



Report on an unannounced
inspection of

HMP Feltham B

by HM Chief Inspector of Prisons

1–11 September 2025



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Introduction

This inspection of HMP Feltham B was the first since the prison's re-designation as a category C adult male establishment following many years operating as a young offender institute (YOI). This transition was not helped by a failure on the part of HMMPs to plan enough education and work for the new population. In addition to this new designation, there had been substantial structural and organisational changes since our last visit, most notably a complete separation from Feltham A, a children's YOI that shares the same site. The appointment of the first dedicated governor for Feltham B in May 2024 was, consequently, a positive step. He had already initiated what he hoped would be improvements, although these had yet to translate fully into improved outcomes assessments across our four healthy prison tests.

Most prominent amongst the recent achievements was the abolition of the practice of keeping prisoners who were in conflict apart from one another, facilitating the introduction of free flow movement to education, work, and other elements of the regime. This was transforming the atmosphere and culture at the prison and had created real potential for the more meaningful engagement of prisoners with activity and other services. Poor allocations and lack of activity spaces, however, meant that this remained, at least for the time being, an aspiration.

There was also some good work to motivate and reward prisoners. This included the enhanced unit and a very good, incentivised substance free living (IFSL) unit, both offering more time out of cell and a better environment for prisoners. Leaders also had well-developed plans to roll out similar incentives to three other residential units. While this had been successful in increasing the number of prisoners who did engage, there were still weaknesses in our healthy prison test of safety. Drugs were widely available, and, despite reductions, levels of violence and use of force they remained higher than at similar prisons. In particular, the use of PAVA was extraordinarily high, the reasons for this needed to be addressed.

The offender management unit was severely understaffed, and leaders had not implemented a clear operating model to mitigate this issue. This meant many prisoners were unallocated and lacked any contact with a prison offender manager to help them progress in their sentence while at Feltham.

While the new governor had reinvigorated the establishment, much work remained to be done to improve outcomes for prisoners. In addition, the recent gains risked being lost if uncertainty about the future visa status of many foreign national front-line staff was not addressed.

Charlie Taylor

HM Chief Inspector of Prisons

October 2025

What needs to improve at HMP Feltham B

During this inspection we identified 13 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. **The supply of illicit drugs remained a significant threat to the prison.** The positive rate for random mandatory drug testing was amongst the highest of all category C prisons.
2. **Incident management was weak, leading to avoidable escalation and contributing to the highest use of PAVA in England and Wales.**
3. **Leaders did not use data effectively to evaluate the impact of their actions or prioritise improvements.** They did not monitor available activity spaces or allocations, or the effectiveness of the reading strategy in raising prisoners' reading levels and engagement.
4. **Leaders had not ensured there were sufficient activity spaces in education, skills and work.** Prisoners were not allocated to meaningful activities specific to their educational needs and career aspirations.
5. **Leaders had not been effective in implementing the neurodiversity support and reading strategies.**
6. **Prisoners were unable to access support for sentence planning and progression.** The lack of an interim operating model during the acute staffing shortfall meant the few prison offender managers in post were overwhelmed.

Key concerns

7. **Staff-prisoner relationships were not good enough, and many staff were not able to assist prisoners with the things that they needed.**
8. **Meals served to prisoners were small and not appetising.** Supervision of serveries by staff was also poor.
9. **There was a waiting list of nearly 200 patients who required dental treatment and no plan to address this backlog.**
10. **Clinical governance structures did not identify key risks to patient safety.** There was a lack of policies and procedures to support safe

medicines management, incident reports and investigations did not meet the required standard and information sharing through daily handover and care plans was not sufficiently robust.

11. **Not all patients being transferred to hospital under the Mental Health Act were transferred within 28 days.** Assessment and treatment for poor mental health was delayed with potential detrimental consequences for health outcomes.
12. **Leaders' actions to improve prisoner attendance at education and work by reducing clashes with regime activities were ineffective.**
13. **Prisoners were locked up for too long at weekends.**

About HMP Feltham B

Task of the prison/establishment

Adult category C resettlement and training prison

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

Prisoners held at the time of inspection: 451

Baseline certified normal capacity: 534

In-use certified normal capacity: 478

Operational capacity: 478

Population of the prison

- 244 new prisoners received in the previous 12 months (around 20 per month).
- 51 foreign national prisoners.
- 74% of prisoners from black and minority ethnic backgrounds.
- 39 prisoners released into the community each month.
- 95 prisoners receiving support for substance misuse.
- 80 prisoners referred for mental health assessment each month.
- 40% of prisoners under 25 years of age.

Prison status (public or private) and key providers

Public

Physical health provider: CNWL

Mental health provider: CNWL

Substance misuse treatment provider: CNWL

Dental health provider: Local dentist

Prison education framework provider: Novus

Escort contractor: Servo

Prison group/Department

Youth Custody Service

Prison Group Director

Sonia Brooks OBE

Brief history

HMP Feltham B was previously a remand centre for young adults up to 21 years of age, serving the London and south-east region. Following a poor inspection by HMI Prisons in 2015, which included recommendations from the Chief Inspector to HM Prison and Probation Service, Feltham B changed designation to hold sentenced young adults. In 2023 the establishment became an adult category C prison by extending the age limit to 25, and then 30. In February 2025 the age limit was removed, and Feltham B now holds adults of all ages.

Short description of residential units

Kingfisher – Induction unit

Lapwing – Residential

Mallard – Residential

Osprey – Residential

Partridge – Residential

Quail – Residential

Raven – Residential

Swallow – Residential

Ibis – Segregation unit

Incentivised substance free living units x 2 – Teal and unit previously known as Wren

Nightingale – Closed for refurbishment

Name of governor and date in post

Paul Crossey, July 2024

Changes of governor since the last inspection

Natasha Wilson, April 2022 – July 2024

Independent Monitoring Board chair

Jane Shalders

Date of last inspection

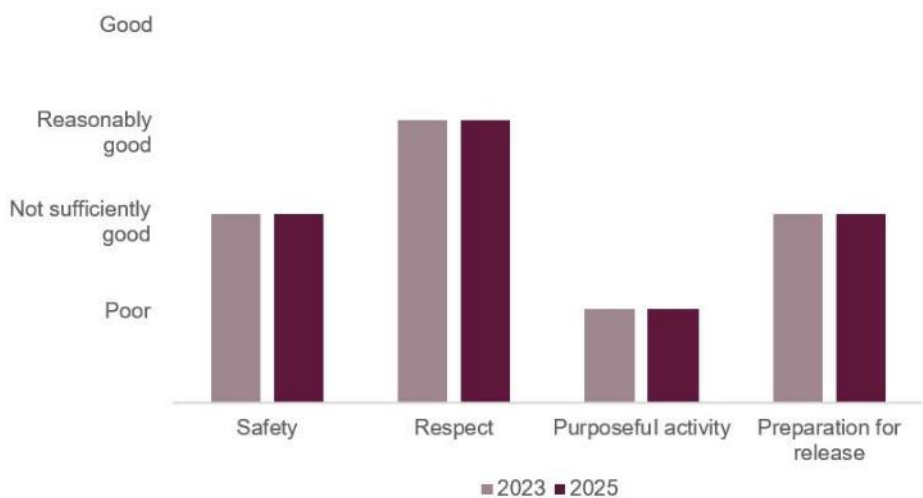
January 2023

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 Feltham B, 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 Feltham B in 2023. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Feltham B healthy prison outcomes 2023 and 2025



Progress on priority and key concerns from the last inspection

- 1.4 At our last inspection in 2023 we raised 12 concerns, four of which were priority concerns.
- 1.5 At this inspection we found that three of our concerns had been addressed, two had been partially addressed and seven had not been addressed. Neither of the concerns raised in purposeful activity had been addressed. For a full list of progress against the concerns, please see Section 7.

Notable positive practice

- 1.6 We define notable positive practice as:

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

- 1.7 Inspectors found two 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) | Offline AI translators were being used to enable staff to more easily communicate during everyday interactions. These tools provided audio and written translations for quick conversations that did not require the use of official translation. | See paragraph 4.34 |
| b) | The mental health team had developed a 'Refresh Programme' that facilitated officer-led discussions on every unit which provided support for their operational experiences and challenges. | See paragraph 4.67 |

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 Just after our previous inspection, in 2023, national leaders changed the function of Feltham B to a category C prison. This was done without the necessary investment or planning and, as a result, leaders were initially unable to provide the activity or opportunities for progression that would meet the needs of this new population.
- 2.3 In 2024, the prison had been split from Feltham A, a children's establishment that shares the same site, and in July 2024, for the first time, a dedicated governor was appointed. Since then, leadership and outcomes at the prison had substantially improved and the foundations of a category C regime had been put in place. During this inspection, staff from all departments commented on the increased visibility of leaders and increased pace of change.
- 2.4 The governor had rightly focused on addressing structural problems. This included the courageous decision to move away from keeping apart prisoners who were in conflict with one another. This had been transformative. It meant that, for the first time ever, leaders were operating free-flow movement, where prisoners could make their own way to activities.
- 2.5 Leaders were focused on improving safety. The regular searching and introduction of metal detecting equipment had reduced the availability and use of weapons. This, combined with improved incentives for those that engaged, had contributed to reductions in violence and disorder.
- 2.6 The governor had also been successful in addressing the very high rates of staff sickness. However, the continued high turnover of frontline staff meant it was difficult to build experience amongst the staffing group. Initiatives to support staff, including group reflective practice, were positive. Uncertainty about the future visa status of staff from overseas was the key risk to future progress. This issue affected around 60 of 200 frontline officers and had the potential to create acute staffing shortfalls.
- 2.7 Leaders in education and work did not have a good oversight of the quality of the provision. Despite progress in improving the number of activity places, there was not enough to keep everyone meaningfully employed. In addition, leaders had not addressed a chaotic system of

allocation which meant many activity spaces were unfilled, despite long waiting lists for education and work.

