



Report on an unannounced inspection of

HMP Birmingham

by HM Chief Inspector of Prisons

6–16 October 2025



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Introduction

Birmingham, a busy category B reception prison, held a highly transient population of 976 men, of whom 88% were remanded or on short fixed-term recalls.

At our last inspection in 2023, we found the jail had made remarkable improvements since the appalling outcomes identified in 2018. On this visit, we found the prison remained stable, despite changes to the population, but there was a disappointing deterioration in our healthy prison test scores for both safety and respect, which had dropped from good to not sufficiently good. Purposeful activity remained poor and preparation for release continued to be not sufficiently good.

The large-scale building work on three of the Victorian wings, commissioned after the 2018 inspection, had progressed slowly between 2022 and 2024, but the contractor had gone into administration, and the work had stalled since then. This meant large parts of the jail were out of use and building materials, including a giant crane, dominated much of the site. Tens of millions of pounds had been squandered on this shambolic project, and I would be amazed if it is completed before 2028.

Birmingham was being heavily targeted by organised crime gangs, who were using drones and other methods to transport large quantities of drugs and other contraband into the prison. With random drug testing in the last year averaging a positive rate of 34%, the prison was in danger of becoming overwhelmed by this problem. While leaders at the jail were working well with local police to reduce ingress, substantial investment from the prison service is needed to do more to stop drugs reaching prisoners and to manage, more assertively, men who pose the most risk of supplying illicit items.

Drugs were likely to be behind the high levels of violence in the prison and may have been contributing to the increased rate of self-harm. Although officers managed incidents with skill, generally using minimal levels of force, prison leaders had not developed a strategic plan for managing and reducing violence. Similarly, there was much more work to do to support the most vulnerable prisoners, and to understand why levels of self-harm had risen to some of the highest among similar jails.

A contributory factor was likely to be the very limited amount of time out of cell unemployed prisoners, who made up 40% of the population, spent out of their cells each day. Prisoners on the induction unit, particularly those who arrived on a Tuesday or Thursday, could spend up to three days barely unlocked at all. Leaders showed no ambition to improve the amount of time men had unlocked. For the limited number of prisoners allocated to education, standards had improved, and attendance rates were higher than we usually see. It took too long, however, to allocate prisoners to activities and I was disappointed to find that there was no prison-wide reading strategy in use to promote literacy in the jail.

Of particular concern on this inspection, was the number of seriously mentally ill men who had been sent to the jail. A recent change in policy by the local police force meant unwell men, including those who were having psychotic episodes, were not being diverted to other services and ended up in the prison. HMP Birmingham is a wholly inappropriate place for such vulnerable and risky men to be housed.

Much of the accommodation at Birmingham was tired and worn out. Prisoner working parties were painting cells and wings to try to maintain standards, but overall, the prison was dirty and less well cared for than the last time we inspected.

The experienced governor, who had led the prison for the last year, was due to leave soon after our inspection, but we were pleased to hear that a successor had been found. He will inherit a prison that has pockets of good practice and some very experienced and effective staff, but also the many challenges that we highlight in this report. Most importantly, he will require support from the prison service to reduce the ingress of drugs and robust contract management to make sure the building work is finally completed. He will need to reorientate the jail to support the changed population, particularly those who are there on very short, fixed-term recalls. He will also need to make better provision for the many prisoners who spend far too much time locked behind their doors, in often cramped accommodation, with nothing to do except watch daytime television and take drugs.

Charlie Taylor
HM Chief Inspector of Prisons
December 2025

What needs to improve at HMP Birmingham

During this inspection we identified 14 concerns, of which 6 should be treated as priorities. Priority concerns are those that are most important to improving outcomes for prisoners. They require immediate attention by leaders and managers.

Leaders should make sure that all concerns identified here are addressed and that progress is tracked through a plan which sets out how and when the concerns will be resolved. The plan should be provided to HMI Prisons.

Priority concerns

1. **The rates of violence and self-harm were high and continuing to increase.**
2. **Illicit drug use was high.** The rate of positive random mandatory drug tests was higher than in most similar prisons and there had been five deaths suspected to be related to drug use since our last inspection.
3. **Standards of decency had declined.** Cleanliness of residential units had deteriorated, and many prisoners did not have some basic items in their cell.
4. **A significant number of acutely mentally unwell men had been sent to the prison.** They had not had a Mental Health Act assessment while in police or court custody to potentially divert them to a more appropriate setting.
5. **Prisoners who were not engaged in education, training or work, including those on the induction unit, had far too little time unlocked.**
6. **There was not enough help for prisoners to keep in contact with their children and families.**

Key concerns

7. **The needs of some groups of prisoners were not being met fully.** For example, too little consultation was taking place, professional telephone interpretation was rarely used and men with physical disabilities struggled with some daily tasks.
8. **Many patients waited too long to transfer to a mental health hospital.**
9. **Care plans for patients detoxing from drug use did not always address individual risks.** Treatment was not always adapted to meet complex needs.
10. **Not all prisoners received a timely and comprehensive induction to education, skills and work.**

11. **The quality of outreach education was not good enough and the curriculum for vulnerable prisoners was very limited.**
12. **The reading strategy was not fully embedded.** A lack of reading materials on the wings and very limited access to the library prevented prisoners from developing their reading skills.
13. **Too many prisoners had been released late.** In the last year, 19 had been released after their custody end date.
14. **There was very little practical support on the day of release.**

About HMP Birmingham

Task of the prison/establishment

Category B reception prison

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

Prisoners held at the time of inspection: 976

Baseline certified normal capacity: 1,099

In-use certified normal capacity: 772

Operational capacity: 997

Population of the prison

- 88% of the population were remanded, unsentenced or had been recalled to prison.
- There had been around 5,000 new receptions in the last year and an average of 222 men were released each month.
- 16% of the population were foreign national prisoners.
- 30% of prisoners were from black and minority ethnic backgrounds.
- 32.5% of prisoners were aged 29 or under.
- 21% of prisoners had declared a disability.

Prison status (public or private) and key providers

Public

Physical health provider: Birmingham Community Healthcare Trust

Mental health provider: Birmingham & Solihull Mental Health

NHS Foundation Trust

Substance misuse treatment provider: Birmingham & Solihull Mental Health

NHS Foundation Trust and Cranstoun

Dental health provider: Birmingham Community Healthcare Trust

Prison education framework provider: NOVUS

Escort contractor: GEOAmey

Prison group/Department: West Midlands

Prison Group Director (PGD): Mark Greenhalgh

Brief history

HMP Birmingham is a category B prison for adult males, primarily serving the local courts. The prison has undergone large-scale changes since 2011, following a move from public sector management to the private sector and back again.

At the time of this inspection, three wings were closed for refurbishment, reducing the prison's operational capacity from 1,450 to 997. There have been significant delays in completing this work, which is now not scheduled to be finished until mid-2027 at the earliest.

Short description of residential units

- A, B and C wings – Closed for refurbishment
- D Wing – Drug rehabilitation unit
- G Wing – Incentivised substance-free living unit
- J Wing – Older prisoners unit
- K Wing – General population
- L Wing – Early days centre
- M Wing – Detoxification unit
- N Wing – Vulnerable prisoners unit
- P Wing – General population
- Health care 2 (physical health) and health care 3 (mental health)

Name of governor and date in post

Carl Hardwick – 1 September 2024

Changes of governor since the last inspection

Jackie Hoffman – 27 February 2024 to 31 August 2024 (interim)

