



Report on an unannounced inspection of

## **HMP Featherstone**

by HM Chief Inspector of Prisons

23 September – 9 October 2025



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# Introduction

Located near Wolverhampton, HMP Featherstone is a category C training and resettlement prison holding 658 adult men at the time of inspection. The establishment holds prisoners principally from the West Midlands region, with a significant turnover of population. Many of those held were serving quite lengthy sentences – over four years – and many were considered to present significant risk of harm to others. The prison is publicly run, with health and education services provided by external partners.

Since our last inspection in May 2022, progress has been limited. For example, of the eleven listed concerns we raised previously, only three have been fully addressed, the rest remaining unresolved. Notably, concerns about preparation for release have not been tackled, and the overall trajectory of outcomes for prisoners has stagnated or declined. These findings were reflected in our four healthy prison assessments, for all of which we judged outcomes to be ‘not sufficiently good’.

Despite some investment, the older residential units, mainly built in the 1970s, are still in poor condition, and facilities management is under strain. There is a drabness to the institution which undermines well-being, although the prison is reasonably clean and most prisoners look after their cells. The quality of staff prisoner relationships is very mixed and depends very much on location. On those wings with a specific task or function, they are reasonably supportive. On those units lacking a defined purpose they tend to be more transactional, although this is mitigated to some extent by efforts in the prison to make the key work model work.

In terms of the main safety metrics, Featherstone is similar and comparable to other category C trainers. Violence and self-harm rates exemplify this although there is no plan to drive improvement. Social care provision is weak, with inadequate adaptations for prisoners with reduced mobility. The drug strategy is well-coordinated and supports recovery, but the mandatory drug testing data suggests access to illicit drugs is far too high, and overall prison culture does not sufficiently encourage positive behaviour or sentence progression.

Despite being a training prison, the range of vocational training is failing to equip prisoners with skills for employment, compounded by a significant amount of lock up and indifferent attendance rates at work, training or education. Added to this, there are insufficient opportunities for prisoners to demonstrate risk reduction and progress in their sentences, with inconsistent offender manager contact and a lack of structured interventions. Public protection work is similarly problematic.

Despite the challenges, leadership at Featherstone has been committed and visible, with the governor providing an honest, if somewhat optimistic, self-assessment of what the prison is able to achieve. Featherstone faces significant challenges in delivering safe, respectful, and purposeful custody, as well as effective preparation for release. There are pockets of good practice and committed leadership, but systemic issues persist. Leaders must address the

priority concerns we highlight in this report with urgency, ensuring that progress is tracked and sustained. The prison's future depends on robust action to improve outcomes for all prisoners, underpinned by effective oversight, investment in infrastructure, and a renewed focus on rehabilitation and resettlement.

**Charlie Taylor**

HM Chief Inspector of Prisons

November 2025

# What needs to improve at HMP Featherstone

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. **Drugs were readily available, as evidenced by the very high random mandatory testing rate.**
2. **The rate of self-inflicted deaths was the 10th highest of all adult male prisons.** Leaders had been too slow in identifying and implementing learning from fatal incidents and serious incidents of self-harm. The range of support for those at risk was underdeveloped.
3. **Many of the residential units were in poor condition, requiring long-term investment, renovation or replacement.**
4. **The range of vocational training was too narrow and did not provide prisoners with the skills they needed to meet their employment goals.**
5. **There were significant weaknesses in public protection arrangements.**
6. **Opportunities for prisoners to demonstrate a reduction in risk and progress in their sentence were insufficient.** Prison offender manager contact was inconsistent in quality and frequency. There were not enough offending-related, structured one-to-one interventions or accredited programme places to meet need.

## Key concerns

7. **Relationships between staff and prisoners were not sufficiently positive or supportive.**
8. **Violence had increased and there were not enough incentives to motivate positive behaviour.**
9. **Food portions were too small and meals were served too early.**
10. **Day-to-day processes for prisoners to get things done were not functioning effectively.** The complaints system was poorly managed and delays in application responses were a source of frustration.

11. **The oversight and coordination of social care provision was poor.**  
There were, for example, too few adaptations for prisoners with reduced mobility.
12. **Leaders did not offer appropriate recognition of the skills prisoners learned in the substantial industries provision.**
13. **Attendance and punctuality at education, skills and work needed improvement, particularly in industrial workshops.**

# About HMP Featherstone

## Task of the prison/establishment

Category C training/resettlement prison for adult male prisoners

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

Prisoners held at the time of inspection: 658

Baseline certified normal capacity: 687

In-use certified normal capacity: 672

Operational capacity: 672

## Population of the prison

- 901 (average 75 a month) new prisoners received each year
- 41 foreign national prisoners
- 230 prisoners from black and minority ethnic backgrounds
- 40 prisoners released into the community each month
- 238 prisoners receiving support for substance misuse
- 48 prisoners referred for mental health assessment each month

## Prison status (public or private) and key providers

Public

Physical health provider: Practice Plus Group Health and Rehabilitation Services Limited

Mental health provider: Inclusion (Midlands Partnership NHS University NHS Foundation Trust)

Psychosocial substance misuse treatment provider: Inclusion

Dental health provider: Time for Teeth Ltd

Prison education framework provider: NOVUS

Escort contractor: GeoAmey

## Prison group/Department

West Midlands

## Prison Group Director

Mark Greenhaf

## Brief history

HMP Featherstone opened in November 1976 as a long-term category C training prison with four residential house units; three further house units were added over the years. In 2014, it became a designated training and resettlement prison for prisoners returning to Warwickshire and West Mercia. It currently functions as a category C trainer/resettlement prison predominantly releasing into the Midlands area.

## Short description of residential units

House 1 – general residential (120)

House 2 – Creating Future Opportunities/incentivised substance-free living (120)

House 3 – general residential (120)  
House 4 – general residential (120)  
House 5 – induction unit (100)  
House 6 – incentivised substance-free living unit (35)  
House 7 – drug recovery wing (57)

**Name of governor and date in post**

Neil O'Connor (temporary from 27 July 2023, permanent from 1 February 2024)

**Change of governor since the last inspection**

Laura Whitehurst until 26 July 2023

**Independent Monitoring Board chair**

Paul Jay

**Date of last inspection**

May 2022

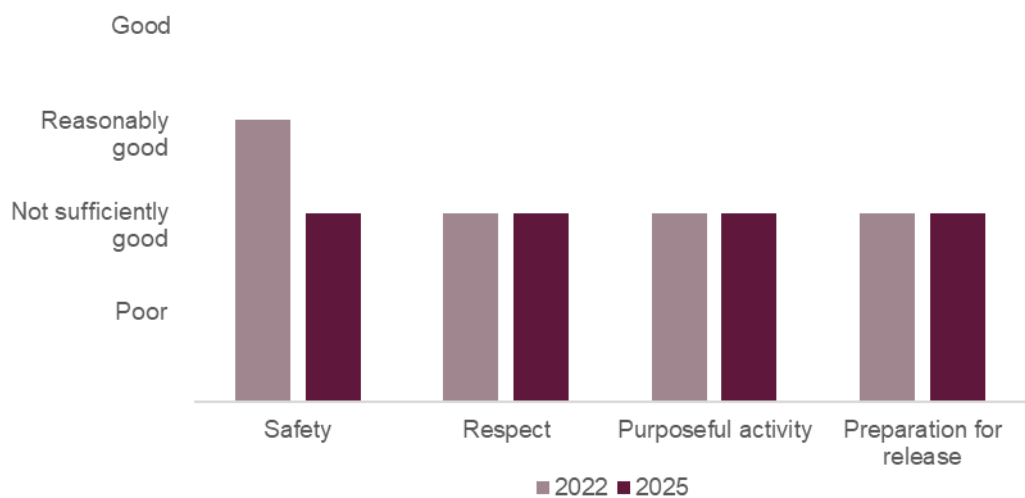


# Section 1 Summary of key findings

## Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Featherstone, we found that outcomes for prisoners were:
- not sufficiently good for safety
  - not sufficiently good for respect
  - not sufficiently good for purposeful activity
  - not sufficiently good for preparation for release.
- 1.3 We last inspected HMP Featherstone in 2022. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Featherstone healthy prison outcomes 2022 and 2025



## Progress on priority and key concerns from the last inspection

- 1.4 At our last inspection in 2022, we raised 11 concerns, five of which were priority concerns.
- 1.5 At this inspection we found that three of our concerns had been addressed, three had been partially addressed and five had not been addressed. Neither of the concerns raised in preparation for release 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 three examples of notable positive practice during this inspection, which other prisons may be able to learn from or replicate. Unless otherwise specified, these examples are not formally evaluated, are a snapshot in time and may not be suitable for other establishments. They show some of the ways our expectations might be met, but are by no means the only way.

