity had dropped to poor. Scores for respect and preparation for release remained unchanged at reasonably good and not sufficiently good respectively.

A rigid ordinance had been in place for some years that prevented prisoners on different wings from mixing and while this was likely to have been one of the reasons that levels of violence were lower than comparators, it was having a negative effect in many other ways. Access to the library was very limited (and sessions often cancelled), and only prisoners from B, C and E wings could access the better-resourced education hub, with the rest being taught in unsatisfactory classrooms off their wing. Visits for each wing were only allowed at specific times during the week, which was often not convenient for family members. Compounding this frustration, the dysfunctional national visits booking system meant that family and friends often found it extremely difficult to book visits.

Many men told inspectors that the prison was still running a Covid-19 regime. Unemployed prisoners, who made up 39% of the population, were only unlocked for one and a half hours at the most, with less on some days and an even more reduced regime at the weekend. The lack of time out of cell meant that prisoners were unable to demonstrate good behaviour to staff – limiting their opportunities to get enhanced status. They also described transactional relationships with officers who did not have time to get to know them. Reduced staffing numbers frequently resulted in regime curtailments, which further restricted men's time out of cell or access to other activities.

Even taking into account the limited regime, attendance at workshops and education was very poor, with many prisoners refusing to attend, in part because they were allocated to activities in which they were not interested. Teachers and instructors were frustrated because they did not know which prisoners were going to turn up. Ofsted colleagues noted some good improvements in the standards of teaching, particularly of English and maths, but poor attendance inevitably affected progress.

The prison was being badly affected by the ingress of drugs, with more than a third of random tests showing a positive result. The security team were doing their best to stem the flow with improvements to windows and netting, but the body scanner in reception was not always used, gate security was inconsistent and staff corruption was a major problem.

It was disappointing to find that the lack of oversight of the use of force, which had been a concern at our last inspection, was still not good enough. Many officers were failing to activate their body-worn cameras, with only 32% of incidents recorded in the past year.

Despite these problems, the capable staff team and some strong middle leaders meant that the prison was well organised and ran more efficiently than many similar jails. The well-regarded and effective governor (the tenth this century) was appreciated for her visibility around the prison, clear communication with staff and prisoners and a vision for the future of the jail.

The sweet spot for Wormwood Scrubs will be to maintain good levels of safety, while reducing aspects of the regime rigidity are the cause of so much frustration among prisoners. The prison would benefit from a greater focus on ways to incentivise good behaviour for most prisoners. There must also be a concerted effort from the jail and the prison service to reduce the destabilising impact of drug ingress. If the governor and her leadership team remain in place, I have some optimism that despite the many challenges it faces, Wormwood Scrubs can go on to be one of the better reception prisons in the country.

Charlie Taylor

HM Chief Inspector of Prisons

August 2025

What needs to improve at HMP Wormwood Scrubs

During this inspection we identified 15 key concerns, of which six 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. **Over a third of prisoners were testing positive for illicit drugs and searching of staff and prisoners was not sufficiently thorough.**
2. **Staff were not routinely wearing or activating body-worn video cameras (BWVCs) and governance of use of force was not rigorous enough.** The available footage showed inappropriate and offensive language directed towards prisoners, and we were concerned to find that in some cases BWVCs were deactivated mid-incident.
3. **The strict separation of units meant that prisoners were too often not getting to activities, visits and appointments.** This disrupted their daily lives in prison and prevented them from having important contact with family and friends.
4. **Time out of cell was poor and the decision to deprioritise key work meant that prisoners could be locked in cells for long periods with limited staff oversight.**
5. **There were insufficient activity spaces in education, skills and work and attendance was low.** Leaders had not planned an ambitious curriculum and prisoners were not allocated to meaningful activities specific to their educational needs and career aspirations.

Key concerns

6. **Newly arrived prisoners spent long periods in reception and were not always given a telephone call to contact family or friends. First-night welfare checks were not always carried out.**
7. **Not enough was done to encourage positive behaviour: the restricted regime limited opportunities for prisoners to show they could be trusted, and the incentives system offered few meaningful rewards.**
8. **Living conditions were too variable: not all units were cleaned well, many showers still lacked privacy, there was significant overcrowding and not all cells had toilet screening.**

9. **Staff were not responding promptly to emergency cell bells, and processes to monitor response times were not robust.**
10. **The quality of food was a source of frustration for many prisoners. Meals were still served at the cell door and temperatures were not adequately checked.**
11. **Staff supervision of medicines administration was poor and some medicines were not provided at the correct intervals.**
12. **Prisoners did not receive a good-quality activities induction or information, advice and guidance that suitably prepared them for their next steps on release.**
13. **There was not enough contact between prison offender managers (POMs) and prisoners to support sentence planning and progression.**
14. **Over a fifth of prisoners were released homeless and there was very little housing support for the large number on remand.**
Accommodation outcomes were unknown for those being released directly from court.
15. **While a wide range of data was collected across the prison, it was not used well enough to generate actions and priorities for improvement.**

About HMP Wormwood Scrubs

Task of the prison/establishment

HMP Wormwood Scrubs is a reception and resettlement prison (category B, local) holding adult men from the age of 18.

Certified normal accommodation and operational capacity (see Glossary) as reported by the prison during the inspection

Prisoners held at the time of inspection: 1,144

Baseline certified normal capacity: 1,183

In-use certified normal capacity: 1,110

Operational capacity: 1,212 (due to refurbishment work)

Population of the prison

- 5,880 new prisoners received each year (around 490 per month)
- 419 foreign national prisoners
- 56% of prisoners from black and minority ethnic backgrounds
- 294 prisoners released into the community each month
- 287 prisoners receiving support for substance misuse
- 150 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: Forward Trust

Dental health provider: Practice Plus Group

Prison education framework provider: Novus

Escort contractor: Serco

Prison group/Department

London

Prison Group Director

Ian Blakeman

Brief history

Wormwood Scrubs was built by prisoners from Millbank Gaol between 1875 and 1891. In 1902, the last female prisoner was transferred to HMP Holloway. In 1922, one wing became a borstal. During World War II, the prison was used by the War Department. In 1994, a new hospital wing was completed, and in 1996 a fifth wing was completed.

Short description of residential units

A wing – Workers, remand and sentenced prisoners. It holds a maximum of 287 prisoners.

B wing – Induction unit. It holds a maximum of 169 prisoners.

Jan Wilcox unit – Workers unit. It holds 22 prisoners, in double rooms and two dormitories. This is an annexe of B wing.

C wing – Workers, remand and sentenced prisoners. It provides the second-stage integrated drug treatment system. It holds a maximum of 305 prisoners.

D wing – Workers, remand and sentenced prisoners. It has a landing undergoing refurbishment and currently holds a maximum of 179 prisoners (normally 243).

E wing – Incentivised substance-free living unit and Elizabeth Fry unit for vulnerable and neurodiverse prisoners. It holds a maximum of 146 prisoners.

Health care unit – Holds a maximum of 17 inpatients.

Conibeere unit – Detoxification/stabilisation unit. It holds a maximum of 55 prisoners.

First night centre – Holds a maximum of 35 prisoners.

Segregation unit – Holds a maximum of 18 prisoners in single cells.

Name of governor/director and date in post

Amy Frost (from March 2022)

Changes of governor/director since the last inspection

Dom Ceglowski (acting governor, December 2021 to March 2022)

Jonathan French (June 2020 to December 2021)

Independent Monitoring Board chair

Susan Heaven and Jill Rees

Date of last inspection

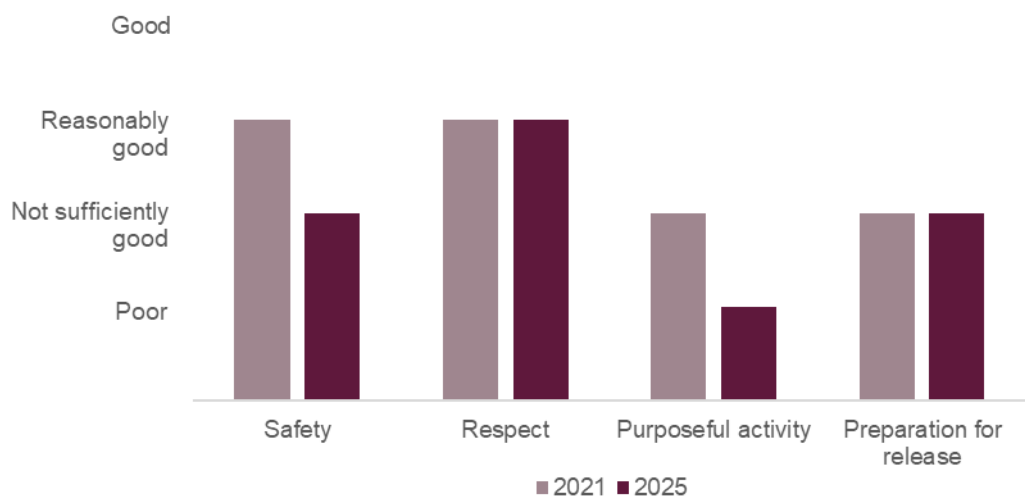
7–17 June 2021

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 Wormwood Scrubs, we found that outcomes for prisoners were:
- not sufficiently good for safety
 - reasonably good for respect
 - poor for purposeful activity
 - not sufficiently good for preparation for release.
- 1.3 We last inspected HMP Wormwood Scrubs in 2021. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Wormwood Scrubs healthy prison outcomes 2021 and 2025



Progress on key concerns and recommendations from the full inspection

- 1.4 At our last inspection in 2021 we raised 42 concerns, seven of which were priority concerns. The prison fully accepted 31 of the recommendations and partially accepted eight. It rejected three of the recommendations.
- 1.5 At this inspection we found that one of our recommendations about areas of key concern had been achieved, one had been partially achieved and five had not been achieved. Neither of the recommendations made in the area of safety, and two of the three made in respect, had been achieved. The recommendation made in

preparation for release had been achieved. For a full list of the progress against the recommendations, please see Section 7.

