

Report on a full unannounced
inspection of

HMP Whitemoor

11 – 21 January 2011

by HM Chief Inspector of Prisons

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Introduction

HMP Whitemoor is a maximum security dispersal prison which, at the time of this full unannounced inspection, held 452 adult male prisoners, all of whom were serving long sentences.

The prison had improved since our last inspection, although some significant concerns remained. The prison's strengths and weaknesses were similar to those we had found in previous inspections but in each of these areas there had been slow, steady progress.

For prisoners serving long sentences, the provision of enough work, education and other activities is important. Most prisoners at Whitemoor had between eight and nine hours out of their cell on most days and the education provision was of good quality. There had been an increase in accredited vocational training. The library and PE provision were also good. Although ostensibly there were sufficient activity places there was not enough work to keep men purposefully occupied. I spoke to prisoners during the working day who were employed as painters and cleaners and who were keen to work and keep busy – but who simply had nothing to do.

Few prisoners are released straight from Whitemoor and the resettlement priority is therefore to ensure good offender management arrangements with effective assessments of risks and needs. This was achieved and prisoners had good quality, up to date sentence plans with appropriate opportunities to address their offending behaviour. The unit for dangerous prisoners with severe personality disorders provided a very good therapeutic environment. Arrangements for visits were good but otherwise there was little to help prisoners maintain or rebuild relationships with their families. This needed to be given greater priority.

The prison was clean and well kept. Prisoners welcomed the ability to cook for themselves. The personal officer scheme worked well. Healthcare was reasonably good although staffing levels were low and primary mental health services were too limited to meet the needs of the population. The health facilities had recently been renovated.

In our view the prison was safer than at our previous inspection. Security was sound and mostly proportionate. The close supervision centre, which held some of the most difficult to manage and dangerous prisoners in the system, was well run though small and claustrophobic. The physical environment of the segregation unit was decent and staff behaved professionally but the regime was inadequate and some prisoners had spent long periods there without any effective strategy to progress them. Prisoners at risk of suicide and self-harm were well cared for. The evidence of illicit drug use was much reduced. There was a good violence reduction strategy and the number of fights and assaults had reduced since the previous year. We saw better supervision on the wings and prisoners told us that wider CCTV coverage had helped them to feel safer.

Despite this, too many prisoners told us they had felt unsafe in the prison (60%) and almost a third, significantly more than in other high security prisons, told us they felt unsafe in the prison at the time of the inspection.

In my view, this reflected relationships between staff and prisoners which, although improved, were still not what they should be. I witnessed some good interactions between prisoners and prison officers but also some that gave cause for concern and helped to explain why some prisoners were fearful.

Half of the prisoners were of black and minority ethnic origin and one-third were Muslim. Black and minority ethnic and Muslim prisoners had particularly negative perceptions about their treatment. Some of these concerns were justified. The prison's own ethnic monitoring had identified areas of inequality, such as the operation of the incentives and earned privileges scheme, that they had addressed. Some racist incident reports had involved serious matters. Tensions between Muslim and other prisoners and with staff were not effectively addressed. Muslim and non-Muslim prisoners told me that Muslim prisoners were routinely regarded with suspicion. Prison staff did not appear to be confident in their dealings with Muslim prisoners – ironically both because they wished to avoid giving offence and due to assumptions about extremism. There was an energetic and effective Muslim chaplain who delivered faith awareness sessions to new staff and this needed to be extended to improve understanding between a largely white British staff group and a very diverse prisoner population.

Overall, Whitemoor was an improving prison with many strong features but some ineffective relationships between staff and prisoners remained the biggest brake on faster progress. The most serious aspect of this was the lack of trust between black and minority ethnic and Muslim prisoners and prison staff. The prison needs to be clear these are not acceptable failings and, with the support of the Prison Service nationally, demonstrate that effective action has been taken to address these concerns.

Nick Hardwick
HM Chief Inspector of Prisons

April 2011

Fact page

Task of the establishment

HMP Whitemoor is a maximum security prison for category A and B male prisoners. It is one of eight high security prisons in the prison estate.

Prison status

Public

Region/department

High security estate

Number held

452

Certified normal accommodation

473

Operational capacity

452

Date of last full inspection

Full follow-up unannounced: 7-11 April 2008

Brief history

Whitemoor opened in 1991. The prison later developed a pilot assessment unit examining links between dangerousness and severe personality disorder, in partnership with the Department of Health and the then Home Office Mental Health Unit. In February 2002 this was complemented by the opening of an intervention spur developing a pilot regime for the management and treatment of dangerous and severe personality disorder. A close supervision centre opened in October 2004 as part of a centrally-managed national strategy administered by the Directorate of High Security at Prison Service Headquarters, to provide a more controlled environment for the most dangerous, disturbed and disruptive prisoners to help them develop a more settled and acceptable pattern of behaviour.

Short description of residential units

There are four main residential/wings containing individual cells.

Escort contractor

G4S

Health service commissioner and providers

NHS Cambridgeshire – PCT

Learning and skills providers

- Learning and Skills provider: Milton Keynes College
- Careers Information and Advice Service provider: Tribal

Healthy prison summary

Introduction

HP1 All inspection 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. The criteria are:

Safety	prisoners, even 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
Resettlement	prisoners are prepared for their release into the community and helped to reduce the likelihood of reoffending.

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

- outcomes for prisoners are good against this healthy prison test.

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

- outcomes for prisoners are reasonably good against this healthy prison test.

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 against this healthy prison test.

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 against this healthy prison test.

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.

Safety

HP3 Reception, first night and induction procedures were reasonably good. There was an effective violence reduction strategy. Prisoners reported being unsafe, and they

appeared to largely attribute this to intimidation by staff rather than other prisoners. Prisoners at risk of suicide and self-harm were well supported but some assessment, care in custody and teamwork procedures needed improvement. The segregation unit regime was too restricted and some men stayed too long without progressive care plans. Use of force had reduced significantly but there was a need to improve oversight. There was little evidence of illicit drug use. Outcomes for prisoners were reasonably good against this healthy prison test.

- HP4 Category A prisoners were not transferred with their property and many had to wait more than two weeks for their belongings to be transferred, searched and issued to them. Other prisoners also experienced delays with searches to their property. The reception area had improved with the addition of a waiting room with a television and posters, although an electronic information point did not work. Holding cells were bare. Reception staff interviewed all new arrivals and completed a cell-sharing risk assessment but some interviews were conducted at the reception desk with little privacy.
- HP5 New arrivals for the main prison were interviewed by officers on an induction spur on C wing to identify and deal with any immediate concerns. Insiders met them and supported them through the induction period. A useful five-day induction programme began the Monday after arrival. Prisoners were locked in their cells between induction sessions. Prisoners going to the dangerous and severe personality disorder (DSPD) unit had a suitable induction in the Fens Unit on D wing.
- HP6 There was a good overarching violence reduction strategy. The violence reduction meeting was well attended and focused on relevant issues. Information was analysed and used to inform initiatives to reduce violence. An unacceptable behaviour strategy was used appropriately to monitor and challenge poor behaviour, including potential bullying, and to provide support for those who needed it. The number of fights and assaults had reduced since the previous year. We saw reasonably good supervision on the wings and officers had a good knowledge of prisoners who were a potential threat to others. Closed-circuit television coverage had improved and helped prisoners feel safe. Despite this, prisoner perceptions about their safety were relatively poor and almost a third of prisoners in our survey said they currently felt unsafe. This appeared to be more as a result of perceived staff intimidation rather than threats or violence from other prisoners.
- HP7 The suicide and self-harm policy satisfactorily outlined safety procedures. Specific issues about the particular risks of DSPD prisoners had been identified and understood but were not yet included in the formal policy. Safer prison team meetings were given a high priority, with good discussion of relevant issues. Prisoners had good access to Listeners. The quality of assessment, care in custody and teamwork (ACCT) procedures was mixed. Care maps were not always sufficiently relevant and specific, attendance at case reviews was sometimes poor and written ongoing entries in ACCT documents did not always fully reflect some of the good quality of care provided. There was an assumption in some ACCT documents that mental health needs were automatically met in cases of heightened risk simply because prisoners were on the DSPD wing.
- HP8 Physical security, as expected in a high security prison, appeared sound and was backed up by effective dynamic security, with a good flow of intelligence into the security department. Identified actions arising from security information reports were

completed appropriately. Risk assessments for allocation to activities were too rigid and not routinely reviewed.

- HP9 The segregation unit environment was decent and staff were professional with prisoners. However, the regime was inadequate, with no routine daily showers or telephone calls. There was a confusion between risk management and incentives and earned privileges. Records of segregation review boards did not reflect in-depth discussions we were told occurred and targets set were basic and generic. A number of prisoners stayed in segregation for long periods without care plans and the prison appeared powerless to arrange transfers.
- HP10 Adjudications levels were relatively low and had fallen over time. Records indicated that adjudications were well conducted and punishments were fair and consistent. Although a range of data relating to disciplinary hearings was routinely collated, there was little indication that these were analysed or discussed.
- HP11 There had been a commendable reduction in spontaneous use of force since the last inspection and trends were in its use were analysed. Records suggested that most use of force was appropriate but some isolated examples raised questions whether its use was fully justified and there was no routine senior management quality assurance to identify and learn from such cases. Use of special accommodation had also fallen since the last inspection but records did not always fully support its use or that it was for the shortest possible time.
- HP12 The close supervision centre (CSC) managed some of the most challenging prisoners in the system. The unit was in a generally satisfactory condition but it was a restrictive and claustrophobic environment for staff and prisoners. Some productive work was carried out with men who were willing to engage but there was no formal research-based intervention. Although at the lower end of the CSC system, relatively few prisoners progressed to normal location.
- HP13 The year-to-date random mandatory drug testing rate was 1.9%. There appeared little availability of illegal drugs except intermittently and there were some indications of diversion of opiate-based medication. In our survey, fewer than the comparator¹ and substantially fewer than at our last inspection said it was easy to get illegal drugs. Good arrangements had been made for the prison to begin to provide appropriate integrated drug treatment system clinical services for substance users, although demand was not expected to be high.