### Examples of notable positive practice

a)	The impressive drug recovery wing gave prisoners with a substance misuse history the support needed to help them address their situation.	See paragraph 3.9
b)	Leaders were focusing individualised support on those who were prolific users of illicit substances.	See paragraph 3.30
c)	There were some good, practical initiatives to support prisoners with neurodiverse needs, such as a colour-coded system for on-wing support plans and briefings for prison leaders conducting adjudications.	See paragraph 4.36

## Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor, who had been in post for around two years, provided committed and visible leadership and was popular with staff. His self-assessment was honest, although optimistic.
- 2.3 Leaders had failed to address fully most of the concerns we raised at our last inspection. Shortfalls in the management of basic aspects of prison life were still a source of considerable frustration for men; the complaints system, for example, was poorly managed and there were delays in responses to applications.
- 2.4 Public protection arrangements remained poor and lacked prison-wide priority and ownership. A public protection steering group, designed to provide senior manager governance of multi-agency risk management arrangements, had only met once, and the interdepartmental risk management meeting for the oversight of high-risk prisoners was not held consistently or well attended. There were long delays in checks for new arrivals and contact restrictions were poorly understood and not routinely enforced.
- 2.5 The offender management unit was still not sufficiently integrated into the wider prison and there remained too few opportunities for prisoners to demonstrate a reduction in risk and progression. However, leaders had recently introduced a new model for delivery of key work by a small number of dedicated key workers who were better able to support offender management.
- 2.6 While leaders had developed some good initiatives to reduce prisoners' likelihood of reoffending, work across the resettlement pathways was not always well coordinated. A recent population needs analysis did not inform an up-to-date strategy, and only one multi-agency pathways meeting had taken place in the last year.
- 2.7 Despite some investment, the older house units (1 to 4) were still in a very poor condition and needed renovation or replacement. Facilities management by Amey was subject to a performance improvement notice, and leaders had appointed a prison officer to oversee repairs in the absence of Amey managers.
- 2.8 Levels of violence and self-harm were similar to the average for category C prisons, but there was no action plan to drive further

improvements. There had been four self-inflicted deaths since the previous inspection, but leaders had only recently started to review learning from these and other serious incidents as a matter of routine.

- 2.9 Strategic oversight of social care provision was poor and there were too few adaptations to support prisoners with reduced mobility. Overall, work to promote fair treatment across the prison was not yet sufficiently well developed.
- 2.10 While the random mandatory drug testing rate and ingress of drones remained too high, leaders had a well-coordinated drug strategy that focused on supporting recovery as well as reducing supply. A dedicated team of specially trained officers worked effectively in collaboration with the psychosocial team on the impressive drug recovery wing.
- 2.11 Leaders had developed a credible pathway to motivate prisoners with substance misuse issues, but many other prisoners on the older wings told us that there was little to encourage positive behaviour and support their sentence progression.
- 2.12 Positively, leaders had reintroduced full-time activities since our last inspection, but there were fewer opportunities for vocational training following cuts to funding. Ofsted judged overall effectiveness of education, skills and work as 'requires improvement'.
- 2.13 In efforts to tackle negative staff culture, the governor had built a largely new senior team, and there was an ongoing programme to develop positive behaviours among custodial managers. Staff engagement had also been prioritised.
- 2.14 Retention of officers had improved, although persistent staff shortfalls had resulted in the recent implementation of a restricted regime. The recruitment pipeline was uncertain following changes to the visa sponsorship rules for officers recruited from overseas.

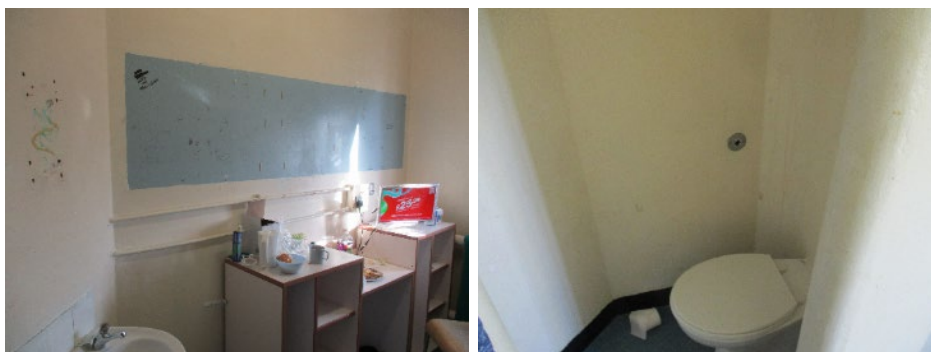
## Section 3 Safety

**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 Featherstone received around 75 new arrivals each month. Reception staff were friendly and welcoming. The environment was clean and functional, although some information in holding rooms was out of date and the television was broken. All new arrivals were strip-searched and scanned using the body scanner. After being searched, prisoners were not permitted to use the toilet, which we were told was to avoid the risk of them concealing any illicit items that may be deposited there prior to search.
- 3.2 Private interviews were held with all new arrivals, but risks and vulnerability were not explored in sufficient depth. An induction officer and peer mentor met the new arrivals in reception and provided some helpful basic information, but too much time was spent completing rudimentary processes, such as signing numerous compacts.
- 3.3 New arrivals were usually located in double cells on house 5, while those assessed as needing a single cell were sometimes located on another unit. Staff and prisoners told us that those located elsewhere in the prison sometimes missed parts of their induction.
- 3.4 First night cells were not always well prepared. In our survey, only 32% of prisoners said their cell was clean on their first night compared with 44% in similar prisons. Prisoners were also more negative about access to basic items such as clean clothes and toiletries, and we were told, for example, that pillows were often not available.



**First night cell**

- 3.5 Induction orderlies were helpful, but the induction programme was too limited. In our survey, only half of those who had had an induction felt it covered everything they needed to know. Prison records indicated that prisoners seldom received their full induction. More positively, most prisoners saw a key worker (see Glossary) during their early days and had meaningful sessions (see paragraph 4.4).
- 3.6 New arrivals were placed on the same restricted regime as unemployed prisoners, spending around 21 hours locked in their cells on most days. Many waited for more than a month before being allocated to any purposeful activity, leaving them with little to do.

## **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**

- 3.7 The rate of violent incidents against both staff and prisoners had increased by 34% since the previous inspection but had been on a downward trajectory over the past year. Overall, the rate of violence was comparable to other category C prisons, and the number of serious assaults remained low.
- 3.8 Despite this, there was limited oversight of violence reduction work. Efforts to address violence were not underpinned by a prison-wide strategy, and there was no comprehensive action plan. Leaders did little analysis to understand the underlying causes of violence.
- 3.9 Prisoners told us that illicit drugs and associated debt were key drivers of violence in the prison, although support for prisoners with substance misuse issues was generally positive, with some effective incentives to encourage engagement with staff and treatment services. The drug recovery wing also provided good support (see paragraphs 3.29, 4.3, 4.84 and 6.10), and houses 2 and 6 offered incentivised drug-free living in a similarly positive environment.



**ISFL House 6**

- 3.10 Access to broader incentives was, however, limited. In our survey, only 14% of prisoners said that there were opportunities to motivate them. House 6 (the incentivised substance-free living unit), for example, was described to us as seeming unattainable by prisoners due to the small number of spaces. There were few other rewards for those who had achieved enhanced status on the incentive scheme.
- 3.11 Leaders had recently identified the need to improve the regime for prisoners who were isolating because they feared for their safety. A renewed focus on reintegration had led to a reduction in the number of such prisoners, from over 20 earlier in the year to nine at the time of our inspection. These prisoners told us they spent time unlocked each day, and the challenge, support and intervention plan (CSIP, see Glossary) was used to encourage their participation in prison life.
- 3.12 The safety team made good use of violence reduction peer workers, who provided daily support to isolated prisoners, engaged with those involved in violence, and helped to identify individuals at risk. CSIPs were not used enough with prisoners who posed a risk of violence and the plans did not have sufficiently meaningful and measurable targets.

## **Adjudications**

- 3.13 There had been 2,041 adjudications in the previous 12 months, representing an increase since the last inspection. While this figure remained high, it had been on a downward trend over the past year.
- 3.14 In the sample of adjudications that we reviewed, most charges were appropriate, with many linked to the high levels of illicit substance use in the prison. We saw evidence of rehabilitative sanctions being used effectively in cases related to substance misuse, which was

encouraging, and prisoners were routinely referred to the Inclusion team (see paragraph 4.75) for support.

- 3.15 The deputy governor carried out robust quality assurance of adjudications. Feedback was provided both at the quarterly adjudication meetings and directly to individual governors, helping to maintain consistency and improve practice.

### **Use of force**

- 3.16 The use of force had declined over the past year, but the overall rate was 72% higher than at our last inspection and above the average for category C prisons.
- 3.17 In the sample of incidents we reviewed, we observed missed opportunities for de-escalation. In many cases, body-worn video cameras were activated too late, limiting leaders' ability to scrutinise events effectively. Although footage was available for 68% of incidents, which was a marked improvement since our last inspection, coverage remained insufficient to provide robust oversight during weekly scrutiny meetings.
- 3.18 Positively, high-level interventions were seldomly required. PAVA spray (see Glossary) had been used just once in the previous year, and leaders had responded appropriately to its misuse. Batons had not been drawn or used in the past 12 months.
- 3.19 The special unfurnished accommodation cell lacked natural light. We were told it had been used twice in the past year to manage men in crisis, but documentation justifying its use – and the use of anti-ligature clothing – lacked detail. Leaders responded swiftly during our inspection by introducing a log to improve oversight of the use of anti-ligature clothing.
- 3.20 Monthly oversight meetings were formulaic and did not interrogate data effectively, which was compounded by inaccuracies in local recording practice. The forum was not used well to understand trends or drive improvement.