Notable positive practice

1.6 We define notable positive practice as:

Evidence of our expectations being met to deliver particularly good outcomes for prisoners, and/or particularly original or creative approaches to problem solving.

1.7 Inspectors found seven examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

Examples of notable positive practice		
a)	The Black Hero's Journey, a one-to-one coaching and self-development programme, recognised the particular challenges faced by black and mixed heritage prisoners and provided good support to those who participated.	See paragraph 4.21
b)	The patient safer custody nurse role provided a single point of contact for the various departments involved in the health and social care of vulnerable prisoners. The post also gave health care staff a comprehensive overview of relevant patients.	See paragraph 4.54
c)	The occupational therapists (OTs) provided one-to-one and group activities for inpatients, Seacole unit patients and others, which helped them to cope with daily living in the prison. The OTs had also arranged for officers to visit hospitals, enabling them to see their work as part of the patient's recovery.	See paragraph 4.66
d)	A pharmacist was based at the first night centre, to review medicines at an early stage. This meant that patients with complex needs were identified earlier and helped to address discrepancies with medication.	See paragraph 4.80
e)	Prisoners who attended their education and skills activities developed valuable new knowledge, skills and behaviours. For example, in the escape kitchen, prisoners developed barista skills, and skills in baking and sushi making.	See paragraph 5.18
f)	The enhanced support service involved close working between NHS and prison staff. It provided coordinated support for 12 of the most complex	See paragraph 6.21

	prisoners using psychological and practical approaches. Initial outcomes were promising.	
g)	A weekly pre-release intervention meeting brought together a range of agencies to provide support for sentenced prisoners who were low and medium risk. Professionals were able to easily input into a live spreadsheet giving updates on relevant prisoners.	See paragraph 6.27

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 provided visible and enabling leadership, and had a clear and considered plan for improving the prison. Staff we spoke to had confidence in her vision and understanding of the challenges facing the prison. Notably, several staff told us that they appreciated how she occasionally worked alongside them on the prison landings. Other senior leaders were similarly accessible and respected around the jail.
- 2.3 Leaders had a clear strategy to prioritise safety and good order, and this had led to a relatively safe and calm prison, with positive outcomes in most aspects of safety. There was good functional leadership across the main areas of safety, with notable strengths in safer custody and the segregation unit.
- 2.4 However, despite the appropriately high priority given to managing the risks from drugs, leaders had limited success in stemming the supply of illicit substances and associated criminality. This was affected by the frequent redeployment of officers from the security and safety teams, which meant, for example, that suspicion drug testing was not taking place.
- 2.5 Despite some improvements in the governance of force, leaders had not made enough progress in this area. Managerial scrutiny of force was inconsistent and middle managers had not ensured that BWVCs were used regularly or appropriately by their staff. This undermined accountability and created risks of unidentified poor treatment.
- 2.6 One element of the governor's strategy was the strict separation of units. While this had some safety benefits, it was an inflexible approach that also caused numerous problems, including excessive limitations on the times that prisoners could see their families and friends. In general, leaders had not done enough to ensure that prisoners were getting to activities and appointments. Time out of cell was also poor and the decision to deprioritise key work meant that prisoners could be locked in cells for long periods with limited staff oversight.
- 2.7 Education, skills and work leaders had made improvements in some areas, most notably in English and mathematics provision. However, prisoners were not consistently allocated to suitable activities and there were still not enough full-time places. The curriculum offer was unambitious and attendance was low.

- 2.8 Health care was very well led and was showing the benefits of good investment by the commissioner, as well as a committed and skilled staff group.
- 2.9 There was some ongoing and much-needed investment in improving different parts of the prison, especially the poor-quality showers. The facilities manager was helpful and responsive when notified of concerns, but residential and wing managers had not done enough to drive and oversee improvements in conditions.
- 2.10 Leaders had improved support for the large number of foreign nationals by recruiting capable staff to two new foreign national officer roles, and having an appropriately broad interpretation of their function, which included a substantial focus on welfare. General oversight of fair treatment and inclusion work was inconsistent.
- 2.11 Leaders had invested in family provision, with a dedicated visits custodial manager, a prison family engagement worker and a head of function, alongside the PACT service. However, their good work was undermined by the poor visits offer and recurrent problems with the phone lines. Leaders had been proactive in addressing the need for more video legal visits capacity, and a new video conferencing centre was being built.
- 2.12 New offender management unit (OMU) leaders had been appointed to help manage a predicted increase in workloads and associated strategic challenges. They were providing good support and oversight and had improved problems with communication and morale, although outcomes had been slow to improve.
- 2.13 Across a range of areas, data were collected and analysed well, but leaders did not then use them well enough to generate actions and priorities.

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 clean and spacious reception area received almost 500 new arrivals a month and was often open until late in the evening. We saw friendly and respectful interactions between staff and prisoners, but some personal information was gathered at an open desk within earshot of other prisoners and staff.
- 3.2 Prisoners were given food and drink before they were locked into the holding rooms. However, these quickly became crowded and we saw some people waiting for more than five hours in very stuffy conditions. In our survey, only 64% of prisoners said they were treated well in reception, compared to 73% in similar prisons.



Holding rooms

- 3.3 All new arrivals were strip-searched but the body scanner, which was much more effective at finding contraband, was not used consistently, despite the serious problem with the supply of illicit drugs (see the Security section). Prisoners had an initial safety interview in private, which was followed up the next day with an additional risk interview in the first night centre (FNC). Health screening was thorough, and relevant information about risk was communicated between health and prison staff.
- 3.4 The two-minute phone call provided in reception was not enough time for prisoners to speak with family and friends and we saw examples of it not always being given on arrival.

- 3.5 New arrivals were located on the FNC, which had a mixture of single and double cells and dormitories holding up to six prisoners. Those detoxifying from drug and alcohol use were held in the dedicated Conibeere unit. The FNC cells were generally clean and reasonably spacious but bare. There were no curtains or lockable cabinets.



First night dormitory (left) and double cell

- 3.6 Prisoners were issued with a decency pack containing bedding and toiletries but were not always offered a shower or a free first night telephone call on the FNC, which did not have in-cell phones. Prisoners were then often moved to cells that were also without working telephone lines (see paragraph 4.4). Prison staff conducted welfare checks on the FNC but not in the Conibeere unit, although some health checks were undertaken there.
- 3.7 Induction started the following day. It was largely peer-led but supervised appropriately by staff. Prisoners were routinely offered a copy of an induction booklet, which was available in a variety of languages.
- 3.8 Peer supporters were used to good effect in reception, the FNC and during induction. They lived on both the FNC and the induction wing (B-wing), which meant they could support prisoners on both their first night and throughout their induction period, which took one to two weeks.

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

- 3.9 The level of assaults between prisoners had consistently been well below the average for all reception prisons. In our survey, far fewer men than in comparable establishments said they had been intimidated by other prisoners. Prisoners were more negative about staff's

behaviour towards them, and while assaults on staff were also lower than average, they had started to rise.

- 3.10 The weekly safety intervention meeting was attended by all relevant departments and underpinned flexible and responsive management of many prisoners with the most problematic behaviours. Challenge, support and intervention plans (CSIPs) (see Glossary), including drug CSIPs, for which Wormwood Scrubs was a pilot site, were being used well to give structure to this approach. A new psychology-led enhanced support service had also made an impressive start in supporting work with the most complex prisoners (see paragraph 6.21). The prisoner violence reduction representatives were fulfilling an additional and very useful role in anticipating and helping to avert issues that might lead to trouble or violence.
- 3.11 There had been inconsistent reporting of incidents, but additional checks were in place to ensure that they were always properly recorded and reported. An impressive amount of data was being collated each month, but the information was not used effectively enough to learn lessons or identify specific actions to address emerging issues.
- 3.12 The safety team had been strengthened with additional managers and had become more effective, but the officers in the team were too frequently redeployed to focus on their roles.
- 3.13 There were too few pathways to progression and, apart from the peer mentor roles, we saw little practical evidence of the incentives policy's emphasis on motivating prisoners by rewarding positive behaviour. The inflexible and restricted regime also meant that prisoners had few opportunities to demonstrate good behaviour and show that they could be trusted.