¹ **Inspection methodology:** There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from the *Dictionary of Forensic Psychology*: HM Inspectorate of Prisons.)

Respect

- HP14 Interactions between staff and prisoners had improved from previously but many prisoners felt victimised by staff. Consultation arrangements were ineffective. The prison was generally clean and living conditions were good. There was little satisfaction with food and the shop. Perceptions of black and minority ethnic and Muslim prisoners remained poor and they had little trust in staff. Too few staff had received diversity training. The needs of men with disabilities were not effectively met. Support for foreign national men was reasonably good but more help was needed for those who did not understand English. Health services were reasonably good but mental health services were very stretched. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP15 Fewer prisoners than the comparator with other high security prisons in our survey said most staff treated them with respect but more than previously said they had a member of staff they could turn to for support. DSPD and C wing prisoners were more positive than others. Interactions we observed on wings were reasonably good, with lots of use of first names. However, some officers were very resistant to calling prisoners 'Mr'. Many prisoners said they had been victimised, threatened or intimidated by staff, particularly if they were black and minority ethnic or Muslim. Consultation with prisoners was not very effective and was mainly about minor domestic issues.
- HP16 All prisoners had allocated personal officers. About half in our survey said they found them helpful but DSPD prisoners were much more positive. There was a good personal officer policy and staff received clear guidance about their roles and responsibilities. Personal officers' entries in history sheets were generally regular. Most showed that officers had good knowledge of prisoners but it was not clear in all cases that observations were based on active engagement.
- HP17 The prison was clean and well kept, although some flooring and shower areas needed refurbishment. Cells were generally of a good standard but there were some problems replacing broken furniture. Despite the general cleanliness, prisoners reported difficulties in obtaining sufficient cleaning supplies and cleaning cupboards were poorly stocked. It was good that families were able to send clothes in for prisoners.
- HP18 Few prisoners were positive about the food and in our survey the views of black and minority ethnic, Muslim and foreign national men were particularly negative. However, many prisoners appreciated and preferred the opportunity to cook their own food. There was only limited consultation about food and prisoners rarely receive a detailed response to entries in food comments books. Meals were served too early and there were no areas where prisoners could eat together. Few prisoners, particularly from minority groups, were satisfied with the range of goods stocked by the shop and monthly canteen meetings did not indicate much progress with issues raised.
- HP19 A recently formed diversity team had a good profile and was valued by prisoner representatives. However, there was little communication and discussion about diversity issues with the wider prisoner community to address underlying negative perceptions and build trust. Diversity meetings were well attended and a quarterly

decency and diversity newsletter helped promote awareness but too few staff had received diversity training. There had been little work so far in the area of sexuality. Support for prisoners with disabilities was just beginning but there was an under-identification of such prisoners, no individual care or evacuation plans and inadequate pay. Some officers were unwilling to push prisoners in wheelchairs. A spur for older prisoners had been established on C wing, with a popular association room well run by an older prisoner representative.

- HP20 There were regular events to promote equality but our survey indicated that black and minority ethnic and Muslim prisoners continued to have negative perceptions about their treatment. Some of these were understandable and justified. Ethnic monitoring had identified some discrepancies of treatment that the prison had taken action to address. Racist incident reports were well investigated but in some cases final replies took too long. Some of the incidents had involved serious matters, with poor staff attitudes about race and religion. As previously, Muslim prisoners said many staff were unsure how to relate to them without resorting to assumptions about extremism. The Muslim chaplain delivered faith awareness sessions to new staff but this did not reach the majority of existing staff. The chaplain had also developed some new courses aimed at raising awareness of faith differences for staff and prisoners. Tensions between Muslim and other prisoners and with staff were not effectively addressed. The dietary needs of a small number of Jewish prisoners following a kosher diet were not adequately met.
- HP21 Support for foreign national men was reasonably good, with useful monthly committee meetings that identified and systematically followed up issues raised. Foreign national prisoner representatives carried out some helpful work but the role needed more effective promotion and management to ensure they had the resources to get information to the appropriate people. There was some translated material but professional telephone interpreting services were little used and the needs of some men who did not speak or understand English well were not always met.
- HP22 The chaplaincy team provided a full range of weekly services for all the main faiths and pastoral support for prisoners and their families, as well as running a range of faith-based and other courses. Chaplains were well integrated into the life of the prison and made regular entries in history sheets that showed they had a good knowledge of prisoners and actively engaged with them.
- HP23 The applications system was too complicated, with numerous application forms for different subjects and separate logs for different types of application. Logs did not always record the date of replies. About 2,000 complaints had been made in the previous six months, with property the largest single subject. Most replies to complaints were polite and adequately answered the issues raised. Quality assurance procedures were rigorous but there was little analysis of trends to identify and address problem areas. There was good legal service provision and support but there were no private legal visits rooms.
- HP24 The overall quality of health services was generally good but waiting lists for some services such as the optician and the dentist were too long. These were expected to be addressed through imminent contractual changes. Extensive renovation of health facilities has greatly improved the environment for prisoners attending clinics but the reception health care room was unsuitable and the CSC health room poorly equipped. Staffing levels were low for a 24-hour service and relied on regular agency nurses. There was appropriate access to a good range of nurse-led clinics. The

pharmacy service was a supply service only, with no professional pharmacy input. Primary mental health services were limited, with too few mental health nurses in the skills mix. Mental health services on the DSPD unit were also under pressure, with a heavy reliance on agency nurses.

Purposeful activity

- HP25 Time out of cell was reasonably good. There were sufficient activity places and there had been an increase in accredited vocation training. Some work was mundane and too many domestic jobs did not fully occupy men. Teaching and learning in education were good. Prisoners had appropriate access to a reasonable library service. PE provision was good and very well used. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP26 The core day allowed a reasonable nine hours out of cell on Monday to Thursday and about seven hours at the weekend for prisoners on the main wings. For prisoners on the DSPD unit, this was about eight hours. Recorded average time out of cell at about 8.5 hours a day appeared about right, although there was some slippage in unlock times, particularly after lunch. Time out of cell for the small number of unemployed men or those on induction was less, at about five to six hours. Prisoners had daily association but had the opportunity for only a maximum of 30 minutes in the open air during the week on Mondays to Thursdays.
- HP27 Allocation to all activities was equitable and took account of basic skills results, good careers information and advice assessments and security issues. About 40 prisoners attended education full time and 132 part time but punctuality at education and other activities was poor. Teaching and learning were mostly good and pass rates were high on most courses. Classes were often disrupted when prisoners went to PE sessions. The range of courses was narrow but there were plans to extend this. Only half of DSPD prisoners had attended the dedicated education provision for them, which could have been better promoted as part of their therapeutic regime. The standard of art work in DSPD classes was exceptionally good. Learning plans were satisfactory, although target setting was sometimes weak. Good support was provided to 50 prisoners on Open University and distance learning courses.
- HP28 There were enough activity places for all prisoners but there was a high proportion of cleaners and other domestic workers, not all of whom were fully occupied. Although there were sufficient work places, 22 men were classed as unemployed. The quality of most work activities was satisfactory. Accredited qualifications were available in most workshops and literacy and numeracy support when required. About 100 prisoners were engaged in vocational training leading to a qualification. Skills developed in most vocational areas were good and in plastering were outstanding. Accredited vocational courses were well planned, prisoners received good individual support from instructional officers and pass rates were high. The pay system was complex, with a wide variation in pay rates.
- HP29 Although small, the library was a pleasant environment and easily accessible. In our survey, just over half of prisoners, more than at the time of the last inspection, said they went to the library once a week. There was a good range of materials, including audio books and DVDs as well as books in languages other than English. A full range of Prison Service Orders and up-to-date legal reference materials were provided.

HP30 The PE provision was well managed with well qualified and highly motivated staff. Facilities were good and included cardiovascular equipment on the wings. A good range of courses was run and pass rates were very high. Most prisoners used the gym regularly and a very high 82% in our survey said they went at least twice a week. A good range of recreational PE was run, including sessions for the over 40s and over 50s. There were useful links between PE and health care and a remedial programme was provided.

Resettlement

HP31 There was no effective strategic overview to ensure development of services across relevant resettlement pathways. Offender management arrangements were good and most prisoners had up-to-date good quality sentence plans. Few were released from Whitemoor but a number of prisoners were able to progress in their sentences helped by the provision of suitable offending behaviour programmes. The DSPD unit provided a positive therapeutic environment. There were good opportunities for family visits but in other respects the children and families pathway was underdeveloped. Provision for men with substance use problems was mostly satisfactory. Outcomes for prisoners were reasonably good against this healthy prison test

HP32 The reducing reoffending strategy referred to each resettlement pathway but was not well structured and was out of date. Quarterly reducing reoffending meetings were not minuted so it was unclear who attended, what was discussed and how the strategy was developed. We were told that the reducing reoffending action plan was updated after each meeting. Some progress against previously set targets was recorded but some were out of date and no longer relevant and no new development targets were set.

HP33 All prisoners were subject to offender management and allocated an offender supervisor on arrival. The offender management unit was well established but officer offender supervisors were regularly redeployed from their work and an average of 26 hours a week was lost from the unit. Most prisoners had up-to-date sentence plans but about 40 were out of date. Good efforts were made to reduce the backlog. The quality of plans was generally good, with appropriate time targets set that identified relevant staff to help achieve objectives. Family issues were identified at reviews but none of the plans we looked at included targets to help prisoners maintain family contact. Few offender managers from the community attended meetings in person but good use was made of telephone conferencing and offender supervisors kept offender managers up to date in writing. Sentence planning boards were multidisciplinary, included the prisoner and had wing staff representation, although not necessarily the personal officer. Categorisation reviews took place at sentence planning boards and 98 prisoners had made progressive moves in 2010.

HP34 Public protection procedures were sound. All new arrivals were screened and regular risk assessment meetings considered the cases of all those subject to public protection measures.

HP35 An up-to-date offending behaviour programme needs analysis ensured that the available programmes broadly met need. Prisoners were suitably prioritised and waiting lists for courses were not too long. Psychologists also undertook one-to-one work with prisoners for whom group work was not appropriate.