### **Segregation**

- 3.21 The average length of stay in the segregation unit had reduced from 13 days to nine days since the previous inspection. At the time of our inspection, no prisoners were being held awaiting a transfer to a secure mental hospital, a significant contribution to the decline in length of stay.
- 3.22 The physical condition of the unit remained poor. Cells did not have electricity sockets and the environment was generally run down. The single exercise yard was bleak. However, the unit was clean and prisoners told us they had access to the basic items they needed in their cells.





**Segregation exercise yard**

- 3.23 The regime remained limited. Prisoners were offered only 30 minutes of exercise and a daily shower. Some prisoners were engaged in reading and completing workbooks provided by the Inclusion team, which was encouraging.
- 3.24 Recent changes to reintegration planning were promising. Staff were developing individualised care plans to explore the reasons for segregation and to support prisoners in returning to their normal location.
- 3.25 We observed positive interactions between staff and prisoners and prisoners spoke highly of the staff working on the unit.

## **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.

- 3.26 The random mandatory drug testing rate remained high at 24%. In our survey, 56% of prisoners said that it was easy to obtain illicit drugs compared with 33% at the previous inspection. This was partly due to the increased ingress of drones and physical vulnerability of the site.
- 3.27 Leaders told us that illicit drugs posed the greatest threat to the safety and security of the prison. The security team had developed constructive relationships with local law enforcement agencies,

resulting in initiatives such as a dedicated phone line for reporting drone activity and requesting an immediate response. Links were also being established with the local community to encourage vigilance over signs of drone use. However, investment was still needed by HMPPS to address physical security issues, including the replacement of windows and the installation of netting over exercise yards.

- 3.28 A well-structured, multidisciplinary drug strategy was in place, with strong joint working between prison staff and substance misuse services. Leaders were working to shift the prison culture towards supporting recovery rather than punishing drug misuse.
- 3.29 The drug recovery wing offered an impressive, bespoke programme to support prisoners in becoming substance free. Substance misuse officers on the unit were caring and demonstrated some of the most effective working relationships observed in the prison. Prisoners told us that the unit had helped them to make meaningful changes in their lives. Leaders were also focused on improving reintegration following deselection from the unit and made good use of peer support on the wing.



**Drug recovery wing (left), and drug recovery programme (right)**

- 3.30 Leaders had targeted support towards individuals with a history of prolific substance misuse, including multidisciplinary meetings and the development of management plans. We saw evidence suggesting that this approach was having a beneficial impact on some individuals.
- 3.31 Security arrangements were broadly appropriate for a category C prison. 'Free flow' to and from activities facilitated effective movement across the site. The regional intelligence team worked alongside the prison security department to manage intelligence effectively and any urgent risks were dealt with in a timely manner.
- 3.32 Productive partnership working through good links with the police and counter terrorism agencies supported leaders in addressing risks associated with corruption and extremism.

## 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

- 3.33 There had been four self-inflicted deaths since the last inspection in 2022, with two of these in 2025; the 10th highest rate among all adult male prisons in the past year. Leaders had only recently started routinely reviewing learning from these incidents. Oversight of clinical issues arising from these incidents was managed well by leaders in health care (see paragraph 4.49).
- 3.34 Nine serious self-harm incidents had been recorded and investigated in the past year, but the quality of investigations was poor. Learning and recommendations were not routinely reviewed or embedded.
- 3.35 The recorded rate of self-harm was 29% higher than at the last inspection but had been falling over the past year and remained below the average for similar prisons. The drivers of self-harm were reviewed each month, but this analysis was not used strategically to inform or drive improvements and there was no safety action plan in place.
- 3.36 Support for prisoners in crisis was underdeveloped. Some positive initiatives included peer support through Listeners (prisoners trained by the Samaritans to provide emotional support to fellow prisoners) and a newly launched peer-led talk group. Although infrequent, it was encouraging to see some families involved in prisoners' care. The specialist house units promoted a more supportive, community ethos.
- 3.37 However, the older house units where most at-risk prisoners were held provided a less positive atmosphere, and prisoners there expressed frustrations with daily life. Prisoners at risk of suicide or self-harm were supported through the ACCT (assessment, care in custody and teamwork) case management tool. At the time of the inspection, a third of prisoners subject to ACCT case management were not engaged in purposeful activity. They were also over-represented on the basic level of the incentives scheme, with 12% of this cohort on 'basic' compared to 4% of the general population.
- 3.38 The quality of care provided through ACCT case management was variable. In our survey, only 24% of prisoners who had been supported by an ACCT said they felt cared for, and this was reflected in our conversations with prisoners. While some care plans were adequate, too many were generic: records often showed routine observations rather than evidence of meaningful engagement and conversations.

### **Protection of adults at risk (see Glossary)**

- 3.39 Unusually, safeguarding was not routinely discussed in safety meetings or any other forum, which was an omission. A referral tracker was in place, but staff, including some middle managers, were unaware of this and not all staff were confident in recognising safeguarding concerns. A regional representative attended the local safeguarding adults board, but local leaders did not engage directly with the board.

## 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, three-quarters of prisoners said that most staff treated them with respect, although prisoners on the older units (houses 1 to 4) reported significantly more negative experiences. For example, only 26% of prisoners on the older units said that a member of staff had asked them how they were getting on in the last week, compared to 60% on other units.
- 4.2 We observed few positive or supportive interactions on these older units and found that staff were often huddled in offices rather than engaging with prisoners. Many prisoners said that staff talked to them disrespectfully and, in our survey, 41% said they had been bullied or victimised by staff.
- 4.3 Relationships on the smaller and specialist units were better, in particular on house 7 (the drug recovery wing), where prisoners spoke positively about the support they received.
- 4.4 Prisoners had a named key worker, drawn from a pool of six officers who had been specially selected for the role and given good quality training. Key work was used effectively to support prisoners when they first arrived at Featherstone, setting expectations, encouraging family contact and resulting in referrals to support services (see paragraph 3.5). However, after this, key work sessions were too infrequent and the quality was variable. Staff shortages resulted in key workers being deployed to work in other areas of the prison and, while some sessions supported sentence progression, others were formulaic and did not focus on individual prisoners' needs.
- 4.5 Peer work was used effectively in some areas, such as violence reduction, neurodiversity and health care (see paragraphs 3.12, 4.36 and 4.61). However, peer work was underdeveloped in other areas, such as social care, which was a missed opportunity to encourage active citizenship across the prison community.

## 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 Most prisoners lived in single cells and there was little overcrowding. Cells were generally well equipped, clean and tidy, and many prisoners who spent longer periods at the prison were able to personalise their cells.
- 4.7 However, most prisoners on the induction unit shared small cells, many of which still had inadequately screened toilets.
- 4.8 There had been some improvements to the fabric of the prison since the last inspection: some areas had new flooring and refurbished showers, and cells with the highest levels of damp and mould had been closed. Overall, the infrastructure of the prison remained dreary, run down and in need of long-term investment. The older units, in particular, were shabby and grim.



**Showers on main residential house block (left); and peeling paint and missing plaster on main residential unit (right)**

- 4.9 Maintenance issues were not always addressed sufficiently quickly. The maintenance contractor was experiencing staff shortages, and wing staff did not always report problems quickly enough. We found broken toilets and showers that had not been reported, and a lack of lighting on one spur which had left an officer conducting observations in near darkness, which was a risk to safety and security.
- 4.10 Despite this, prisoners kept cells and communal areas reasonably clean and free of graffiti. Exercise yards were reasonably clean and most contained seating, some greenery and limited exercise



equipment. Other outdoor areas were tidy, but not all gardens had been well maintained, which was a missed opportunity for lifting the environment and supporting well-being.



**Exercise yard on main house block (left), and single cell on main house block (right)**

- 4.11 Those living on the smaller and specialist units generally experienced better living conditions. For example, those on house 7 (the drug recovery unit) had in-cell showers, and house 6 had a well-equipped association room and access to a pleasant garden.



**Association area on main house block (left), and association area on enhanced unit (right)**

- 4.12 Access to prison clothing and bedding was limited. Prisoners were only issued with one set of each, which was not enough for those who did not have enough money to buy their own. The lack of a formal kit change system made it difficult for prisoners to get clean bedding. In our survey, only 38% said they could get clean bedding weekly, which was even worse than the just 57% in other category C prisons.
- 4.13 Access to property remained a notable cause of frustration and formal complaints among prisoners. Leaders acknowledged that there were sometimes delays in processing property and had taken some action in response, for example putting an additional member of staff in reception at weekends specifically for this task. However, staff shortages meant that this member of staff was often deployed to work in other areas of the prison.

## Residential services

- 4.14 Food remained a primary concern of prisoners who, in our survey, responded significantly more negatively than those at other category C prisons about both the quality and quantity of the food at mealtimes. Only 15% said they had enough to eat. Prisoners told us the portions were too small and our observations confirmed this.
- 4.15 Meals were still served far too early, with lunch starting at 11.15am and the evening meal at 4.15pm.
- 4.16 A new catering manager had recently been appointed who had consulted prisoners in forums and through a survey. We were told of plans for a more varied and nutritious menu.
- 4.17 Since the last inspection, rooms with cooking equipment and fridges had been introduced on most units. On some units, the equipment was limited and/or in a poor state of cleanliness and repair, while others had much better facilities. It was positive that a wider range of fresh food, including vegetables, eggs and cheese, was now available to buy from the canteen.