Adjudications

- 3.14 Adjudications were better organised than at the previous inspection. An experienced officer team in the segregation unit carefully checked the charges laid to ensure that they were proportionate and submitted correctly. Few were now dismissed because of technical errors or unnecessary delays. Hearings were generally conducted sensitively as well as correctly, with a positive emphasis on supporting prisoners to change their behaviour.
- 3.15 Backlogs had reduced significantly in recent months and staff were continuing to work through them. However, over 100 charges referred to the police were awaiting resolution.
- 3.16 A good range of data was presented at the quarterly governance meetings, but there was little evidence that emerging issues were explored (see paragraph 4.23).

Use of force

- 3.17 There had been 1,135 uses of force in the past 12 months, including seven PAVA incidents (five uses) and seven baton incidents (three uses). This amounted to a rate that was below the average for similar prisons.
- 3.18 However, governance was still not sufficiently robust. A relatively new staffing team had been working to improve outcomes over recent months. However, oversight of force was inconsistent, and there was a lack of evidence showing what actions had been taken to address identified issues. Not all uses of PAVA or batons had documented investigations and those we reviewed were not detailed enough. Post-incident debriefs with prisoners, which are intended to help understand the causes of incidents, were not routine.
- 3.19 Use of BWVCs had increased since the last inspection, but it was still very low, with only 32% of incidents recorded in the past year. Many of these were only partially captured, with cameras activated too late or, even more concerningly, deactivated mid-incident.
- 3.20 Our review of available video footage showed some examples of empathetic and effective management of prisoners. However, we also saw poor practice, which escalated incidents. In some cases, staff directed inappropriate and offensive language at prisoners.
- 3.21 Planned interventions were infrequent and all incidents were recorded. Those we reviewed were handled well and demonstrated good, professional communication with prisoners.
- 3.22 Special accommodation had only been used once in the last year, for one hour and 20 minutes. It had been appropriately authorised. A range of data was provided to the monthly use of force meeting, but it was not scrutinised to understand trends. When disproportionality was identified, it was not acted upon. For example, there was no evidence of action in response to the higher use of force against black, Muslim and young prisoners (see also paragraph 4.23).

Segregation

- 3.23 The great majority of segregated prisoners were returned to the wings within a matter of days and, during the inspection, no prisoners had been segregated for more than two or three weeks. The rapid turnover of occupants was due in large part to the very active day-to-day individualised and multidisciplinary management of prisoners who presented with challenging behaviours or showed distress (see also paragraph 3.10).
- 3.24 Staff were calm and positive when dealing with prisoners. Operational management was notably effective in supporting staff and finding ways to motivate prisoners and to help them return to their normal location on the wings. However, there was limited documentation and recording of reintegration plans.

- 3.25 The unit was reasonably bright and free of graffiti, but cells and showers were in poor condition. The two exercise yards were of reasonable size, although one of them was a bare caged yard.
- 3.26 Prisoners received a basic regime, with access to in-cell phones and to books, but they were given few opportunities to take part in activities or education.

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.

- 3.27 The ingress of mobile phones and drugs, mainly cannabis and synthetic cannabinoids, was a considerable security challenge, and the positive random drug test rate was very high, at around 35%. This was despite a concerted effort to tackle the problem.
- 3.28 Operational cooperation with police and the local authority had improved, leading to good identification of drone pilots. Netting had been improved and broken or damaged windows were quickly repaired, contributing to the relatively limited threat from drones in recent months.
- 3.29 Staff corruption was the biggest concern: the resignation or dismissal of about 17 staff in the last year, following work by the security team, gave an indication of both the scale of the issue and the attention being given to it.
- 3.30 However, enhanced gate security (EGS) was not used well enough to tackle the problem. There was more spot searching of staff at unpredictable times, but EGS was not operating every day, partly because the small gate area made it difficult to search staff effectively at busy times.
- 3.31 The security team's day-to-day staffing was also not sufficient to cover all tasks, because the team was redeployed to other duties, especially escorts. As a result, no suspicion-based drug testing was taking place, because all the available time was spent on meeting the targets for random testing.
- 3.32 Risk assessment processes had improved, especially in relation to handcuffing on escorts, where a wide range of detailed information was used to help reduce the risk of escape. Managers had also been addressing some continuing shortcomings in the daily checking of cells by wing staff, and security staff were working with them to help increase staff confidence and capability.

- 3.33 In general, the security team analysed and acted promptly on a good flow of security information. Counter-terrorism was a significant area of work and well organised. The Prevent team based at Wormwood Scrubs were delivering some effective new training packages. The relevant departments took a full part in monitoring and overseeing risk management in relation to those with links to actual or potential terrorist activity.
- 3.34 The police presence in the prison had been strengthened. As well as the police information team, a police liaison officer was now working full time to prevent and detect crime in the prison.

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

- 3.35 There had been six self-inflicted deaths since the previous inspection, but none for almost two years. The rate of self-harm was the lowest of all comparator prisons, although it had risen slightly since the previous inspection.
- 3.36 Most Prisons and Probation Ombudsman (PPO) and Coroner's recommendations had been implemented, but ongoing review of these was not good enough. Some internal investigations into serious near misses had been carried out but these were not always robust, independent or analytical enough for lessons to be learned. One act of serious self-harm, which resulted in a prisoner receiving treatment in hospital, was not investigated at all.
- 3.37 At the time of the inspection, 40 prisoners were subject to assessment, care in custody and teamwork (ACCT) case management. Prisoners at risk of self-harm reported that day-to-day care by staff was variable. In our survey, only 38% said they felt cared for by staff compared to 65% at the last inspection. Most of the ACCT documents we reviewed reflected good assessment, but insufficient focus on care planning. Case coordinators were not consistently allocated to the same individuals, and multi-disciplinary reviews did not always take place. Leaders were aware of the shortcomings and work was underway to address them.
- 3.38 Some night staff lacked knowledge of the prisoners in their care who were being monitored on ACCTs. Contrary to PPO recommendations, some said they would not enter a cell under any circumstances until other staff had arrived. Some were not even carrying cell keys, although this was rectified during the inspection.

- 3.39 One prisoner was being constantly supervised in the health care unit during the inspection. However, no data was available to show how often, where or for how long prisoners had been held on constant supervision over the preceding 12 months.
- 3.40 There were only 10 Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners), which was not enough for the population. In our survey, only 29% of prisoners said it was easy to see a Listener, compared to 44% at the last inspection. There were Listener suites on most wings, which offered privacy for prisoner consultations. Listeners felt well supported by the safer custody team and the Samaritans.



Listener suite

Protection of adults at risk (see Glossary)

- 3.41 A local safeguarding strategy was in place, but links with the local authority had only recently been reintroduced. Not all staff were aware of the details of the policy and there had been no specific safeguarding training to improve their understanding of how to identify and support prisoners at risk.
- 3.42 Prisoners who were identified as vulnerable for medical or behavioural reasons were discussed at the weekly safety intervention meeting and those in most need were referred to the enhanced support service team (see also paragraph 3.10).

Section 4 Respect

Prisoners are treated with respect for their human dignity.

Staff-prisoner relationships

Expected outcomes: Prisoners are treated with respect by staff throughout their time in custody and are encouraged to take responsibility for their own actions and decisions.

- 4.1 In our survey, 64% of prisoners said that most staff treated them with respect and we saw many good interactions. However, very little key work was taking place, which limited personal support for prisoners who were often locked up for long periods. Many told us that staff were not sufficiently aware of their individual needs. In the previous six months, only 1% of the projected key worker sessions had been delivered and fewer than 2% of the prison population had an allocated worker. The records of sessions that took place reflected generally superficial contact, with little evidence of support that could motivate or help prisoners to make constructive use of their time in the prison (see also paragraph 6.13).
- 4.2 A wide range of engaged and visible peer workers provided effective support to the prison community. They included 'Here to Help' workers on each wing, who supported prisoners to obtain information and make requests.
- 4.3 The regional communications team was developing a creative and engaging range of digitally led communications to improve the flow of information to prisoners. The team used both WayOut TV and physical signage to provide key information and respond to emerging queries and concerns. Artificial intelligence was used to develop materials in other languages for foreign national prisoners (see also paragraph 4.16).

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

- 4.4 Most cells were in reasonable condition, but many did not have toilet screening or curtains. About 16% of the population lived in overcrowded conditions and many cells had problems with ventilation

and temperature control. A number of shower rooms were out of action, while others lacked privacy and ventilation. Many cells did not have working telephone lines for long periods, and some on-wing telephones were also out of use and hard to access because of limited time out of cell (see also paragraph 5.1).