Paul Newton – 20 August 2018 to 26 February 2024

Independent Monitoring Board chair

Gary Holz

Date of last inspection

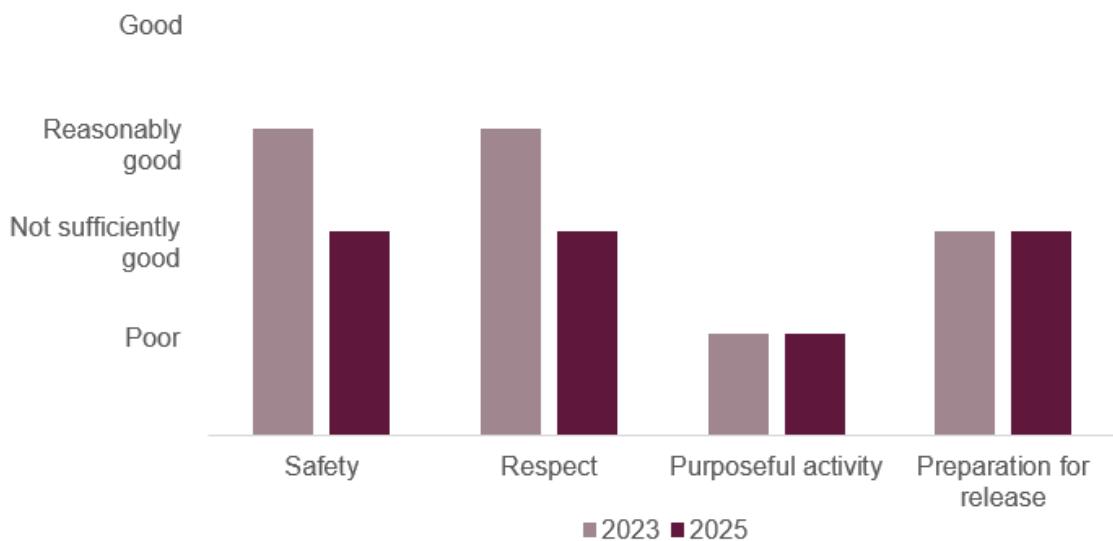
February 2023

Section 1 Summary of key findings

Outcomes for prisoners

- 1.1 We assess outcomes for prisoners against four healthy prison tests: safety, respect, purposeful activity, and preparation for release (see Appendix I for more information about the tests). We also include a commentary on leadership in the prison (see Section 2).
- 1.2 At this inspection of HMP Birmingham, we found that outcomes for prisoners were:
 - not sufficiently good for safety
 - not sufficiently good for respect
 - poor for purposeful activity
 - not sufficiently good for preparation for release.
- 1.3 We last inspected HMP Birmingham in 2023. Figure 1 shows how outcomes for prisoners have changed since the last inspection.

Figure 1: HMP Birmingham healthy prison outcomes 2023 and 2025



Progress on priority and key concerns from the last inspection

- 1.4 At our last inspection in 2023 we raised 15 concerns, six of which were priority concerns.
- 1.5 At this inspection we found that seven of our concerns been addressed, two had been partially addressed and six had not 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 weekly football matches allowed men from different wings to mix in healthy competition which promoted positive staff-prisoner relationships and a sense of community through teamwork.	See paragraph 5.6
b)	Prison officers accompanied health care staff to assess referrals from other prisons for men needing mental health support from the inpatient's unit at HMP Birmingham. This provided advice to clinicians about safe management of new patients and helped to reduce patients' anxieties about their transfer.	See paragraph 4.49
c)	The out-of-hours medicines store could be monitored remotely. This provided excellent stock reconciliation and greater efficiency. Fridge temperatures were also monitored remotely, which saved staff time and provided a constant record.	See paragraph 4.61

Section 2 Leadership

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

- 2.1 Good leadership helps to drive improvement and should result in better outcomes for prisoners. This narrative is based on our assessment of the quality of leadership with evidence drawn from sources including the self-assessment report, discussions with stakeholders, and observations made during the inspection. It does not result in a score.
- 2.2 The governor and his senior leaders were very responsive to feedback during the inspection and made some immediate improvements as a result. Despite having made reasonable progress against some of our previous concerns, they had allowed outcomes to deteriorate in two of our healthy prison tests.
- 2.3 Prison leaders recognised the impact of managing a significantly increased number of very short-term prisoners. They had taken some steps to realign their resources and services, including adapting their education, skills and work provision for remanded men. However, there were still gaps in provision.
- 2.4 West Midlands police had changed their procedures and were no longer requesting completion of a Mental Health Act assessment before sending detainees to court. This meant men were being remanded into custody despite clear signs of mental illness. Senior leaders within the prison, the prison group director's team and NHS England had gathered data to evidence the scale of the problem and had raised this with West Midlands police, but despite these efforts, the practice continued.
- 2.5 With the exception of the head of the head of education, skills leaders at all levels were unambitious in their efforts to increase the time out of cell for men not involved in purposeful activities.
- 2.6 The governor was reintroducing the supervising officer role to provide better oversight of the delivery of the regime on the wings. The new role also aimed to provide officers with a more achievable career progression route.
- 2.7 Leaders at the prison were still managing major upheaval due to significant delays in completing refurbishment work on A, B and C units. The Ministry of Justice had failed to make sure the project commissioned in 2019 was completed on time. Further significant delays meant it would not be completed until the middle of 2027 at the earliest.
- 2.8 Safety was one of the governor's priorities, but the persistent cross-deployment of safer custody and security officers to operational duties

hindered progress and leaders had not set out their longer-term plan to reduce the rates of violence and self-harm.

- 2.9 Leaders had taken several steps to stop illicit items from getting to prisoners. For example, they had installed grilles on cell windows and more netting over external areas to prevent drones from delivering packages. They had enhanced searching procedures in place for staff and visitors and were using the body scanner on all new prisoners. However, these measures had been ineffective with drugs and other contraband remaining widely available.
- 2.10 The governor had sought to improve safety for new arrivals by moving the induction unit to a better location and putting in place a higher ratio of officers to prisoners. However, leaders had not identified or addressed significant weaknesses in the day-to-day care provided to those prisoners, including very little time out of cell.
- 2.11 Despite several organisations being involved in the delivery of health care, partnership working and collaboration were effective. Senior leaders steered arrangements and encouraged cohesive working.
- 2.12 Leaders had failed to maximise the use of the new and impressive library and had given insufficient priority to supporting prisoners to build and maintain relationships with their children and other family members.

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 Reception was very busy, with over 400 arrivals a month. Staff worked effectively together and had a good rapport with prisoners. However, the sheer volume of arrivals, often well into the evening, meant that some men did not reach their cells until midnight or later which gave them no chance of settling into the wing. Recalled men often arrived from police custody early in the morning but most had to wait several hours for a health care assessment, as staff were not scheduled to start completing these until mid-afternoon.
- 3.2 The reception area was run down and holding rooms lacked information to welcome the prisoners. Orderlies were not used to reassure prisoners about what would happen next or give them additional support.
- 3.3 Leaders had improved their processes to make sure men deemed to be at risk of self-harm were interviewed whilst still in the reception area to explore their concerns. However, important information gathered during this assessment was not readily available to the prison officer who was undertaking the first night safety interview.
- 3.4 Professional interpreting services were not used routinely to interview men who spoke little or no English (see paragraph 4.18). Nonetheless, we were impressed by the quiet, location provided for the safety interview and the fact that prisoners were given a telephone call to their families afterwards.
- 3.5 Only 18% of the prisoners who responded to our survey said they were able to have a shower on their first night. This was not always offered while prisoners were in reception or in the early days centre for those arriving later at night.
- 3.6 Cells in the early days centre were grubby and tatty. Many prisoners lacked some basic items like a pillow or a telephone, and some mattresses needed replacing.



Early days centre - cell furnishings



Early days centre mattress and sink in a cell

3.7 The induction session to give new arrivals important information about the prison was unstructured and filled with jargon that those in custody for the first time were unlikely to understand. The day-to-day regime on the early days centre was very poor, and on Tuesdays and Thursdays, men only got half an hour of exercise time and no opportunity to have a shower or association.

3.8 This was worse for prisoners charged with or convicted of sexual offences. These men were often held on the early days centre for several weeks, waiting for a space on N wing, the vulnerable prisoner unit. Many felt fearful of accessing the regime with other prisoners while they remained on that unit and were supposed to be taken to N wing for exercise and association, but this did not happen reliably.

Promoting positive behaviour

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

Encouraging positive behaviour

3.9 In our survey, 25% of prisoners (and even more who were disabled) said they felt unsafe at the time of the inspection. Prison data showed that the rate of violence, including serious assaults, had increased since our last inspection and was much higher than similar prisons.