- 2.8 Leaders had not developed or communicated a clear operating model to address the significant staffing shortfalls in the offender management unit (OMU). The lack of coordination between the OMU, resettlement and reducing reoffending teams meant that the limited resources available were not used effectively.

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 Feltham B's new function, as a category C adult male prison, meant new arrivals transferred from other prisons, predominantly within the London area. Most prisoners arrived having experienced relatively short journeys.
- 3.2 Reception processes were efficient and respectful. Prisoners were not routinely strip-searched on arrival; all new arrivals received a body scan and a rubdown search. We observed polite and welcoming reception staff and, in our survey, 82% of prisoners said they were treated well on arrival. Holding rooms were clean and adequately furnished, with some written information available about the services offered.
- 3.3 To identify safety concerns, prisoners were interviewed in private. A member of the induction team carried out an initial confidential interview in reception, followed by a further private discussion with a member of the safety team the next day.
- 3.4 In our survey, prisoners were significantly more positive about receiving a shower and phone call on arrival than at similar prisons. New arrivals were also offered food shortly after arrival. Each prisoner was routinely offered a vape pack and a small selection of products from the canteen.
- 3.5 Leaders had made thoughtful additions to the arrival process. For example, prisoners were asked if they required culturally specific items, such as a durag (a close-fitting cloth tied around the top of the head to protect the hair). They were also provided with a week's supply of tea and coffee, and a small selection of snacks. Prisoners told us they appreciated these gestures, which helped them feel more settled on arrival.
- 3.6 The induction unit was located on Kingfisher. Half of the unit was dedicated to new arrivals, while the other half housed enhanced prisoners and peer representatives. This offered new arrivals a positive example of what could be achieved if they engaged and contributed to a calm and supportive atmosphere.



Kingfisher

- 3.7 Cells prepared for new arrivals were clean, well equipped and of a good standard. In our survey, 62% of respondents said their cell was clean on arrival, which was significantly better than in similar prisons (43%).



First night cell

- 3.8 Overall, peer work in the early days was good. Induction representatives were available throughout this time. However, they did

not routinely see a Listener (prisoners trained by Samaritans to listen and offer confidential emotional support to prisoners in distress on arrival (see paragraph 3.49). This was a missed opportunity.

- 3.9 The induction programme was comprehensive and covered a wide range of topics, delivered through videos and written presentations. This material was also available on prisoners' laptops, allowing them to revisit the information throughout their stay. The programme was delivered by peer representatives. In addition, newly arrived prisoners had one-to-one meetings with key departments, including safer custody and chaplaincy.



Induction room

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.

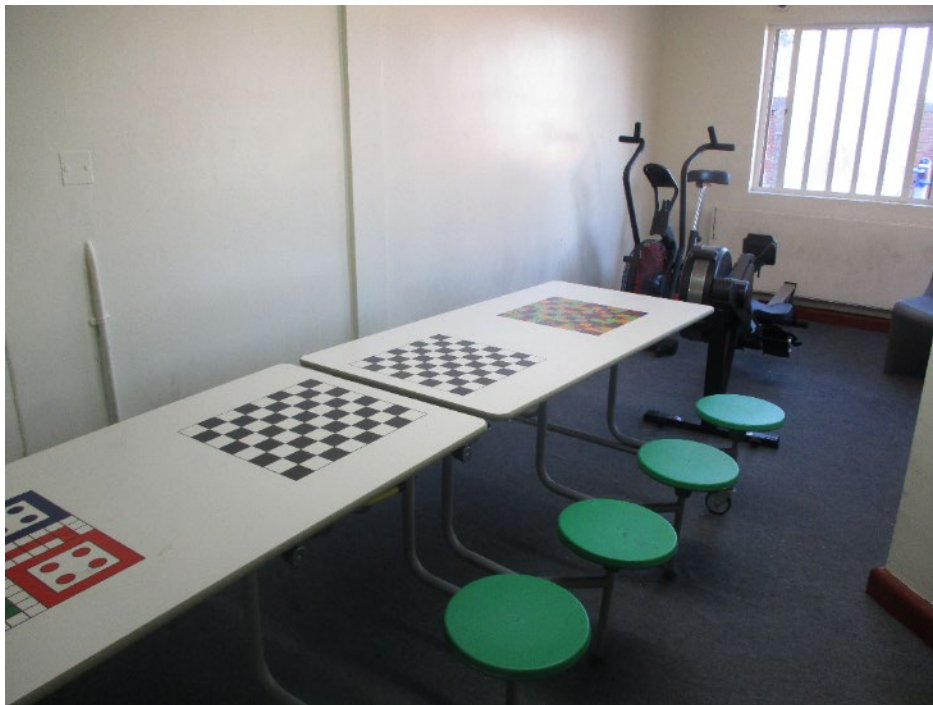
Encouraging positive behaviour

- 3.10 Leaders had taken the bold step of removing some of the restrictive keep apart protocols that had previously been used to try to manage the levels of violence in the prison. They had also introduced a free-flow system to help encourage prisoner engagement by making movement to work or activity swifter and simpler, a system we commonly see in training prisons. This had been successful in improving attendance and punctuality at activities, and, in addition,

violence had reduced. At the time of this inspection, 23% of prisoners said they felt unsafe.

- 3.11 The rate of assaults between prisoners had reduced. There had been 621 assaults per 1,000 prisoners in the previous year, compared to 1,132 assaults in the same period before the last inspection. Despite this reduction, violence remained very high when compared with other category C prisons. This was in part due to the much younger population held at Feltham B. In our survey, 45% of prisoners were under the age of 25 compared to, typically, 13% at other category C prisons.
- 3.12 The rate of assaults against staff had increased and was similarly high when compared with other establishments. Leaders had identified this and taken some innovative action by identifying assaults against staff that through better training or practice could have been avoided. This was having a positive effect and local data showed that assaults on staff were reducing.
- 3.13 There was a weekly safety intervention meeting (SIM) and a monthly safer custody meeting. These meetings were well attended and a wide range of data was reviewed. Leaders were well sighted on the causes of violence. The actions that came from these meetings were having a positive impact and helping to reduce both the amount and severity of violence.
- 3.14 Challenge, support and intervention plans (CSIPs, see Glossary) were used well to manage the perpetrators of violence. Investigations were reasonably timely and staff on the wings were generally aware of which prisoners were on CSIPs. Every prisoner who was supported by CSIP was referred to Catch 22, a not-for-profit organisation delivering bespoke violence reduction programmes across several London prisons as part of a wider strategy. Catch 22 provided group and one-to-one sessions as well in-cell work to help reduce violence.
- 3.15 Work to support the victims of violence was underdeveloped with no formal plans or interventions. Despite this gap, the number of prisoners who were isolating themselves from others because they were scared was reducing. At the time of the inspection there was only one prisoner in this category. Time out of cell for these prisoners was poor. They were offered a shower and time on the exercise yard, and were able to collect their meals every day, but the open layout of the wings meant that most refused and remained in their cells with their meals and medication delivered to them.
- 3.16 We saw frequent examples where staff were reluctant to challenge low-level rule breaking by prisoners and not set appropriate boundaries. For example, vaping in front of staff in communal areas was common (see paragraph 4.2).
- 3.17 As at the last inspection, leaders were aware of weaknesses with the incentives scheme and had implemented several new initiatives. These included the enhanced unit on Kingfisher, access to cooking facilities,

the option to eat meals with their peers and incentivised substance free living (ISFL) units. Prisoners told us they valued these new incentives and leaders had well-developed plans to expand access.



Raven enhancements

- 3.18 Managers had also introduced a number of trusted job opportunities or peer mentor roles (known locally as red bands), which acted as meaningful incentives for prisoners. Many prisoners told us they aspired to these positions, viewing them as beneficial to sentence progression.