**Microwave on main house block (left), and cooking room on an incentivised house block**

- 4.18 Leaders had identified that canteen orders were too often arriving at the prison after long delays and with items missing, but they had not taken sufficiently robust action to address these problems or hold the supplier to account.

## Prisoner consultation, applications and redress

- 4.19 Consultation arrangements were reasonably good. The prison council met monthly and was usually attended by relevant departments, being chaired by the governor or his deputy. Prisoner representatives attended from each house unit, along with peer representatives for different prison functions.





**Prisoner consultation 'You said, we did' poster**

- 4.20 We saw good evidence of issues raised at the council being addressed by leaders; examples including improvements to the canteen list and a review of visits procedures.
- 4.21 Consultation was enhanced by house forums, which gave prisoners the opportunity to raise day-to-day issues with staff or escalate them to the council. A catering forum held every two months also gave prisoners opportunities to discuss issues relating to food (see paragraph 4.16).
- 4.22 There were no electronic kiosks or in-cell technology apart from telephones, which made it difficult for prisoners to get things done.
- 4.23 Prisoner information workers held copies of paper forms for prisoners on houseblocks. Prisoners routinely complained of long delays in receiving responses to applications and the system was not working effectively. Leaders had recently stopped monitoring the timeliness of responses, which had left them with little oversight.



## 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.

- 4.27 Work to support fair treatment and inclusion was weaker than at our last inspection. During the previous year, regular oversight of the area had lost momentum. A recent change in leadership arrangements had started to rectify this, but it was too early to identify if this would lead to sustained improvements.
- 4.28 Not enough was being done to identify or address concerns raised by protected characteristic groups. In the year prior to our visit, senior meetings to discuss equality issues had been infrequent and there was little evidence of actions being recorded or dealt with effectively. Forums for prisoners had taken place infrequently and there had been inconsistent analysis of data to identify potentially disproportionate outcomes.
- 4.29 While there were some positive initiatives to support fair treatment and inclusion, such as for those with neurodiverse needs, overall, the support available for prisoners with protected characteristics was too limited. Across the jail, residential staff demonstrated inconsistent awareness and understanding of prisoners' individual needs.
- 4.30 Prisoners from minority ethnic backgrounds described negative perceptions of their access to opportunities such as trusted peer working roles. This was not reflected in data that we reviewed but, in the absence of formal consultation arrangements, leaders had not been able to address these concerns. No forums had taken place to understand or discuss the concerns of prisoners from minority ethnic backgrounds for more than 6 months prior to our inspection, despite these prisoners representing just over a third of the population.
- 4.31 Accessibility around the site was very poor, with few adaptations to support those with limited mobility. For example, step-free access on older houseblocks was limited and there was no step-free access into reception for prisoners arriving at or returning to the prison.



**Shower stool for a prisoner with mobility issues**

- 4.32 The 'buddy' system of peer support for prisoners with disabilities was underdeveloped. At the time of our inspection there was only one prisoner in this role, and he had recently started in post. We were concerned that some prisoners with disabilities were vulnerable to exploitation by their peers, and some described paying other prisoners to collect their food for them. In our survey, 38% of prisoners who self-identified as having a disability said that they had been bullied or victimised by other prisoners, compared to 18% for the rest of the population.
- 4.33 The prison lacked accessible cells and a prisoner with mobility needs had been unable to leave his cell for months. That prisoner was being supported by health and social care staff, but the site was fundamentally unsuitable for his needs (see paragraph 4.73).
- 4.34 There were no transgender prisoners at the time of our inspection. Processes for managing transgender prisoners were underdeveloped; for example, there was no process in place for transgender prisoners to purchase feminine products.
- 4.35 Around 6% of prisoners were foreign nationals. Local records for the previous six months indicated little use of interpretation services for those with limited English, and no use by residential staff. Leaders had identified this shortfall and had secured additional telephones to facilitate interpretation. The prison now had a dedicated teacher of English for speakers of other languages (ESOL) who conducted outreach with foreign nationals, which was positive.
- 4.36 Support for prisoners with neurodiverse needs was a strength. The neurodiversity support manager was assisted by two prisoner orderlies



and had developed individual support plans for 35 prisoners with neurodiverse needs. The manager had developed an effective system for making staff aware of these plans: colour coding allowed staff to easily identify prisoners with support plans and the folder in which those plans were held. Staff on residential units demonstrated awareness of these support plans, which contained useful information for the management of these prisoners. The neurodiversity support manager also provided valuable information to leaders conducting adjudications with neurodiverse prisoners through a short briefing each morning.

- 4.37 A brain injury charity attended the prison each month to conduct a group session for men with acquired brain injuries, which was positive. Prisoners spoke highly of the weekly art session for those with neurodiverse needs that was held in the library.



**Neurodiversity art group**

- 4.38 Discrimination incident reporting forms (DIRFs) were readily available around the prison. Investigations that were conducted into discrimination incident reports that we reviewed were reasonably thorough and responses were courteous.
- 4.39 While this was positive, local data continued to show that around 40% of discrimination reports were diverted to the complaints process without fully addressing the discrimination concerns being raised, which undermined prisoners' confidence in the process. Almost a third of those that were not diverted received a late response. Prisoners lacked confidence in the system, and many of those we spoke to said that they did not feel it was worth submitting reports.



**Discrimination reporting forms**

### **Faith and religion**

- 4.40 The chaplaincy provided good pastoral care for prisoners and was well integrated into prison life. We saw good evidence of chaplains visiting individuals in need of support.
- 4.41 There was a pleasant chapel and multi-faith room, and the chaplaincy hosted a range of regular corporate worship opportunities and study groups.



**The chapel**

- 4.42 Two counsellors attended the prison each week to support prisoners, which was very positive. An official prison visitor also attended weekly to meet prisoners who did not receive visits (see paragraph 6.6).

## **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.

- 4.43 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**

- 4.44 NHS England (NHSE) commissioned Practice Plus Group Health and Rehabilitation Services Limited (PPG) as the prime provider of health services. PPG had subcontracted psychosocial substance misuse and mental health services to Midlands Partnership NHS Foundation Trust's Inclusion service. Time for Teeth Ltd delivered oral health services. Staffordshire County Council (SCC) was the local authority.
- 4.45 Overall, we found that the quality of and access to health services had improved since our last inspection. Although in our survey only 28% felt that the quality of health services was good or very good, most patients we spoke to were overwhelmingly positive about services.
- 4.46 Although there was evidence of some good partnership working, oversight of aspects of social care delivery was poor and required strengthening.
- 4.47 NHSE held quarterly quality and performance and finance, innovation and transformation meetings, and made clinical quality visits to monitor the contract. A full health needs analysis was last completed in 2022 and was due to be repeated.
- 4.48 Conscientious senior health leaders had good oversight of services and were responsive to changing demands. Local governance structures included a comprehensive range of generally well-attended meetings. The risk register included many risks but did not capture all of them. Meetings with partners were also not sufficiently focused on actions to address long-standing risks promptly; for example, there were not enough escorts for external appointments.
- 4.49 Datix (an incident reporting system) was used to record clinical incidents. There was a healthy incident reporting culture. Incidents were swiftly reviewed by senior leaders, and investigations and lessons learned were routinely progressed and shared with the teams.

Recommendations following deaths in custody were acted on and monitored.

- 4.50 A comprehensive audit schedule was in place to drive improvement across services.
- 4.51 A PPG safeguarding policy and safeguarding lead were in place but not all health staff we spoke to knew how to make a referral (see paragraph 3.39). Safeguarding training compliance, as with other statutory and mandatory training, was good.
- 4.52 A confidential complaint process was in place and numbers of complaints received were very low. The availability of complaint forms and information to promote the complaint process was improved during our inspection. Responses to complaints were not consistent nor subject to quality assurance.
- 4.53 Clinical staff were clearly identifiable. Staff appraisal compliance and access to supervision were very good.
- 4.54 SystmOne (an electronic clinical record) was used across all services. The standard of documentation was generally good.
- 4.55 An annual maintenance contract for medical equipment was in place. Appropriate emergency equipment and medicines were available; equipment was in good order and subject to daily checks, although many had been missed.

### **Promoting health and well-being**

- 4.56 There was no integrated strategy for health promotion between the prison and health care services. A proactive patient engagement lead (PEL) coordinated health promotion activities aligned with national health awareness campaigns. The PEL attended prison council meetings but, disappointingly, there were no dedicated health care forums.
- 4.57 Immunisations and vaccinations were offered and uptake was good. NHS age-related health checks and screening programmes, including bowel cancer, were available, and we saw evidence of results being discussed with patients.
- 4.58 Some health promotion posters were displayed, but in English only. Telephone interpretation services were used for health consultations when needed.
- 4.59 Policies and processes to manage communicable diseases were in place and health leaders had forged links with the UKHSA for outbreak management and advice.
- 4.60 Screening for blood-borne viruses was offered during reception screening and, impressively, hepatitis C micro-elimination had been achieved for the past three years.