3.10 Violent incidents were dealt with reasonably well, with safety officers speaking to victims and perpetrators. A weekly multidisciplinary meeting provided a useful forum for managing individual risks. However, leaders had not developed their approach or set out their actions to reduce violence in the longer term.

3.11 There was little provision to help prisoners learn how to avoid violence or change their behaviour. Challenge, support and intervention plans (CSIPs) were not always opened immediately after a violent incident and many lacked individualised targets to address the root causes of the behaviour. Funding for a charity that had delivered valuable work to help prisoners stop being involved in gangs and violence had ended.

3.12 It was good that leaders had taken account of the increase in the number of prisoners staying at the prison for a short period of time and had reduced the qualifying period for the highest level of the incentives scheme from 12 to six weeks. However, there was little else to promote positive behaviour and the very limited time out of cell for many prisoners made it difficult for them to show staff that they could behave well. An exception to this was the incentivised substance-free living (ISFL) wing, which had a far more constructive regime and better living conditions to encourage and reward men.

3.13 As at our previous inspection, we observed some examples of staff failing to challenge prisoners' low-level poor behaviour, such as vaping in communal areas.

3.14 The adjudication process did not operate effectively. Some behaviour could have been better managed using the incentives scheme and there was a large backlog of hearings and delays in police referrals

being dealt with. Many of these charges were eventually dismissed which led to poor behaviour going unpunished.

- 3.15 Much of the paperwork we reviewed showed that limited enquiries were made before a guilty finding and quality assurance meetings were not held regularly enough.
- 3.16 While still in its early stages, it was encouraging to note that leaders had begun to implement community payback initiatives, such as wing cleaning, as an alternative to the withdrawal of formal privileges.

Use of force

- 3.17 The prison's data showed that force had been used against prisoners 1,411 times in the last year, which was higher than at our last inspection and similar prisons. Batons and PAVA were rarely used and most incidents involved very low-level force being applied, such as a guiding hold. Officers activated their BWVC in the lead up to an incident and footage we reviewed showed good use of de-escalation techniques.
- 3.18 Oversight of the use of force was reasonably good. Most incidents were promptly reviewed to identify immediate concerns, and a weekly development meeting also undertook reviews.
- 3.19 Reflective practice sessions were used to support learning by staff and prisoners and leaders took robust action if force was used inappropriately.

Segregation

- 3.20 Prisoners were only segregated as a last resort. There had been 281 uses in the last 12 months, which was half the number than at our last inspection and much lower than we usually see in similar prisons.
- 3.21 Prisoners reported more positively than at our previous inspection about their treatment while in the unit. Feedback from exit surveys was shared at the weekly safety intervention meeting to identify improvements needed.
- 3.22 Due to major refurbishment work on three wings, the unit remained in a temporary location, which continued to present challenges. For example, the physical environment was bleak and lacked basic amenities, including electricity for televisions, kettles, or in-cell telephones and the showers needed deep cleaning.
- 3.23 The daily regime remained limited. Aside from a small selection of books and access to a radio, there was little to occupy men. While it was very good that a small number had been able to leave the unit to attend activities elsewhere in the prison, they were not able to come out of their cell to collect their meals.

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.

- 3.24 All evidence showed that drugs and other contraband were widely available. Since our last inspection, five prisoner deaths were suspected to be related to illicit drugs (see paragraph 3.29). In our survey, significantly more prisoners than in 2023 said it was easy to get drugs (42% compared to 22%) and alcohol (29% compared to 13%). The rate of positive random mandatory drug tests averaged 34% over the year, peaking at 48% in one month.
- 3.25 Leaders had taken several steps to stop illicit items from getting to prisoners. For example, they had installed grilles on cell windows and more netting over external areas. They also used enhanced searching procedures and body scanners, but some CCTV systems were outdated.
- 3.26 The security team handled an increased amount of intelligence effectively and worked well with other departments to share and gather more information. There were some delays in completing target searches and suspicion drug tests, but those in response to immediate concerns proved successful, with a large number of illicit items being found.
- 3.27 Leaders monitored organised crime gangs operating in the prison and collaborated well with external agencies to tackle and disrupt their activity.
- 3.28 Leaders maintained proportionate responses to security, including their targeted use of closed visits, their management of escape risks, and multi-agency work on counter terrorism.

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

- 3.29 There had been one self-inflicted death since the last inspection and five deaths linked to drug use (see paragraphs 3.24 to 3.26). The recorded rate of self-harm had increased since the last inspection, and

in the last 12 months, had been among the highest of all reception prisons. Safer custody officers were often redeployed to other duties, which impacted on progress made and leaders had not developed their approach or set out actions to reduce the rate of self-harm in the longer term.

- 3.30 Information received from the courts and the police was reviewed to identify concerns about self-harm and those at potential risk were interviewed. However, the officer completing the first night interview did not have easy access to this information (see paragraph 3.3).
- 3.31 Overall, lack of time out of cell meant that some prisoners who were already struggling to cope were more likely to fall into crisis. Simple issues like getting an in-cell telephone often took too long to resolve and there was not enough to keep men distracted. There were, however, some promising initiatives. The 'Help Group' on N wing, developed by staff and prisoners, allowed anybody feeling low to meet once a week and share how they were coping. It was also good to see that men under constant supervision were supported to attend activities such as their education classes and social visits.
- 3.32 Although some prisoners told us they had received good care and support, others described a lack of compassion from some staff (see paragraphs 4.1 and 4.2). Too many assessment, care in custody and teamwork (ACCT) (see Glossary) care plans were not comprehensive as they did not include all problems raised by the prisoner, so we could not be assured that everything necessary was being done to help them.
- 3.33 Prisoners did not always get a prompt response when they pressed their cell bells and, in our survey, only 15% said that staff responded within five minutes. Some staff were not carrying their ligature removal tool and Listeners told us that they did not always get access to prisoners asking for them during the night.

Protection of adults at risk (see Glossary)

- 3.34 There was a steady flow of referrals to the safer custody team when staff had concerns about vulnerable prisoners, but there had not been any training for staff to identify men at risk of harm, abuse or neglect.
- 3.35 An increasing number of acutely mentally unwell men were being sent to the prison when they should have been assessed under the Mental Health Act for possible diversion to a more appropriate form of treatment (see paragraphs 2.4 and 4.44). They were often located on the general wings, as the health care unit was full, and their behaviour was, at times, disturbing, including being naked, self-harming or being physically aggressive to others. While officers tried their best to look after them, they are not mental health workers.

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.

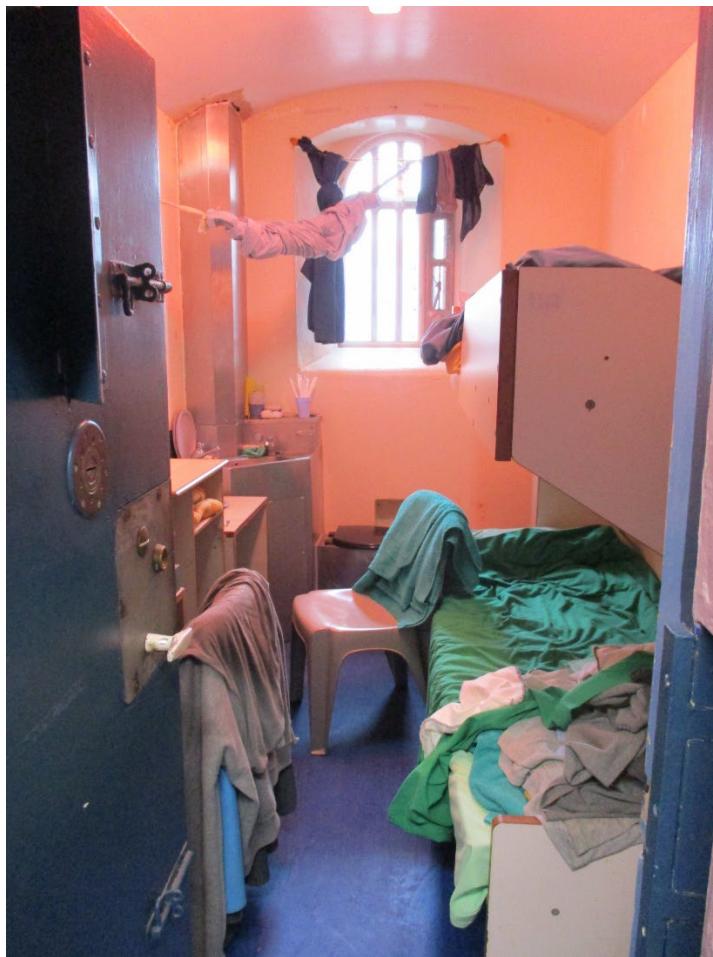
- 4.1 Staff prisoner relationships were of a variable quality. While some, particularly in health care, the segregation unit, and education, training and work, showed care and compassion, too many others were dismissive and lacked empathy. For example, only 59% of prisoners responding to our survey felt treated with respect, and over a third indicated they had been bullied or victimised by staff. Many described poor attitudes, including some officers who were not willing to deal with their basic requests. This particularly affected prisoners who were vulnerable or in crisis. While the governor wanted the prison to deliver 'care, hope and respect', this was not yet being achieved consistently.
- 4.2 The national key work model was ill-suited to a population of mostly short-staying prisoners. Many prisoners told us they did not know their key worker and sessions rarely involved the same officer, which limited opportunities to build rapport. Records of sessions were frequently copied from previous entries, and we found evidence of some being falsified.