Red bands

Adjudications

- 3.19 During the previous 12 months, there had been 5,599 adjudications. This was an increase since our last inspection. Weapons finds, violence and drug use were appropriately targeted and many of these charges were referred to the independent adjudicator who could give more significant punishments as a deterrent.
- 3.20 Oversight of the process had improved, leading to a smaller backlog of internal cases, good links with the local police and regular crime clinics where outstanding charges that had been remanded for police investigation were discussed. This meant that the number of outstanding cases had reduced since our last inspection.
- 3.21 There was a broad range of data viewed at the quarterly segregation review meeting which helped leaders ensure that prisoners were treated fairly. The deputy governor conducted monthly quality assurance checks and circulated learning points to adjudicators.
- 3.22 In the sample that we examined, adjudicators enquired appropriately into the charges laid and the awards given to those found guilty were proportionate to the offences committed.

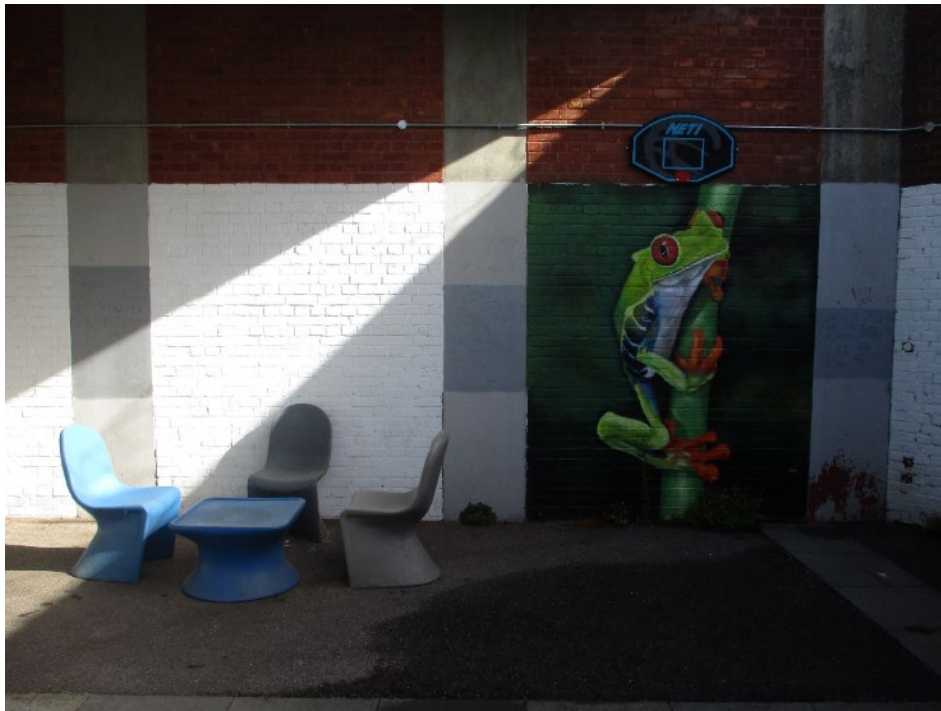
Use of force

- 3.23 Since our last inspection, the amount of force used at Feltham B had reduced, but it was still very high. In the 12 months prior to this inspection, force had been used 1,293 times. In our survey 38% of prisoners said they had been restrained by staff in the last six months, which was higher than in comparable prisons (25%). The most common reason for staff to use force was to stop fights between prisoners.
- 3.24 In the footage we reviewed of the use of force, we saw several instances where management of the incident was poor, leading to avoidable escalation, unnecessarily prolonged restraints or the use of high-level interventions including PAVA. These problems were exacerbated by the inexperience of some staff and the lack of a visible managerial presence during critical moments.
- 3.25 This had contributed to the deployment of PAVA (see Glossary), which was used far too frequently. In the 12 months before inspection, PAVA had been used against prisoners 175 times, the highest rate of all prisons in England and Wales. We found PAVA was deployed appropriately, most often in response to multi perpetrator assaults. However, in some incidents, better management at an earlier stage could have prevented the need for its use.
- 3.26 Leaders had identified these issues and training had recently been delivered by the National Tactical Response Group to staff responsible for incident management. However, it was too soon to judge the effectiveness of this.

- 3.27 Oversight of the use of force was generally good. All incidents were subject to scrutiny and reviewed at a weekly meeting. In addition, a well-attended monthly meeting considered a broad range of relevant data. Where necessary, appropriate actions were taken following incidents and learning points were shared.
- 3.28 Following incidents, debriefs of restrained prisoners took place more frequently than we usually see. In our survey, 56% of prisoners said someone came to talk to them about it afterwards, which was significantly higher than at comparable prisons.
- 3.29 Since the last inspection, the use of body worn video cameras had reduced. Only 67% of incidents had recorded footage and fewer still recorded the antecedents, including the reason the force was used. This made it difficult for leaders to assess if the force was necessary or proportionate.

Segregation

- 3.30 The number of prisoners segregated was lower than at our last inspection, although it remained high. In the year before this inspection, most stays were relatively short with an average duration of five and a half days. In our survey, prisoners' perceptions of their treatment in segregation were similar to those at comparable prisons. Prisoners we spoke to told us they had been treated well by staff.
- 3.31 Reintegration planning was good and started early for those who needed it. Oversight was good and the quarterly segregation review meeting identified trends and potential unfair treatment. Leaders investigated the reasons for these issues and suitable actions were set to try to address any findings.
- 3.32 Living conditions had improved since the previous inspection. The leaks in the roof had been repaired, the unit was clean, and most cells were free from graffiti, with access to electricity and in-cell telephones. Efforts had been made to improve the exercise yard, including the addition of bright murals to reduce its austere appearance.



Segregation exercise yard

- 3.33 The daily routine had improved but remained limited. Some prisoners could now attend the gym, education, corporate worship and work. However, prisoners were only offered a shower every other day.
- 3.34 No use of unfurnished accommodation had been recorded in the previous 12 months. Records were maintained for any restrictions or removal of furniture from cells. In the cases we reviewed, we found only one instance where water had been turned off and documentation confirmed that the decision was appropriate.

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.

- 3.35 Security measures were proportionate for the level of risk posed by a young category C population. Most searching arrangements were appropriate and the quality of searching we observed had improved since the last inspection. It was good to see some of the more excessive arrangements, such as strip searching prior to release, had now ceased.
- 3.36 Enhanced gate security had been introduced, which meant staff were more frequently searched on arrival and when leaving the prison. Plans were in place to improve both the quantity and quality of these

searches as a new building had been commissioned to replace the current temporary arrangements.

- 3.37 Security information was well managed and acted upon swiftly. It was used effectively to identify threats to the security of the prison, and these were shared with staff. Appropriate actions were taken with good use of target searching and suspicion drug testing, both of which were producing results. This included 263 drug finds over the last year.
- 3.38 More actions had been developed. This included pole scanners being deployed in the corridors to detect metal as prisoners walked past on their way to activity, which had reduced the prevalence of sharp-edged weapons. Drug detection dogs and the regional dedicated search team were also frequently used to support local staff.
- 3.39 Other disruption measures were used such as keeping prisoners identified as part of organised crime or county lines separate and moving them frequently.
- 3.40 Despite these good efforts, since the last inspection, the rate of illicit drug use had increased significantly. Since the random MDT tests had been reintroduced in March 2025 the positive random MDT rate was 38%, which was very high but had reduced from a peak of 65% in June 2024.
- 3.41 In our survey, 32% of prisoners said it was easy to obtain illicit drugs in the prison. This had increased from 7% at the time of our last inspection. However, this was lower than the average reported across comparable category C establishments, where 50% of prisoners said drugs were easy to obtain.
- 3.42 Suspicion testing was used very well. In the last 12 months, 144 tests had been conducted, of which 66.7% were positive. Prisoners who failed an MDT test were automatically referred to the substance misuse service.
- 3.43 The use of drones to convey illicit items into the establishment had become a significant threat to security. In response, a vulnerability assessment had been conducted, leading to the implementation of a range of countermeasures. These included the deployment of additional staff to monitor vulnerable areas, routine daily searches of known drop zones, and the removal of dense vegetation surrounding the residential wings to reduce concealment opportunities.
- 3.44 Prisoners identified as having links to extremism were subject to close monitoring; there were two at the time of the inspection. There was evidence of effective multi-agency working, with good collaboration between prison staff, the police, and other relevant external partners.