- HP36 The few prisoners released from Whitemoor went to approved accommodation. A money advice course was available in education and information on benefits could also be obtained from a local JobCentre Plus worker. A resettlement meeting between the prisoner and his offender supervisor took place well in advance of release to check that all needs were suitably addressed. Prisoners nearing release usually transferred to prisons nearer their home to help them prepare.
- HP37 The children and families pathway was underdeveloped, with no clear strategic lead and no needs analysis. Almost half the prisoners in our survey said they had children under 18 but there was no family support worker. However, regular children's days open to all men were available. The Story Book Dads scheme was run. Facilities in the visitors' centre were good and visitors said they were well received by staff. Although visits did not start at the advertised time, most visitors received a two-hour visit. Seating in the visits room was fixed and regimented and the unsupervised play area was poor.
- HP38 The DSPD unit provided a decent therapeutic environment for dangerous men with severe personality disorders who otherwise might not have had the opportunity to progress. Staff were well trained and motivated and relationships with prisoners were good. Our survey and observations indicated that some prisoners were anxious and did not feel safe on the unit. The reasons for this were complex and the impending arrival of a new cohort of prisoners appeared to be an exacerbating factor. Assessment began very soon after arrival on the unit but there were some delays in completion. Treatment was comprehensive and care needed to be taken to ensure ongoing budget cuts did not undermine the integrity of the programme. There were some positive indicators of the effectiveness of the unit and staff had developed some good progression work locally but there was little national strategic direction for progression.
- HP39 A number of substance use needs assessments had been conducted. The drug strategy was under review and the alcohol policy also required updating to take these analyses into account. The counselling, assessment, referral, advice and throughcare (CARAT) team carried an open caseload of 85 with 127 files suspended and casework was of good quality. Appropriate individual and groups work modules were provided and the CARAT team also facilitated peer supporters. The team no longer worked with primary alcohol users, for whom there was a gap in service provision. There had been some difficulty attracting sufficient numbers for Focus, a high-intensity drug and alcohol treatment programme, and it was not clear that it would be possible to run the course regularly.

Main recommendations

- HP40 Senior managers should effectively monitor the use of the segregation unit to ensure that prisoners held there have an appropriate regime, are moved as soon as practicable and that men who remain segregated for longer periods have suitable care plans to prevent their psychological deterioration.
- HP41 Managers should develop a clear strategy to deal with the underlying negative staff culture and improve relationships between staff and prisoners.

- HP42 Discussion groups should be held regularly between staff and black and minority ethnic and Muslim prisoners and between them and other prisoners to increase communication, confidence and mutual understanding.
- HP43 Comprehensive, cohesive and effective mental health services should be provided for all prisoners who need them.
- HP44 A clear strategy for the children and families resettlement pathway should be developed to ensure appropriate services are provided to help prisoners maintain or rebuild links with their families.

Section 1: Arrival in custody

Courts, escorts and transfers

Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement the individual needs of prisoners are recognised and given proper attention.

- 1.1 Only half of prisoners surveyed said they had been well treated by escort staff and none we spoke to had been offered a toilet break. Category B prisoners were given advance notice of planned transfers and travelled with their belongings but category A prisoners could wait several weeks for their property to arrive.
- 1.2 On average, there were four new receptions and four transfers each week. No prisoners had been released in the previous six months. G4S carried out most transfers of category B and C prisoners while all category A and some category B prisoners were transferred in designated vehicles operated by Prison Service staff from Whitemoor or other high security prisons. In our survey, 51% of prisoners, fewer than the comparator, said they had been well treated by escort. The two G4S vehicles we inspected were clean and contained water and sandwiches. Few prisoners had journeys of over four hours but most spent more than 2.5 hours in a van and none we spoke to had been offered a toilet break.
- 1.3 Escort staff usually contacted reception in advance to give an estimated time of arrival and gate staff ensured the vans were admitted without delay. Reception was not staffed over lunch and prisoners arriving at this time were locked in holding cells until staff returned. Category B prisoners were given advance notice of planned transfers and travelled with their property (see section on reception). Category A prisoners had to wait at least two weeks and sometimes significantly longer for their property to reach the prison.
- 1.4 Video link facilities were available and used when appropriate.

Recommendation

- 1.5 Prisoners being transferred should be offered a toilet break at least every 2.5 hours.

Housekeeping point

- 1.6 Property should be transferred directly to the receiving prison on the day of departure.

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

- 1.7 The reception area had been refurbished and now included a waiting room with a television and prison information. Holding cells were basic. Reception procedures were thorough but interviews did not take place in private. There was no first night strategy but induction officers interviewed prisoners on the day they arrived and addressed any immediate needs. Insiders met all new arrivals and provided valuable support. Induction was delivered in a well equipped classroom and covered all essential information but prisoners were locked in their cells between sessions.

Reception

- 1.8 The reception area was small and cramped but clean and recently refurbished. The reception desk and metal detector were in a narrow corridor. There were also four holding cells, a waiting room and the senior officer's office, which contained the body orifice scanner (BOSS chair). The waiting room had bench seating, a television, some magazines and information notice boards. The prisoner information point with information in languages other than English was not working. The holding cells had bench seats but were otherwise empty. One of the holding cells had a toilet. An unsuitable room was used by health care staff for initial reception screenings (see section on health services).
- 1.9 New arrivals had their identity checked before being strip searched in private and scanned for concealed objects. Reception staff checked the escort record and other relevant paperwork and were briefed about each prisoner by escort staff. New arrivals were interviewed individually but at the reception desk rather than in private. Staff completed a cell-sharing risk assessment (CSRA) and an initial assessment of needs as well as providing essential information about the first 24 hours, visits and telephone monitoring. Details of the interviews were recorded on P-Nomis and the CSRA and initial assessments were passed to induction staff on the first night unit. The system to identify new arrivals with a disability and inform the disability liaison officer was not working properly (see section on diversity).
- 1.10 Prisoners who arrived without property were issued prison clothing and essential toiletries to last until their property arrived. Those who arrived with their property still had to wait up to a week for it to be searched and issued to them and could take only a change of clothes and essential toiletries to their first night accommodation. All prisoners were offered a smoker's pack but there was nothing equivalent for non-smokers. There were no showers in reception.
- 1.11 Some prisoners, particularly those who arrived at lunchtime, waited a long time in reception. Reception staff said the delay was sometimes due to waiting for health care staff to come to reception and complete the initial screening.

Recommendation

- 1.12 Prisoners should not be held in reception any longer than is necessary to complete essential booking in and risk assessment interviews, which should take place in private.

Housekeeping points

- 1.13 The electronic prisoner information point in the reception waiting room should be functioning.
- 1.14 Reception packs should be available for non-smokers.

First night

- 1.15 New arrivals in the main prison went to the induction landing on C wing and those transferred to the dangerous and severe personality disorder (DSPD) unit were taken directly to the Fens unit on D wing. There was no first night strategy or policy document. A first night procedures document on the DSPD unit had been adapted from another prison and did not reflect practice at Whitemoor. Despite this, first night procedures on both wings were comprehensive and effective and most prisoners said they had felt safe on their first night.
- 1.16 Prisoners were interviewed in private by an induction officer, who checked the CSRA and other information obtained in reception and completed a risk and needs assessment. They also asked if prisoners had any concerns and explained the Listener scheme, wing rules and fire evacuation procedures before showing prisoners their cells. The cells we looked at were clean and appropriately equipped.
- 1.17 There were two trained Insiders on the induction spur and one spoke four languages. They had a job description and said they were well supported by staff. They met all new arrivals, gave them a tour of the wing and explained wing routines and how to get telephone numbers approved, order canteen and complete menus. Recent new arrivals said the Insiders had been very helpful. Prisoners had to wait until their telephone credit and approved numbers were transferred from their previous prison before they could make a call, although reception offered to telephone family or friends on prisoners' behalf to say they had arrived safely.
- 1.18 Prisoners who arrived on the wing before lock up could shower on their first night but otherwise had to wait until the following morning.

Housekeeping point

- 1.19 First night procedures should be formalised into a written policy to ensure consistency of treatment, which should include the opportunity to make a free telephone call and take a shower on the day of arrival.

Induction

- 1.20 Most prisoners in our survey said they had been on an induction course and, of these, nearly two thirds said it had covered everything they needed to know. Induction lasted five days, usually starting on the Monday after arrival, and was delivered in a bright and comfortable room. Each department had a session and gave its own presentation. Records showed it could take up to 10 days to complete all the induction sessions. Prisoners were not kept fully occupied and were locked in their cells when not attending a session. A comprehensive induction information booklet available in 20 languages was issued to every prisoner. The induction room also contained a good range of information booklets about the facilities and courses available.
- 1.21 The induction programme on D wing mirrored that provided on C wing with additional information relevant to the DSPD programme. There were no Insiders on the DSPD unit but there were plans to introduce a mentoring scheme.

Recommendation

- 1.22 Prisoners on induction should not be locked in their cells during the core day.

Section 2: Environment and relationships

Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

- 2.1 Wings were clean but flooring and showers had started to deteriorate. Cells were a good standard but stocks of cleaning materials were low. In-cell toilets were not adequately screened. Prisoners could have clothes posted in by family and friends. Prisoners found it difficult to get their stored property.

Accommodation and facilities

- 2.2 There were four identical units (A to D) and a separate secure close supervision centre (see fact page). Sight lines were excellent and all the wings were brightly lit. Unlike at the last inspection, staff were mostly out on the landings interacting with prisoners. The four mainstream units were clean and well decorated but the prison was nearly 20 years old and some fabric, particularly the flooring, had started to deteriorate.
- 2.3 All cells were single. Prisoners said it was increasingly difficult to get broken furniture replaced and some were using items originally meant for association areas. Furniture left for communal use tended to be in poor condition. An offensive display policy appeared to be adhered to. Most cells had two picture boards. All cells had in-cell sanitation but toilets were not adequately screened. Cell bells were answered promptly.
- 2.4 There were well equipped kitchens where prisoners could cook and store their own food and exercise rooms giving daily access to a good range of cardiovascular equipment. Information rooms on all spurs were not well maintained and contained little useful information, although recent notices to prisoners were displayed on boards on most wings. B wing had also introduced a system where spur representatives were responsible for holding information for prisoners and disseminating new information when it was provided.