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.

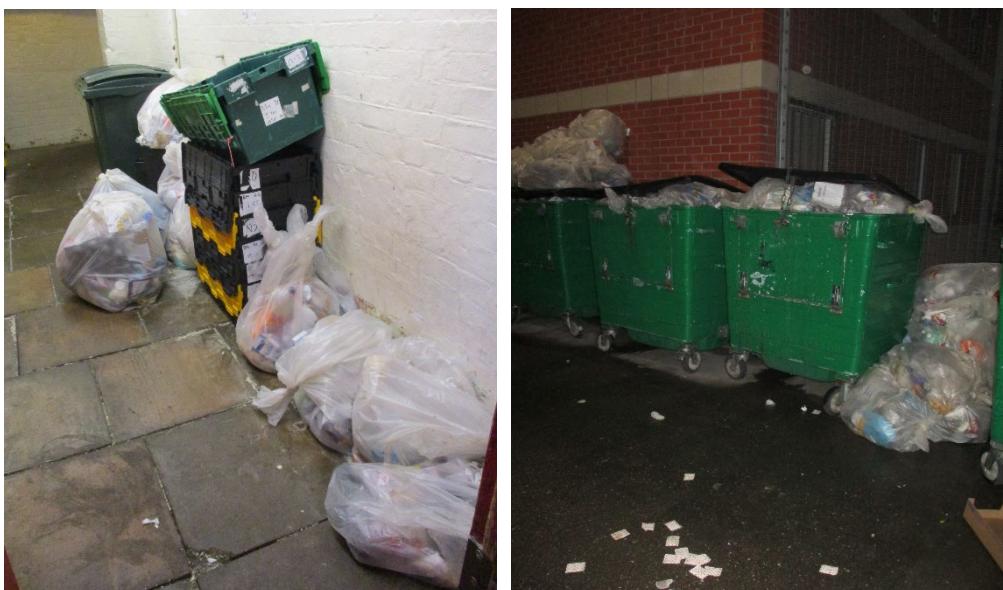
Living conditions

- 4.3 Work to refurbish A, B and C wings had been delayed significantly and the revised completion date was now mid-2027. This meant that the planned refurbishments to other older wings, including G and D, were also delayed.
- 4.4 Overcrowding had increased since our last inspection, and 43% shared cells that had been designed for one man. Most toilets were not screened from the rest of the cell, so some prisoners had hung up a bedsheet to try and give themselves some privacy.



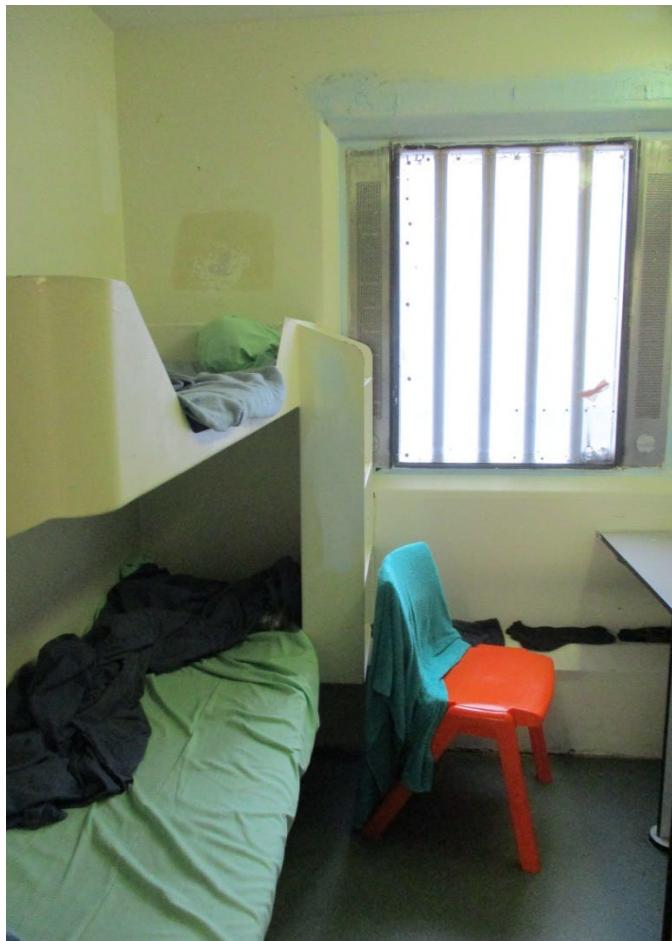
Cramped cell on D wing

4.5 Standards of cleanliness had deteriorated, and some communal areas were grubby. Rubbish was not always removed promptly from wing corridors or outside areas and vermin had become a more serious problem.



Rubbish in corridor (left) and outside area

4.6 Too many cells were poorly equipped, with many prisoners lacking some essential items such as a pillow and curtains.



Double cell with no pillows or curtains

4.7 Access to clean bedding and cell cleaning materials was worse than at our last inspection and at other prisons. Only 49% of prisoners said they could get clean bedding every week and only 53% said they could get materials to clean their cells, compared to 61% and 67% in similar prisons.

4.8 In our survey, only 65% of prisoners said they could shower each day, which was worse than in comparators or at the last inspection. Some showers had been refurbished but others were in a very poor condition.



Shower in poor condition

4.9 Some essential repair work took too long to be completed. For example, it had taken eight months to fix a lift, as well as lengthy delays in repairing some laundry equipment and replacing facilities in cells such as sinks.

Residential services

4.10 Our survey results showed that the quality of food was poor, and we found too little staff supervision of servery workers. Some were not wearing hair nets or appropriate clothing, were often eating while serving others, and the temperature of food had not been checked. Most prisoners, apart from those on the ISFL wing, did not have access to basic self-catering equipment such as microwaves or toasters.

4.11 In our survey, 54% of prisoners said that the canteen provided the things they needed, which was similar to other reception prisons but those from a black or minority ethnic background were far more negative.

4.12 New arrivals had to wait up to 14 days to get their canteen order, which was far too long considering the very short periods of time many prisoners spent at Birmingham. Catalogues to order additional items were not easily available.

Prisoner consultation, applications and redress

- 4.13 In our survey, 48% of prisoners said that consultation led to improvements. The monthly meeting of the prison council remained reasonably effective and continued to involve peer workers.
- 4.14 Electronic kiosks on wings provided access to information and enabled men to submit applications or complete other tasks. Almost all applications were responded to within seven days but prisoners we spoke to said that little time out of cell made it difficult for them to get to the kiosks when they needed to.
- 4.15 Complaint forms were not always available on the wings. Some responses we reviewed did not address fully the issues raised and there was no quality assurance process in place to improve this.
- 4.16 There were too few staff booking legal visits to keep up with the number of requests (see paragraph 6.1).