Safeguarding

Expected outcomes: The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

Suicide and self-harm prevention

- 3.45 Rates of self-harm had reduced by 11% since the last inspection. There were 231 incidents recorded in the previous 12 months, which was lower than the average for similar establishments. There had been no deaths in custody and serious incidents of self-harm were rare, which was encouraging. However, investigations into incidents were weak and lacked sufficient analysis. They were largely descriptive, missing opportunities to identify learning and improve practice.
- 3.46 Leaders used data well to understand the reasons for self-harm which included not coping, frustration and moving units. The weekly safety meeting was a useful forum to discuss those prisoners who were posing a continuing risk of harm to themselves, or who were particularly vulnerable, and address their frustrations. In addition, leaders had taken steps across the establishment, including the removal of wet-shave razors as part of the national rollout of electric razors, to reduce opportunities for self-harm.
- 3.47 In our survey, only 29% of prisoners who had been subject to ACCT (see Glossary) case management said they felt cared for by staff, which was low. At the time of the inspection, there were four prisoners supported by ACCT case management. Those prisoners we spoke to gave mixed feedback, but reported receiving good support from residential staff and other key departments, including the safety team and chaplaincy.
- 3.48 The ACCT documents we reviewed showed good evidence of single case management, which provided consistency for the prisoner. Most reviews were multidisciplinary, although there was limited input from offender management in cases where it would have been relevant, such as those involving home detention curfew (HDC) accommodation or recall. While initial assessments and subsequent reviews were generally thorough, there were weaknesses in the identification of risks and triggers, and care maps were often underdeveloped.
- 3.49 At the time of inspection, the Listener scheme had not been operating for almost a year. Leaders had recently reinstated the service, training 11 prisoners to take on the role. However, the scheme had been running for only three weeks and had not yet been used. Leaders had

missed opportunities to promote the scheme, including ensuring all new arrivals were seen by a Listener.

Protection of adults at risk (see Glossary)

- 3.50 There was an up-to-date safeguarding policy in place. Leaders had engaged with the local authority to discuss the change in cohort, current safeguarding arrangements, and potential future developments.
- 3.51 A modern slavery policy was also in place, with clear processes for referring individuals to the national referral mechanism.
- 3.52 Prisoners of concern were discussed either at the well-attended weekly safety intervention meeting or through separate multidisciplinary forums.

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, only 61% of prisoners reported that most staff treated them with respect, with the same proportion of prisoners indicating that there were staff they could turn to if they had a problem. These figures were both lower than we have seen recently in similar prisons (both 71%).
- 4.2 During our inspection we saw many staff who appeared to be reluctant to engage with prisoners. We also saw many examples of low-level rule breaking, such as vaping or wearing inappropriate clothing, that were not subject to challenge. In contrast, we observed some good, respectful interactions between staff and prisoners on the specialist or enhanced units.
- 4.3 A large proportion of frontline staff were new to their roles (see also paragraph 2.6) and many prisoners expressed frustration at the high number of less experienced staff that were unable to help them with the things that they needed.
- 4.4 Key work had deteriorated since our last inspection. In our survey, only 79% of prisoners said they had a key worker, compared to 95% last time. A review of database entries revealed that key work was taking place sporadically and many interactions were brief and not supportive of rehabilitation. Leaders were aware of these deficiencies and had recently appointed a manager to improve the scheme.
- 4.5 An initiative to expand the cohort of dedicated peer mentors was an encouraging development.

Daily life

Expected outcomes: Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

Living conditions

- 4.6 The living environment for prisoners was much improved from our last inspection. Outdoor areas were well kept, in large part by teams of 'red band' prisoners (see paragraph 3.18).



Gardens

- 4.7 Communal spaces on the living units were generally clean and tidy. However, many of the unit serveries were dirty long after meals had been served and some of the servery hotplates had congealed food burnt on to them.



Dirty hotplate

- 4.8 Despite efforts to address vermin, rats and mice remained present in many areas of the prison and there was evidence that rodents were accessing some of the kitchens.
- 4.9 We found that most of the showers were in reasonable condition but were not always clean. The showers on Teal unit were in poor condition and there was mould growth on the ceiling. Unemployed prisoners at the basic level of the incentives scheme were allowed only three showers a week, which was unacceptable.
- 4.10 Most cells were in reasonable condition though not all were fully equipped. Some cells lacked window coverings, which disrupted their occupants' sleep during the summer.



Osprey cell

- 4.11 Prisoners' toilets were in their cells. Double cells had private toilets but there was limited screening in single cells which meant that they were viewable through the observation panel on the door.
- 4.12 Prisoners had access to equipment and products to keep their cells clean but some complained that their cell doors were not open long enough to clean properly.
- 4.13 Many prisoners told us that they did not regularly get changes of bedding. In our survey, only 35% of prisoners said that they could access clean bedding every week, compared to 65% in our last inspection and 58% at similar prisons.
- 4.14 In many buildings, including the living units, there were signs of water ingress. A programme of repairs was underway to address the leaks.

- 4.15 Prison leaders were now analysing reports of cell call bell response times and bringing instances of persistent slow responses to the attention of custodial managers, though this had not eliminated the problem.

Residential services

- 4.16 Although prisoners were able to choose from five items for each meal, we noted that a similar chicken meal was offered almost all the time.
- 4.17 There was very limited supervision of the serving of meals, which led to poor portion control. As a result, in our survey prisoners were much more negative about the quality and quantity of food than at our last inspection. This was echoed in our conversations with prisoners, and we observed small portions of unappetising food being served. Staff members did not challenge prisoners who were not wearing PPE.
- 4.18 Self-catering facilities, including fridges, microwaves, grills and air fryers, had been introduced onto some of the specialist units. These had been well received by prisoners.



Breakfast dispenser (left), and kitchen (right)

- 4.19 The shop was functioning effectively and there was regular consultation with prisoners about what items could be purchased.
- 4.20 In our survey, fewer prisoners considered that they were able to buy the things they needed from catalogues than we have seen in similar prisons, and many prisoners told us that it was not always clear what was available to purchase.

Prisoner consultation, applications and redress

- 4.21 Consultation arrangements were generally good. Unit-level 'community meetings' bringing together prisoners and residential managers were supposed to take place every weekend. These were intended to resolve issues or identify what needed to be escalated for further consideration. In practice, the frequency of these meetings varied markedly between residential units. Two prisoners from each unit represented their locations at monthly prison council meetings which provided an interface with senior leaders. Each meeting focused on a

specific area and allowed for an in-depth exploration of prisoners' concerns and the identification of responsive measures to be taken.

- 4.22 Two prisoner representatives also attended a segment of the monthly Senior Leadership Team meetings where they were able to present three to five issues that had been identified by prisoners as being of particular concern. Consultation had led to responsive action being taken. For instance, after highlighting their lack of in-person access to the library Kingfisher prisoners were now able to visit it.
- 4.23 Prisoners were able to make applications for most items from their in-cell laptops and in most cases they received a timely response. While the system was functioning, leaders were not making use of potential reports, including on the timeliness of responses, to monitor performance.
- 4.24 The number of complaints was high, with an average of over 100 a month being received since January 2025. This was driven in part by the staffing shortfalls in the offender management unit (see also paragraph 6.12). The process for considering complaints was generally working well, though there had been an increase in late replies which could be attributed to a spike in complaints over the summer. Complaints we reviewed showed evidence that they had been appropriately investigated, and responses were courteous and thorough. Leaders analysed complaints data to understand and respond to relevant trends and themes, as necessary.
- 4.25 Legal visits took place every weekday morning in a spacious area that was separated into booths. Booking visits was straightforward and there was more than enough capacity to meet the number of requests. The library contained a good selection of legal texts.

Fair treatment and inclusion

Expected outcomes: There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics (see Glossary), or those who may be at risk of discrimination or unequal treatment, are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

- 4.26 Following the change in function of Feltham B, the population now included prisoners over the age of 21. Many aspects of the population remained unchanged, including the high proportion of prisoners from ethnic minority backgrounds (76%). However, leaders recognised gaps in provision, particularly relating to age and disability, and were taking steps to address them.
- 4.27 Overall, our survey found few significant differences in the experiences of most protected groups. However, prisoners with mental health needs, neurodivergent conditions or disabilities reported poorer

perceptions of safety and feeling more vulnerable. They were more likely to have been identified as at risk of self-harm or to require protection from other prisoners.

- 4.28 Data used to monitor unfair treatment was well developed and subject to monthly review. Investigations into emerging trends were thorough and impressive. Notably, a recent analysis identified an over-representation of black young men in incidents involving violence and use of force. These individuals were also more likely to be placed on the lower levels of the incentives scheme, usually because of the violence. The review further highlighted a higher prevalence of neurodivergent conditions within this group.
- 4.29 In response, leaders had developed a comprehensive action plan to reduce the over-representation of this group in acts of violence and the associated use of force and disciplinary measures. This included securing funding for the Breaking Bread project (where staff have lunch with prisoners to help improve communication and strengthen relationships), delivering staff training and conducting further consultation.
- 4.30 A range of additional initiatives had also been introduced to promote inclusion and support young prisoners, particularly those from a black or minority background. These included the Black Hero's Journey, which provided life coaching for young black men, and Catch 22 (see paragraph 3.14). Cultural events such as Black History Month and Gypsy Roma Traveller celebrations were also held to foster a more inclusive environment.
- 4.31 Leaders were consulting regularly with prisoners aged over 40, which was particularly important given the change in population. The deputy governor chaired these consultation groups. Topics such as relationships with staff, the regime and gym were discussed, and this had led to some change such as improved access to cooking facilities. However, there was only ad hoc consultation with other protected groups, and this was a missed opportunity.
- 4.32 There were gaps in the provision for older prisoners. At the time of inspection, 16 prisoners were over the age of 50. There was no retirement policy in place, and retired prisoners were being locked in their cells during the working day.
- 4.33 The prison was currently not accepting prisoners who needed a social care package as the provision was not yet in place for assessment and relevant adjustments or care to be provided. However, there were men in the prison who had been waiting for long periods of time for adaptations including grab rails and shower seats. In addition, not all staff on residential units were aware of those prisoners with a personal emergency evacuation plan (PEEP, see Glossary). While PEEPs were completed for prisoners who needed them, they were not kept on living units for staff to read or follow in the event of an emergency.