Residential wing (left) and wing exercise yard



E wing (top left), out-of-use shower room (top right) and exercise yard with litter

- 4.5 An ongoing programme of improvement and maintenance was helping to address the ageing Victorian infrastructure. It included work to improve fire safety and showers, refurbish cells and upgrade the cell bell system. A prisoner-led painting party was also having a positive impact on the wing environment, brightening cells and communal areas. We saw good efforts to create a welcoming environment on many wings through murals and information posters, and the on-wing libraries were a welcome addition.



Refurbished wing showers (left) and older wing showers



Prisoner cell (left) and damp above the sink in another cell

- 4.6 Day-to-day maintenance issues were addressed quickly by a responsive facilities team. The facilities manager was well linked into the wider prison, attending prisoner consultation meetings and the daily operational meeting.
- 4.7 Communal areas were generally tidy and well decorated, but litter on the exercise yards was a persistent problem and staff did not consistently uphold standards of cleaning there or on the wings. Considerable steps had been taken to deal with rodent infestation, but the problem had not been resolved and was exacerbated by food debris in and outside cells where prisoners received all their meals (see paragraph 4.12). Some prisoners told us they were blocking the bottom of their cell door to stop rats getting in.
- 4.8 There was reasonable access to laundry facilities and cleaning materials on each wing, and a weekly clothing exchange. However, staff and prisoners said it was difficult to obtain some cleaning items, especially toilet brushes and bin bags. Prisoners also found it difficult to

get the right clothing sizes and there was no oversight by staff to manage stock supplies.

- 4.9 Only 15% of prisoners in our survey said their cell bell was answered within five minutes, which was worse than at similar prisons (30%) and at our last inspection (28%). We saw staff walking past activated cell bells and prisoners told us of long delays. There was no electronic monitoring to support management oversight.
- 4.10 Prisoners complained of persistent difficulties in getting access to their stored property and only 13% who responded to our survey said they could access it. Staff redeployment and a lack of training for some staff created delays, and we found some unactioned prisoner requests dating back to mid-April. There was no oversight or monitoring of this to drive improvements or address delays (see also paragraph 4.15).

Residential services

- 4.11 The prison baked its own bread, which prisoners appreciated. There were some limited self-cook facilities for a few enhanced or working prisoners. In our survey, 30% said that the food was good, which was similar to other prisons.
- 4.12 However, the rate of complaints about food was third highest of all reception prisons. All meals were delivered to cell doors, limiting time out of cell. While the evening meal was usually served at a reasonable time of around 6pm, menu options were limited. We observed food left on trolleys for too long without appropriate temperature checks. Meagre breakfast packs were served with lunch the day before.
- 4.13 Canteen and catalogue provision was sufficient and included a good range of fresh produce. Prisoners could access their private cash to purchase additional phone credit, which allowed them more flexibility to purchase items from the canteen without sacrificing contact with families and friends. There was no interim canteen provision for new arrivals in their first couple of weeks.

Prisoner consultation, applications and redress

- 4.14 A monthly prisoner consultation group was chaired by the governor and had representation from across the prison. Prisoners who attended reported meaningful changes as a result. The restrictive regime limited their ability to canvas the views of their peers, and other prisoners we spoke to did not know about the group; minutes were not widely disseminated.
- 4.15 Application orderlies worked diligently to distribute the various forms to their peers and sorted responses. Leaders did not monitor the timeliness of the paper applications or the quality of responses. Only 28% of prisoners in our survey said their applications were usually dealt with within seven days. This was similar to other prisons but worse than at the last inspection (47%).

- 4.16 Complaint forms in English were readily available during our inspection, but forms in other languages were not advertised or easy to obtain. About a third were not responded to within specified timescales, undermining confidence in the system. Most responses we reviewed were adequate, but some did not sufficiently resolve prisoners' concerns. While the quality assurance process identified some of these weaknesses, it had not yet been effective enough.
- 4.17 Leaders did not complete routine trend analysis to identify or address emerging themes. For example, the prison had the highest rate of complaints about staff among all reception prisons, but this had not been explored.
- 4.18 The bail officer worked well with the prison, triaged new arrivals and supported prisoners applying for bail by completing bail reports. However, only one out of three bail officers were available for work.
- 4.19 The library stocked relevant legal texts, but access was limited (see also paragraph 5.4). Prisoners waited around three weeks for a video legal visit in a small and stuffy cubicle, but this was being addressed with the construction of a new video conferencing centre (see also paragraph 6.8).

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.

- 4.20 HMP Wormwood Scrubs held a diverse population: 65% of prisoners were from minority ethnic backgrounds and about a third were foreign nationals. Unusually, there were more minority ethnic than white prison staff.
- 4.21 Leaders tried to foster an inclusive culture. They made good efforts to mark and celebrate significant events and festivals. They also supported positive initiatives such as the 'Black Hero's Journey', a coaching and self-development programme that a small number of prisoners had so far attended. The programme was co-designed with young black and mixed heritage men in prison.
- 4.22 However, there was a lack of effective consultation with minority groups to help understand and address their specific needs. In our survey, Muslims, disabled prisoners and care leavers reported more negatively on various aspects of their experiences.
- 4.23 There was limited interrogation of data to identify disproportionality, and little evidence of action in response to it. For example, the

overrepresentation of young adults, Muslims and black prisoners in use of force, the basic level of the incentives scheme or adjudications had not yet been analysed or acted upon. There was no strategy or needs analysis underpinning the equalities action plan, and equality meetings were poorly attended and lacked impact.

- 4.24 Two recently recruited foreign national offender specialists were proactive and dynamic, making a difference to prisoners' experiences. They were beginning to address some broader welfare concerns alongside their work to assist the Home Office with deportation. For example, they had considered where foreign nationals were located in the prison so they could live alongside peers who shared their language or culture. At the time of the inspection, 15 prisoners were held under immigration powers after completing their sentence. On-site immigration officers were supported effectively by the foreign national officers.

Case study: effective work by the foreign national officers

One of the foreign national specialist officers met a detainee held in the prison for over a year under immigration powers. The detainee wanted to return to his country, but there was no consulate in the UK to help him obtain travel documents. The specialist foreign national officer contacted several of the country's consulates in Europe and eventually received a response, helping to start a much-delayed process. The officer also took the case to the safety intervention meeting (see paragraph 3.10) because of her concerns about the detainee's mental health, resulting in a psychiatrist becoming involved in his care.

- 4.25 A number of staff and chaplaincy volunteers spoke other languages, although professional interpretation remained underused. Specific forums had recently been held to better understand the experiences of different nationalities.
- 4.26 The neurodiversity manager post had been vacant for around five months and work in this area had dwindled, with the exception of some good support provided for a few people by the occupational therapy team (see also paragraph 4.66). The Elizabeth Fry unit, a dedicated landing on E wing, also provided a calmer environment for some more vulnerable neurodivergent prisoners. It offered some enrichment activities, including a weekly support group, but this was sporadically cancelled because of operational challenges. Officers on this wing had not been provided with any specific training.
- 4.27 There was no specific provision for either young adults or older prisoners. A dedicated library session had been in place for older men, but this had stopped a few months before the inspection.
- 4.28 There were some wheelchair users and a programme of work was underway to refurbish lifts to ensure accessibility across the prison. However, evacuation plans for those prisoners needing help in an

emergency were not sufficiently detailed and some night staff were not clear about all those who would need help.

- 4.29 There had been 25 complaints about discrimination in the previous year. Timeliness of responses was poor and many lacked thorough exploration of the issues raised. Improvements were being made with help from the Zahid Mubarek Trust.

Faith and religion

- 4.30 The effective chaplaincy team was supported by 84 volunteers from a variety of backgrounds. They assisted chaplains in a range of activities, including fortnightly well-being checks. As well as statutory duties, the chaplaincy team provided an extensive range of support and activities, including a choir, bereavement help and through the gate mentoring.
- 4.31 There was an excellent purpose-built chapel and a multi-faith building with a prayer room and temple space. The separation of services for wings was a cumbersome operation and limited the time available for corporate worship. Staff had to organise four separate congregations for each faith. Those attending Christian services lost association or activity time if they chose to attend corporate worship.

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.

- 4.32 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

- 4.33 Practice Plus Group (PPG) was the main health care provider. PPG subcontracted mental health services to North London NHS Foundation Trust (NLFT). Partnership working between the prison and health partners remained strong.
- 4.34 There was clear evidence of good investment in the service by NHS commissioners (see also the primary care and medicines optimisation sections), although the current health needs assessment was expiring.
- 4.35 Health services were well led. There was a strong focus on quality of care through several modern matrons and compassionate and competent staff. PPG staff were easily recognisable and accessible on the wings.