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.

- 4.17 Work to support prisoners from protected groups had largely stalled. Only one strategic meeting had taken place in the last year. A new equalities manager showed a commitment to improve. However, most leaders failed to support her in this, as they did not hold consultation forums often enough with their designated groups of prisoners.
- 4.18 Support for non-English-speaking prisoners remained poor. Wing kiosks contained hardly any translated material and professional telephone interpretation services were not always used when needed. We spoke to some prisoners through the telephone interpretation service, and they said this left them feeling isolated.
- 4.19 Provision for some prisoners with disabilities was still too limited, except in the two health care in-patient units and J wing. Although there were adapted cells on other wings, they were rarely tailored to individual need, and some wheelchair users found them too small to manoeuvre. Others we spoke to said they couldn't shower safely or navigate the prison due to insufficient or broken adaptations. Lifts in health care and on residential units were often out of service. One wheelchair user told us he crawled up the stairs to use the kiosk when the machine on the ground floor was broken.

4.20 There was still no formal buddy scheme to provide basic help, such as collecting meals. Evacuation plans were not always thoroughly completed or readily available and it was worrying that not all staff we asked knew who would need assistance in an emergency.

4.21 Prisoners from minority ethnic groups made up almost half the population. Data provided by the prison indicated disproportionate outcomes in areas including the use of force, segregation and incentives. Too little had been done to address these or to identify other areas of disparity.

4.22 Retired prisoners were kept locked up during the day and older men had no access to support groups, aside from a weekly over-50s gym session. No specific provision was made for young adults. Support for care leavers, transgender, gay or bisexual prisoners, neurodivergent individuals, and those from Gypsy, Roma or Traveller backgrounds was generally better developed and valued.

4.23 Discriminatory incident reporting forms were not freely available on the wings and hardly any had been submitted by prisoners in the last six months. Most investigations we reviewed were thorough, but internal assurance was often delayed and external scrutiny had lapsed, which meant leaders had little insight into the quality of responses.

Faith and religion

4.24 Faith provision remained strong. The diverse chaplaincy team had expanded and was integrated well into prison life. They were visible and provided a wide range of pastoral care, which was appreciated.

4.25 Prisoners made good use of the pleasant multi-faith centre for religious services and other faith classes and groups. Due to continued high demand, Friday prayers for Muslim prisoners were held in three venues and were well attended. A range of religious events and festivals were celebrated, which prisoners valued.

4.26 It was positive that the chaplaincy team had started to deliver a bereavement course (Living with Loss), but at the time of this inspection very few prisoners had completed it.

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.

4.27 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.

Strategy, clinical governance and partnerships

4.28 The lead provider (Birmingham & Solihull Mental Health NHS Foundation Trust – BSMHFT) and partners worked collaboratively. This was underpinned by sound relationships with the prison team, although the limited prison regime often caused delays in patients accessing some clinics.

4.29 Governance and leadership arrangements were well organised, and communication was effective. Accountability could be enhanced if evidence such as dip-sampling and audit, which was used for assurance purposes, was more clearly referenced and available for scrutiny. Nevertheless, we saw examples of trends being identified and changes in practice following incidents and complaints from patients. However, complaints took too long to be dealt with and some prisoners were released before getting a response. There was no quality assurance of responses and no scrutiny by managers to escalate potential concerns.

4.30 Staff recruitment and retention had improved significantly since our last inspection and was now stable. Our survey indicated more prisoners (49%) than in similar prisons (36%) thought the quality of GP provision was very or quite good and prisoners we spoke to were largely positive about their care. Most health professionals felt well supported, and all valued the comprehensive range of training and opportunities for reflection available to them.

4.31 Clinical records sampled were generally of good quality. Our observations indicated that there were positive interactions with patients, who had access to translated materials and interpreters when required. There had been some improvements around environmental and infection prevention standards, with plans to refurbish some key areas. Health care staff could access well-maintained resuscitation equipment, but the oxygen bags were heavy and difficult to manoeuvre.

Promoting health and well-being

4.32 There was a newly published health promotion strategy, and we saw evidence of several initiatives that mirrored national campaigns. Health promotion information in waiting rooms and on the wings was limited but there was a small, highly motivated patient engagement team, which was effective. This team had redeveloped the health navigator scheme of prisoner peers. This was having a positive impact, for example on the work of the Hepatitis C Trust.

4.33 There were solid arrangements in place to prevent and manage outbreaks of communicable diseases. And despite the significant throughput of prisoners, good arrangements were in place to identify and facilitate access to disease prevention and vaccination programmes. There was an excellent and well-used sexual health clinic, though smoking cessation support was more limited.

Primary care and inpatient services

4.34 Prisoners received a thorough initial screening with a secondary follow-up assessment. Significant throughput and late arrivals put pressure on both health and prison staff, with medical input often delivered remotely. We also identified some weakness in the physical monitoring and clinical treatment during early days in custody for patients with addictions (see paragraph 4.51). The physical condition of the medical rooms in reception was poor.

4.35 A well-led 24/7 primary care service was provided, with few waits for most clinics. An experienced and committed GP team oversaw and delivered good provision and applications were managed well. In addition, there was regular contact with nurses and pharmacy technicians on the wings. However, too many appointments were not facilitated due to prison staffing shortages and the limited regime, which led to frustration for patients.

4.36 Patients with long-term conditions were identified through screening, reviews of patient records and scrutiny of the quality and outcomes framework registers by a lead nurse. We saw evidence of appropriate contact and reviews, and care plans were in place for most of these patients. There was an established palliative care pathway and strong links established with local hospices. In addition, five escorts a day facilitated access to scheduled hospital appointments. Though emergency care sometimes meant appointments had to be prioritised, access to urgent and standard care was closely monitored and we saw no major target breaches.

4.37 Preparation for release was challenging, given the throughput and short stays of many prisoners. However, essential support, including sufficient supply of medicines and signposting to and liaising with community services, was in place.

4.38 An inpatients unit provided dedicated support for patients with more complex physical health care issues. The physical environment was a little tired, but the team of nurses worked with the prison officers to deliver good support and treatment. The unit was part of the regional arrangements for West Midlands prisons. Its admission and discharge processes were well managed but due to refurbishment and repair work the unit could only cater for 12 patients at the time of the inspection.

Social care

4.39 Demand for social care services was very high, with 34 referrals to date in 2025. Partnership working between the prison, Birmingham City Council (BCC) and BSMHFT was effective. Some officers had been trained to identify the need for social care assessments, and more training events were planned.

4.40 Social care assessments were generally completed on time and support was available promptly. Aspect Care was commissioned to

deliver care packages, and equipment to support daily living was available, including personal alarms for some prisoners in case of a fall.

- 4.41 There were nine clients in the social care unit when we visited, and they were satisfied with their care. Care plans and documentation were good, although care records were not shared between BCC and BSMHT, which carried risks. As in 2023, there were no formal peer supporters to assist prisoners with lower-level care needs (see paragraph 4.20).
- 4.42 There were examples of successful placement of clients into community social care following release, but planning for this was difficult given the immediate release of some patients from court.

Mental health

- 4.43 Since May 2025, 12 patients had been remanded to the prison without having had a mental health assessment while in police custody to determine the most appropriate form of care for them. Often these men were located on one of the main wings, as the health care unit was full. This left officers, who are not trained as mental health workers, trying to manage and care for them. Patients unwilling to comply with treatment did not receive it, leading to more suffering and distress. The approach taken placed patients and the prison at risk and was potentially degrading.
- 4.44 Staffing of the mental health team had improved since our last inspection, and most posts were filled. A wider range of skills were available, such as occupational therapy (OT), and a speech and language therapist was being recruited. Nurses were available 24 hours a day and the service was well led, with a positive culture enhanced by medical, nursing and psychology trainees and students.
- 4.45 Between 200 and 300 referrals were received each month, and it was impressive that all urgent cases were seen within 24 hours, with others being seen within five days. There was no waiting list to access support. The current caseload of 88 patients included 30 with complex needs, whose care was carefully coordinated by the multidisciplinary team.
- 4.46 A suitable range of OT, psychiatric, psychological and nursing approaches were delivered. Clinical care planning and record keeping were good. Staff attended initial ACCT reviews, segregation reviews, SIM meetings, and complex case discussions.
- 4.47 Of 30 complex cases, 24 were subject to the Care Programme Approach (see Glossary). Staff described consistent work to engage community agencies before prisoners were released. However, the combination of short stay remands, early releases and the acutely mentally unwell patients added challenges to planning effective throughcare.

