



Action Plan: HMP Feltham B

Action Plan Submitted: 05 January 2026

A Response to the HMIP Inspection: 01 – 11 September 2025

Report Published: 01 December 2025

INTRODUCTION

HM Inspectorate of Prisons (HMIP) and HM Inspectorate of Probation for England and Wales are independent inspectorates which provide scrutiny of the conditions for, and treatment of prisoners and offenders. They report their findings for prisons, Young Offender Institutions, and effectiveness of the work of probation, and youth offending services across England and Wales to Ministry of Justice (MoJ) and His Majesty's Prison and Probation Service (HMPPS). In response to the report HMPPS / MoJ are required to draft a robust and timely action plan to address the priority and key concerns. Action plans provide specific steps and actions to address the priority and key concerns, that are clear, outcome focussed, measurable, achievable, and relevant with the owner and timescale of each step clearly identified. Action plans are sent to HMIP and published on the GOV.UK website. Progress against the implementation and delivery of the action plans will also be monitored and reported on.



ACTION PLAN: HMIP REPORT

ESTABLISHMENT: HMP Feltham B

1. Rec No	2. Concerns	3. Response Action Taken/Planned	4. Responsible Owner	5. Target Date
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.	<p>The Head of Security and the Drug Strategy Lead will reduce the supply of illicit drugs by:</p> <ul style="list-style-type: none"> Reviewing the Drug Strategy to support a co-ordinated, outcome focused, delivery model for recovery. Opening a second Incentivised Substance Free Living Unit (ISFL) to provide further support for prisoners who wish to live drug free. Combining the monthly Drug Strategy and Security Meetings to align supply reduction, demand reduction and recovery; to include a review of the drugs dashboard, agreeing timebound actions to reduce supply and demand, and the sharing of effective practice across functions and providers. Maintaining and fully utilising the dedicated Mandatory Drug Testing (MDT) suite to support random, suspicion and risk-based testing, with daily staff scheduling and continuity cover. All prisoners who fail an MDT are automatically referred to the substance Misuse Team so they can offer/provide support. Working collaboratively with the Risk and Capabilities Unit (RACU) on counter drone options and pre-unlock hotspot searches, piloting agreed measures and embedding them into operating procedures. Embedding Enhanced Gate Security (EGS) measures to include the introduction of one x-ray baggage lane and security portals, to strengthen staff/visitor entry-point controls. 	Governor	April 2026



		<ul style="list-style-type: none"> Increasing staff resources at the gate to manage peak staff entry times, and through the installation of a second x-ray baggage lane to manage high-volume periods effectively. Delivering EGS training to 40 staff (Bands 2–5) and implementing a refresher training schedule to maintain competency. Improving targeted Search and Intelligence Tasking, that align searching activity and intelligence-led tasking at identified threat times and high-risk locations. Increasing searching of all external areas for illicit packages prior to main prisoner movement to activities. Reducing the reliance on external search teams, by delivering upskilling to local staff on how to undertake increased searching measures, and empowering staff to act on suspicious activity as soon as its identified. Implementing the use of supportive adjudications for substance misuse charges. 		September 2026
				September 2026
				March 2026
				Complete
				May 2026
				Complete
2	Incident management was weak, leading to avoidable escalation and contributing to the highest use of PAVA in England and Wales.	<p>The Head of Safety will improve incident management oversight by:</p> <ul style="list-style-type: none"> Tasking the Operational Resilience and Response Unit (ORRU) to fully review Use of Force (UoF) assurance processes, to improve practices and provide better oversight. Providing additional incident management training, including Bronze Commander for Custodial Managers, to strengthen incident response and overall management capability. Reminding staff at team briefings and via quarterly communications around the importance of carrying Body Worn Video Cameras (BWVC), including switching them on at the earliest opportunity in every potential/actual incident, to capture all aspects leading up to and during the incident. Ensuring all incident checklists have 'good practice tips' for UoF report writing attached, providing staff with useful advice on how to write quality and comprehensive reports regarding UoF, including how to provide a comprehensive justification of actions. 	Governor	Complete
				Complete
				March 2026
				March 2026
				March 2026