- 4.36 Recruitment was underway to address the high vacancy rate (about 30%), which was being mitigated by a bank of existing staff and regular agency staff. All staff were involved in regular supervision and were trained to undertake their roles. A broad range of policies and procedures had recently been reviewed by the head of health care and was readily available to guide staff.
- 4.37 Health services had a learning culture and a range of information sources were used well to improve care. These included impressive PPG audits, a risk register, an electronic record of incidents and actions, a deaths in custody action plan and a complaints trends analysis. Learning was disseminated in daily briefings, emails and monthly bulletins and a corporate bulletin relayed learning from other custodial settings.
- 4.38 The PPG patient engagement lead and managers regularly met with service users to take their views on the service. This resulted in informative 'you said, we did' feedback, which was displayed in the outpatient and inpatient departments.
- 4.39 There was an extensive range of consulting and treatment rooms in the health centre and some wing-based treatment and medicines administration rooms. Several rooms in health care had been refurbished since our last inspection. However, many rooms were in need of redecoration and/or refurbishment, especially those on the wings. Several rooms lacked airflow or air conditioning. Some waiting rooms were bland and did not contain enough health promotion material. Infection prevention and cleanliness were generally good.
- 4.40 Emergency resuscitation equipment was strategically placed in the prison and subjected to regular documented checks. Staff were suitably trained and deployed to respond to patients who had collapsed.
- 4.41 Health care complaints and concerns were better managed than at our last inspection. There were now complaints forms and boxes on the wings, and targets for responses. Five or six forms had been received each month since January. Oversight of the process had improved with trend analysis; most complaints were about medicines and most concerns were from families. The responses we sampled acknowledged the writer's feelings, focused on the issues and were timely.

Promoting health and well-being

- 4.42 The prison and health care department did not have a planned joint approach to the promotion of well-being. However, health information was displayed around medicines hatches on the wings and the health care department appropriately highlighted annual events intended to promote good health.
- 4.43 There were effective systems to prevent and manage communicable diseases. All patients were offered screening for blood-borne viruses on admission to the prison, with a reasonable take-up. The prison had

achieved Hepatitis C micro-elimination status, which was exceptional, and meant that all patients who required it could access treatment. Patients could easily access NHS screening and health checks, and received repeated offers of vaccinations they had missed.

- 4.44 Each wing had health peer workers, who helped to deliver effective workshops on a range of lifestyle and well-being issues. Patients also had good access to sexual health services delivered by visiting specialists. However, condoms were not freely available and were not well advertised, undermining the harm minimisation approach to health.

Primary care and inpatient services

- 4.45 The early days in custody approach was robust. All new arrivals received a thorough health screening, which identified their needs and prompted referral to other services. However, as at the last inspection, these interviews were routinely interrupted, affecting clinical confidentiality. A comprehensive health assessment was undertaken the next day, and patients were offered sexual health checks and pertinent age-related vaccinations.
- 4.46 All appointment requests were reviewed by a clinician and acute needs were addressed promptly. Anyone who needed to see a GP urgently could do so on the same day, including at the weekend. Routine GP appointments could take up to three weeks, which was reasonable. However, non-attendance rates were high, partly because patients could not get to their appointments due to regime restrictions.
- 4.47 A full range of primary care services were available. Waiting times were acceptable and well managed. Staff were enthusiastic and we saw kind and caring interactions with patients. A team of highly skilled clinicians attended emergency calls, provided necessary care and liaised with ambulance paramedics as required.
- 4.48 Patients were enabled to attend hospital appointments. A clinical review was undertaken when an appointment was cancelled because the prison could not provide an escort. These reviews were not routinely documented, but action was taken during the inspection to correct this.
- 4.49 We saw good care for patients with lifelong conditions such as heart disease and sickle cell disease. However, not all patients with long-term conditions had a care plan to guide care.
- 4.50 Patients receiving therapy for cancer were managed through well-established liaison with local oncology services. The health care department and prison worked well together to ensure patients in palliative or end-of-life care had effective support.
- 4.51 Patients being released received a summary letter to take to their GP, harm minimisation advice, and medication to take home, as required.

Social care

- 4.52 Social care was commissioned by Hammersmith and Fulham Council (the Council). The Council had started to work on a necessary update to the memorandum of understanding with the prison.
- 4.53 Availability of social care was not advertised on the wings and prisoners were not likely to refer themselves to the Council. However, PPG was providing social care support to those identified and we saw several good social support plans for clients, six of whom were receiving some support for daily living. Some people waited for longer than the conventional 28 days for a social care assessment from the Council.
- 4.54 PPG had begun work with the Council via its safer custody nurse to better coordinate the care of clients receiving social care and support. The specialist nurse ensured that prison staff had a single point of contact in health care regarding prisoners subject to ACCTs, those with needs related to neurodiversity and social care, and any subject to other safeguarding measures. The post also gave health care staff a comprehensive overview of relevant patients.
- 4.55 The Council supplied translation and independent advocacy services to those applying for social care, as necessary. It also made equipment available to help prisoners live more independently and to assist with their care. There were no trained social care peer support workers.

Mental health

- 4.56 NLFT provided high-quality mental health services at the prison. Waiting times were short and in line with waiting times for equivalent services in the community, although, in our survey, prisoners were less likely to say that the quality of mental health care was good than at comparator prisons (19% against 29%).
- 4.57 Prison officers received mental health training and good work was done to help them understand how mental health problems affected patients. The highly skilled, well-resourced and hard-working team included a wide range of disciplines. We saw good partnership working between the team, other health services and the prison to support patients. Many patients had complex and/or acute mental health care needs, and the provider ensured staff had the knowledge required to support them well.
- 4.58 The health care service accepted referrals from a wide range of sources, including self-referral. Referrals were triaged quickly by a clinician to prioritise urgent cases. Following referral, patients were assessed in good time and offered treatments that were appropriate to their needs.
- 4.59 The therapeutic interventions available to patients were excellent. Therapists were embedded within the service and offered bespoke and evidence-based packages of care to patients. We saw good examples

of therapies being adapted to meet the needs of the patients, with occupational therapists in particular offering highly effective interventions.

- 4.60 Patients requiring medication reviews and physical health checks received them as clinically indicated, although care plans were not always in place or of sufficient quality. Patients with severe and enduring mental illnesses were appropriately supported within the care programme approach.
- 4.61 Patients requiring hospital treatment under the Mental Health Act were not always transferred in line with national timeframes, with four waiting longer than 28 days. NLFT had systems in place to follow up any delays and mitigate the risk to the patient.
- 4.62 Discharge planning for patients was good. We saw effective information-sharing with new care providers to promote continuity of care following release.
- 4.63 H3 ward was a spacious inpatient facility, with 24-hour nursing care for up to 17 patients (14 when we inspected), most of whom had needs that precluded them mixing with others. However, five beds were in a communal dormitory, which meant that the ward often could not be fully used.
- 4.64 The ward was well managed by NLFT, with a compassionate team led by a modern matron. Officers enabled care and were supportive to patients. Patients received personalised care.
- 4.65 A weekly admission panel regulated entry to the ward, with a multidisciplinary team coordinating care. The majority of patients had severe and enduring mental health problems. Care records were very good, although some care plans were underdeveloped.
- 4.66 Occupational therapists provided a programme of weekday activities that were suited to the needs of patients. These included one-to-one and group activities, which helped them to cope with daily living in the prison. The OTs had also arranged for officers to visit hospitals, enabling them to see their work as part of the patient's recovery. Officers provided diversionary and pro-social activities out of hours and at weekends.
- 4.67 On discharge, patients were returned to the wings, where officers had support to continue care, as necessary.

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

- 4.68 There was high demand for substance misuse services, and we found that patients' needs were met well. Patients we spoke with were happy with the service they received. However, in our survey prisoners commented less favourably on access and quality than in comparator prisons.

- 4.69 A dynamic, whole-prison drug and alcohol strategy was embedded through effective joint working between prison departments, treatment providers and other relevant stakeholders. In reception, all new prisoners were offered support from the substance misuse service and given harm reduction advice.
- 4.70 Referral routes from the wings were well known to the patients, health services and the wider prison. All new referrals were assessed promptly by trained staff. Access to treatment was timely, with very low waiting times.
- 4.71 Treatment options were extensive and designed to meet the needs of the population. We saw a team of trained and experienced staff working hard to support patients. The services made use of evidence-based group work programmes and community-based fellowships to promote recovery.
- 4.72 At the time of our inspection 102 patients required medication and received good care. Medicines were prescribed safely and in line with national guidance. Nursing staff provided ongoing substance misuse support and monitored patients who were undergoing detoxification. They contributed to joint reviews held within national timeframes.
- 4.73 Care records were generally good. We saw evidence of safe care being delivered and good outcomes being achieved.
- 4.74 Discharge planning was effective, with appropriate steps taken to ensure patients had access to medicines upon their release or transfer. Forward Trust ensured that all patients had access to naloxone (emergency overdose antidote) and advice on reducing harm to help keep them safe.

Medicines optimisation and pharmacy services

- 4.75 Pharmacy services were well managed, despite staffing being stretched at times. Medicines were supplied by an in-house pharmacy in a timely manner. The pharmacy was registered with most clozapine suppliers. This allowed patients to remain with the brand they were taking before their detention, which preserved the patient's preference. Not-in-possession medicines were suitably supplied, mainly on a named-patient basis.
- 4.76 The health care department held a small stock of medical gas cylinders. We were not assured that the storage areas had been reviewed recently with respect to signage, stock level and safety. As we inspected, managers contacted the supplier for guidance on an audit of the stock and safe storage.
- 4.77 In-possession risk assessments were undertaken appropriately, but not all cells had lockable storage facilities for in-possession medicines. Around 36% of patients held in-possession medicines, which they ordered as required.