4.48 There was also a 15-bed unit specifically for prisoners who were mentally unwell, with admissions from other West Midlands prisons. Prison officers assisted nurses in assessing prospective patients in other prisons, which helped to alleviate patients' anxieties. Occasionally, there were non-clinical admissions, which was not appropriate.

4.49 Officers, nurses, the OT and Aspect carers offered individual and group treatments in a therapeutic environment. Education and the library supported those men who were able to participate in activities. Forty-nine patients had been transferred to a mental hospital in the last year, but about half waited too long (over 28 days), which was unacceptable.

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

4.50 Clinical substance misuse services were provided by an integrated service known as the Birmingham Recovery Team (BRT) and psychosocial care was subcontracted to Cranstoun. The drug rehabilitation unit offered good support to meet the needs of most of its patients. However, the service needed to improve oversight of risk and the ISFL was not yet an integrated part of the drug recovery pathway.

4.51 Men arriving who needed support to detox were assessed in good time and offered appropriate medicine. A clinician conducted a clinical review the following day and offered treatment appropriate to their needs. However, in some cases, patients presented with complexities that required the standard treatment to be adapted to meet their needs but this was not always done.

4.52 Although clinical staff knew their patients, care plans were not completed, which was poor. Where patients were detoxing from substances, it was not evident that staff had considered risks affecting all aspects of the patient's physical and mental health. For example, we saw some cases where increased monitoring should have been considered.

4.53 Psychosocial support was offered to all prisoners, regardless of their previous level of drug or alcohol use, to provide information on reducing harm and raise awareness of the service from Cranston.

4.54 Men had good opportunities to attend groups, and there was a well-established timetable in place. In addition, the use of technology was good, with virtual mutual aid groups taking place. Online resources were used regularly.

4.55 Discharge planning was a challenge, but the service was doing everything it could to provide continuity of care on release. Referrals were made to community services in good time and prescriptions were organised when required. Relapse prevention and harm reduction messages were provided on release.

4.56 Partnership working between substance misuse services and the prison was good. Prison officers received training to enable them to recognise when a prisoner needed support from substance misuse services and some prison staff had been provided with and trained on the safe and appropriate use of naloxone.

Medicines optimisation and pharmacy services

4.57 The pharmacy team delivered its services in a safe and effective manner through a well-staffed team, which included two independent prescribers. The pharmacy manager, as the NHS England deputy lead for the health and justice pharmacy advisory group, was involved with a 'near miss and dispensing errors' research project with Manchester University.

4.58 A pharmacist clinically reviewed all prescriptions, and the formulary was reviewed and updated routinely in line with local need. The prescribing of tradeable medicines was managed well, and audits of interventions and controlled drug use were in place.

4.59 Multidisciplinary clinics and medicines management meetings were held regularly. However, attendance at the weekly pharmacist-led medication review clinics was poor. Pharmacists were available on site when needed and there were coherent plans for minor ailments clinics led by pharmacy technicians.

4.60 Prescribing and administration was done on SystmOne. Forty per cent of patients had their medicines in possession and risk assessments were attached and reviewed as needed. Cells did not have lockable storage facilities, although health and prison staff carried out targeted cell checks.

4.61 Medicines were administered on the wings twice a day. Officers supervised the queues well and ensured prisoners were given privacy. A range of medicines were available out of hours. There was an excellent stock reconciliation procedure which used an automated system that was accessed remotely. Fridge temperatures were also monitored remotely, which saved time and ensured recording was accurate and consistent.

4.62 On the residential units, not all medicines were stored within the appropriate temperature range, but the pharmacy gave these a six-month expiry date to minimise the risk.

4.63 There was appropriate provision of medication for patients being released. Prescribers could issue prescriptions for people to collect from any community pharmacy.

Dental services and oral health

4.64 Dental services were good, and patients were happy with the care they received. Systems were in place to ensure the safe decontamination of equipment, and the treatment room was clean.

4.65 A full range of NHS-equivalent services was available. Waiting times were reasonable, although too many patients did not attend. Those with urgent need were able to access an emergency appointment within 24 hours. Clinical records we looked at demonstrated a comprehensive oral health assessment, and treatment plans were of a high standard.

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 unlocked had scarcely improved since the last inspection, which showed a lack of ambition by leaders. In our roll checks, 46% of the population were locked up during the working day and just 18% were off the wings in work, training or education.
- 5.2 About 40% of the population were not engaged in any purposeful activity. They had a very poor regime, with just two hours a day out of their cells during the week and even less on Fridays, Saturdays and Sundays. The regime was occasionally curtailed because of staff shortages and men on the early days centre sometimes had as little as 30 minutes a day out of their cells (see paragraph 3.7).
- 5.3 About 50% of the population were allocated to part-time education, training or work and could typically get about five hours a day out of their cells during the week. About 100 prisoners living on the ISFL unit (G wing) were unlocked for the whole day.
- 5.4 Access to time in the open air was inconsistent and often brief. Some prisoners told us that they were typically only given between 15 and 30 minutes on the yard each day.
- 5.5 Some social and recreational activities were developing on a few wings, notably N wing, which had introduced a film club and a self-help group for those at risk of self-harm (see paragraph 3.31). However, with such little time unlocked, some men had to choose between these activities and showering and/or using the kiosk.
- 5.6 Access to the gym was reliable and incentivised appropriately, although the large numbers of unemployed men could only get one two-hour session a week. The facilities were good. A well-established inter-wing football league ran every Tuesday morning and afternoon on the outside pitch. This supported staff-prisoner relationships and was highly valued by the men who took part. There were firm plans to introduce a similar indoor cricket league.



Sports hall

5.7 Access to the library was extremely poor. The newly built facility was impressive but only about 10% of the population accessed it and vulnerable prisoners from N wing did not have any access.

Education, skills and work activities



This part of the report is written by Ofsted inspectors using Ofsted's inspection framework, available at <https://www.gov.uk/government/publications/education-inspection-framework>.

Ofsted inspects the provision of education, skills and work in custodial establishments using the same inspection framework and methodology it applies to further education and skills provision in the wider community. This covers four areas: quality of education, behaviour and attitudes, personal development and leadership and management. The findings are presented in the order of the learner journey in the establishment. Together with the areas of concern, provided in the summary section of this report, this constitutes Ofsted's assessment of what the establishment does well and what it needs to do better.

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

Overall effectiveness: Requires improvement

Quality of education: Requires improvement

Behaviour and attitudes: Requires improvement

Personal development: Requires improvement

Leadership and management: Requires improvement

5.9 In response to the increased number of men on remand or serving very short sentences, leaders had designed a suitable curriculum that met their educational needs. Leaders provided a part-time regime across most education, skills and work (ESW) activities, giving prisoners on short stays equal access to purposeful learning and work opportunities.

5.10 There were sufficient ESW activity spaces to accommodate the sentenced population and a small number of unsentenced prisoners. However, the size and capacity of the prison estate meant that there were not enough full-time opportunities for all prisoners. While the part-time regime provided adequate access to ESW activities for most prisoners, it also left a significant number unoccupied for substantial periods during the day.

5.11 Leaders had successfully addressed two of the three concerns from the previous inspection. They had broadened the curriculum to better meet the needs of most prisoners. They had significantly increased the number of workshops available and offered more classroom spaces for academic and vocational courses. However, the curriculum for vulnerable prisoners was too narrow. They were restricted to a single prison workshop and had access to only a few on-wing education courses.