- 4.61 Five trained peer health champions had a clear understanding of their roles and worked closely with the PEL. One health champion was stationed in the health care unit each day, offering patients attending appointments the opportunity to have their weight, height and blood pressure measured. Health champions delivered all health appointment slips and ran a weekly gym session. This was an effective use of peer-led support.
- 4.62 A sexual health service provided screening and advice. Patients could access this service and be referred to the local hospital's sexual health team for any treatment they required. Condoms were available from health care, but this was not advertised.

### **Primary care and inpatient services**

- 4.63 The primary care service was well led. Appropriately skilled staff had been recruited to deliver a wide range of services. In our survey, only 15% of respondents said that they found it very/quite easy to see a GP, but we found access to all primary care services to be reasonable.
- 4.64 Newly arrived patients received an initial and secondary health screening by a registered nurse. In cases of late arrival, an exceptional safety assessment (a brief initial screening) was completed, followed by a full health screening the next day. Health champions visited new arrivals to provide information on accessing health services.
- 4.65 There was good clinical oversight of the paper-based patient application system and an effective nurse triage clinic.
- 4.66 A wide range of nurse-led and allied health professional clinics ran each day, in addition to numerous telemedicine clinics. A collaborative initiative between the physiotherapist and the PEL had led to a recent development of a back care clinic. Groups of patients could attend the gym for tailored gym activities while receiving education on pain management. This was an innovative approach to musculoskeletal care.
- 4.67 The prison was only resourced for two routine external hospital escorts a day, which was not enough to meet demand. This resulted in frequent cancellations and delays in treatment. Nevertheless, robust clinical oversight ensured that urgent and emergency cases were prioritised. Patients were informed when their appointments were rescheduled to maintain transparency.
- 4.68 Patients with long-term conditions received timely and appropriate care and all records we reviewed had personalised care plans, which were sent to patients. Patients with complex needs were discussed at weekly multidisciplinary meetings.
- 4.69 All patients were seen by a nurse before release. Discharge summaries were provided and, where possible, patients were supported in registering with a community GP to ensure continuity of care.

## **Social care**

- 4.70 There was a memorandum of understanding between the prison, PPG and SCC for the provision of social care and equipment needs.
- 4.71 There were no adapted cells for patients with a physical disability and access around the prison did not meet required standards (see paragraph 4.31).
- 4.72 Since the start of 2025, 29 prisoners had been referred for an assessment for social care and/or equipment. Of these, 18 prisoners had been recommended to receive equipment such as crutches or raised toilet seats. Assessment times were in line with the community and equipment needs based on the assessment had largely been met.
- 4.73 One prisoner was in receipt of a social care package (see Glossary) at the time of inspection. There was poor communication between health care staff and the prison to make sure the specific needs of this prisoner were met promptly. The prison had failed to meet the prisoner's mobility needs or ensure a transfer was made to a prison that could meet these needs. Social care needs were not always met. There had been a period when there had been no support from the prison buddy system to help the prisoner to clean their cell and perform other housekeeping tasks.

## **Mental health**

- 4.74 The Inclusion integrated mental health and substance misuse team delivered a mental health service to patients which was supported by the chaplaincy counselling service (see paragraph 4.40).
- 4.75 Inclusion provided a stepped model of care and patients had access to a range of treatments and therapies in line with evidence-based practice, although access to therapy required strengthening. Psychological therapies such as managing emotions groups had recently started and the service were looking at increasing available therapy to incorporate trauma therapy, including eye movement desensitisation management.
- 4.76 The service was well led and linked effectively with community services on release. Additional support was also organised for patients, such as a therapy dog.
- 4.77 New arrivals were assessed at reception and referred to mental health services as required. A daily 'new arrivals' meeting had recently been established to discuss all new patients with varying health needs. Recovery workers visited the induction wing each week to promote the services offered by Inclusion.
- 4.78 All staff could refer patients at any time and patients could also self-refer if required. Patients who had received support from the mental health or counselling team spoke to us positively about their experience. However, some prisoners felt that there was not enough

group or one-to-one support for those who did not have severe mental health or substance misuse problems.

- 4.79 The mental health service had received 101 patient referrals in the last quarter. All urgent and routine assessments had been completed within agreed timescales and were thorough. The longest wait to see a psychiatrist at the time of inspection was 23 weeks, which was too long. The psychiatrist worked 0.75 days a week which was not enough to meet patient need.
- 4.80 The service had a neurodiversity pathway and the team worked with the prison neurodiversity support manager. There was a learning disability nurse in post who had also recently completed training to support people with autism.
- 4.81 Patients prescribed antipsychotic or mood-stabilising medication had access to a physical health check delivered by the primary care team. Few patients required transfer to hospital under the Mental Health Act, with two patients being transferred in the previous three months, both within the required 28-day timescale.

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

- 4.82 PPG, via the newly formed recovery hub, delivered clinical substance misuse services alongside Inclusion, who delivered psychosocial services.
- 4.83 The teams were well embedded and contributed effectively to prison drugs strategy and oversight meetings. There was an up-to-date drug strategy in place (see paragraph 3.29).
- 4.84 The drug recovery wing accommodated up to 72 prisoners, although some cells were out of use and required refurbishment.
- 4.85 There were strict criteria for patients who moved to this wing to participate in a six-month course. However, communication between prison and health care staff regarding admissions and discharges had declined in recent months and a joint approach needed to be re-established.
- 4.86 Incidents of patients using illicit substances on the recovery wing were rare and dealt with swiftly. Patients were supported by a dedicated team of specially trained officers in collaboration with the psychosocial team. There were daily groups and one-to-one sessions, although staff shortages in recent months had affected delivery. There was a supportive peer worker system in place (see paragraph 3.12).
- 4.87 Outcomes for most patients were positive and patients remained drug free before being transferred to either a substance-free living wing or release. Prisoners on these units were subject to regular drug testing. All patients spoke positively about the drug recovery wing. One patient summed up the wing succinctly: "Saves lives".

- 4.88 Drug misuse continued to affect the safety of patients in the general population and the number of patient safety incidents fluctuated, with a decline in recent weeks.
- 4.89 Patients who had overdosed on illicit substances were responded to promptly and regular support was provided by the team.
- 4.90 New referrals to the service were triaged and seen within agreed timescales. Training had been delivered to some prison operational staff to administer naloxone (to reverse the effects of opiate overdose) to prisoners when health staff were not on site.
- 4.91 Clinical support for opiate substance treatment (OST) was good. A team of clinicians worked from a central hub which covered three prisons.
- 4.92 Those in receipt of OST received regular reviews in line with evidence-based practice, jointly undertaken with Inclusion where possible. A range of treatment options were available, including methadone and long-acting buprenorphine (an injectable long-lasting slow-release treatment). Patients prescribed long-acting buprenorphine reported positive outcomes, but the current policy and funding arrangements meant that the number of patients who could access this treatment was limited.
- 4.93 The teams maintained close links with community services who attended the prison to provide support to patients, including Alcoholics Anonymous and Re-connect. Arrangements for Narcotics Anonymous to attend were being developed.
- 4.94 All patients were seen within three weeks of release, with good arrangements to ensure continuity of care. Patients were given naloxone training and harm reduction advice before release.

#### **Medicines optimisation and pharmacy services**

- 4.95 Medicines management processes had improved since our last inspection, but there was still no on-site pharmacist.
- 4.96 The pharmacy manager had worked tirelessly to improve standards while also covering vacancies in the team. The vacancies resulted in the team having little resilience, which presented risks.
- 4.97 Informal arrangements were in place to receive some pharmacist support at medicines management and safe prescribing meetings.
- 4.98 Prescribing and administration of medicines was captured on SystmOne.
- 4.99 Medicines were delivered every weekday from the PPG pharmacy in the neighbouring prison.
- 4.100 Medicines, including controlled drugs, were securely stored and transported. Fridge temperature checks were completed, but some

room temperature checks had been missed. Drug safety alerts were responded to correctly. Patients' confidential waste was suitably managed and medicines waste was correctly disposed of.

- 4.101 Staff were able to access medicines for minor ailments and out-of-hours provision of critical medicines, in addition to supplies of medicines against patient group directions (enable nurses to supply and administer prescription-only medicines). These medicines were labelled correctly and recorded appropriately.
- 4.102 Most patients received their medicines from a new central point in the prison, which staff and patients told us was working reasonably well. We observed officers supervising at hatches during medicine administration and health staff diligently following agreed protocols.
- 4.103 On Thursdays, when canteen was delivered, sedative medicines were administered at 3.30pm, which was too early.
- 4.104 Approximately 83% of patients received their medicines in possession (IP), following appropriate risk assessment. Plans were in place to transition safely more patients to monthly supplies. However, not all patients had lockable storage for their medicines, and there was no capacity for pharmacy-led spot checks of IP medicines.
- 4.105 Processes were in place to support patients who did not collect their critical and other medicines.
- 4.106 Patients submitted an application for repeat prescriptions and those we spoke to did not report any delays receiving their medicines.
- 4.107 While pharmacy technicians were being recruited, medicine reconciliations were completed promptly by nursing staff. Processes were in place to make sure that prescribed medicines accompanied patients on release or transfer.