- 4.78 Medicines were administered from the wing hatches by pharmacy technicians and nurses twice a day, during which the pharmacy technicians gave prisoners pertinent advice about their medicines. Prescribing and administration were recorded on SystmOne. Staff took appropriate action to identify patients who missed medicine doses.
- 4.79 Medicine hatches opened directly on to the wing landings. However, supervision by officers was inconsistent, which meant that confidentiality was not maintained and there was an increased likelihood of medicines being diverted, although patients generally self-regulated the queues. Morning medicines were often administered late, and twice-daily medicines were regularly administered without the correct time interval between doses.
- 4.80 A pharmacist reviewed all medicines to ensure compliance with the formulary (list of prescribed medicines) and reviewed patients' use of medicines. Another pharmacist was located at the first night centre, to focus on the needs of newly arrived prisoners. This meant that prisoners with complex needs were identified earlier and helped to address any discrepancies with medication.
- 4.81 Medicines could be supplied without the need to see a doctor, through the minor ailments policy and patient group directions. There was adequate provision for the supply of medicines out of hours.
- 4.82 The pharmacy was well organised and medicines were generally well managed on the wings. Germane written procedures and protocols were in place. There were monthly medicines and therapeutics meetings, which monitored prescribing of abusable medicines. However, attendance rates varied.

Dental services and oral health

- 4.83 Smile Dental Care provided six clinics each week, which offered dental surgery and promoted oral hygiene. Applicants for treatment were triaged to prioritise those with urgent needs. We observed the dentist visiting a wing to undertake triage.
- 4.84 Patients in urgent need were seen within two working days and prescribed painkillers and/or antibiotics, as clinically indicated. At the time of the inspection, 55 patients had waited no more than four weeks (average two weeks) for routine examination, which was good.
- 4.85 The did-not-attend rate (25% in May) was too high, despite the efforts of health centre officers to find patients who did not arrive, wasting clinicians' time.
- 4.86 The dental surgery was of high quality, met infection control standards and demonstrated best practice in decontaminating reusable dental instruments. There was evidence that equipment was maintained regularly.

Section 5 Purposeful activity

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

Time out of cell

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

- 5.1 Time out of cell was poor for many prisoners. In our roll checks, we found over 40% were locked up during the working day. Unemployed prisoners, most of whom were on the basic regime, comprised 39% of the population and were unlocked for one and a half hours at best.
- 5.2 There were also regular curtailments to the planned regime, usually because of staff absences or officers being needed for emergency hospital escorts. The lack of consistency in the daily routines was reflected in our survey: only 72% of respondents said they knew what the lock and unlock times were, and only 41% of those who knew the times said they were kept to.
- 5.3 The policy of keeping each wing separated meant that the location of a prisoner dictated which activities they could attend and the quality of the learning environment and resources available to them.
- 5.4 The library was run by staff employed by the Council, who were supported by three dedicated orderlies. It was a large and welcoming space. It had a reasonable range of books in a variety of languages and easy-reads for those who were learning to read. However, it was only open Monday to Friday and sessions were often cancelled because staff were not available to bring prisoners over. Only 30 full days' activity (35%) had taken place between January and May 2025.



Main library

- 5.5 An application and delivery service mitigated the poor access to a degree, and about 60 prisoners were using this service. Pleasant small libraries were also available on the wing.



B wing (left) and D wing libraries

- 5.6 The PE facilities were in good condition. They comprised a well-equipped weights room, a cardiovascular room, a large sports hall for team games (restricted to a maximum of 10 prisoners) and an outdoor artificial grass sports area. However, prisoners were restricted to one or two gym sessions a week and there was no provision at the weekend.

We were told this would be addressed imminently, with three new physical education instructors starting. Our survey results showed more negative outcomes for prisoners regarding access to the gym than at similar establishments.



Weights room (left) and cardiovascular room

- 5.7 Residential units had some recreational equipment available, such as pool tables and table tennis tables. There was some limited access to enrichment activities, such as a book club and choir.

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.

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

Overall effectiveness: inadequate

Quality of education: requires improvement

Behaviour and attitudes: inadequate

Personal development: inadequate

Leadership and management: inadequate

- 5.9 Since the previous inspection four years ago, prison leaders and managers had not made sufficient progress towards improving their education, skills and work provision. Leaders had faced several challenges, from high churn in the prison population to high levels of staff turnover, which were further compounded by frequent changes in management, particularly in industries. Most of the action plans that leaders had produced had not been implemented fully. While they had introduced a number of suitable processes and initiatives to improve on the weaknesses that inspectors found at the previous inspection, they had not been able to resolve most of the recommendations fully.
- 5.10 There were insufficient full-time activity spaces for the entire prison population to engage in education, skills and work activities. There were too many unemployed prisoners. Leaders had improved the allocation process and were allocating prisoners to activities more quickly. However, there were still too many prisoners on waiting lists and not allocated to activities that met their needs and aspirations. There were insufficient activity spaces for prisoners who wanted to study construction and hospitality and catering. These prisoners were too often allocated to activities that they had not chosen and, consequently, many were not motivated to attend and participate in their allocated activities.
- 5.11 The curriculum offer was limited and restricted to a small number of subjects. In too many cases, the planned curriculum did not meet prisoners' needs or aspirations. Prisoners could not study subjects at appropriate levels. There were limited opportunities for prisoners to gain accredited qualifications or to develop a variety of skills within most areas. For example, there were no courses or structured training available to those working in gardens or cleaning on the wings. Where prisoners could study towards qualifications, such as in railtrack and construction, this was limited to basic level skills and knowledge and did not include training for specific trades. Consequently, most vocational courses did not enable prisoners to progress on to a skilled trade/craft.
- 5.12 Prison leaders and managers did not ensure all prisoners had fair and reasonable access to the entire curriculum. Access to most courses was limited to the wings prisoners were on and some courses were only offered a few times a year. For example, the information and communication technology offer was limited to two wings and the rest of the population had no access. There was a very small business provision for prisoners who wanted to be self-employed on release, and even smaller Open University and distance learning provision for men who aspired to do higher level courses.
- 5.13 At prisoner induction, the information, advice and guidance (IAG) offered in relation to making choices was not effective. There was a backlog of prisoners waiting for induction and a huge backlog of IAG

sessions. Prisoners' learning plans were not reviewed or updated regularly. The information regarding choices and pathways was not always detailed enough. As a result, prisoners were unclear about how different activities and qualifications could help them in their next steps.

- 5.14 Leaders had not been able to improve attendance and punctuality sufficiently across education, skills and work. In most instances, prisoners arrived late to their education and work activities. Leaders had a suitable pay policy in place, which incentivised education, and attendance had improved from what it was at the previous inspection. However, overall attendance across education, skills and work remained too low. Prisoners were often not interested in the activities that they had been allocated to and did not attend them. Too often, planned activities clashed with other appointments and priorities. In addition to this, staff did not implement or reinforce high expectations around attendance and punctuality.
- 5.15 Since the previous inspection, prison leaders had worked closely with Novus, the prison education framework (PEF) provider. For the most part, the quality of teaching and training provided by the PEF provider was of a good standard. For example, in functional skills English and mathematics, teaching had improved significantly. Prisoners were taught well by subject specialists, who carefully considered the pace and content of their teaching. They used interesting learning resources to engage prisoners. Since the previous inspection, the number of prisoners who passed their functional English and mathematics qualifications had significantly improved and was now high.
- 5.16 Teachers and instructors were suitably qualified and occupationally competent. Most used effective teaching techniques such as explanations and demonstrations to teach the prisoners. In English for speakers of other languages, teachers used humour effectively to enliven lessons and broke up long sessions by using a series of engaging and useful tasks to maintain interest and enthusiasm.
- 5.17 Across most provision, teachers and instructors used questions and observation of work well to check prisoners' understanding. For example, in mathematics, prisoners completed a series of low stakes mock assessments and plenary-style activities to help them to recall learning. Teachers consistently marked and assessed work accurately and provided helpful feedback to prisoners. Consequently, prisoners produced work that was of the expected standard and in some cases better.
- 5.18 In few instances where vocational qualifications were offered, teachers and instructors structured courses effectively, which enabled prisoners to learn and make progress. The few prisoners who attended their education and skills activities developed valuable new knowledge, skills and behaviours. For example, in the escape kitchen, prisoners developed skills as a barista, in baking and in sushi making. In textiles, prisoners learned how to cut, sew and arrange t-shirts and fleeces, which prepared them well for future training and employment. Most prisoners passed their accredited qualifications at the end of their

courses. However, too few prisoners benefited from this offer. Most prisoners were in industries or allocated to work where the quality of teaching and assessment was not good enough.