5.12 Leaders had a clear understanding of the strengths and areas for improvement and were realistic about the challenges they faced. Leaders implemented clear and robust quality assurance processes to identify areas for development and monitored improvements closely. Despite improvements, leaders in ESW had not received sufficient support to drive further improvement and resolve the areas that most affected the quality of ESW. These included the limited access to digital facilities, insufficient support for prisoners on wings and in work to develop their reading skills.

5.13 Leaders largely managed the allocations process well. They understood prisoners' individual needs and aspirations and allocated them to suitable activities. Leaders maximised workshop spaces effectively, minimising disruption from absences and transfers. However, they did not effectively utilise spaces in education and work, which operated below maximum capacity,

5.14 Leaders and managers ensured that the pay policy was fair and equitable across ESW, so prisoners were not disincentivised from attending learning. Education courses and participation in induction, and English and mathematics assessments carried higher pay to

encourage participation. Job roles requiring advanced skills and qualifications, such as mentoring, also offered higher pay to motivate prisoners to complete training that would allow them to access more advanced roles.

5.15 Managers provided a well-structured induction programme that helped prisoners understand the range of opportunities available. Prisoners completed useful initial assessment activities to establish their starting points, as well as receiving individualised initial information, advice and guidance (IAG). Staff used this information effectively to set clear, individual targets that supported prisoners' custodial, personal and employment goals. Staff regularly reviewed targets which promoted continued progress. However, operational pressures, such as high prisoner churn and staff shortages, often delayed access to induction. As a result, a small number of prisoners did not receive timely IAG or allocation to activities.

5.16 Leaders provided effective support for neurodiverse prisoners. They understood prisoners' diverse needs well, including social, emotional, language, mental health, and physical requirements. The neurodiversity support manager produced useful individualised support and resources. Teachers used support plans effectively, which included positive reinforcement, regular check-ins, clear instructions, and time for reflection, enabling prisoners with additional learning needs to make progress and achieve qualifications in line with their peers.

5.17 Novus provided education courses and vocational training. Leaders planned a curriculum that developed prisoners' academic skills and enhanced their employability and personal well-being. Most prisoners benefited from an appropriately planned and sequenced education curriculum. Leaders had decided on delivering smaller units of a qualification to ensure prisoners could achieve these before transferring to other establishments. Teachers used a range of activities to motivate and involve prisoners, and most used questioning effectively to check understanding and prior learning. Most prisoners produced work of a suitable standard, with a small number producing work beyond the level they were studying. However, the outreach curriculum, designed for prisoners receiving education on the wings, lacked structure and was not taught effectively. Teachers did not have access to prisoners frequently enough and, too often, prisoners were scheduled to attend appointments, such as health care, at the same time as their lessons, limiting their opportunities to attend. As a result, lessons could not be planned or taught as intended, restricting learning opportunities.

5.18 Teachers and trainers were largely well qualified and experienced. When planning curriculum topics, they used information from mathematics and English assessments to inform lessons and training activities. Most explained topics clearly and used demonstrations effectively. They also provided useful written feedback that helped most prisoners improve their work. In a small number of cases, teachers and trainers did not provide prisoners with enough activities to attempt complex tasks or apply their learning in practical contexts. This limited

prisoners' opportunities to extend their knowledge, broaden their skills, and develop fluency.

- 5.19 Prisoners benefited from a much-improved, purposeful curriculum within industries. Prisoners in the forest gardens industrial workshop quickly gained confidence and competence in their tasks. Laundry workers developed independence and teamwork skills and demonstrated pride and respect for their work. However, wing workers were often underutilised, receiving little formal supervision, guidance, or training plans, which limited their skills development beyond existing capabilities.
- 5.20 The Virtual Campus (VC) was used during induction for assessment purposes, but wider access remained limited. Leaders and managers were not using the VC effectively to enhance the curriculum or to support prisoners' employability skills. Too few prisoners had sufficient access to the VC for research, training, education, or work-related activities prior to release.
- 5.21 Leaders and managers had been too slow to implement a prison-wide reading strategy. Teaching staff within education had received appropriate training in phonics and had a clear understanding of the support prisoners needed to develop their reading skills. Teachers used this training to help prisoners make progress in their reading. Teachers ensured that reading was prioritised in education lessons. However, this approach had not been effectively replicated across industry and work areas. Too few prisoners were supported to develop a love of reading or begin their reading journey if they were non-readers. Access to the library was limited to the small number of prisoners attending education, industry workshops and induction. Prisoners attending work on residential units did not receive support to improve their reading, and the culture of reading across the prison was not well established. Leaders' contract with Shannon Trust was coming to an end but they had appropriate plans to replace this provision.
- 5.22 Prisoners received timely and practical pre-release support, including help with obtaining identification, opening bank accounts and preparing disclosure letters. They attended useful pre-release sessions delivered by the Department for Work and Pensions, followed by tailored one-to-one guidance, which prepared them for employment and resettlement effectively. Charitable organisations provided valuable additional support with CV writing and interview skills. As a result, prisoners were well prepared for release and effectively connected with community agencies.
- 5.23 Prisoners accessed a range of enrichment activities. Personal and social development classes helped prisoners improve their emotional intelligence, develop coping strategies, and enhance resilience by teaching them to manage stress, reflect on challenges, and respond constructively to setbacks. Choir sessions promoted teamwork, discipline and self-confidence, while also providing opportunities for prisoners to support one another and overcome the challenges of performing in a group. Prisoners benefited from access to a wide range

of employers who visited the prison to promote their industries and the opportunities available in sectors such as traffic management, construction, hospitality, retail, logistics, and waste management. This exposure helped prisoners gain an understanding of workplace expectations and develop key employability skills, including problem-solving, teamwork, and communication. However, vulnerable prisoners did not have access to these valuable opportunities.

- 5.24 Prisoners had a thorough understanding of community and fundamental British values, such as democracy and mutual respect, and recognised how these linked to their own lives both inside and outside prison. They understood the importance of staying healthy, and many improved their well-being and socialisation skills through the support and opportunities available within ESW, for example gaining the confidence to express themselves freely in art. However, prisoners did not have a secure understanding of radicalisation and extremism which increased their vulnerability to influences.
- 5.25 Prison industries workshops consistently offered calm and purposeful environments that supported and encouraged prisoner engagement in work. Prisoner behaviour in these workshops was positive and met the standards required by employers. Across all areas of education, skills, and work, prisoners reported that they felt safe. However, too many prisoners in English, mathematics and outreach lessons were disruptive. Prisoners in outreach lessons were unmotivated to learn and were often unprepared for lessons. As a result, they became frustrated and not focused on learning.
- 5.26 Attendance at most prison industries, education, and work was generally high. In a small number of cases, it was too low, often due to external factors such as court appearances. Attendance at ESW induction, however, remained low.

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 Support for prisoners to maintain contact with their families was poor, and leaders had not addressed some of the weaknesses identified at the last inspection. The family support team was not fully staffed and had been without a manager for over six months. Those staff were also responsible for booking visits (see paragraph 4.16) but there were not always enough of them to deal with the volume of requests. Even with the recent addition of an email booking system, it was far too difficult to book a visit.
- 6.2 The recent introduction of adapted visit sessions for neurodiverse men and their family members was a good initiative. The prison held monthly celebration events to recognise prisoners' achievements in education, workshops or as peer workers and these included family members.
- 6.3 There were too few family days, and our survey showed that only 4% of prisoners had used video calling in the last month. Video calls were only available at weekends and even these were sometimes cancelled due to curtailments to the regime (see paragraph 5.2).
- 6.4 The visitors' centre was in a poor state and unwelcoming with damaged flooring and a café that was never open. Visitors had nowhere secure to store their valuables whilst they were in the prison.



Visitors centre

6.5 Prison leaders were aware of these weaknesses and had started to implement improvements, but progress was very slow.

Reducing reoffending

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

6.6 Since the last inspection the proportion of prisoners who were unsentenced or recalled had increased and now made up 88% of the population. Although there were some men on remand who had spent a long time at the prison, over 50% of the total population had been there for less than three months. Over 800 prisoners on 14-day fixed-term recalls had been admitted in the previous 12 months. Therefore, the key requirement regarding preparation for release was to swiftly identify and address basic resettlement needs.