		<ul style="list-style-type: none"> Providing scenario-based training sessions to all band 3 prison officers as part of their annual training refresher, to enhance decision making process when it comes to drawing/deploying PAVA (an incapacitant spray like pepper spray). Triaging of all UoF incidents each weekday by the safety department, with any immediate concerns being escalated directly with the Deputy Governor for appropriate scrutiny/action. Scrutiny of every PAVA draw/use at the weekly UoF scrutiny meeting, with the monthly UoF meeting monitoring local and national PAVA data (including disproportionality), to generate any appropriate actions around its use and to issue guidance to staff to improve learning. The YCS Deputy Directors Team will carry out an additional dip test of 5% of PAVA incidents each quarter. PAVA usage will be monitored as an emerging risk through monthly Senior Leadership Team (SLT) meetings, to ensure robust oversight and accountability for its application. 		November 2026 February 2026 February 2026 March 2026 February 2026
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.	<p>The Heads of Education, Skills and Work (HoESW) and Head of Reducing Reoffending (HoRR) will improve the use of data by:</p> <ul style="list-style-type: none"> The monthly Quality Improvement Group (QIG) will monitor progress of the Quality Improvement Plan (QIP) and coordinate actions across Education, Skills and Work (ESW), including industries, allocations and reading, with each objective owned and reported/updated monthly. Embedding data driven evidence at QIG meetings, using WALP (Work After Leaving Prison – a system to manage progress in preparing prisoners for work) to monitor outputs and allocation metrics, agreeing timebound improvements and commissioning follow on actions to close identified gaps. Monitoring and tracking attendance and reasons for non-attendance at the weekly Sequencing and Attendance Review Meeting (SARM), where actions can be generated to identify and address any barriers to attendance. 	Governor/ Education Provider	April 2026 April 2026 April 2026



		<ul style="list-style-type: none"> The HoRR will implement daily/weekly and monthly Quality Assurance (QA) checks of allocations to monitor improvements (See concern 4). The HoESW will review the reading strategy, linking it to the QIP, to monitor prisoner engagement and its effectiveness in raising reading levels. (See concern 5) The roll out of WALP, including training for staff, to support the ESW function for work-readiness and job-matching. Data will be reviewed within the QIG to support the evaluation of WALP. Developing and embedding assurance processes that integrate the Quality Toolkit across all ESW-linked functions, standardising practice and implementing routine monitoring and accountability checks. Strengthening links with Residential Managers so the Incentives Policy (IP) system encourages and rewards employment participation and reduces Do Not Attends (DNA), monitored through regular data sharing and joint reviews. The regional Head of ESM will carry out a quality assurance of data quality each quarter. 		April 2026 February 2026 Complete April 2026 March 2026 June 2026
4	<p>Leaders had not ensured there were sufficient activity spaces in education, skills and work.</p> <p>Prisoners were not allocated to meaningful activities specific to their educational needs and career aspirations.</p>	<p>The HoRR and HoESW will review the provision of activity spaces and allocation to them by:</p> <ul style="list-style-type: none"> Increasing current activity/workspace capacity (e.g., new workshops, industry opportunities, increase in work placements risk assessments) by: <ul style="list-style-type: none"> ➤ Commissioning an independent value-for-money review of all activity spaces. ➤ Delivering the capital investment programme to open new workshops aligned to careers (Railtrack, Personal Training, Printing), and complete reconfiguration/repairs to existing workshops to enable the provision of Carpentry and Construction. ➤ Implementing a capacity increase plan by relocating current classes to larger classrooms, increasing the current capacity. The Business Communities Engagement Manager will work with external providers to identify opportunities to increase current activity spaces and improve existing contracts. 	Governor/ Education Provider	September 2026 September 2026



		<ul style="list-style-type: none"> Reviewing the allocations process to simplify the system, reduce waiting lists and timetable clashes, ensuring placements align with sentence plans and immediate education/training needs. The ESW and Activity Board will include Careers Information Advice and Guidance (CIAG) provider attendance, to support and improve allocations to appropriate work and education that support an individual's progression. Embedding the Skills Academy (The Academy brings together all education, skills and work opportunities under one clear identity) branding to drive engagement and attendance across ESW activities, with its impact being monitored at the QIG. Implementing daily assurance checks to ensure all activity spaces have been allocated (See concern 3). Attendance data will be discussed at the daily operational meeting, weekly at the Activity Review Board meeting, and at the monthly Education Performance Meeting (EPM). 		June 2026
				April 2026
				Complete
				April 2026
5	Leaders had not been effective in implementing the neurodiversity support and reading strategies.	<p>The HoESW will improve neurodiversity support and reading strategies by:</p> <ul style="list-style-type: none"> Implementing the Neurodiversity Support Strategy into all aspects of ESW provision, monitored at the QIG. Fully implementing the reading strategy, delivery will be monitored at the QIG and quarterly via a Reading Strategy Working Group commencing December 2025. Integrating the Neurodiversity and Reading Strategies into the QIP with named owners, milestones, and Key Performance Indicators, published and tracked at the QIG. Improving the screening of all new receptions at education induction, with Neurodiversity Support Managers improving the sharing of data and delivery of staff training, allowing teachers and tutors to fully support 	Governor/ Education Provider	February 2026
				Complete
				January 2026
				April 2026