- 4.34 The Home Office met all foreign national prisoners arriving at HMP Feltham B, explained processes that may apply based on their personal circumstances and prison sentence, and provided ongoing information as needed. In addition, in the early days leaders were using offline AI translators which provided audio and video translations to enable staff to communicate at ease during everyday interactions. Official translation was still used for more formal processes such as adjudications or in-depth assessments.
- 4.35 Overall investigations into discrimination, through the discrimination incident report forms (DIRF) process, were reasonable. In the 12 months before inspection there had been 33 complaints, made by prisoners with a range of protected characteristics. The sample we reviewed showed some courteous, in-depth responses, and while some had weakness, internal assurance processes were robust and had taken corrective actions where needed. There had been a gap in external scrutiny; however, this had been rectified in recent months.

Faith and religion

- 4.36 In our survey, 82% of prisoners reported having a religion, which was significantly higher than the average across similar establishments (68%). The chaplaincy team was nearly fully staffed, comprising full-time, part-time and sessional members. Recruitment was ongoing for Pagan, Buddhist, and Sikh chaplains, although this affected only a small number of prisoners.
- 4.37 Prisoners were positive about the chaplaincy provision at Feltham B. In our survey, 87% of respondents said they had spoken to a member of the chaplaincy team, and 93% reported being able to attend religious services if they wished. Both figures were significantly better than those at comparable prisons (69% and 85% respectively). Prisoners we spoke to valued the support provided by the chaplaincy team, and our observations confirmed that the team was well integrated into the establishment.
- 4.38 Despite the introduction of free-flow movement (see paragraph 3.10), both prisoners and staff reported frequent delays in attending religious services and returning to residential units.

Health, well-being and social care

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

- 4.39 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

- 4.40 Health care strategic partners had been slow to address the changing needs of the population and had not put in place a robust transformation plan or taken steps to address the significant backlog in patients waiting for dental treatment.
- 4.41 A recent health needs assessment addressed the needs of the adult male population.
- 4.42 Health care managers were stretched across two sites, and this had contributed to the gaps identified in clinical governance.
- 4.43 Local delivery boards were held regularly but clinical governance was weak and did not identify risks to patient safety. This included poor incident reporting and investigation, a lack of policies and procedures to support safe medicines practice, and delays to patient care following failures to share information in a timely manner.
- 4.44 Patients were positive about the care they had received and the responsiveness of health care services.
- 4.45 Recruitment to vacancies in primary care and pharmacy was in progress with cover provided by regular agency and bank staff. Patients had good access to care.
- 4.46 Staff received regular supervision and appraisal. Mandatory training was up to date and continuing professional development had taken place to better address the needs of the adult population.
- 4.47 Clinical record keeping was of a reasonable standard, but care plans were generic and lacked evidence of patient involvement.
- 4.48 Patients spoke positively about staff. Patient feedback had been used to support service improvement in some areas, but this was not yet fully embedded.
- 4.49 The health care environment was tired and there was water ingress in all the clinic rooms. A recent audit had identified areas of non-compliance with infection control standards and an appropriate action plan had been developed.
- 4.50 Complaints were well managed with a clear structure in place. Staff ensured patient complaints were investigated in good time. All patients received a fair and balanced response.
- 4.51 Staff responded promptly to emergencies and had easy access to emergency bags. An ambulance was automatically called for an emergency, which was good practice.

Promoting health and well-being

- 4.52 A health promotion strategy had been developed, and a calendar of key events was followed in line with national programmes. A Band 4

nurse had been employed to develop and embed these arrangements, but this work was largely embryonic. There was only limited information displayed to advise prisoners about disease prevention initiatives and the absence of peer workers in health further constrained the development and delivery of many aspects of the strategy.

- 4.53 Patients were routinely offered screening for specific conditions. However, take up remained low, though external input from the Hepatitis C Trust was making a more positive difference.
- 4.54 There was an effective outbreak management plan, and though this hadn't been tested significantly, close working arrangements with specialist public health partners had been established.
- 4.55 Prisoners had access to good sexual health services and condoms could be ordered via the kiosk and supplied discreetly, though this too could be better promoted.

Primary care and inpatient services

- 4.56 GP and nurse clinics were held from Monday to Saturday and there was emergency nurse and/or paramedic cover overnight and at weekends.
- 4.57 Nursing staff screened new arrivals and referred patients to other services as appropriate. A secondary health assessment took place within seven days, which was good.
- 4.58 Patients were seen promptly for urgent GP or nurse appointments. Patients' applications were processed promptly and there was clinical oversight of triage to make sure that patients were directed to the most appropriate practitioner.
- 4.59 Patients with diabetes were referred to specialist services, which was good. Patients with long-term conditions did not always have a personalised care plan as required by practice guidelines.
- 4.60 Patient waiting times for visiting practitioners, which included physiotherapy, podiatry and an optician, were good.
- 4.61 Telemedicine appointments with the local hospital were regularly utilised. Cancellation of routine external outpatient appointments was monitored carefully and, where necessary, were rebooked.
- 4.62 Primary care nurses saw patients on the day of release and ensured that, where appropriate, the patient had medication to take home, a letter for their GP and any outstanding outpatient appointments were made, which was good practice.

Social care

- 4.63 As the prison had previously operated as a young offender's institution, there had historically been little demand for social care services. This

remained the case at the time of our inspection, when no patients were receiving social care.

- 4.64 Governance of social care required strengthening to ensure there was a clear referral and assessment pathway for those who needed additional support. In addition, more work was needed to ensure all staff, including prison staff are aware of the health care department's role in supporting such patients.

Mental health

- 4.65 The service was driven by strong clinical leadership. A rich mix of skilled, confident staff, operated within a positive team ethos. This enabled an impressive range of support for prisoners with mental health problems which was delivered both individually and in group settings.
- 4.66 The care pathway was clear and accessible. The process from initial referral and assessment through to delivery of care and treatment was timely and thorough. Multidisciplinary oversight was robust with risk and agreed actions fully articulated in the records we sampled.
- 4.67 There was good collaboration with the psychosocial drug team, and partnership working with the prison indicated positive and professional interactions, which included contributions to ACCT processes. The mental health team had developed a 'Refresh Programme' which facilitated officer-led discussions on every unit about complex or challenging prisoners.
- 4.68 Clinical records indicated generally sound and regular levels of contact for those patients who were open to services (63 patients). There were 12 patients with more complex needs, which included those with severe and enduring mental illness, subject to care planning arrangements (CPA). All had an identified care coordinator who took responsibility for planning for release or transfer. In the cases reviewed, we found evidence of decisions about risk and ongoing care, but local CPA reviews were not always fully documented.
- 4.69 Facilities on the units to undertake individual therapeutic activity were basic but group rooms were available in education and the multi-faith area. Groups could also now be facilitated across units which enabled more effective use of resources.
- 4.70 Training and supervision for mental health staff was good with an explicit matrix for supervision in place, ensuring individuals with specific competencies and skills received appropriate support. Reflective practice sessions for groups of staff were also routinely facilitated.
- 4.71 In the 12 months before inspection, four patients had been assessed and identified as needing transfer to hospital under the Mental Health Act. Though initial identification of needs and assessment was prompt, in two of these cases individuals experienced significant delays of 85 and 97 days prior to transfer. The impact on these individuals could be

quite significant due to the delay in delivering timely access to treatment.

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

- 4.72 The prison's substance misuse service was performing well, with strong foundations in place. Patients benefited from timely, compassionate care delivered by skilled professionals. We saw good partnership working between prison and health care departments informed by a good drug strategy. However, continued investment in staffing and clinical specialist expertise will be important to sustain and develop the service as needs evolve.
- 4.73 All patients arriving to the prison were met by the substance misuse team and offered support appropriate to their needs. Referrals into the team were accepted from all routes which were well known to the prison staff. Referrals were assessed and patients seen in good time by skilled staff who were trained to support patients with addiction.
- 4.74 Clinical substance misuse services operated an integrated model with nurses delivering substance misuse and mental health care services. At the time of the inspection, this was appropriate and meeting the needs of the patients.
- 4.75 Psychosocial substance misuse services were well established with experienced members of staff delivering good quality care. However, there were a number of vacancies in the team which meant some groups were not running. Community-based mutual aid support regularly attended the prison and there was a good use of peer mentors to provide additional support for patients.
- 4.76 The ISFL wing was a positive initiative with all patients speaking highly of the support they received. This was confirmed by our observations.
- 4.77 Where patients were reaching the end of their sentence, transfer planning was good. Staff worked with patients to reduce the chance of relapse and provide key harm reduction messages. Referrals were made to community services to ensure continuity of care.