- 5.19 Prison leaders had suitable oversight of the strengths and areas for improvement in education, skills and work. They carried out suitable quality assurance checks to monitor their education provision. However, leaders did not check the quality in industries and work well enough. The quality of provision within industries and work varied significantly and for the most part was not well structured or good enough.
- 5.20 In too many work areas, such as wing cleaning and in the laundry, prisoners did not develop significant new knowledge, skills and behaviours. They did not receive suitable training or supervision for their roles. Too often, prisoners in most work areas were under-occupied and completed tasks that were not challenging enough for them. In many workshops, instructors did not monitor prisoners' progress or capture the knowledge and skills that they developed. Consequently, prisoners did not know what they had learned or could not identify the transferrable skills that they had developed to access employment on release.
- 5.21 The reading strategy was suitable and well promoted across the prison. Prisoners had access to multiple opportunities to read and improve their reading skills. Prisoners who were emerging readers benefited from support to develop their reading by mentors trained by the Shannon Trust. On the wings, prison officers were trained for roles as reading champions to support prisoners with reading. Although prisoners had limited access to the main library, they could access a wide range of books on their wings and in workshops. Many prisoners enjoyed reading for leisure in their break and free times.
- 5.22 Prisoners with a learning difficulty and/or disability (LDD) across education, skills and work received suitable additional support that was specific to their needs, if they were able to attend activities. Staff completed appropriate assessments for prisoners with LDD. In most instances, teachers and instructors received information on prisoners' needs and their support plans. Prisoners knew of their support plans or had been advised of strategies they could use to manage their needs. Prisoners with LDD achieved as well as those without LDD.
- 5.23 Prisoners behaved well in learning, work and on the wings. They felt safe in education and industries. Most prisoners who attended their education, skills and work activities showed respect and enthusiasm, and had positive attitudes to learning. They learned and worked in environments that were calm and orderly. Prisoners had positive relationships with their teachers and instructors as well as with prison staff.
- 5.24 Leaders had improved the breadth and range of enrichment activities across the prison. Prisoners who attended these benefited well from activities which were focused on developing resilience, self-esteem and

reflective thinking. For example, prisoners took part in vocalise, stand out and stoic sessions, where they discussed and respectfully debated topics such as life choices and redemption. These activities were carefully planned to successfully improve prisoners' confidence, physical and mental health and well-being. Through these activities, prisoners developed their reflection and self-awareness skills and learned different viewpoints. However, only a small minority of prisoners participated in these activities.

- 5.25 Leaders did not ensure that prisoners had suitable opportunities to develop their knowledge and understanding of topics such as the risks related to radicalisation and extremism. Staff did not routinely embed these topics in the curriculum or discuss them in sufficient detail. Consequently, most prisoners lacked knowledge and understanding of how these issues could impact on their lives inside and outside the prison. They did not know how to keep themselves safe from these risks.
- 5.26 A small minority of prisoners who attended careers, information, advice and guidance sessions received suitable advice that supported them in their job search and application activities. However, many prisoners felt that they did not have appropriate opportunities to prepare for life outside prison. Most did not have sufficient access to the Virtual Campus (VC) or laptops to research for their studies or to explore employment opportunities. Too few prisoners gained employment on release and, of those employed, few sustained employment six months post release.

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 The prison had a dedicated family team, comprising a head of function, a custodial manager to oversee the visits provision and a family development worker. They worked closely with PACT, the contracted family services provider, and were well supported by prisoner family orderlies on each of the wings. However, vacancies in the PACT team meant that, at the time of the inspection, their casework support was limited to a small number of prisoners.
- 6.2 There were some good initiatives to help fathers in prison build positive relationships with their children, many of which focused on reading. Unusually for a reception prison, there was also a useful short parenting programme, primarily for fathers of younger children.
- 6.3 PACT managed eight family visits a year, weekly visits for young children and their fathers and alternative Sunday sessions dedicated to family development. However, while this was good, the sessions were not planned creatively to maximise the benefits. All visits were only two hours long, and other than more freedom of movement and a more child-friendly environment, there were no activities to enhance communication and bonding between parents and their children.
- 6.4 Visits were a generally problematic area. There were not enough slots to meet the demands of the population and prisoners on remand were not receiving their weekly entitlement. Regular delays in visit start times and restrictions on mixing wings further reduced availability. In our survey, only 19% of prisoners said they had been able to have an in-person prison visit in the last month, compared to 38% in comparator prisoners.
- 6.5 Leaders tried to mitigate very long and frustrating delays in booking visits through the national phone line by offering to do so by email, which was good. However, wings were allocated a set visits day, which

provided no flexibility for visitors who could not come on the designated day. Overall visiting spaces had almost halved compared to pre-Covid levels. Reception visits were no longer offered within the first 72 hours of arrival and there were no visits available in the evening. Support sessions for those who were not receiving visits had stopped but were due to resume shortly.

- 6.6 We saw some positive interactions between staff and visitors on arrival, particularly during the search process with children, which was handled sensitively. The visits hall was basic, as was the children's play area which could only be used by those aged between two and seven. Staff were inconsistent about allowing games and activities at the visits tables. A tea bar had been running for the last year, but the offer was poor, with only unhealthy snacks being available.



Children's area in visits hall

- 6.7 PACT staffed a spacious and welcoming visitors' centre with the help of a large number of volunteers. Play workers were provided to supervise the children's area.
- 6.8 It could take up to two months to get a video-call slot due to the limited availability. Only 10 video slots were available every week over two evening sessions. This was soon to increase to 20, which was still not enough. Many prisoners made use of the efficient 'email a prisoner' scheme.



Social visits video booths

Reducing reoffending

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

- 6.9 Around 70% of the prisoners were unsentenced and 10% were on licence recall, with the majority spending under three months in the prison. Despite the high turnover, staff had a good understanding of the diverse population. The reducing reoffending strategy was supported by a live needs analysis and well-attended meetings, including partner agencies. However, the lack of support for unsentenced prisoners remained a significant problem (see Returning to the community).
- 6.10 There were more leaders in the OMU than at the last inspection. This had led to improved staff support and better strategic management in response to changes in sentencing policy and release dates. OMU leaders were effectively managing some staffing concerns through regular supervision and team meetings. However, there were ongoing vacancies in the OMU team and operational POMs were regularly cross-deployed.
- 6.11 Despite caseloads being manageable, contact between POMs and prisoners did not happen often enough. Written introductory letters were sent out within the first 10 days after sentencing, but few received in-person visits during this time. When they happened, sessions mostly took place on wing landings or in non-confidential work areas. Some POMs were using in-cell phones to speak to prisoners, which was not always appropriate for sensitive conversations.

- 6.12 There were no OMU drop-in sessions and prisoners could not easily arrange an appointment with their POM unless they had a job that gave them increased access to staff. The lack of contact was compounded by the lack of key worker sessions (see also paragraph 4.1).
- 6.13 Much of the work done with prisoners relied heavily on in-cell packs, which was not always appropriate for prisoners serving longer sentences. We saw little one-to-one work, but when this did happen prisoners told us they found it useful. In our case sample, completion of the initial OASys assessment was timely and reflected some good work to address the risk of reoffending. However, sentence plans were not always in place or reviewed regularly.
- 6.14 Some re-categorisation decisions were delayed, partly because different prison departments did not provide information in good time. Oversight of this was poor and there was no evidence that the problem was being addressed. Prisoners were not always involved in the decision-making or even aware of decisions. National population pressures meant that, unless prisoners were going to the open prison estate, where there were some spaces, they often faced delays in transfer.
- 6.15 The home detention curfew process was managed well. When prisoners were not released at their eligibility date, this was usually because of a lack of housing in the community.
- 6.16 Not enough work was being done to support the small group of prisoners who were sentenced to an indeterminate sentence for public protection (IPP) or life. Forums were not always held, and attendance was impacted by not being able to mix wings. The psychology team no longer had lead responsibility for the IPP progression panels and were supporting the OMU to run them instead, but they had yet to restart. Parole processes were generally managed well.

Public protection

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

- 6.17 The OMU had a small team of experienced staff to undertake the initial public protection screening, which was managed robustly. A monthly interdepartmental risk management meeting reviewed all high-risk prisoners before release, but not all relevant prison departments attended, including security staff.
- 6.18 From the cases we reviewed, the majority of contributions to Multi-Agency Public Protection Arrangements (MAPPA) were of a good standard and there was effective quality assurance by the heads of offender management delivery. Handovers to the community offender managers (COMs) were completed in a timely manner.

- 6.19 Staff were working to new guidelines on mail and phone monitoring. There were no prisoners on telephone monitoring at the time of the inspection and those with restrictions on mail were managed well.