		<p>diverse learning needs and adapt teaching methods accordingly to support reading strategies.</p> <ul style="list-style-type: none"> Ensuring reasonable adjustments, environment changes and staff training, supported by the additional needs service, to allow neurodivergent prisoners equal access to education, reading and regimes. Ensuring that there is a whole-prison approach to the reading strategy and library provision, with progress monitored at the quarterly reading working group to ensure it is being embedded into all aspects of the prison. Utilising the Quality Toolkit to deliver staff development on adapting teaching for prisoners with diverse needs, recording the completion and impact of the actions at the QIG. Improving available resources, including handouts and presentations, using language and terminology that prisoners can understand, assistive technologies, along with additional support to support those in education and work with weaker literacy skills, with improvements being monitored at the QIG. Improving access to the library by moving sessions to the evening. 		April 2026
				June 2026
				April 2026
				April 2026
				January 2026
6	<p>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.</p>	<p>The Head of Offender Management Delivery and HoRR will improve access to support for sentence and planning progression by:</p> <ul style="list-style-type: none"> Ensuring that Offender Assessment System (OASys) assessments and sentence plans are completed in accordance with specified timeframes and guidelines, where there is a significant event that impacts risk of harm or re-offending the assessment will be reviewed, with clear next steps in relation to sentence planning and progression recorded. Providing all assigned key workers with access to the OASys and updates from the relevant Prison Offender Manager (POM), of any changes to sentence planning and progression to aid key worker discussions with the prisoner. 	Governor	May 2026
				May 2026



		<ul style="list-style-type: none"> • Sustaining the interim Offender Management Unit (OMU) prioritisation model, monitored weekly until staffing stabilises in April 2026. • Accelerating onboarding to reach the full staffing compliment in OMU, tracking external vetting processes with the Human Resources Business Partner (HRBP) via a weekly dashboard, escalating delays as required, then implementing the OMU training plan upon clearance so new staff can deliver sentence plans. • Ensuring all prisoners are allocated a POM and receive offender management support from May 2026, once the unit is fully staffed. • Recruiting and deploying OMU Prisoner Representatives to handle OMU queries, to reduce the impact on POMs and speed up response times. There will be a published role profile, with a set induction period and supervision from a POM or member of OMU staff. Once in place OMU will track response times/throughput for effectiveness. • Implementing an OASys QA framework by introducing a quality rubric (a document that describes the criteria by which students' assignments are graded), including monthly dip-sampling, feedback loops, and targeted Continual Professional Development (CPD), to improve assessment quality. As part of the QA framework, all OASys assessments will be signed off by a Senior Manager to ensure their quality, and they identify the individual's needs of the prisoner. • Rolling out a revised Key Worker Strategy and action plan (See concern 7). • The Bi- Monthly Reducing Reoffending meeting will monitor and track progress of the effectiveness and availability of offender behaviour related work, ensuring the prison is providing the necessary support to allow all prisoners to progress with their sentences. 		April 2026
				May 2026
				May 2026
				March 2026
				May 2026
				Complete
				June 2026
	Key Concerns			
7	Staff-prisoner relationships were not	The Head of Business Assurance and the Strategic Keywork Lead will improve staff-prisoner relationships by:	Governor	