Medicines optimisation and pharmacy services

- 4.78 Medicines were mostly dispensed by an off-site dispensary and delivered to the prison in a timely fashion. The transportation and storage of medicines was adequate. There was a good stock of emergency medicines, but record keeping for these medicines could be improved. Policies enabled the health care team to supply a wider range of medicines.
- 4.79 Administration of not-in-possession medicines occurred three times a day. Officer supervision was variable, which may allow for medicines to be concealed. Whilst the new medication administration point was under construction, two temporary locations were in use, but they did

not provide a confidential space. There were systems to record, identify and refer patients who did not attend to collect their medicines. Patients who were being transferred or released were provided with a minimum supply for seven days or an electronic prescription to ensure medicine continuity.

- 4.80 In-possession risk assessments (IPRA) were generally completed upon reception within designated timescales. There were gaps within the IPRA policy to clearly define which medicines were risky. Two-thirds of the population were able to receive their medicines as in-possession. Cell compliance checks were routinely completed.
- 4.81 Few patients were prescribed tradeable medicines and prescribing trends were well monitored. The on-site pharmacist screened all prescriptions to ensure that medicines were safely managed, including tradeable medicines, and patients were identified for a medicine use review appointment. But there was no strategic work and no audits of tradeable medicines, to ensure they were always appropriate and optimised for patients.
- 4.82 The pharmacy team was well integrated with the rest of the health care department and local drug and therapeutic meetings took place every three months, which was appropriate.

Dental services and oral health

- 4.83 At the time of our inspection the dental suite was nearing the end of a refurbishment programme. The work was done to a high standard with state-of-the-art equipment. However, this had led to a waiting list of nearly 200 patients, and some patients had waited over six months to receive dental care.
- 4.84 Some work had been done to mitigate the risks to patients, including delivering care in a makeshift clinical space or on the wings. In addition, there was the ability to facilitate external dental appointments should patients be in acute pain or need urgent care.
- 4.85 Despite this, a robust plan was needed to tackle the backlog. At the time of the inspection there was no clear plan in place to reduce waiting times such as providing additional sessions or prioritising need.
- 4.86 Records we viewed were to a high standard with clear plans in place describing patients' care needs and informing staff.

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 There were not enough activity spaces. According to the prison's own data there were only full-time and part-time activity spaces for 83% of prisoners and weaknesses in the allocation process (see paragraph 5.18) meant that too few prisoners were engaged in purposeful activity. During our roll checks we found 42% of prisoners locked up during the working day, which was too high. Only 28% of prisoners were engaged in purposeful activity off the wings, which was poor for this type of prison.
- 5.2 Prisoners working full-time and residing on the specialist units could be out of their cells for up to 11 hours a day. Other full-time workers were out for ten hours and those in part time activities had between six and seven hours out of their cells. In contrast, unemployed prisoners on the basic level of the incentives scheme were out of their cells for less than an hour and were not allowed to shower every day (see paragraph 4.9).
- 5.3 The weekend routine was not always adhered to. This again meant that time out of cell for many prisoners was limited. In our survey, 68% of respondents said that they spent less than two hours out of their cells at the weekend, compared to 30% in similar prisons.
- 5.4 During the week, prisoners had outdoor exercise for only 30 minutes a day, which was not long enough. Leaders told us that prisoners were able to have an hour outside each weekend day, but this was not being delivered on all of the units.



Kingfisher yard (left), and ISFL yard (right)

- 5.5 While the gym provision had improved, attendance had fallen since the previous inspection. Only 49% of prisoners were using the gym facilities, which was low for such a young population. It was apparent that many prisoners were still nervous about using the gym facilities because of conflict with other prisoners, particularly from other units. Not enough was being done to encourage, facilitate and support exercise amongst non-attendees.
- 5.6 Prisoners used their in-cell laptops to make requests for gym activities. Those at the standard level of the incentives scheme could access three sessions a week and those on the enhanced scheme could have five sessions. Prisoners at the basic level had an entitlement to one session a week.
- 5.7 The facilities were good and included a football field, rugby field, weights room and sports hall. Prisoners had access to decent showers.



Sports hall (left), and weights room (right)

- 5.8 Several programmes were running in the gym. At the time of the inspection, 12 prisoners were taking part in the level two gym instructor course, which was very popular and provided a formal qualification.
- 5.9 Parkrun was popular. Prisoners ran five kilometres around the sports fields each weekend, and some staff came in on their days off to take part.
- 5.10 The library provided a service that was valued by prisoners. Each unit was allocated a weekly slot. However, these were during the core working week which limited the number of prisoners that were able to

visit. It was also apparent that staff on some of the units were reluctant to escort and remain with prisoners for their library sessions.

- 5.11 The challenges of getting to visit the library was partly offset by a regular trolley service to wings and workshops. In our survey 61% of respondents said that they were able to get library items delivered to their wing at least once a week which was more than we have seen recently in similar prisons (31%). However, prisoners we spoke to considered that this was not an adequate alternative to actual visits. Prisoners on Kingfisher had successfully argued that a slot should be provided for them to visit the library (see paragraph 4.22).
- 5.12 The library manager was looking to adapt the stock of books and DVDs to cater to the needs of an older population, but this had yet to be achieved. In our survey, 54% of prisoners considered that the library had a wide enough range of materials to meet their need, which was less positive than at our last inspection (74%).

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.

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

Overall effectiveness: Inadequate

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Inadequate.

- 5.14 While leaders had overseen effectively the transition of the prison to an all-age establishment, they had made insufficient progress in improving the quality of work and training. Leaders and managers had designed a curriculum that focused appropriately on developing prisoners' English, mathematics, employability and vocational skills. Prisoners who aspired to a career in barbering developed sector-specific knowledge and skills and learned about topics such as contact dermatitis and its impact on safe working practices. Prisoners in construction gained essential qualifications, including the Construction Skills Certification Scheme (CSCS card), which is a requirement to secure employment in construction.
- 5.15 Leaders and managers had made little progress since the previous inspection in improving the quality of education and training. Their actions lacked urgency and had not rectified most weaknesses. Leaders had not implemented the majority of recommendations from the previous inspection. As a result, too many prisoners did not benefit from high-quality education, skills, and work that prepared them well for their next steps.
- 5.16 Leaders developed plans to broaden the curriculum with courses in rail track, carpentry, and waste management. They invested in sector specific resources and workshops to support these courses. However, the plans remained at an early stage, and prisoners could not yet access the courses.
- 5.17 Leaders had not created sufficient full-time activity spaces for the entire prison population to engage in education, skills and work activities. As a result, there were too many unemployed prisoners. Too many prisoners remained on waiting lists and did not undertake activities that met their needs and aspirations in vocational areas such as painting and decorating.
- 5.18 Leaders did not ensure that prisoners were allocated to the correct subject that met their immediate education or training needs. Staff too frequently allocated prisoners to activities that did not align well with prisoners' sentence plans. Too many prisoners transferred to other activities before completing qualifications, which negatively impacted on their achievement and limited the progress they made towards employment or further learning on release.
- 5.19 Leaders had improved prisoners' punctuality in education and had also made some progress in improving attendance, but overall participation in education remained too low. Timetable clashes with visits, medical appointments, faith activities, and operational priorities continued to restrict engagement. Some prisoners were uninterested in their allocated activities and chose not to attend. Managers did not consistently set or enforce high expectations for attendance, which required improvement across education.
- 5.20 Leaders did not ensure that staff provided all prisoners with sufficient detailed information, advice, and guidance about careers, learning opportunities, and progression routes. Staff failed to review or update

learning plans for around half of the prison population, which limited prisoners' ability to plan and sustain progress. As a result, too many prisoners lacked the knowledge and confidence to make informed decisions about their next steps.