Recommendation

- 2.5 In-cell toilets should be adequately screened.

Clothing and possessions

- 2.6 Standard and enhanced level prisoners could wear their own clothes and could have items sent in by family and friends. There was a laundry on each wing and an orderly on each wing ensured that every prisoner could wash his own clothes at least twice a week. Prisoners consistently reported access to stored property as a problem and fewer than the comparator in our survey said they could get their stored property when they needed it. Another common theme was the lack of cleaning materials and stocks of general cleaning materials and toiletries in the cleaning cupboards we looked at were very low.

Housekeeping point

- 2.7 Prisoners should have access to stored property within seven days of submitting a request.

Hygiene

- 2.8 There was one shower room with four shower heads on each spur. These were in poor condition, with broken tiles, rusting pipes and mould on ceilings. Showers were communal and had not been screened.

Recommendation

- 2.9 Shower rooms should be refurbished and individual shower heads screened.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.

- 2.10 Fewer prisoners than the comparator in our survey said most staff treated them with respect but more than previously said they had a member of staff they could turn to for support. Prisoners in groups and interviews were negative about staff but interactions we observed on wings were reasonably good. Many prisoners, particularly if they were black and minority ethnic or Muslim, reported being victimised, threatened or intimidated by staff. Consultation arrangements were poor.
- 2.11 In our survey, fewer prisoners than the comparator and the same as at the time of the last inspection said most staff treated them with respect. However, it was an improvement that more prisoners than previously said they had an individual member of staff they could turn to for support. Black and minority ethnic and Muslim prisoners were much less positive than others in their response to both these questions.
- 2.12 Prisoners in groups were very negative about their treatment by staff. A number said the younger inexperienced staff treated them badly but that they were reluctant to complain as this would make things worse. In individual structured interviews, issues relating to relationships with staff came up more often than any other, with prisoners referring to discrimination, aggression and bullying by staff. Comments included: 'They stitch a lot of people up. I've seen some prisoners reported for intimidating staff even though I was there and it didn't happen. It ... makes you wary to interact with them' and 'Told staff that I'd put a complaint in and they said they'd give me a negative write up so I left it as my daughter was coming to visit and I didn't want to jeopardise it. Complaints system is not confidential'.
- 2.13 Although better than previously, more prisoners than the comparator in our survey said they had been victimised by a member of staff. Again, responses from black and minority ethnic

and Muslim men were more negative, with the majority saying they had been threatened or intimidated by a member of staff. Overall, 72% of prisoners on C wing and 79% on the DSPD unit said most staff treated them with respect compared to 57% and 59% on A and B wings respectively.

- 2.14 Prisoners in groups said many officers insisted on only addressing them by their surnames but we heard quite a lot of use of first names between prisoners and officers on wings. Many officers were resistant to addressing or referring to prisoners as 'Mr' but overall there was more positive interaction between staff and prisoners on wings than previously.
- 2.15 There were regular consultation meetings with prisoner representatives but there was no set agenda, they were not very effective and mainly discussed domestic matters rather than wider issues such as safety, relationships, personal officers, diversity and progression.

Recommendation

- 2.16 **An effective prisoners' council should be established with representatives from all parts of the prison and chaired and attended by senior managers.**

Personal officers

Expected outcomes:

Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.

- 2.17 The personal officer policy covered all key areas. Most prisoners said they had a personal officer. Wing files entries were regular and mostly detailed but some did not make clear whether officers had actually spoken to the prisoners concerned. Managers monitored personal officer work but few commented on the quality of entries.
- 2.18 In our survey, significantly more prisoners than the comparator said they had a personal officer, although responses differed by wing and foreign national and Muslim prisoners were less positive. Responses about how helpful personal officers were also differed by wing, with 68% of men on the DSPD unit saying their personal officer was helpful compared to 49% of those on A and C wings.
- 2.19 A comprehensive personal officer policy dated November 2010 provided suitable guidance, including the need for officers to encourage prisoners to participate in offending behaviour work, education and employment and maintaining family ties. Officers were expected to make a weekly 'quality entry' in wing files, complete reports as required and liaise with offender supervisors about prisoners' progress. Most of the wing files we looked at contained regular comments and many personal officers clearly had a good knowledge of prisoners, seeing them regularly and commenting on their wellbeing. However, some did not always clearly indicate whether any interaction with the prisoners had actually taken place. About a quarter of files included references to prisoners' families and almost half included comments about sentence plans.
- 2.20 Comments by someone other than the personal officer were often included but these were rarely referred to subsequently. One prisoner had declined a place on a course because 'he was not in the right frame of mind to start' but only the next day his personal officer had written

that the prisoner 'tells me he is ok and has no issues'. Wing managers checked files monthly but most contained only a signature and no comment about the quality of entries.

Housekeeping point

- 2.21 Managers should comment on the quality of entries in wing files and address identified shortfalls.

Section 3: Duty of care

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

- 3.1 Arrangements to deal with bullying and levels of violence had improved considerably. There was an overarching violence reduction strategy based on analysis of the pattern of violence, including a prisoner survey. A competent safer prisons team managed its day-to-day operation and oversight through the safer prisons committee was effective. There was some bullying but the number of fights and assaults was not excessive and had fallen in the last year. Despite good systems to reduce levels of violence, some prisoners had poor perceptions about their safety but these appeared to relate mainly to their interactions with staff.
- 3.2 A violence reduction strategy had been published as part of the prison's overarching safer prisons policy, which included suicide and self-harm prevention protocols. The document detailed the principles, procedures and management arrangements that underpinned an overarching violence reduction strategy while setting out the responsibilities of all staff and managers. It was supported by other prison policies and procedures, such as use of force, segregation, security reporting systems and the incentives and earned privileges scheme. It had clearly been given a high priority and its profile had increased. Copies of the strategy were available in most areas of the prison and staff and prisoners we spoke to were aware of its content. The strategy had also been informed by the results of a prisoner survey conducted late in 2008, which had raised issues such as poor security camera cover in communal areas and identified bullying hot spots.
- 3.3 A full-time safer prisons team of a manager, a safer prisons officer and an administration support officer monitored, reviewed and supervised all aspects of violence reduction, including suicide prevention protocols. The team was directly accountable to a governor who led both the separate violence reduction and suicide prevention management committees.
- 3.4 A separate violence reduction meeting was held every month to monitor overall progress of the strategy. The meeting was well attended by managers and staff from key areas such as security, residential units and psychology and representation from senior managers was consistently high. Minutes of meetings reflected an appropriate focus on the full range of violent incidents from minor fights to serious assaults. Information provided by the safer prisons team about the amount, type and location of violent incidents each month was analysed and used to identify trends, patterns and hotspots. This was also used to inform changes in strategic direction when necessary. This had included the introduction of a risk assessment tool for use in reception to identify the small number of prisoners at greater risk of acting violently. The profiles of such prisoners were then written in collaboration with the safer prison team, the psychology department and the security department. These gave residential staff information about current custodial behaviour, triggers of violent or aggressive behaviour, suggestions of risk management strategies and protective factors for prisoners.

- 3.5 Unacceptable behaviour was generally managed through behavioural compacts issued by residential staff at the first suspicion of bullying following the authority of a residential manager and guidance from the safer prisons team. These operated for a minimum of 28 days and were used to manage a range of proven or suspected unacceptable behaviours, including bullying, threats of violence or verbal aggression. Residential officers monitored behaviour for seven days and the wing manager then formally reviewed their cases, usually with the prisoner. Prisoners subject to the compacts faced sanctions under the incentives and earned privileges scheme or other minor regime restrictions such as limited or escorted movement around the residential wings or change of location. As at the last inspection, however, interventions to raise a perpetrator's awareness of the impact of bullying or explore his motivation were underdeveloped and were in reality sanctions designed to deal with shorter-term behaviours.
- 3.6 Behavioural compacts were also used as support plans for victims of violence or for other prisoners considered vulnerable. The quality was generally very good and demonstrated that staff were aware of the important issues and focused on keeping people safe. Wing managers, personal officers and the prisoner reviewed plans every week.
- 3.7 The violence reduction coordinator had effective oversight of the scheme. Most prisoners were told about the anti-bullying policy during induction and generally understood the procedures. There were mixed views about whether they had confidence in staff to deal with incidents and in our structured interviews, six out of 15 prisoners we spoke to said they had little confidence in staff to tackle bullying, although that did not make them feel unsafe. Some believed it was too easy to be placed on the anti-bullying scheme on the basis of suspicions that were not disclosed to them. Allegations of bullying were treated consistently and investigated promptly. The quality of investigations we examined was good and outcomes were recorded and consistently acted on, usually by the safer prisons team.
- 3.8 The number of recorded violent incidents (fights and assaults) was not excessive at about 44 in 2010. Systems for identifying bullying and potential incidents were reasonable and information-sharing arrangements between security, the safer custody team and the residential units were well developed. Residential staff regularly identified bullying and recorded concerns in wing observation books and individual history files. Accident report forms were checked to identify any unexplained injuries and security information reports were scrutinised for information about alleged or suspected bullying incidents.
- 3.9 The number of officers regularly patrolling landings had improved since the last inspection and officers usually knew their prisoners' whereabouts. More security camera had been installed in communal areas and on residential wings and prisoners in groups and in interviews said this had made them feel safer. One said 'Cameras are new – that is a good thing. People think twice.' Another said 'Cameras are everywhere. No one will do anything in front of them.' Handovers for staff coming on duty were good and residential managers ensured officers were aware of any issues affecting prisoner safety in specific areas of the wing.
- 3.10 In our survey, 32% of prisoners said they felt unsafe and 44% said staff had threatened or intimidated them, both higher than the comparator. Fewer than the comparator said they had been victimised by other prisoners. It was apparent from discussions and interviews that prisoners felt unsafe more because of staff attitudes and behaviour than because of other prisoners.