	good enough, and many staff were not able to assist prisoners with the things that they needed.	<ul style="list-style-type: none"> Reviewing the current Training Plan to strengthen staff confidence, standards, and support for new staff. The introduction of Instructional Coaching New Colleague Mentors (NCM) has provided clear guidance and confidence-building measures, with training tailored to motivational conversations and fostering improved staff relationships. Rolling out and implementing an instructional coaching model with NCM, aligned to the Unlocked Guide to Jailcraft, tracking their confidence, skills and knowledge gains via pre/post checks. Rolling out a revised Key Worker Strategy and action plan, including a new keyworker allocation process, that will include the upskilling and development of staff groups involved in Offender Management in Custody (OMIC) and Keyworker strategies. The roll-out will utilise a core cohort of staff who will deliver extra training and reflective supervision. Introducing monthly dip-sampling of keyword sessions and case notes, with QA monitored by the Strategic Keyword Lead. Introducing governance of Key work sessions via a monthly report to the SLT performance meeting, that monitors progress and impact metrics, including QA ratings, case-note quality and coaching uptake, RAG (Red, Amber, Green) rated risks and agreed follow-on actions. Completing a full staff development needs analysis, in collaboration with the Psychology Lead, through consultations and surveys. This analysis will inform a revised approach to support staff within a Category C Male Adult establishment and ensure ongoing development for newer staff. 		February 2026
8	Meals served to prisoners were small and not appetising. Supervision of serveries by staff was also poor.	<p>The Catering Manager and the Heads of Residential Services will improve the meals offered to prisoners and supervision of serveries by:</p> <ul style="list-style-type: none"> Enhancements have been made to improve the variety of food and portion control, including the addition of a three-slice sandwich option, dry noodles as an anytime snack, extra fruit, and cereal dispensers on all units to allow self-service for breakfast. 	Governor	Completed



		<ul style="list-style-type: none"> Reviewing and improving the meal quality and portion sizes in line with national catering standards and nutritional guidelines. Introducing a weekly quality check of menus and portion control by the Catering Manager and Duty Governor. Implementing mandatory staff supervision at all serveries, with clear accountability recorded in daily logs. Providing refresher training for residential staff on servery supervision standards, including fairness, hygiene, and engagement with prisoners. Gathering monthly prisoner feedback through consultation forums, to monitor satisfaction and identify areas of improvement. 		April 2026
9	There was a waiting list of nearly 200 patients who required dental treatment and no plan to address this backlog.	<p>CNWL (Central and North-West London NHS Trust), the Health Provider, will improve access and timeliness to dental services by:</p> <ul style="list-style-type: none"> Developing and implementing a dental recovery plan to reduce the backlog by February 2026, with it cleared by April 2026. The plan will include the prioritization of urgent cases. Increasing clinical capacity, by reviewing session allocation and exploring additional clinics or temporary support from external providers. Introducing weekly monitoring of waiting list numbers and progress against the recovery plan, reported to the prison SLT. Improving communication with patients by providing clear information on expected waiting times, prioritization criteria and current performance. Embedding dental provision into health planning to prevent future backlogs, ensuring alignment with Practice Plus (The Dental Provider) and commissioning requirements. Commissioners quarterly Health Partnership Boards (PPB) quality and performance meetings will monitor the contract, including the provision of prisoner's access to dental services. 	Health Provider	April 2026 April 2026 January 2026 February 2026 March 2026 April 2026