6.7 Leaders had made some adaptations to the delivery of their services to meet the needs of this changed population. They had introduced a shorter needs assessment on arrival, on-wing offender management unit 'drop-in' sessions, and a multi-agency panel for repeatedly recalled prisoners. However, these were still in their infancy.

6.8 At the time of inspection, prison offender managers' (POM) caseloads were relatively low, and operational POMs did not get redeployed. Despite this, the frequency of contact with those serving longer sentences was not good enough. Many prisoners did not know who their POM was, and we were told that interactions focused largely on public protection arrangements rather than helping them to achieve their planned targets.

6.9 Administrative teams in the OMU faced enormous pressures. Morale was very low, and we were told about high levels of burnout. At the time of the inspection, only three members of staff were trained to complete calculations of release dates. At the time of the inspection, there were 73 overdue calculations which was concerning, and in the

previous 12 months, 19 prisoners had been released after their eligibility date.

- 6.10 In the past 12 months, 23 prisoners had been released on home detention curfew but over half of these had been released after their earliest eligibility date. This was mainly due to a short timeframe between sentencing and the eligibility date and delays in the community offender manager (COM) approving the release address.
- 6.11 Once sentenced, most prisoners moved onto training prisons without delay.

Public protection

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

- 6.12 More than half of the sentenced population posed a high risk of serious harm to others, and managers had a strong focus on overseeing the public protection procedures for this group. They also allocated a POM to remanded prisoners who had contact restrictions in place, to make sure these were not overlooked.
- 6.13 Restrictions were applied appropriately and the monthly inter-departmental risk management meeting was reasonably well attended, including the lead psychologist. All high risk of serious harm prisoners due for release were reviewed at the meeting to make sure risk management arrangements were robust. However, in some cases the COM and POM did not work collaboratively, which potentially undermined risk management planning for release.
- 6.14 Around 30 prisoners were subject to mail and/or phone monitoring and decisions to use these restrictions were proportionate and defensible. However, there was often a considerable backlog of telephone calls waiting to be listened to. Calls made in languages other than English were not translated, which meant risk issues may have been missed.

Interventions and support

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

- 6.15 There was a reasonable range of interventions and support to address prisoners' offending behaviour and help with resettlement issues. The Thinking Skills Programme had been delivered to 72 prisoners in the last 12 months, and the team was preparing to move over to delivering a new programme called Building Choices.
- 6.16 Leaders had recognised the gap in support for remanded prisoners and as a result the Changing Thinking, Ending Violence programme had

been introduced. This had been completed by 33 prisoners in the previous 12 months; however, almost 100 men were waiting. They could also complete an in-cell course to help them deal with conflict.

- 6.17 A weekly session supported prisoners approaching release and was attended by a wide range of agencies and departments alongside the pre-release team. However, curtailments to the regime, and officers not being available to escort participants from the residential units, meant some prisoners could not get there.
- 6.18 Support was available to help prisoners find employment on release. 'Inside Job' advisers and peer mentors supported them to develop CVs and find employment. In the previous 12 months, 18 employer engagement events had been held in the prison and, according to prison data, 52 men were employed six weeks after release.
- 6.19 Two on-site coaches from the department of work and pensions supported prisoners with making benefits claims. The prison was participating in a pilot to speed up universal credit applications, so that prisoners could receive an advance payment on the day of release. An external agency delivered finance and debt interventions and support to get ID and open bank accounts was provided, although there were challenges in doing this within the short length of stay for many prisoners.

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.

- 6.20 Over the last year, an average of 222 prisoners a month had been released from the prison which was far more than at our last inspection.
- 6.21 A weekly pre-release meeting, chaired by the strategic housing specialist, was attended by the pre-release team and resettlement service managers. Arrangements for all prisoners due for release in the following week were discussed so that outstanding issues could be chased where possible. A list of all appointments was given to each prisoner as they were being discharged, which was a good idea.
- 6.22 Based on prison data, 70% of men released in the previous 12 months did not have sustainable accommodation and 20% of those were released completely homeless. Bizarrely, while our survey showed that two-thirds of prisoners needed help to find accommodation, the on-site Nacro housing workers received very few referrals.
- 6.23 There was hardly any practical support on the day of release; for example, prisoners could not charge their mobile phone or get basic toiletries. However, leaders had plans to open a dedicated space where released men could go for this type of help.

Section 7 Progress on concerns from the last inspection

Concerns raised at the last inspection

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

Safety

Prisoners, particularly the most vulnerable, are held safely.

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

Priority concerns

In our survey, too many prisoners, particularly those who had been segregated or those with a mental health problem, had negative perceptions of safety and some reported being victimised by staff.

Partially addressed

Key concerns

Prisoners' perceptions of the help they received during their early days were not sufficiently good and the induction programme lacked structure.

Not addressed

Body-worn video cameras were not being used routinely, which limited leaders' oversight of the use of force.

Addressed

Respect

Prisoners are treated with respect for their human dignity.

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

Key concerns

Very few prisoners received meaningful key work support.

Not addressed

Professional telephone interpretation services were rarely used to interact with prisoners who had limited or no English.

Not addressed

Clinical and medication rooms did not meet patient safety or infection prevention and control standards.

Addressed

There was a considerable shortage of suitably trained and experienced nursing staff.

Addressed

Despite being raised at the last inspection, weaknesses in the management of medication persisted.

Addressed

Too many calls by prisoners using their emergency cell bells were not answered quickly enough. In some cases it took up to an hour, which was far too long.

Not addressed

Purposeful activity

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

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

Priority concerns

Many prisoners only had 90 minutes a day out of their cells, which was far too little.

Not addressed

Leaders had not established sufficient activity spaces for education, training or work, and attendance was not good enough.

Not addressed

The range of workshops on offer was too narrow and leaders had not improved sufficiently the quality of training in work and workshops.

Addressed

Key concerns

Staff providing initial advice and guidance did not spend enough time discussing prisoners' aspirations or the opportunities available to them in the prison. Too few had a personal learning plan.

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

Priority concerns

Risk management planning for the release of high-risk prisoners was weak.
Addressed

Resettlement services were poorly staffed, and the provision of support was disjointed. It was not clear who assessed needs in the lead up to release, which meant that some prisoners did not get the help they required.

Partially 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 \(justiceinspectorates.gov.uk\)](#)). Section 7 lists the concerns raised at the previous inspection and our assessment of whether they have been addressed.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found on our website (see Further resources). Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

Inspection team

This inspection was carried out by:

Charlie Taylor	Chief inspector
Sandra Fieldhouse	Team leader
Kellie Reeve	Inspector
Jonathan Tickner	Inspector
Jessie Wilson	Inspector
Rebecca Stanbury	Inspector
Natalie Heeks	Inspector
Joanna Luck	Inspector
Emma King	Researcher
Samantha Rasor	Researcher
Samantha Moses	Researcher
Emma Crook	Researcher
Sana Zahid	Researcher
Steve Eley	Lead health and social care inspector
Paul Tarbuck	Health and social care inspector
Jennifer Oliphant	General Pharmaceutical Council inspector
Jacob Foster	Care Quality Commission inspector
Nicola Brady	Ofsted inspector
Glenise Burrell	Ofsted inspector
David Everett	Ofsted inspector
Andrew Thompson	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.

Assessment, care in custody and teamwork (ACCT)

Case management for prisoners at risk of suicide or self-harm.

Care Programme Approach

A framework to provide coordinated care for individuals with severe or complex mental health needs.

Care Quality Commission (CQC)

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

Certified normal accommodation (CNA) and operational capacity

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

Challenge, support and intervention plan (CSIP)

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

Family days

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

Key worker scheme

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

Leader

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

Offender management in custody (OMiC)

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

PAVA

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

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).

Temporary presumptive recategorisation scheme (TPRS)

A scheme intended to tackle overcrowding, which requires governors to fast-track prisoners to open establishments without the usual restrictions.

Restrictions apply for certain categories of offences. TPRS was introduced in March 2023.

Time out of cell

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

Appendix III Further resources

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

Prison population profile

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

Prisoner survey methodology and results

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

Prison staff survey

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

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