Recommendation

- 3.11 **Specific intervention work should be developed for persistent bullies.**

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.12 A high priority had been given to safer prisons team meetings, with good discussion of relevant issues and effective monitoring of the operation of the strategy. Prisoners had good access to a well established Listeners scheme. The quality of assessment, care in custody and teamwork (ACCT) documents was generally good but care mapping was underdeveloped and written entries on observation forms did not always adequately reflect the good quality of care provided. Some entries on documents on D wing indicated an assumption that mental health needs would be met there automatically.
- 3.13 The suicide prevention policy based on local practices was under review. Copies were found on all residential units and communal areas. Staff we spoke to, particularly residential officers, had a good knowledge of the protocols. Its content was mostly relevant, with a focus on the needs of prisoners in a high security prison. Specific issues about the particular risks of dangerous and severe personality disorder (DSPD) prisoners had been identified and were understood by staff but were not in the written policy but were intended to be included in its revision.
- 3.14 A safer prisons manager supported by a full-time safer prisons officer was responsible for ensuring that procedures to manage prisoners at risk from self-harm were properly implemented. They also acted as a central point for advice and guidance for staff.
- 3.15 Safer prisons meetings led by an operational manager monitored the implementation of the strategy at monthly meetings. Minutes showed that individual cases were discussed and the specific needs of prisoners were reviewed. A wide range of information was provided by the safer prisons team to help identify trends, patterns of behaviour and the circumstances surrounding individual incidents. A monthly suicide prevention report also provided useful information about the number and nature of incidents of self-harm, including the times and places they occurred.
- 3.16 Prisoners had 24-hour access to a well established Listener scheme. The scheme was explained to prisoners by the safer prisons officer during induction and was well publicised around the prison. There were 12 Listeners providing cover on a rota basis. Listeners and a Samaritan representative attended the safer prisons meetings and gave a detailed report of their work. There was a free direct line number for prisoners to contact the Samaritans by telephone during the day. Direct line Samaritans mobile telephones were also provided on all residential units but most could not get a signal. Staff said the telephones in the health care centre and on D wing worked and that prisoners could be taken there at night if they needed to speak to a Samaritan but this rarely happened. This was mitigated a little by the good access to Listeners.

- 3.17 Ninety-six ACCT documents had been opened in 2010, 30 fewer than in 2009. About 35% were opened for DSPD prisoners. Nine were open during the inspection. Case management arrangements through wing managers and the safer prisons team were reasonable but input from mental health team workers was inconsistent (see also section on health services). They did not often attend reviews and entries in ACCT documents did not give assurance that prisoners were always seen by mental health in-reach staff when they should have been. Support plans were usually prepared in consultation with the prisoner but some, particularly on the DSPD unit, were not always detailed enough, with the assumption that prisoners' needs would be dealt with through other case management arrangements. The quality of written entries was reasonable and many demonstrated an in-depth understanding of the individual circumstances and feelings of prisoners. Some, however, were perfunctory and did not reflect the good level of care and support provided. Care mapping did not always adequately address specific problems or circumstances.

Recommendations

- 3.18 **Managers should ensure the standard of support plans and care maps are of sufficient quality to identify and address any concerns.**
- 3.19 **Mental health professionals should consistently attend case reviews of prisoners on open assessment, care in custody and teamwork documents.**
- 3.20 **Prisoners should be able to contact the Samaritans by telephone at night.**

Applications and complaints

Expected outcomes:

Effective application and complaint procedures are in place, are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 3.21 The applications system was too complicated and the system for tracking them was ineffective. Most replies to complaints were prompt, polite and relevant but when a racist or bullying element was indicated, this was not always addressed. Quality assurance arrangements were good but there was little analysis of trends
- 3.22 There were numerous different application forms and some spur offices did not have them all in stock. The system for tracking applications was ineffective as the date of reply in application books was often left blank, making it difficult to establish whether or not a reply had been received or just not recorded. Over half of prisoners in our survey said applications were dealt with promptly and fairly.
- 3.23 About 2,000 complaints had been submitted in the previous six months, with property the main issue raised. Nearly all first stage complaints received a reply within three days. Replies were generally polite and dealt adequately with the issues raised, although replies to complaints indicating a racist or bullying element often failed to address this issue (see section on race equality). Other than for ethnicity, there was no further monitoring of complaints such as by wing or subject and no analysis to identify patterns or trends to be addressed.

- 3.24 Ten per cent of complaints were checked by the compliance department each month. The checks were recorded and any identified deficiencies were referred to functional heads to deal with. Functional heads had recently been instructed to feed back to the compliance department what action they had taken.
- 3.25 In our survey, more prisoners than the comparator said it was easy to see a member of the Independent Monitoring Board (IMB). Posters displayed in residential areas also detailed the work and contact details of the Prisons and Probation Ombudsman.

Recommendations

- 3.26 The applications system should be simplified and the timeliness of replies should be tracked.
- 3.27 Complaints data should be routinely analysed by type and location, monitored for diversity and any trends or issues reviewed and addressed by senior managers.

Housekeeping point

- 3.28 Where a prisoner indicates that a complaint has a racist or bullying element, this issue should be addressed in the reply.

Legal rights

Expected outcomes:

Prisoners are told about their legal rights during induction, and can freely exercise these rights while in prison.

- 3.29 Two trained legal services officers provided a good service. The library stocked a good range of legal text books and additional reference materials could be obtained from the internet. There were no private legal visits rooms.
- 3.30 Two uniformed library officers acted as legal services officers and had received the recently updated Prison Service legal services training. Prisoners on induction were told how to access legal services and could speak to the legal services officers during their library session or make an application to see them. The legal services officers dealt with about 30 enquiries a month and saw most prisoners within a few days of their application. They kept a list of local solicitors and could download and print up-to-date court forms on request. There was a good range of legal text books that could also be accessed from one of the two stand-alone computers in the library. Legal services officers could also obtain additional reference material from the internet.
- 3.31 The legal services officers kept a log of appellants and could support them through the appeal process. One prisoner said he had made more progress on preparing his case in the three weeks he had spent at Whitemoor than in the previous three months at another establishment.
- 3.32 In our survey, fewer prisoners than the comparator said it was easy to attend legal visits. These took place in the main visits hall and did not provided sufficient privacy.

Recommendation

- 3.33 Suitable facilities should be provided to allow private legal visits.

Faith and religious activity

Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall, care, support and resettlement.

- 3.34 The chaplaincy team provided weekly services for the main faiths and celebrated all the major religious festivals. Chaplains were well integrated into the life of the prison, maintained a visible presence in residential areas and provided prisoners with a good level of pastoral care.
- 3.35 The chaplaincy team was lead by the Muslim chaplain, who was supported by a full-time Anglican chaplain, a full-time free church chaplain, two part-time Roman Catholic chaplains, a part-time Muslim chaplain and a number of sessional chaplains covering other faiths and Christian denominations. The chaplaincy team worked closely together. The core team met weekly and there were quarterly meetings for the whole team including sessional chaplains. They provided a full range of weekly services for the main faiths and promoted and celebrated all major religious festivals. Subject to risk assessment, prisoners in segregation were able to attend religious services with others. The main chapel was used for Christian services, a workshop area had been converted into a mosque for Friday prayers and a separate multi-faith room next to the chapel was used for other faiths. All the areas were clean and suitably equipped.
- 3.36 In addition to weekly services, chaplains ran a number of faith-based classes and courses, including the Sycamore Tree victim awareness course and a living with loss course. The Muslim chaplain had developed three accredited restorative justice courses based on the Islamic faith, the first of which had recently started. There had been no recent death in custody but procedures were in place to ensure that chaplains were contacted immediately if a prisoner died or was suffering from a life-limiting illness. The chaplaincy team was the first point of contact if a relative died and acted as the contact point between family, prisoner and prison.
- 3.37 Chaplains saw all new arrivals individually during induction to explain the work of the chaplaincy team and help identify any immediate concerns. Prisoners could not visit the chapel without prior arrangement but the chaplaincy team visited residential areas daily so were visible and available to prisoners. Chaplains made frequent entries in prisoners' history sheets demonstrating a good knowledge of prisoners. A lot of each chaplain's time was taken up providing pastoral support for prisoners and their families. When chaplains had knowledge of a particular prisoner, they contributed to reports and sentence planning boards. Chaplains were well integrated into the life of the prison and described good working relationships with managers. They regularly attended and contributed to a range of meetings. The prison was fairly isolated but chaplains had formed good links with local schools and churches and to the Islamic Foundation. The team also managed the prison visitor scheme.

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

3.38 The integrated drug treatment system had not been introduced and there were no treatment programmes for prisoners receiving opiate detoxification. Mandatory drug testing figures were low and significantly reduced since the last inspection. Prisoners reported relatively little availability of illegal drugs but there was some intermittent heroin use and diversion of medication. Supply and demand reduction initiatives lacked full integration.

Clinical management

- 3.39 Whitemoor did not accept prisoners receiving opiate substitute treatment and only symptom relief medication was available to those needing detoxification. Six prisoners were known to have relapsed while at Whitemoor and had asked for treatment but this was regarded as an underestimate of need.
- 3.40 The integrated drug treatment system (IDTS) was due to be implemented and the prison had furnished a new pharmacy and treatment rooms on each of the wings. Clinical management protocols had been developed but did not include provision for prescribing the opiate blocker naltrexone. An experienced band 7 clinical lead nurse was already in post and two band 6 nurses, one with dual diagnosis expertise, had been appointed. Security clearance had delayed their start date. There were vacancies for another two nurse posts. A specialist GP was already available if needed and the new health care contract made provision for two specialists.
- 3.41 Joint working protocols were in place and joint care coordination between the IDTS lead, the mental health in-reach team and the counselling, assessment, referral, advice and throughcare (CARAT) service had already been established through multi-agency meetings and cross referrals.

Housekeeping point

- 3.42 Clinical management protocols should include provision for prescribing the opiate blocker naltrexone.