10	<p>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.</p>	<p>CNWL will improve clinical governance structures by:</p> <ul style="list-style-type: none"> • Stabilising the leadership to ensure there is a temporary Head of Healthcare in post. This will provide support to clarify roles and reporting lines for the Feltham B healthcare model. • Appropriate Standard Operating Procedures (SOP) and relevant policies (such as those for safe medicines management) will be reviewed and submitted for scrutiny at the next Local Delivery Board (LDB), prior to implementation in January 2026. • Recruitment and staffing campaigns will continue for all vacant roles to improve delivery and patient safety; tracking offers and clearances • Completing a Health Needs Analysis (HNA) for Feltham B as Cat C adult male population, to provide clear recommendations and resourcing implications that will be formulated into a transformation plan. • Strengthening local governance via a review of current healthcare governance arrangements, then refreshing the monthly Local Delivery Board (LDB) Terms of Reference (ToR) to improve performance data sharing and tracking of identified concerns. • Reviewing handover information and sheets, to align with the New Model of Care, to improve information sharing at each handover. • Improving incident reporting and investigations to ensure standardise thresholds are met, ensuring timely reporting, embedding manager reviews, and holding a monthly thematic learning discussion to identify actions to improve practice. • A complex care planning meeting will be initiated to share information and check on the robustness of care plans. • Reviewing the Healthcare Risk Register to ensure ownerships are confirmed, conducting monthly scrutiny at the LDB, escalating any issues to the prisons SLT. • Reviewing In-possession medicines processes to ensure risk assurance processes are effective and quality assured by the CNWL Pharmacist. 	<p>Health Provider/ Governor</p>	<p>Completed</p> <p>March 2026</p> <p>May 2026</p> <p>March 2026</p> <p>February 2026</p> <p>January 2026</p> <p>May 2026</p> <p>January 2026</p> <p>March 2026</p> <p>February 2026</p>
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		<ul style="list-style-type: none"> Supporting access and flow to clinics by the coordinated free flow/escort windows of prisoners, so patients reach appointments on time, minimising DNA. Revisiting the Social Care Memorandum of Understanding agreement with the Local Health Authority, to ensure its applicable for a CAT C Adult establishment. 		February 2026 April 2026
11	<p>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.</p>	<p>CNWL and NHS England (NHSE) will work in partnership to ensure prisoners requiring a transfer under the Mental Health Act are assessed and transferred in a timely manner by:</p> <ul style="list-style-type: none"> Implementing 28-day transfer compliance framework, a single live case log and day 7/14/21 triggers. Cases will be automatically escalated to the prisons SLT and NHSE where risk of breach is identified. Introducing a weekly NHSE case conference to include a clinical review of all open Section 47 and Section 48 (of the Mental Health Act 1983) cases, unblocking assessments, bed allocation and transport. Recording actions and owners to support escalation. Refreshing local Standard Operation Procedures to align them to the 28-day legal requirement and national guidance, clarifying roles, triggers and documentation (including antecedents and risk). Implementing a partnership governance log so cases can be escalated to Partnership Meetings and commissioners. <p>Locally, HMP Feltham B will support those awaiting transfer by:</p> <ul style="list-style-type: none"> Prisoners held in segregation awaiting a Mental Health (MH) transfer will have daily visits by the Duty Governor and weekly visits by either the Governor or Deputy Governor. These prisoners are discussed at the weekly Safety Intervention Meeting (SIM) where all partners help to plan the best possible outcomes and support for this cohort until transferred. 	<p>Health Provider/ NHS England</p> <p>Governor</p>	<p>January 2026</p> <p>Completed</p> <p>January 2026</p> <p>January 2026</p> <p>Complete</p>



		<ul style="list-style-type: none"> Prisoners awaiting MH transfer on normal location are managed and discussed at the SIM, this ensures that any regression with wellbeing can be addressed urgently. 		Complete
12	Leaders' actions to improve prisoner attendance at education and work by reducing clashes with regime activities were ineffective.	<p>The HoESW will improve attendance at assigned activities by:</p> <ul style="list-style-type: none"> Adding attendance monitoring at the SARM, with set Key Performance Indicators for Full-Time/Part-Time participation and Do Not Attends, publication of a weekly dashboard, providing a monthly report to the QIG to monitor outcomes and improvements. Implementing the Skills Academy branding and awareness training, to improve and drive attendance. Reducing operational clashes by monitoring allocations data at the RR Offending and SARM. Identified clashes/hotspots and actions taken will be fed back to the SARM to improve allocations. 	Governor/ Education Provider	January 2026 January 2026 April 2026
13	Prisoners were locked up for too long at weekends.	<p>The Head of Residential and Head of Operations will improve the weekend regime, and the time prisoners can spend out of their cells by:</p> <ul style="list-style-type: none"> Reviewing the staff profile, exploring ways to better support weekend unlocking and regime delivery. Reviewing the weekend regime against projected staffing to increase weekend time out of cell for all prisoners. Standardise the Prisoner Council to have a fixed ToR, with prisoner membership from all units, action log with responses ("you said, we did"). The council will be asked how the weekend regime can be improved and what enrichment activities they would like to see. The Duty Governor and Custodial Managers will monitor and assure delivery of the weekend regime, including exercise provision, to ensure it is delivered in line with published times, via unit logs and random spot-checks, fed-back to the weekly regime meeting. Consulting and communicating with families and friends on how to improve visits, by issuing a visits survey (paper/kiosk/QR) every six 	Governor	May 2026 May 2026 January 2026 January 2026 February 2026



		<p>months, briefing families via booking line and posters, publishing any changes and effective dates in advance.</p> <ul style="list-style-type: none">• Reviewing the visits schedule to maximise capacity, by analysing bookings, DNAs, waiting times and survey themes, proposing adjustments for increasing capacity, enhanced status, and evening/weekend video visits.		April 2026
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