#### **Dental services and oral health**

- 4.108 Time for Teeth delivered a full range of NHS dental health services. A dentist was available two days a week and dental nurses were available at each clinic.
- 4.109 Patients attending the clinic spoke highly about the quality of, and access to, the dental service.
- 4.110 In the past year, equipment and environmental issues had interrupted service delivery. These had been addressed and additional sessions had been delivered to clear the backlog. The waiting time for a routine appointment was nine weeks, which was acceptable. There were arrangements for patients who required urgent treatment.
- 4.111 Dental care records were comprehensive. They demonstrated that patients received appropriate assessment, treatment and advice on oral health.

- 4.112 The dental treatment room and decontamination areas were clean.  
Equipment was serviced and maintained appropriately.

## Section 5 Purposeful activity

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

### Time out of cell

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

- 5.1 Time out of cell had improved since the last inspection but remained insufficient for a training prison.
- 5.2 In our roll checks, we found 22% of prisoners locked up during the working day and only 51% were in purposeful activity, reflecting a low rate of attendance (see paragraph 5.21).
- 5.3 Most activity spaces were now full time, which was appropriate for the category of prison. However, we found that many nominally full-time workers were underemployed. Wing cleaners, for example, only spent around an hour a day on their duties.
- 5.4 Full-time workers spent about 8.5 hours out of their cells each weekday, plus an additional 1.5 hours' evening association twice a week.
- 5.5 Staff shortages had led to the introduction of a restricted regime a few weeks before our inspection. Prisoners were locked up at 5pm, leaving those returning from working off the wing very little time to shower, collect their meals or queue for their medication.
- 5.6 The weekend regime was poor, with prisoners locked up for at least 21 hours a day.
- 5.7 A reasonable range of recreational and social activities was available to prisoners, including chess club, indoor and outdoor sports, driving theory test practice, and employability courses. However, these were not always well promoted and many prisoners we spoke to said they did not know about them, nor how to apply to take part.
- 5.8 The library, run by Staffordshire County Council, continued to offer a good service and welcoming environment. It hosted an impressive range of initiatives and activities, including a neurodiversity art club (see paragraph 4.37), book and chess clubs, and events with external speakers such as authors and musicians. The number of prisoners participating in Storybook Dads, an initiative that allows parents and grandparents to record bedtime stories for their children and grandchildren, was much higher than we usually see.



**Storybook Dads backdrop, Library**

- 5.9 Although timetabled library access was reasonably good, too often sessions were cancelled due to a lack of library or prison staff.
- 5.10 Data were used primarily to monitor and report on attendance, rather than to improve provision or to drive up attendance among specific groups.
- 5.11 The library had a reasonable range of materials, including better provision for foreign nationals than we usually see, as well as audiobooks, magazines and books for emergent readers. However, in our survey, only 44% of prisoners said the library had a wide enough range of materials, which library managers attributed to the fact that the library did not offer DVDs or certain popular genres of books.
- 5.12 The gym continued to offer a full timetable and reasonably good facilities including cardiovascular equipment, strength training, a sports hall and an outdoor sports pitch. There was also some cardiovascular equipment on most house blocks, which was positive.
- 5.13 Provision was primarily aimed at prisoners with an already reasonably high level of fitness, including team sports, circuits and fitness challenges. It was positive that the football and rugby teams played to a high level against community groups. However, this small number of prisoners benefited from more gym sessions than other prisoners, and their weekend and evening training sessions and games limited the availability of other activities for the wider population.





**Strength training room (left), and sports pitch (right)**

- 5.14 The gym provided a small number of targeted sessions for specific groups such as the over 50s, remedial PE for those referred by the physiotherapist and sessions for those engaging with the substance misuse service.
- 5.15 Only 50% of the population used the gym, and neither data nor consultation were used well to identify gaps in provision or to promote or expand the offer.
- 5.16 Processes for allocating prisoners to gym sessions were laborious, manual and paper based, and we were not confident that they were sufficiently robust to ensure better equity of access to the gym.

## **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.

- 5.17 Ofsted made the following assessments about the education, skills and work provision:
- |                            |                      |
|----------------------------|----------------------|
| Overall effectiveness:     | requires improvement |
| Quality of education:      | requires improvement |
| Behaviour and attitudes:   | requires improvement |
| Personal development:      | requires improvement |
| Leadership and management: | requires improvement |
- 5.18 Leaders had successfully resolved the main weaknesses identified at the previous inspection. They had implemented an effective strategy to improve prisoners' skills in English and mathematics. Managers had introduced part-time studies so that prisoners wishing to improve their English and mathematics skills could study these subjects while also employed in industries or other work. They had strengthened the support for prisoners with the lowest skill levels by increasing the number of taught lessons. As a result, the number of prisoners achieving entry level qualifications in both subjects had risen substantially in the previous year. Managers had ensured that support for prisoners who did not have English as their first language was both sufficient and of good quality. They offered a flexible curriculum which included both taught classes and individual outreach support for all prisoners requiring language support.
- 5.19 Leaders and managers had provided sufficient full-time education, skills and work spaces for all prisoners able to engage in activities. At the well-planned induction, prisoners received the information they required to make informed choices about how the education and training available at the prison could best support their career plans and goals. Qualified information, advice and guidance staff worked with prisoners to develop individual learning plans which managers used well to inform an efficient allocations process.
- 5.20 Leaders had not provided enough vocational training options to meet prisoners' employment aspirations. Most subjects on offer did not match prisoners' career plans. Financial restraints had led to leaders and managers withdrawing subjects such as painting and decorating, rail engineering track maintenance, automobile engineering, warehousing and information communications technology. Too few prisoners were able to work towards a qualification higher than level 1 in vocational subjects.
- 5.21 Overall attendance of prisoners at activities remained low, particularly in the industrial workshops. Around one in 10 prisoners refused to engage in purposeful activity despite every effort of managers. A revised pay policy, developed in consultation with prisoners, strongly incentivised attendance alongside rewarding progression from one level of study to the next. Regime restrictions resulted in too many prisoners unable to attend activities on time. As a consequence,

prisoners did not develop the habits of regular and punctual attendance which employers require.

- 5.22 Novus provided the education and vocational training in the prison. Teaching staff had appropriate qualifications and experience. Vocational training tutors and teachers used their knowledge of prisoners' prior education and skills effectively to plan individual learning and set purposeful targets. They logically sequenced learning over time. For example, in hospitality, prisoners first developed knife skills and an understanding of seasoning before planning and cooking curries. Teachers and tutors supported prisoners well who found areas of the syllabus difficult or confusing by breaking topics into more manageable chunks. This helped prisoners to build their confidence in the subject areas. Teachers used digital technology effectively to involve prisoners and enhance learning. Teachers' feedback clearly identified what learners needed to do to improve. In a lesson for prisoners whose first language was not English, the tutor gave helpful, positive verbal feedback which supported their development of speaking skills. However, teachers did not routinely plan to introduce wider aspects of the curriculum into lessons, such as the skills employers value, equality and diversity and how to protect themselves from extremist views. As a result, prisoners did not have sufficient understanding of these topics. Prisoners who completed their education and vocational training courses had high pass rates. Standards of work were good.
- 5.23 In industries, prisoners developed high levels of skill in the well-equipped engineering and textile workshops. They learned to operate modern industry-standard equipment competently and to the specifications required to meet commercial contracts. Prisoners gained confidence to work in these manufacturing environments alongside developing generic employment skills, for example using initiative, team working and quality control. However, prisoners in the printing workshop did not have enough to do. They did not experience the pressures of a commercial environment and quickly became restless. Instructors in industries had high levels of relevant industrial experience but many lacked sufficient training in the skills of educating and instructing. As a consequence, prisoners did not routinely receive feedback on their performance and too often instructors failed to correct spelling and grammar errors in written tasks.
- 5.24 No recognised qualifications existed in industries for prisoners to accredit the skills they had learned. Leaders and managers had advanced plans to introduce external qualifications, for example, in commercial catering, horticulture, re-cycling and barbering. However, these were not in place at the time of inspection, neither did instructors systematically record the progress prisoners made in developing wider employment skills. As a result, prisoners had little evidence of the wide range of skills they had acquired to use when seeking employment on release.
- 5.25 Managers and staff provided strong support for the many prisoners with neurodiverse needs, both in education and in wider skills and work

activities. All prisoners with a need identified during induction completed an in-depth screening, including those who planned to work in industries or in wider work. All education and vocational training staff and most prison staff had been trained in how to help prisoners with autism and attention deficit hyperactive disorder. Staff accessed the support plans that managers had written and provided prisoners with useful support. Additionally, trained peer mentors gave effective support to prisoners in education, industries and in the houseblocks. Support aids, for example fidget toys and coloured overlays, were freely available. Prisoners with neurodiverse needs achieved qualifications in education at the same rate as their peers.