- 5.21 Novus delivered education and vocational training at the prison. Prisoners benefited from well-planned lessons delivered by subject specialists, who matched the pace and content to prisoners' needs and used engaging resources to maintain interest and participation. Managers were skilled at identifying areas for development and provided targeted training and support for teachers, which improved teaching quality.
- 5.22 Managers had a clear understanding of prisoners' achievements and progression. They acted quickly when they identified a drop in attendance on the enterprise course, adapting the units effectively, which led to clear improvements in both attendance and achievement. The proportion of prisoners who achieved their qualifications had improved since the previous inspection. Achievement rates in English rose markedly, particularly at entry level 3. However, achievement rates in mathematics at levels 1 and 2 remained too low. Prisoners completed vocational programmes successfully, developing knowledge and skills in hair and beauty, construction, and food preparation. New courses, including employability skills and fire safety awareness, supported prisoners to strengthen their employability skills.
- 5.23 Teachers and trainers were suitably qualified and occupationally competent. They mostly used effective teaching techniques, including clear explanations and demonstrations, which supported prisoners' learning, skill development, and improvements in their confidence and behaviour.
- 5.24 Teachers and trainers used their knowledge of prisoners' prior learning and attainment effectively when planning lessons and tailored activities to meet individual needs. Staff structured learning with clear, individual tasks, helping prisoners understand the focus of each session. Teachers and trainers used a range of assessment methods, including checks during lessons and end-of-unit reviews, to ensure prisoners understood and retained skills and knowledge.
- 5.25 Leaders had insufficient oversight of education, skills, and work. They monitored education with Novus managers but did not check industries and work thoroughly, where quality varied significantly and remained weak overall. They failed to implement training for trainers quickly enough, which prevented staff from improving weaker aspects of their practice and demonstrated that leaders were ineffective in raising the quality of provision.
- 5.26 Leaders had not implemented a strategic plan for learning support, so prisoners who required additional help did not receive consistent or effective support. Trainers had too little training and understanding of diverse learning needs, which limited their ability to adapt teaching, learning, and work activities. Not all prisoners could fully engage in

skills and work, and many struggled to develop the knowledge and abilities needed to progress. In education, staff provided support, and prisoners benefited from a range of assistive technologies, including reading pens, glasses, and coloured overlays. Teachers also adapted classroom layouts and resources to meet these prisoners' needs. However, this was inconsistently effective and reliant on individual teacher's knowledge and initiative.

- 5.27 Leaders had created an appropriate reading strategy, but they had been too slow to implement it effectively. Actions to drive improvement here lacked urgency, and leaders did not maintain sufficient oversight of progress towards their targets. As a result, too many prisoners did not develop the essential reading skills needed to succeed both in custody and after release.
- 5.28 Staff did not support prisoners effectively to develop their reading, particularly for those with weaker literacy skills. Prisoners who found reading difficult were hindered in working independently in class, which slowed their progress across their learning. Teaching resources, including handouts and presentations, often used language and terminology that prisoners did not fully understand, limiting their comprehension. As a result, prisoners did not develop the essential reading skills needed to support their learning or to read for pleasure.
- 5.29 Leaders had implemented a pay policy that incentivised prisoners to achieve qualifications in English and mathematics up to level 1, with bonus payments encouraging engagement and progression. However, too many prisoners were on waiting lists to attend education and consequently could not access these payments.
- 5.30 Leaders had taken highly effective action to improve prisoners' behaviour and to develop a sense of safety in education and work. Prisoners behaved well in learning and work, and most felt safe in education and industries. Those who attended education, skills, and work activities demonstrated respect, enthusiasm, and positive attitudes, wearing their uniforms with pride. They learned and worked in calm and orderly environments and developed constructive relationships with teachers, instructors, and other prison staff, which reinforced a positive culture for learning and work.
- 5.31 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 park runs and charity work. These activities were carefully planned to improve prisoners' confidence, physical and mental health and well-being. Through these activities, prisoners began developing their reflection and self-awareness skills and learned different viewpoints. Approximately half of prisoners participated in these activities.
- 5.32 Leaders had not ensured that prisoners had sufficient opportunities to develop their knowledge and understanding of topics such as the risks of radicalisation and extremism. Staff did not always embed these

topics into the curriculum or explore them in enough detail. As a result, too many prisoners lacked an understanding of how these issues could affect their lives both inside and outside the prison and were not sufficiently aware of how to keep themselves safe from these risks.

- 5.33 Prisoners had access to laptops, which they used confidently for daily activities such as checking timetables and applying for courses. Information to support job searches was readily available, and prisoners used this alongside guidance from the prison employment lead and external partners, including Job Centre Plus, to plan and progress their next steps. Staff developed useful resources on the Virtual Campus. For example, prisoners working towards mathematics and English qualifications could access past papers to practise for exams. However, prisoners studying Open University and distance learning courses did not always have access to the appropriate technology, which limited their engagement with these learning opportunities.

Section 6 Preparation for release

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

Children and families and contact with the outside world

Expected outcomes: The prison understands the importance of family ties to resettlement and reducing the risk of reoffending. The prison promotes and supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 6.1 Leaders had published a family and significant others (FaSO) strategy which provided clear direction in the delivery of activities to support and strengthen family ties. A families lead and the FaSO champion collaborated with Prisoner Advice and Care Trust (PACT), a charity that supports prisoners and their families, to deliver visit sessions and activities.
- 6.2 The range of case work support provided by PACT was good and averaged 20 cases open at any one time. Despite not having a full-time manager, the two case workers provided opportunities for prisoners to receive support and complete 'in cell' packs covering issues like self-awareness and maintaining positive relationships.
- 6.3 PACT staffed a spacious and welcoming visitors' centre with the help of volunteers. Play workers were provided to supervise the children's area during social and family visits.



Family visits

- 6.4 Availability of social visits had improved to two-hour afternoon visit sessions, six days a week. Despite this, there was only one session available at the weekend for most prisoners (visits on a Sunday were reserved for enhanced prisoners). In our survey, just 34% of prisoners said they had been able to see their family or friends more than once during the previous month, which was comparable with similar prisons. Prison data showed that weekday visits sessions were often not fully booked.
- 6.5 The visits hall was a clean and welcoming environment and was complemented by a soft play area. The well-stocked tea bar was operated by prison staff. In our survey, 48% of prisoners said that visits started and finished on time, which was better than comparable prisons. Visitors we spoke to said that they were always treated respectfully by staff and that staff were responsive to any problems that they raised.
- 6.6 The scheduling of monthly family visits – intended to provide greater opportunities for families to interact with prisoners – on a weekday, hampered attendance for children in school.
- 6.7 Since our last inspection, leaders had started to facilitate the Official Prison Visitors Scheme (volunteers who visit prisoners who have no other outside contact) which was readily available on request. Previously planned initiatives to rebuild family ties, including Storybook Dads (in which prisoners are recorded reading a story to send to their children) and parenting courses were still not being delivered.
- 6.8 Secure social video calls (see Glossary) were underpromoted and underutilised. In our survey only 15% of prisoners said they had been

able to access them. The recent addition of a video call booth on the ISFL wing was a good initiative.

Reducing reoffending

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

- 6.9 A Reducing Reoffending strategy had been published but, due to the lack of a needs analysis, direction provided was not specific to meet the needs of the changing prisoner population.
- 6.10 The OMU had significant staffing shortfalls. Instead of 11 prison offender managers (POMs), the prison was operating with just four POMs in post (one probation officer and three prison officer POMs). Staffing shortfalls had been exacerbated by increased workloads. The additional work was caused by the transition of Feltham B to a category C prison, various early release schemes and the implementation of the fixed term recall 48 (prisoners serving Standard Determinate Sentences of under 48 months who are recalled to prison are automatically re-released after 28 days). This resulted in high caseloads for individual staff members, limited contact between prisoners and their offender managers and backlogs across several key processes within the OMU.
- 6.11 Leaders had taken some proactive steps to address these challenges, including the use of external resources to carry assessments of risk and needs (OASys, see Glossary). However, we found that the quality of assessments was inconsistent. They did not always identify the individual needs of prisoners and resulting sentence plan targets were often too generic to support meaningful progression. In addition, OASys assessments completed by local staff were not all countersigned by a senior manager, consistent with there being no quality assurance in place.
- 6.12 Staff shortages and competing priorities significantly limited the ability of POMs to have regular meaningful prisoner contact. Leaders had, however, prioritised which prisoners were allocated to a POM, focusing on those who would be released in the next three months and those who are high risk of harm to others. This left around 180 prisoners unallocated and receiving no offender management support at all.
- 6.13 During interviews, prisoners who had allocated POMs described their contact experience as good. Sentence plans we reviewed were of mixed quality and did not always provide clarity about progression. In addition, they did not provide sufficient information to the intervention team to provide an assessment for programmes.
- 6.14 Requests for information and appointments with POMs were submitted by prisoners using their in-cell laptops. A combination of the staffing shortfalls, lack of communication and a large number of unallocated prisoners, resulted in the POMs staff being overwhelmed with requests.

This further reduced their ability to plan meaningful face-to-face work with prisoners.