Drug testing

- 3.43 In January 2011, the year-to-date random mandatory drug testing (MDT) positive rate stood at 1.9% against a target of 4.5%. This equated to four prisoners but three more had refused testing. Nevertheless, this was a significant reduction from 5.6% at the last inspection. The prison also conducted frequent, reception, risk and suspicion testing. Since April 2010, 51 suspicion tests had been completed but the positive rate was only 13.7%. The reasons for this low rate included a shortage of MDT officers but this had been addressed. The level of refusals

and diluted tests was also high and some (diverted) prescription drugs did not register under MDT.

- 3.44 The MDT programme was staffed by two designated officers who were now part of the security group. An administrator collated figures for both MDT and compact-based drug testing and the scheme was well monitored. Testing facilities lacked ventilation but air conditioning was being installed. MDT results and finds pointed to heroin as the main drug of use alongside opiate-based analgesics. There had also been a considerable number of hooch finds and some anabolic steroid use had been reported. In our survey, 16% of prisoners, fewer than the comparator with other high security prisons, said it was easy to get illegal drugs and this was a substantial drop from 39% in 2008.
- 3.45 While MDT officers attended drug strategy meetings, senior representatives from the security department did not and there was insufficient information sharing between departments. Despite the apparent reduction in the availability of drugs, there was no detailed supply reduction action plan.

Recommendation

- 3.46 A supply reduction strategy should be developed and implemented and imbedded in the wider prison drug and alcohol strategy.

Housekeeping point

- 3.47 A senior manager from the security department should attend drug strategy meetings to help improve integration between supply and demand initiatives.

Section 4: Diversity

Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities. Multiple diversity needs should be recognised and met.

- 4.1 Overall, the perceptions in our survey of prisoners from minority groups were worse than from the prison as a whole, and our own observations appeared to bear out these concerns in some cases. The prison had identified structures and processes to tackle them. Diversity management structures were sound but there was a lack of engagement with minority groups, particularly with black and minority ethnic and Muslim prisoners. The diversity and race equality action team meeting was well attended and issues were followed up. The diversity team had a reasonably high profile. Prisoner representatives did some good work but their role was not well advertised. Too few staff appeared to understand the different cultural and religious backgrounds of the prison's diverse population and the implications for their interaction with them.
- 4.2 There were adequate policies covering most diversity strands apart from sexual orientation. A recently formed diversity team consisted of a head of decency, a full-time diversity manager, race equality officer and administrative officer and a part-time disability liaison officer. The team had a reasonably high profile and most prisoners said they trusted diversity staff, although they had less faith in their ability to influence the wider staff group.
- 4.3 There were 12 prisoner representatives for different diversity strands, soon to expand to 14 with the appointment of representatives for Travellers and gay/bisexual prisoners. Most had regular meetings with one or more of the diversity team each month. We spoke to some representatives who actively represented the views of other prisoners but not everyone knew who they were and their role was not well promoted or publicised (see section on foreign nationals). A number of staff diversity representatives had also been appointed across the wings but this role was less well established.
- 4.4 Structures to manage diversity were generally sound, but there was a lack of structured and consistent engagement with black and minority ethnic and Muslim prisoners. Diversity group meetings had been introduced on wings to increase communication between staff and the wider group of prisoners but few had taken place and they focused on practical wing matters rather than diversity issues and the need to improve understanding between staff and prisoners. The diversity and race equality action team (DREAT) meeting was very well attended and included prisoner representatives every two months. Action points were generally followed up systematically and concerns were discussed (see section on race equality).
- 4.5 Only 46% of staff had received the 'challenge it, change it' diversity training. New staff had attended a faith awareness course delivered by the Muslim chaplain. A training programme to build knowledge and skills for the prisoner and staff diversity representatives had not been delivered in the previous year.

Recommendations

- 4.6 Prisoners should be aware of the role and identity of the prisoner and staff diversity representatives, who should have the information and resources necessary to keep prisoners properly informed of diversity team initiatives.
- 4.7 Staff training and development strategies should ensure all staff have the confidence and knowledge to interact effectively and respectfully with all prisoners, whatever their religious or cultural background.

Race equality

- 4.8 Black and minority ethnic prisoners were more negative about the prison than others and had little confidence in staff. Ethnic monitoring was discussed and acted on but was not sufficiently comprehensive to cover areas of concern to prisoners. Racist incidents were well investigated and tended to identify serious issues but some replies took too long. General complaints identifying diversity needs were not sufficiently analysed. Equality impact assessments had led to some meaningful changes. Regular events were held to promote equality. There was limited external community involvement in the prison's diversity team.
- 4.9 In our survey, black and minority ethnic prisoners reported more negatively across a range of key questions, including whether they were treated with respect by most staff or had been victimised by a member of staff. Group discussions with black and minority ethnic prisoners indicated that a number believed staff were culturally unaware and could be casually offensive. Others were adamant that there was discrimination in areas such as allocation to the better jobs. Ethnic monitoring covered Prison Service mandatory areas but there was no routine monitoring of work allocation.
- 4.10 Ethnic monitoring was discussed at DREAT meetings and discrepancies were discussed. Some issues were examined in more depth by commissioning equality impact assessments (EIAs), including one on the incentives and earned privileges scheme when monitoring had highlighted consistently fewer black and minority ethnic prisoners on the enhanced level. As a result, the warning system had been changed to ensure staff now engaged with prisoners in person about these, and the number of black and minority ethnic prisoners on the enhanced level had come back into range for the first time in several months.

Managing racist incidents

- 4.11 There had been a significant reduction in the number of submitted racist incident report forms (RIRFs), with 45 submitted in the previous six months compared to 90 in the six months before the last inspection. The reason was unclear but managers believed it was mainly because prisoner representatives helped prisoners resolve issues informally and staff had been instructed not to submit RIRFs simply because they had been accused of racism. The RIRFs we looked at tended to identify serious issues, including use of racist language by staff. Some had resulted in formal investigations of staff and one of the two in our sample had received a final written warning.
- 4.12 RIRFs were well investigated by the race equality officer (REO) but there was often a long delay between the completion of the investigation and the prisoner receiving a reply from the governor. One prisoner had been waiting seven weeks since the investigation had been

completed. Complaints were regularly upheld, although occasional grudging replies did not always make clear that this had been the case. A representative from Peterborough Race Equality Council quality checked a sample of RIRFs. A number of the RIRFs in our sample had been submitted by Muslim prisoners, suggesting a need for better communication with this group of prisoners.

- 4.13 RIRFs and any emerging patterns were discussed at the DREAT meetings. While general complaints identifying a racist aspect were forwarded and logged by the REO, they were not subject to analysis that could have identified meaningful trends (see section on complaints). Complaints identifying other diversity needs were not routinely copied to the diversity manager.

Race equality duty

- 4.14 EIAs had been completed on a number of areas, often in response to concerns raised through ethnic monitoring or the DREAT. Some included wide consultation through questionnaires distributed by prisoner representatives and had led to meaningful changes but others were more perfunctory and it was not obvious if they had led to changes in policy or practice.
- 4.15 Regular events were held to promote equality. Black History month had included talks by an outside speaker on black history and self awareness, a poetry recital by a black poet and a poetry competition for prisoners. An informative quarterly newsletter circulated on residential wings and staff areas also promoted awareness of equality issues and listed important religious and cultural festivals.
- 4.16 A service level agreement with Peterborough Race Equality Council entailed regular visits to the prison, although the representative had attended few DREAT meetings. There was little evidence of other forms of community engagement, although the prison had a place on the Fenland Equality Council and efforts were being made to increase understanding of the needs of Gypsy/Romany/Traveller prisoners.

Recommendations

- 4.17 **Racist incident and general complaints identifying a racial aspect should be systematically analysed and, where appropriate, actioned by members of the diversity team.**
- 4.18 **Engagement with community organisations to promote race equality should be expanded.**
- 4.19 **Ethnic monitoring should be broadened to cover allocation to activities and specific jobs.**

Housekeeping point

- 4.20 Prisoners should receive prompt final replies to racist incident report forms.

Religion

- 4.21 Muslim prisoners were more negative than non-Muslims about a range of issues, particularly treatment by staff. They said many staff did not know how to relate to them without resorting to assumptions about extremism. Faith awareness sessions were reaching only new staff. There were some tensions between Muslim prisoners and other prisoners but few initiatives to increase understanding between Muslim and non-Muslim prisoners and staff. Jewish prisoners following a kosher diet received inadequate lunches.
- 4.22 The main concerns around religious discrimination centred on the treatment of Muslim prisoners. Muslims comprised about a third of the prison population and most were from black and minority ethnic groups. In our survey, they reported significantly more negatively across a number of areas, often to the same questions as black and minority ethnic prisoners. However, their responses were in some respects more starkly negative. Less than half (49%) said most staff treated them with respect compared to 71% of non-Muslims and 40% compared to just 3% of non-Muslims said they had been victimised by a member of staff because of their religious beliefs. There was no monitoring by religion.
- 4.23 In a group interview, Muslim prisoners insisted that poor treatment was primarily due to their religious identity. They said many staff did not know how to relate to them without resorting to assumptions about extremism. Examples given of discrimination, such as inappropriate banning from Friday prayers and prejudicial comments made in history sheets, were reflected in racist complaints against staff that were ultimately upheld. Conversely, some non-Muslim prisoners felt Muslims were an intimidating group, although there was little objective evidence of this. An EIA in June 2010 prompted by concerns over the overrepresentation of white prisoners in the segregation unit concluded that this was to a large extent due to white prisoners requesting moves for their own protection and citing concerns about intimidation by Muslim prisoners. However, Muslim prisoners told us they believed that making false claims about such intimidation was a well known means of obtaining transfers. The fact that black and minority ethnic prisoners were now overrepresented in segregation was ascribed to a number of long-term prisoners skewing the figures. Communication between Muslim and non-Muslim prisoners and staff had not been systematically tackled through facilitated group discussions (see section on diversity).
- 4.24 A Muslim prisoner guidance leaflet for staff was in draft form but was a fairly basic tool that could do little on its own to address evident problems of communication and understanding. The Muslim chaplain had developed a new three-part education programme accredited by the Open College Network to encourage discussion and develop 'mature faith' among Muslim prisoners. Each section consisted of nine sessions. It had not yet been delivered but looked like a promising way of increasing understanding. He also delivered a faith awareness course to new staff but this did not reach the vast majority of existing staff (see section on diversity).
- 4.25 There were eight Jewish prisoners following a kosher diet. The prison could order a reasonable variety of 20 different evening meals from a kosher supplier but prisoners could not choose which meal they had. They were given bread and salad every day for lunch. Until recently, they had not had a kosher dessert but were now offered fruit.