- 5.26 Senior managers had developed a whole prison reading strategy and developed highly effective partnership arrangements with Novus, Shannon Trust (charity that supports people in prison to learn to read) and Staffordshire libraries to deliver it across the prison. Novus staff had relevant specialist training and took opportunities to support prisoners reading aloud so that they became more confident readers. Following initial screening at induction, trained Shannon Trust mentors worked well alongside the lowest level of readers to develop their skills. Staffordshire libraries had organised author visits and a book club for higher level readers alongside a Reading Ahead challenge. Prison staff, following reading awareness training, were better able to understand the difficulties faced by first-time readers and gave prisoners some limited support, for example in reading safety notices. Many of those assessed at induction with low levels of reading skill had gone on to achieve a formal English qualification. The wider prison population had increased their reading for leisure.
- 5.27 Staff shortages had severely impacted upon the extent of the information, advice and guidance prisoners received. Following the completion of an individual learning plan during induction, very few prisoners had any progress towards achieving their targets monitored. As a consequence, those prisoners who had not been able to make much progress towards achieving their career and learning goals did not receive the necessary support to help them, for example by enabling them to change activities quickly or rethink their career aspirations. Pre-release guidance was coordinated by prison staff and resulted in a good proportion of prisoners being in employment six months after release. However, prisoners did not have access to the virtual campus (internet access to community education, training and employment opportunities for prisoners) in order to research employment vacancies in the area to which they would be released.
- 5.28 Novus managers regularly monitored the quality of teaching in education. They developed action plans and professional development for staff to address any underperformance. In industries and other work, leaders had only recently introduced quality assurance procedures. These lacked rigour and had not made an impact. Prison managers did not formally assess staff performance. Professional development for staff in industries was limited.

- 5.29 Senior leaders and managers in education, skills and work had a good understanding of what was required to improve the overall provision. They had written an honest self-assessment report, the findings of which largely matched those found at inspection. The quality improvement group met regularly and received informative reports from the different aspects of the education, skills and work provision. However, most prison senior managers did not attend regularly which restricted education, skills and work leaders' direct influence across the wider regime.
- 5.30 All prisoners in one houseblock followed an eight-week full-time programme designed to develop a range of broader life skills. They benefited from a structured approach to developing their understanding of healthy living, motivation, well-being and money management. Other prisoners attended a regular four-week course in education which included studies in healthy eating, developing self and managing social relationships. However, teachers and instructors did not routinely plan to explore these and similar aspects of personal development in other lessons and workshop activities. As a result, most prisoners did not develop a secure understanding of fundamental British values and an appreciation of diversity.
- 5.31 Leaders and managers had planned a limited range of enrichment activities to encourage prisoners to broaden their interests and knowledge. Examples included football and rugby teams who played in local leagues, a chess club, an art club (see paragraph 5.8) for those with neurodiverse needs and workshops delivered by visiting musicians. However, managers had not planned sufficient activities in the evenings and weekends. Too few opportunities existed for prisoners to widen their horizons and discover new talents.
- 5.32 Prisoners who attended education, skills and work activities benefited from a calm and purposeful working and learning environment. They had positive attitudes and behaved respectfully to staff and to each other. Prisoners understood clearly the necessity of using the correct personal protective clothing and did so without hesitation or prompting in all workshops and other work areas. Prisoners felt safe while attending education and work activities.

## 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 In our survey, 32% of prisoners said that staff encouraged them to keep in touch with family and friends, which was an improvement from 12% at our last inspection and comparable with similar prisons. It was positive that key workers were regularly focusing on prisoners' family ties to identify individuals who were isolated.
- 6.2 Access to social visits was sufficient to meet the needs of the population, with six visit sessions each week. Visits often started late, however, reducing the time that prisoners and their visitors could spend together. In our survey, only 21% of prisoners said that visits usually started on time, compared to 37% in similar prisons.
- 6.3 The visits hall was spacious and reasonably pleasant. We were told that the heavily stained carpet was being replaced. A visits tea bar staffed by prisoner orderlies sold a range of snacks, drinks and some hot food, but lacked healthy options.



**Visits hall**

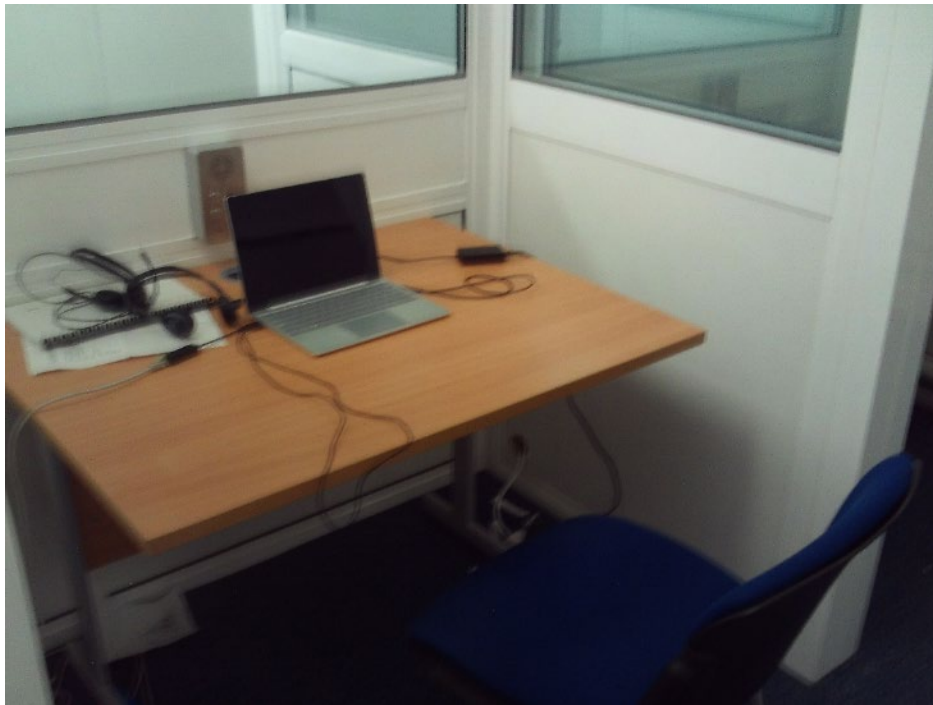
- 6.4 Public protection processes for social visits were poor. Staff responsible for booking and planning visits did not have up-to-date information on prisoners' restrictions (see paragraph 6.26).
- 6.5 Monthly family days provided good opportunities for prisoners to spend time with their children. Additional events had been held during the year, including an event focused on prisoners and visitors with neurodiverse needs. The library also ran a popular 'Storybook Dads' service (see paragraph 5.8).
- 6.6 The chaplaincy had an official prison visitor who saw some prisoners who did not receive visits, but there was no other provision for this group. Leaders had identified this gap and had credible plans to hold events for these individuals.
- 6.7 The visitor centre was a very good facility, with a well-equipped playroom, outdoor playground and its own café. PACT (Prison Advice and Care Trust) staff were available in the centre to provide advice and guidance to visitors. It was positive that a family engagement worker had recently been employed following a long period without one, which had limited prisoners' access to advice on parenting or family court matters.





**Visitor centre (left) and playroom (right)**

- 6.8 Secure social video calls remained a popular service, but use and capacity of the calls had been affected considerably by equipment failures. Only two terminals for secure video links were functioning at the time of our inspection.



**Video link terminal**

## **Reducing reoffending**

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

- 6.9 Featherstone was designated a training and resettlement prison. About 60% of the population were serving sentences of more than four years, and a further 16% were serving indeterminate sentences.
- 6.10 There were some good initiatives to reduce prisoners' likelihood of reoffending. These included the Creating Future Opportunities (CFO)

programme (see paragraph 6.32) and the drug recovery wing (see paragraphs 3.9 and 4.87). However, the work of the teams involved in rehabilitation and resettlement was not always well coordinated and communication between some of them was weak.

- 6.11 There was a reasonably good and recent population needs analysis, but this had yet to inform an up-to-date strategy, and only one multi-agency pathways meeting had taken place in the last 12 months.
- 6.12 The offender management unit (OMU) was well led, but the high turnover of staff, sickness levels and vacancies in the unit had considerably affected the team's stability and ability to undertake some of its core functions. There had been a long-standing vacancy for a senior probation officer, there were still prison offender manager (POM) shortfalls and many case administrators were new and inexperienced.
- 6.13 Leaders acknowledged that the OMU was not functioning as they would wish and the work of the team was still not sufficiently integrated into the wider prison. However, staff in the unit worked hard to keep up to date and their continued resilience and dedication in trying to improve prisoner outcomes were commendable.
- 6.14 POM caseloads were high, especially given the complexity and risk of the cases they managed. Initial contact was usually swift after allocation. This was typically accompanied by an entry on NOMIS (the prison electronic case record system) by the head of offender management delivery summarising the case and outlining priority tasks, such as an outstanding OASys (offender assessment system).
- 6.15 However, contact with prisoners remained inconsistent in quality and frequency, and was usually reactive to timebound tasks. Prisoners told us they felt stuck and forgotten and were very frustrated by the lack of opportunities to demonstrate progression, such as access to accredited programmes.
- 6.16 Too many prisoners did not have an initial sentence plan or up-to-date OASys, which hindered their ability to progress and led to frustration and demotivation.
- 6.17 The assessments and reviews that we examined were mostly of reasonable quality and sentence plan objectives were relevant. However, not all prisoners we spoke to had been involved in the development of their plan or were aware of it. In our survey, only 56% of prisoners who said they had a sentence plan said that someone was helping them to achieve their objectives.
- 6.18 Most prisoners in our case sample had made insufficient progress towards their offence-related targets. Far too little structured one-to-one offending behaviour work took place to challenge prisoners' attitudes, thinking and behaviour robustly. This affected their ability to achieve sentence progression milestones, such as recategorisation. Progress in other areas, such as regime compliance and engagement with

education, training and employment and substance misuse services, was more positive.