- 6.15 The lack of contact was compounded by a key work scheme that was not functioning well (see paragraph 4.4). Many sessions were not delivered and those that did take place were cursory in nature. The governor had recently recruited a lead for key worker development to improve this area.
- 6.16 Handovers between POMS and community offender managers (COMs) were challenging because of a shortage of probation officers in London.
- 6.17 Home detention curfew (HDC) procedures for eligible prisoners were managed efficiently. However, at the time of inspection, 31 prisoners were overdue an assessment, despite being beyond their HDC eligibility date. These cases had been delayed while waiting for community checks and decisions on accommodation. The longest delay found for a prisoner who was eligible for HDC was 176 days.
- 6.18 Applications for transfers were managed well with feedback provided to prisoners on progress and decisions made. At the time of the inspection, 24 applications to transfer to another category C prison were awaiting authorisation, but three applications for transfers to a category D prison were delayed due to a lack of spaces in requested prisons.

Public protection

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

- 6.19 Poor attendance by senior leaders undermined the effectiveness of the Interdepartmental Risk Management Meeting (IDRM). This was mitigated, in part, by the OMU sharing key information with external agencies regarding individuals due for release within the next three months. The Multi-Agency Public Protection Arrangements (MAPPA, see Glossary) information sharing forms that we reviewed were varied and provided limited detail to inform effective decision making.
- 6.20 Contact restrictions and monitoring were well managed. Few prisoners were placed on pin phone monitoring, reviews of the necessity for monitoring were undertaken and there was no monitoring backlog. Staff who dealt with incoming and outgoing prisoner communications worked from up-to-date lists of prisoners who were subject to restrictions or monitoring.

Interventions and support

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

- 6.21 Access to accredited offending behaviour programmes was limited due to the cessation of the 'Thinking Skills Programme' (TSP) and 'Identity Matters' in preparation for the launch of a new programme called 'Building Choices' (an accredited cognitive-behavioural programme designed to help participants develop skills to live a crime-free life) in early November 2025. A monthly analysis of the prison's population for suitability was negatively impacted by 30% of the relevant OASys information being missing (see paragraph 6.11).
- 6.22 Non-accredited interventions focused on problem solving, positive behaviour and anger management were available to prisoners on referral. Catch 22 were also providing one-to-one support to those prisoners on a CSIP (see paragraph 3.14). However, this work was not recorded on NOMIS (National Offender Management Information System) or shared with POMs.
- 6.23 Monthly employer engagement events had been delivered with industry recruiters attending the prison to inform prisoners of potential employment opportunities. A new employment hub looked promising. However, its opening had been delayed due to staffing constraints. In the 12 months before inspection, only 9% of prisoners were employed on release.
- 6.24 There was good support for finance, benefit and debt needs and the obtaining of recognised forms of personal identification.

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.

- 6.25 The prison had introduced a new resettlement team, overseen by the head of reducing reoffending. The objective of the team was to support pre-release planning and to mitigate the shortfall of POMs. However, there was some duplication in effort between the POMs, pre-release worker and resettlement team, who all carried out similar work with prisoners who were close to release, while other groups did not receive a service from anyone.
- 6.26 Over the past 12 months, 93% of prisoners had accommodation on release, though much of this was not sustainable and outcomes beyond the first night after release were not known. Prisoners being released in the London area were directly supported by an advisor from St Giles Trust (a charity providing support to vulnerable people) who

focused on immediate needs such as supporting people to keep their housing tenancy agreements or signposting them to further services. Those prisoners being released elsewhere were signposted to the relevant local authorities. On-site support from an accommodation worker from St Mungo's (a charity supporting people at risk of homelessness) was a valuable resource but depended on the relevant COM commissioning their involvement, which might not happen if a COM had not been allocated.

- 6.27 Practical needs on the day of release were ascertained in advance. Clothing and the ability to charge phones were available if needed. Planned releases often happened in the afternoon, which reduced the time prisoners had to get to their destination and comply with any reporting conditions.

Section 7 **Progress on concerns from the last inspection**

Concerns raised at the last inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2023, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Priority concerns

Levels of violence were too high and prisoners had poor perceptions of their safety. Leaders, staff and prisoners were over-reliant on keeping prisoners apart rather than addressing underlying causes of violence. Investigations into incidents were often delayed and sometimes of poor quality.
Partially addressed

Key concerns

The use of segregation was high, conditions on the unit were poor and the regime was limited.

Addressed

Prisoners who were subject to ACCT (assessment, care in custody and teamwork) plans did not feel cared for by staff. Care maps did not always reflect concerns raised by prisoners and family engagement was not used adequately to support prisoners.

Not addressed

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2023, we found that outcomes for prisoners were reasonably good against this healthy prison test.

Key concerns

Prisoners did not receive medication in a clinically appropriate environment and best practice guidelines for patient safety, confidentiality and decency were not met.

Not addressed

Leaders did not investigate data that indicated differences in treatment or access to the regime for prisoners with protected characteristics.

Addressed

Purposeful activity

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

At the last inspection, in 2023, we found that outcomes for prisoners were poor against this healthy prison test.

Priority concerns

Too few prisoners had access to education, skills and work, based on their needs. Leaders did not ensure that enough prisoners were allocated to the available activity spaces.

Not addressed

The attendance and punctuality of prisoners to activities were poor.

Leaders should ensure that the number of prisoners attending activities increases.

Partially addressed

Leaders and managers had limited oversight of the regime on residential units. There were regular delays in the core day. There was too little association and exercise which was inconsistent across wings.

Addressed

Key concerns

Prisoners did not have access to enough accredited courses in industries that would help them gain employment once released. Leaders and managers should ensure that prisoners at work receive appropriate training for their roles and gain accredited qualifications where appropriate.

Not addressed

The number of prisoners who achieved qualifications was too low.

Leaders and managers should improve the quality of teaching in order to raise the levels of achievement in the prison.

Not addressed

Rehabilitation and release planning / Preparation for release

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 2023, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

Key concerns

Staffing pressures in the OMU and resettlement teams were also present in many of the community probation teams that Feltham worked with, which affected prisoner progression and release planning. This contributed to a backlog of prisoner OASys assessments, delays in some home detention curfew releases and often limited contact with prisoners.

Not addressed

Release planning was not carried out consistently and too many prisoners did not have timely preparation and support before their release.

Not addressed

Appendix I About our inspections and reports

HM Inspectorate of Prisons is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, court custody and military detention.

All inspections carried out by HM Inspectorate of Prisons contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

All Inspectorate of Prisons reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in this Inspectorate's thematic review *Suicide is everyone's concern*, published in 1999. For men's prisons the tests are:

Safety

Prisoners, particularly the most vulnerable, are held safely.

Respect

Prisoners are treated with respect for their human dignity.

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to 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
Angus Jones	Team leader
Hindpal Singh Bhui	Inspector
David Foot	Inspector
John Wharton	Inspector
Chris Rush	Inspector
Donna Ward	Inspector
Emma Crook	Researcher
Sophie Riley	Researcher
Helen Ranns	Researcher
Jasjeet Sohal	Researcher
Sarah Goodwin	Lead health and social care inspector
Steve Ely	Health and social care inspector
Craig Whitelock-Wainwright	General Pharmaceutical Council inspector
Jacob Foster	Care Quality Commission inspector
Carolyn Brownsea	Ofsted inspector
David Baber	Ofsted inspector
Diane Kopit	Ofsted inspector
Montse Perez	Ofsted inspector
Yvette Howson	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.

ACCT

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

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.

End of custody supervised licence (ECSL)

A scheme intended to tackle overcrowding, which entails prisoners being released up to 70 days early and having their supervised licence in the community extended. Restrictions apply for certain categories of offences. ECSL started in October 2023 and ended in September 2024 (see SDS40).

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.

Mandatory drug testing (MDT)

Enables prison officers to require a prisoner to supply a urine sample to determine if they have used drugs.

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 assessment system (OASys)

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

Offender management in custody (OMiC)

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

PAVA

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

Personal emergency evacuation plan (PEEP)

A plan for a person who may need assistance, for instance, a person with impaired mobility, to evacuate a building or reach a place of safety.

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).

SDS40

A scheme intended to tackle overcrowding where prisoners serving a standard determinate sentence only spend 40% of their sentence in prison instead of 50% and their time on probation in the community is extended. Restrictions apply for certain categories of offences. SDS40 replaces ECSL and releases commenced in September 2024.

Secure social video calling

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

Social care package

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

Special purpose licence ROTL

Special purpose licence allows prisoners to respond to exceptional, personal circumstances, for example, for medical treatment and other criminal justice needs. Release is usually for a few hours.

Temporary presumptive recategorisation scheme (TPRS)

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

Time out of cell

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

Appendix III Further resources

Some further resources that should be read alongside this report are published on the HMI Prisons website (they also appear in the printed reports distributed to the prison). For this report, these are:

Prison population profile

We request a population profile from each prison as part of the information we gather during our inspection. We have published this breakdown on our website.

Prisoner survey methodology and results

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection. A document with information about the methodology and the survey, and comparator documents showing the results of the survey, are published alongside the report on our website.

Prison staff survey

Prison staff are invited to complete a staff survey. The results are published alongside the report on our website.

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Printed and published by:
HM Inspectorate of Prisons
3rd floor
10 South Colonnade
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