Interventions and support

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

- 6.20 There were no accredited behaviour programmes for the short-stay population, but the prison offered some good non-accredited short programmes and interventions designed for the population, and available to remand prisoners. These were mainly delivered by self-funding charities, which included ex-prisoners, a focus on supported life coaching, and through the gate support. However, the provision was still relatively limited, and few prisoners had completed the programmes.
- 6.21 The psychology team offered good support across the prison. The team were leading on the enhanced support service, which contributed well to good management of the most complex prisoners. It was established in September 2024 as part of the national offender personality disorder pathway and involved close working between NHS and prison staff. At the time of the inspection, it was providing coordinated support for 12 of the most complex prisoners, using psychological and practical approaches. Initial outcomes were promising.
- 6.22 A programme had been identified to support prisoners managing their finances, but this had been put on hold for one year because the identified provider did not have enough staff. Citizens Advice and the Department for Work and Pensions were based in the employment hub and prisoners were able to see them by appointment.
- 6.23 Banking and some forms of ID were only available to sentenced prisoners and those with more than six weeks left to serve, which was not a large proportion of the population. A pilot programme to help all prisoners to access birth certificates was a good initiative and was used well.

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.

- 6.24 The number of releases in the previous year was very high, at 2,146 prisoners. The prison did not have housing data for those being released directly from court, which was almost a third of the total

number of releases. For those where housing data was collected, 22% were released homeless.

- 6.25 The prison had a knowledgeable strategic housing lead who understood the needs of the population. However, there were significant gaps in provision. St Mungo's offered a good service to prisoners who were sentenced and their remand service focused on immediate needs such as supporting people to keep their housing tenancy agreements or signpost them on to further services. No-one completed the duty to refer for those on remand who were homeless, which was a considerable gap in the support offered.
- 6.26 The pre-release team saw all new arrivals in the prison, including those on remand. Before release, they only worked with sentenced prisoners, and no-one had oversight of the cohort on remand. There were some through the gate services available, but they only worked with a small number of prisoners. One bail worker supported a few prisoners with applications (see paragraph 4.18).
- 6.27 A well-established multi-agency pre-release intervention meeting was happening on a weekly basis and provided good support to low- and medium-risk sentenced prisoners. Professionals were able to easily input into a live spreadsheet giving updates on relevant prisoners. The meetings were well attended and included support services from the local boroughs.
- 6.28 In our review of cases, we found a good level of activity in relation to sentenced prisoners due to be released, including housing referrals, engagement with COMS and setting up community-based services.
- 6.29 There was a small stock of donated clothes for prisoners who needed them before being released. Processes to release in good time were managed well.

Section 7 Progress on recommendations from the last full inspection report

Recommendations from the last full inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2021, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

All new arrivals should have an in-depth first night interview that covers all risk factors, including self-harming behaviour.

Not achieved

Prison leaders should ensure rigorous oversight and accountability in relation to the use of force, including through routine use of body-worn cameras and thorough completion of paperwork.

Not achieved

Recommendations

Strip searching on arrival at the prison should be carried out only on the basis of an individual risk assessment and always in a private space.

Partially achieved

All violent incidents should be reported on the incident management system.

Achieved

Leaders should ensure that the challenge, support and intervention plan process is used effectively for perpetrators of violence, and that formal support is in place for victims.

Achieved

Adverse adjudications data should be acted on to ensure that adjudications are conducted promptly and to a demonstrably high standard.

Partially achieved

Special accommodation should be used only in the most exceptional circumstances and not punitively. Records of its use should be detailed and include justification.

Achieved

Segregation paperwork should detail fully the reasons for segregation, and the ongoing record should demonstrate regular, meaningful interaction with those segregated. Paperwork should be quality assured by a senior leader.

Partially achieved

Strip-searching on entry to the segregation unit should be carried out only on the basis of an individual risk assessment and always in a private space.

Achieved

The handcuffing of prisoners on escort should be based on a full risk assessment and be proportionate to the risks posed.

Achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2021, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

Prison leaders should ensure that staff understand the needs of the prisoners they are supporting, and have the knowledge, skills and support to do this effectively.

Partially achieved

Two prisoners should not be held in cells designed for one person.

Not achieved

Prisoners in protected groups should be identified systematically and consulted regularly. Monitoring data which shows disproportionate findings should be investigated and result in suitable actions where necessary.

Not achieved

Recommendations

Prison leaders should continue to develop the key work strategy, to ensure that each prisoner has regular and high-quality contact with a key worker.

Not achieved

Prisoners should be able to access their property promptly following request.

Not achieved

The prison should monitor application numbers and response times systematically.

Not achieved

The prison should investigate prisoners' lack of confidence in the complaints system and the reasons for the large numbers reporting that they have been prevented from complaining, and act on the findings.

Not achieved

Professional interpreters should be used where necessary to support accurate and confidential communication.

Not achieved

The Home Office should inform the prison promptly of all immigration detainees assessed to be at risk in detention.

Partially achieved

Immigration detainees should have access to free, independent legal advice surgeries.

Partially achieved

Paid carers should be available to provide additional support to prisoners with disabilities, and they should be subject to appropriate oversight and supervision.

Not achieved

Prisoners with specific evacuation needs should have a clear and up-to-date personal emergency evacuation plan, which is known to all wing staff, including those working at night.

Not achieved

Prisoners should be able to access health care complaint forms freely and submit them securely on all wings.

Achieved

New arrivals should receive a health consultation in private.

Not achieved

Care plans for prisoners with long-term health conditions should be personalised, fully to reflect their wishes and needs.

Partially achieved

Prisoners should receive prompt assessment by the local authority following a social care referral. This should be monitored by the partnership board.

Not achieved

Patients requiring admission to hospital under the Mental Health Act should be transferred within current Department of Health guidelines.

Not achieved

Prison officers should fully supervise all medicine administration to ensure patient confidentiality and reduce the risk of diversion.

Partially achieved

Purposeful activity

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

At the last inspection, in 2021, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Prison leaders should set out a roadmap for substantially increasing prisoners' time out of cell and participation in activity, with clear milestones that are understood by prisoners and staff.

Not achieved

Recommendations

Prisoners should be able to visit the library in person, with suitable social distancing.

Achieved

Leaders should implement their recovery plans quickly, within the parameters of HMPPS restrictions, to enable prisoners to access and benefit from face-to-face education and training.

No longer relevant

Leaders and managers should improve the effectiveness of their quality assurance activities, to make sure that they identify areas for improvement in education, skills and work. They should put in place clear improvement actions and challenge their providers robustly to make the necessary improvements.

Partially achieved

Leaders and managers should make sure that all prisoners receive effective initial and ongoing advice and guidance to inform them of the opportunities available to them during their time in prison and on release.

Not achieved

Leaders, managers and staff should immediately review how they support prisoners to undertake the assessments of their existing English and mathematics skills. They should make sure that prisoners understand the purpose of these assessments, how to complete them and how the assessments inform their learning and individualised support plans.

Achieved

Tutors should make sure that prisoners complete their learning and assessment in their learning packs. They should give them clear feedback on how to improve their work over time and correct their mistakes.

Partially achieved

Rehabilitation and release planning

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

At the last inspection, in 2021, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Key recommendations

Day-to-day leadership in the offender management unit should be strengthened and leaders should ensure that the provision of offender management services is comprehensive and consistent.

Achieved

Recommendations

Prison offender manager contact with prisoners should be regular and meaningful.

Not achieved

The prison should work with the courts which it serves, to make sure that it receives critical information promptly.

Achieved

Prisoners judged suitable for open conditions should be moved to the category D estate without undue delay.

Achieved

Interventions to reduce the risk of reoffending should be available to younger prisoners.

Partially achieved

Interventions to reduce the risk of reoffending should be available to prisoners who are likely to spend their whole sentence at HMP Wormwood Scrubs.

Not achieved

Leaders should ensure that effective housing support remains in place for all prisoners, including those on remand.

Not achieved

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 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 \(justiceinspectorates.gov.uk\)](https://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
Hindpal Singh Bhui	Team leader
Rachel Badman	Inspector
Martin Kettle	Inspector
Chelsey Pattison	Inspector
Fiona Shearlaw	Inspector
Sumayyah Hassam	Inspector
John Wharton	Inspector
Samantha Rasor	Researcher
Samantha Moses	Researcher
Alicia Grassom	Researcher
Phoebe Dobson	Researcher
Paul Tarbuck	Lead health and social care inspector
Sarah Goodwin	Health and social care inspector
Malcolm Irons	Care Quality Commission inspector
Jacob Foster	Care Quality Commission inspector
Saher Nijabat	Ofsted inspector
Alun Maddocks	Ofsted inspector
Christopher Dearnley	Ofsted inspector
Sarah Alexander	Ofsted inspector
Joanna Luck	Offender management inspector

Appendix II Glossary

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

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Key worker scheme

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

Leader

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

MAPPA

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

Offender management in custody (OMiC)

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

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).

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.

Video Conferencing Centre (VCC)

VCCs operate in prisons that serve the courts. They support a prison's ability to enable prisoners to attend hearings remotely, and to provide better access to justice professionals, such as legal and probation. VCC is only used for legal and official visits and hearings and not for social visits.

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.

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