- 6.19 In the last year, 155 prisoners had been assessed as suitable for open conditions, and most were usually transferred promptly. Reviews of prisoners' security categorisations were defensible but not always timely and they rarely involved the prisoner, which was a missed opportunity to engage and motivate them. Some prisoners told us they did not know a review had taken place until after the event.
- 6.20 During the previous year, over 130 prisoners had been released on home detention curfew, but about half had been released after their eligibility date. Most of the reasons for this were out of the prison's control and included delays in completing address checks and lack of suitable housing.
- 6.21 The OMU worked hard to make sure that all necessary documentation was available for parole hearings, but there were sometimes delays. Psychology staff contributed appropriately to reports and hearings. In the last year, 180 oral hearings had been held, with 74 prisoners directed for release, including 19 IPP prisoners (indeterminate sentence for public protection) and four IPP prisoners directed to open conditions.

## Public protection

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

- 6.22 About 70% of the population were assessed as presenting a high or very high risk of serious harm to others. A similar proportion of prisoners were subject to multi-agency public protection arrangements (MAPPA, see Glossary) on release because of the nature of their offences.
- 6.23 There were significant weaknesses across the prison in the understanding, management and prioritisation of risk management and public protection arrangements.
- 6.24 There were long delays in checks for new arrivals, in some cases for months. Risk factors and alerts, therefore, were not always known, assessed, recorded, applied or shared in a timely way.
- 6.25 We were not confident that screening processes correctly identified all those who should have been considered for offence-related communications monitoring. There were sometimes delays in calls being listened to, monitoring logs were not robust, not all reviews were evident or timely, and breaches were not always dealt with effectively.
- 6.26 Contact restrictions were poorly understood and not routinely enforced by staff on the wings, in social visits (see paragraph 6.4) and the mail room.

- 6.27 A public protection steering group, designed to provide senior manager governance of multi-agency risk management arrangements, had only met once. The independent risk management meeting was not held consistently or well attended, and failed to provide adequate, timely and collaborative oversight of all high-risk prisoners.
- 6.28 More positively, we saw evidence of effective communication between POMs and community offender managers (COMs) ahead of release. Risk management plans and contributions to MAPPA panels were generally well considered and meaningful and provided a balanced view of behaviour both in custody and the community.

## Interventions and support

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

- 6.29 As a category C training and resettlement prison, programme delivery should be a core function. However, only 25 prisoners had completed an offending behaviour programme since April 2025.
- 6.30 At the time of the inspection, no accredited interventions were being delivered due to the transition to the new HMPPS programme 'Building Choices'. The roll out of this new suite of interventions was delayed due to staff shortages.
- 6.31 The known treatment needs of about one-third of the population were high, but there were not enough programme spaces to meet demand. Some prisoners were released before they had the opportunity to complete a programme and demonstrate a reduction in their risk. The needs of nearly two-thirds of the population had not yet been identified.
- 6.32 The Creating Future Opportunities (CFO) programme offered meaningful support and life skills for some prisoners serving long or indeterminate sentences, which helped prepare them for return to the community. Prisoners spoke positively about the range of activities and the sense of progress they acquired. However, coordination with the OMU was not effective enough to determine how participation in CFO aligned with sentence plan objectives.
- 6.33 A range of self-directed workbooks was provided by Ingeus (delivering the CFO programme that offers support for prisoners approaching release) covering topics such as anger management and victim awareness, and there was good support for prisoners with substance misuse related needs. (see paragraphs 3.9 and 4.83).
- 6.34 Meaningful work was done to prepare prisoners for employment on release. An impressive and experienced prison employment lead was in post and an employment hub had been introduced, which prisoners could attend by appointment. There were regular employment and resettlement events where prisoners could meet employers and learn about the opportunities available to them.

- 6.35 Staff shortages had severely affected the information, advice and guidance that prisoners received. However, pre-release guidance coordinated by prison staff, Ingeus and the Department for Work and Pensions (DWP), supported by dedicated and knowledgeable resettlement orderlies, was good. Prisoners approaching release could get help to develop CVs and disclosure letters (see Glossary) and support for interview preparation.
- 6.36 Data provided by the prison showed that 17% of eligible prisoners on license were employed six weeks after release during the period April to August 2025. This proportion increased to 45% six months after release.
- 6.37 Prisoners were given help to open bank accounts, obtain identification documents and get driving licences reissued. A DWP worker helped prisoners to complete benefits claims, set up appointments on release and make referrals to the local Citizens' Advice for specialist debt advice. The recently introduced 50+ session was a positive initiative to help those facing career changes later in life and retirement.

## 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.

- 6.38 About 40 prisoners were released into the community each month, mostly to the West Midlands and West Mercia area.
- 6.39 Since the previous inspection, resettlement planning arrangements had improved. In the cases that we reviewed, we saw evidence of good quality resettlement plans, swift referrals and good levels of contact between most agencies involved in prisoners' release planning. This included engagement between the prison and community probation teams to plan for the release of high-risk prisoners.
- 6.40 The prisoners we spoke to were positive about the support they received, but not all were fully aware of the work being done to help them.
- 6.41 The multi-agency resettlement clinic, led by the head of reducing reoffending and held every three weeks, was a useful forum to check that needs had been identified and were being addressed. Professionals were able to contribute to a shared database giving updates on relevant prisoners.
- 6.42 Prison data showed that, in the previous 12 months, most prisoners had somewhere to stay on their first night of release. However, only 40% went to accommodation that was deemed sustainable and 7% were released homeless.

- 6.43 On the day of release, there was very little practical support. The reception area had plain holdalls for prisoners to use for their property and there was a small stock of clothing for those in need.

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

### **Concerns raised at the last inspection**

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

#### **Safety**

**Prisoners, particularly the most vulnerable, are held safely.**

At the last inspection in 2022, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

#### **Key concern**

Oversight of and accountability for the use of force against prisoners were lacking.

**Partially addressed**

#### **Respect**

**Prisoners are treated with respect for their human dignity.**

At the last inspection in 2022, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

#### **Priority concerns**

The older house units (1 to 4) were in a very poor condition and needed significant renovation or replacement.

**Not addressed**

Despite a high level of need, no seriously mentally unwell prisoners had been transferred to the regional inpatient unit at HMP Birmingham.

**Addressed**

#### **Key concerns**

Some of the very basic aspects of prison life were poorly managed.

**Not addressed**

Oversight of the management of medicines was limited, with no onsite pharmacist to provide regular supervision.

**Partially addressed**



## **Purposeful activity**

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

At the last inspection in 2022, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

### **Priority concern**

Senior leaders did not have an effective strategy for improving prisoners' skill levels in English and mathematics.

**Addressed**

### **Key concerns**

There was insufficient support for prisoners who did not have English as their first language.

**Addressed**

The curriculum did not meet the needs of specific groups of prisoners.

**Partially addressed**

Staff shortages meant that the curriculum delivered was too narrow.

**Not addressed**

### **Preparation for release**

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

At the last inspection in 2022, we found that outcomes for prisoners were not sufficiently good against this healthy prison test.

### **Priority concerns**

Arrangements to protect the public from serious harm were poor and senior leaders did not have oversight of the potential risks.

**Not addressed**

There were too few opportunities for prisoners to demonstrate progression or complete their sentence plan targets and some fundamental offender management processes had broken down.

**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://www.justiceinspectorates.gov.uk/expectations/)). 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:

Martin Lomas	Deputy Chief inspector
Sara Pennington	Team leader
Harriet Leaver	Inspector
Rick Wright	Inspector
Sumayyah Hassam	Inspector
Jade Richards	Inspector
Lindsay Jones	Inspector
Dionne Walker	Inspector
Tareek Deacon	Researcher
Alicia Grasson	Researcher
Sam Rasor	Researcher
Helen Ranns	Researcher
Sana Zahid	Researcher
Simon Newman	Lead health and social care inspector
Lynn Glassup	Health and social care inspector
Bev Gray	Care Quality Commission inspector
Allan Shaw	Lead Ofsted inspector
Darryl Jones	Ofsted inspector
Andrew Thompson	Ofsted inspector
Rob Mottram	Ofsted inspector

## Appendix II Glossary

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

### **Care Quality Commission (CQC)**

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

### **Certified normal accommodation (CNA) and operational capacity**

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

### **Challenge, support and intervention plan (CSIP)**

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

### **Disclosure letters**

Letters used by individuals with a criminal record to disclose their convictions to employers.

### **Family days**

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

### **Key worker scheme**

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

### **Leader**

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

**MAPPA**

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

**PAVA**

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

**Protected characteristics**

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

**Protection of adults at risk**

Safeguarding duties apply to an adult who:

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

**Secure social video calling**

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

**Social care package**

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

**Time out of cell**

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

## **Appendix III Further resources**

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

### **Prison population profile**

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

### **Prisoner survey methodology and results**

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

### **Prison staff survey**

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



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