Recommendations

- 4.26 **There should be monitoring and analysis of treatment of prisoners by religion and action taken to deal with any identified disparities.**

- 4.27 Jewish prisoners following a kosher diet should receive adequate meals equivalent to other prisoners.

Foreign nationals

- 4.28 Foreign national prisoner support structures were reasonably good and the diversity manager actively assisted individual prisoners. The foreign national prisoner representatives did useful work but were not given sufficient information. Translated information was not well distributed and the telephone interpreting service was insufficiently used to support men who did not speak and understand English. Immigration surgeries were held but there was no independent immigration advice.
- 4.29 About a fifth of prisoners were foreign nationals and support structures were reasonably good. The diversity manager coordinated most work with them and held monthly committee meetings, which included active and enthusiastic foreign national prisoner representatives. The meetings systematically followed up issues and reported on progress. Some useful initiatives included a foreign national visits day when photographs had been taken and DVDs recorded for families. Free telephone calls were provided but only for those who did not receive visits.
- 4.30 The foreign national prisoner representatives did some good work to support prisoners and liaised with staff about their concerns. However, they were not yet used to their full potential in that they had not been issued with the foreign national prisoner information booklet put together by the diversity team but not distributed and felt that communication with the diversity manager could have been more regular. There was also an informative foreign national policy and a separate information document for staff but neither had been distributed (see also section on diversity).
- 4.31 The telephone interpretation service had been used 24 times in the previous six months and 38 times in the six months before that. Managers had identified a lack of staff confidence in using the service and had asked the provider to give some staff training. So far, this had been delivered to about 30 staff. A record was kept of the language abilities of all foreign nationals and this was available to all staff. A separate log of staff and prisoner interpreters was not widely used. Some useful information had been translated, including some well-presented basic phrase booklets in five languages, but it was unclear how widely this was used.
- 4.32 Immigration staff visited every quarter and saw up to 20 prisoners each time. The surgeries were considered helpful by prisoners we spoke to but were not properly advertised even to foreign national representatives. There was no routine advertised access to independent immigration advice.

Recommendations

- 4.33 The needs of men who do not speak or understand English well should be better met by ensuring that translated information is systematically distributed according to need and telephone interpreting services are used routinely by residential staff.
- 4.34 Foreign national prisoners with family abroad should receive a free monthly telephone call irrespective of whether they have had a visit.
- 4.35 Prisoners should be helped to obtain independent immigration advice where necessary.

Housekeeping point

- 4.36 Training in the professional telephone interpreting service should be delivered to all front line staff.

Disability and older prisoners

4.37 Work with older prisoners and those with disabilities was underdeveloped but improving. Individual needs were not systematically identified. A disability survey had been completed and the results were being acted on. Prisoners with mobility difficulties were not well enough supported. Pay arrangements for those unable to work were inadequate. There was no care planning or personal emergency evacuation plans. Older prisoners had a dedicated spur.

4.38 Work with older prisoners and those with disabilities was underdeveloped but improving. In our survey, 23% of prisoners and half of those on D wing described themselves as having a disability. A system for identifying prisoners with self-declared disabilities and informing the disability liaison officer (DLO) was not always followed by reception staff and the DLO had received only three notifications from among 30 new arrivals in the previous two months. Individual needs for existing prisoners were not systematically identified or met but a useful disability survey had elicited 82 responses and the DLO was following up issues raised. Most related to relatively low level problems such as back ache and the DLO was obtaining bed boards for a number of prisoners. In cases of less visible disability, such as dyslexia, prisoners had been referred for education assessments.

4.39 There were two wheelchair users who had experienced inconsistent support at best. Both said they had missed health care appointments because some officers said they had not been trained to push wheelchairs. Both referred to disrespectful and insensitive treatment by wing staff, including derogatory comments about feigning disability if they attempted to do without their wheelchairs. One had an unofficial unpaid carer who helped him clean his cell and collect his meals but there was no official system to assess a prisoner's need for such help. Staff were unaware of any care planning system and none of the prisoners we spoke to had a care plan. There were no personal emergency evacuation plans. Prisoners unable to work because of illness or disability were left unlocked when other prisoners were at work but were paid only £3.25 a week out of which they had to pay £1 for the television, leaving them with only £2.25.

4.40 There was no central list of older prisoners, although some support was provided. A spur on the ground floor of C wing was used solely for older prisoners and contained a popular dedicated activity and association room that was well managed by the older prisoner diversity representative. Prisoners on the spur appreciated being on the unit and a further four or five prisoners were on the waiting list for a place. There was also a gym session for older prisoners.

Recommendations

- 4.41 The governor should ensure that staff understand their duties in relation to pushing wheelchairs for which no training is required.
- 4.42 Prisoners with disabilities and those over retirement age who need them should have multidisciplinary care plans and personal emergency evacuation plans. They should be involved in the development and review of these plans, which should set out how

reasonable adjustments and other specific needs will be met, including formal paid social care.

- 4.43 Pay rates for prisoners who cannot work because of illness or disability should be increased.

Sexual orientation

4.44 There was little systematic support for gay, bisexual or transgender prisoners but some work was under way.

- 4.45 In our survey, 6% of prisoners and 33% of those on D wing said they were gay or bisexual. There was little organised support for this group, although their needs were beginning to be recognised. The Terence Higgins Trust had recently been contacted and prisoners were to be given access to a confidential helpline run by the Trust. Lesbian, gay, bisexual and transsexual month had also recently been marked with displays around the prison.

Recommendation

- 4.46 A policy should be developed that systematically outlines the needs of transgender, gay and bisexual prisoners and how they will be met.

Section 5: Health services

Expected outcomes:

Prisoners should be cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive in the community.

5.1 Primary care services provided a wide range of clinical support but there were long delays in accessing services such as dentistry and optometry. Mental health services were understaffed and overburdened. Health staff were professional but concerned about long-standing staff shortages. The inpatient unit had improved dramatically and only prisoners with a clinical diagnosis were placed there. Despite some prisoners' perception, external NHS appointments were well managed and there were no extensive waiting lists for community health services.

General

- 5.2 Primary care health services were commissioned by the Cambridgeshire Primary Care Trust (PCT) and delivered by prison staff. Mental health services were delivered by the Cambridgeshire and Peterborough NHS Foundation Trust. Relationships between the prison and the PCT were good and supported by the bimonthly prison health care partnership board and other health-related meetings. The governor and head of health care had worked effectively together and maintained regular dialogue with external agencies. The relationship between health care and other prison areas was very good and there was some excellent joint working between health care and other prison departments. This included the collaboration between health care and estates in managing the extensive modernisation of the health care centre. Work was also under way to introduce telemedicine in conjunction with external health providers. A health needs analysis (HNA) had been completed in 2007 and a prison health development plan for 2009-11 was in place. A new HNA had been commissioned by the PCT.
- 5.3 The health care environment had been refurbished to a high standard and in most areas met the infection control audit requirements made in 2010. The head of health care had successfully bid for funding from the Kings Fund for new facilities and additional funding from Health and Social Care in Criminal Justice also supported improvements. There were several consulting rooms and offices. The x-ray room was just about to be upgraded. The outpatient waiting area was very modern and mirrored community provision. The nine-bed inpatient unit was very clean and had been decorated by a prisoner. However, the health care areas in reception and the close supervision centre were unfit for purpose and poorly equipped.
- 5.4 The refurbishment of all wing treatment rooms was almost complete apart from the installation of SystemOne. Some infection control guidelines were awaiting implementation but temporary measures were in place. All rooms contained a health communication pack to support dialogue with prisoners who did not speak English. Once the refurbishment was complete, more one-to-one health care such as smoking cessation would be delivered on the wings.
- 5.5 A senior nurse was responsible for health promotion and, although relatively new in post, had made an impressive start. Health care notice boards were located outside all treatment rooms and focused on different aspects of health promotion. Current NHS health campaigns were mirrored in the prison and good links with the gym and catering department helped promote

healthy living. Prisoners had been surveyed to determine areas of concern to them. Another nurse was responsible for older prisoners and those with disabilities.

Recommendation

- 5.6 The health care rooms in reception and the close supervision centre should be refurbished to meet NHS standards.

Clinical governance

- 5.7 The head of health care was a member of the senior management team and chaired the internal clinical governance meeting involving departmental heads.
- 5.8 The small nursing team provided 24-hour cover. The head of healthcare was a band 8 registered nurse (RN) with extensive experience. She had been at Whitemoor for six years and head of health care for three. The RN establishment was 12.6 whole time equivalents (WTE) and there were six RN vacancies. Regular agency nurses bridged the gap but there were not enough RNs to support health services. Staff shortages meant there had not been any formal staff meetings for all health care staff for some time. Support workers included seven officers, four health care officers (HCOs) with NVQ level 3 in health and social care, three discipline officers and one health care assistant also with NVQ level 3 in care. The HCOs ran clinics including phlebotomy and smoking cessation. Nursing staff held a good range of additional professional qualifications including diabetic nursing. Professional training such as asthma management was fully supported with regular in-house professional topics. Clinical supervision was encouraged and facilitated. Administrative support was provided by two full-time administrators. Recruitment to fill a third post was under way.
- 5.9 GP services were provided by directly employed locums who provided good continuity. There were 10 GP sessions a week on weekdays. A private medical company, Medacs, had been awarded the GP contract from March 2011. Out-of-hours medical cover was through the local NHS CAMDOC system.
- 5.10 Specialist medical equipment and occupational therapy services were available through the PCT.
- 5.11 All resuscitation equipment was managed by one of the HCOs who also provided defibrillator training for all health and some prison staff in accordance with guidelines from the UK Resuscitation Council. All health care staff were up to date for resuscitation training. Lists of discipline officers who had completed training were held on all wings. Defibrillators were on all wings and in health care. We were told that all night staff had completed first aid training.
- 5.12 Clinical records were held on SystmOne and all health care staff had been trained in its use. Records were well written and appropriate and care plans were in place where appropriate. A locked room in health care was used to store paper clinical records. Confidentiality consent to share information was requested from prisoners when needed.
- 5.13 A senior health care officer managed the patient forum, which included operational managers and selected clinicians and met regularly with prisoners to discuss health concerns. There had been a good response from prisoners to attend the forum. Complaints about health matters were initially logged by the health care administrative team before being passed to the relevant health professional. Prisoners who were unhappy with their response could access the patient advice and liaison service.

- 5.14 There were good links with local the health protection agency and PCT communicable disease department.

Recommendation

- 5.15 **A comprehensive staff skills mix for all health services should be undertaken to ensure sufficient and appropriately qualified nursing staff are in place to provide a comprehensive 24-hour health service to prisoners. Special attention should be paid to mental health services.**

Primary care

- 5.16 All new arrivals were seen in reception and given a basic health screen but the condition and lack of facilities of the room meant it was not possible to undertake a clinical examination. Prisoners were offered the opportunity to see the GP and those with identified health issues or on medication were routinely seen by the GP in health care the next day. New arrivals were given verbal information and a booklet outlining health services in the prison.
- 5.17 Once on the wings, access to health services was by application. Secure health care boxes were on all wings and emptied daily by health care staff. Nurses dealt immediately with issues such as requests for minor medication and any that could not be dealt with were taken back to health care administrative staff, who managed appointments for in-house and visiting health professionals. Prisoners were given the day of their appointment in a sealed envelope delivered by wing staff. Wing staff and regime monitoring also had lists of prisoners attending health care each day. Prisoners were called to health care at 9am but did not have timed appointments so some had long waits to see the health professional.
- 5.18 RNs were allocated to named wings and visited daily to administer medications and carry out initial triage using adapted triage algorithms. Algorithms were under review by the PCT. Prisoners reporting sick were logged into a register and entered on SystmOne when nurses returned to health care. Prisoners in the close supervision centre and the segregation unit were seen regularly by doctors and daily by nursing staff, while those in the DSPD unit could see a primary care RN every day. A PCT community diabetic nurse came into the prison every month to work with diabetic patients and a nominated health worker. Overall, the management of prisoners with chronic disease was very good.
- 5.19 New contractual arrangements for the dentist, optician, podiatrist and GPs were due to start soon. Waiting lists for the optician and dentist were too long but the new contract allowed for extra clinics to reduce waiting times and these had been planned. GP waiting lists were within guidelines. Prisoners were normally seen within five days and any with acute health issues were seen the same day. The different categories of prisoner meant some could not be in health care at the same time as others so creative thinking was needed to ensure waiting lists for in-house services such as the optician did not become excessive.
- 5.20 A genito-urinary medicine consultant held monthly clinics. Despite a new policy allowing condoms this had not been implemented because of Prison Officer Association (POA) objectives and prisoners were unable to obtain condoms regardless of the risk to public health. Chlamydia screening was offered to all those under 25 and there were good links with specialist hospitals to support the management of prisoners with HIV. Immunisation from Hepatitis B and MMR was offered where appropriate.
- 5.21 Other visiting health professionals included a physiotherapist and an orthopaedic specialist.

Recommendation

- 5.22 Condoms should be freely available to prisoners.

Housekeeping point

- 5.23 Escort arrangements should ensure that prisoners do not have to wait in health care for long periods of time.

Pharmacy

- 5.24 Pharmacy services were provided by an interim pharmacy and the service was supply only. There were no dedicated pharmacy staff so nursing staff were responsible for the management of pharmacy items and the distribution of in possession medication. This took nurses away from more appropriate tasks and meant that faxed pharmacy requisitions were not checked by a pharmacist.
- 5.25 Medicines were transported to treatment rooms by nurses and returned to health care after distribution. This would change when the refurbishment of treatment rooms was complete. Controlled drugs were managed appropriately. Thermolabile products were not always held correctly and some staff were unsure how to record drug fridge temperatures.
- 5.26 All prisoners receiving in possession medication were subject to a comprehensive risk assessment reviewed every six months. Medicines were administered on the wings at 8am, noon, 5pm and 9pm. Patient group directions allowed nurses to give prisoners 16 tablets of Panadol and 12 of Ibuprofen in possession. This was recorded on wing registers and individual medicine and administration charts. Some simple medicines were available from the shop. Prisoners could access medication out of hours only through the out-of-hours GP service. Nurses were also able to administer medicines from the stock cupboard where prescribed. Stock management appeared satisfactory, with stock issued against the prescription. Prescribing was appropriate to the population. The medicines and therapeutics committee met monthly, attended by the provider pharmacist but not the PCT.

Recommendation

- 5.27 Prisoners should be able to access a pharmacy service supported by professional pharmacy staff. The pharmacist should make monthly visits to check systems in place, make random checks of faxed prescriptions and provide face-to-face interaction with prisoners, including pharmacy-led clinics and medicine use reviews.

Housekeeping points

- 5.28 Patient group directions should be reviewed to allow the administration of more potent medicines by nurses and pharmacy staff.
- 5.29 The medicines and therapeutics committee should hold meaningful meetings with all stakeholders present, including the primary care trust.
- 5.30 Fridge temperatures should be checked regularly to ensure that thermolabile products are stored appropriately.

Dentistry

- 5.31 Dental care was provided through Weymouth Dental Prison Services. A dentist and a dental surgery assistant were contracted to provide two sessions a week with an extra session each month. Normally, up to seven patients were seen at each session, including existing or new patients or those requiring emergency treatment. Out-of-hours procedures and policies were in place and dental staff registration details and training requirements were managed by the company.
- 5.32 The dental surgery had not been inspected by the PCT for three years and was due to be inspected before a change in contract. The surgery was modern and well equipped, with appropriate storage for equipment and a proper system for the accountability of dental instruments. Cross-infection control was satisfactory and additional space for decontamination was being considered to comply with NHS regulations. Clinical and hazardous waste was managed appropriately. Resuscitation equipment was readily available nearby.
- 5.33 Appointments were managed by administrative staff and monitored regularly. There were 78 prisoners on the waiting list, which included those waiting for appointments for ongoing treatment. The longest wait was up to 21 weeks but the average wait was 10 to 11 weeks. Emergencies were seen at the next available session. A new dental contract due to start in March included extra sessions to reduce the waiting list. The non-attendance rate was low at 4%.
- 5.34 Healthcare staff triaged dental patients using an acknowledged algorithm. A full range of treatment was offered to all patients. Oral health promotion was available on request. Communication between the dental and health care team was very good. Dental records were generally good but treatment plans were not used.

Recommendation

- 5.35 Sufficient dental sessions should be provided to ensure acceptable waiting lists for treatment.

Inpatients

- 5.36 Efforts were made to care for prisoners in the prison community where possible and there were currently no inpatients. The unit was also used as a respite resource for prisoners with long-term conditions who needed extra support from time to time. The unit was staffed by nurses and officers and the system worked well. We were told that inpatients had a good regime that normally allowed lengthy periods out of cell. Where possible, particularly given the different categories of prisoner, men were encouraged to associate and if appropriate attend the gym or education. The Independent Monitoring Board, chaplaincy and education visited regularly when required.

Secondary care

- 5.37 Secondary care was managed between health care administrators and population management. GP referrals to local NHS establishments were faxed to the appropriate hospital and the hospital outpatient department liaised directly with population management to arrange

the appointment. A database of all NHS appointments was held but with restricted access. There was no evidence of significant delays in accessing external NHS appointments.

Mental health

- 5.38 Primary and secondary mental health services were severely stretched because of staff shortages in both teams. Health care staff managed prisoners with primary mental health needs. The Cambridgeshire and Peterborough Foundation Mental Health Trust provided secondary services as well as mental health services to HMPs Peterborough and Littlehey. Both services were very short staffed and under great pressure. There was only one part-time registered mental health nurse (RMN) on the prison primary team and an agency RMN. Secondary services were covered by one band 7 community psychiatric nurse (CPN) who spent three days at Whitemoor and another band 7 who spent one day. The CPN was supported by the in-reach team leader who was a psychotherapist. Other mental health practitioners included six CPNs, administrators and a forensic psychiatrist who held two sessions at Whitemoor a week. There was no occupational therapist. There had been significant staff turnover in the mental health trust due to sickness and resignations but recruitment was under way to address the shortfalls. Given the significant staffing issues, the work done by primary and secondary mental health nurses to care for the high number of prisoners requiring mental health support on the wings and the close supervision centre (CSC) was praiseworthy.
- 5.39 Twenty-five prisoners were being seen by the mental health in-reach team (MHIRT).
- 5.40 The CPN accepted all referrals from across the prison, including prison staff, but not self-referrals. Where possible, referrals were seen by the CPN within seven days. Wing and other relevant staff were involved in the prisoner's care plan and ongoing management. Prisoners needing only low level support were referred to the primary RMN or the chaplaincy. Cases were reviewed monthly but this was intended to be weekly when staffing improved. Most prisoners were managed by the CPN with the support from the psychiatrist where necessary. Only one prisoner had been transferred to a medium secure unit in the last quarter and another was awaiting assessment. There were no day care facilities but future sessions were planned and would include anger management courses.
- 5.41 Wherever possible given the staffing situation, the CPN attended assessment, care in custody and teamwork and segregation reviews and otherwise submitted a verbal or written update but was often unable to do so (see section on self-harm and suicide). Regular reviews were held of prisoners held in the CSC. Relationships with other prison departments appeared good and there were very good links with the safer prisons team, discharge planning and multi-agency public protection agency meetings.

Dangerous and severe personality disorder (DSPD) unit

- 5.42 Mental health provision on the DSPD unit was the responsibility of the same MHIRT. Staffing levels were also low there supported by regular agency nurses. A full-time band 7 RMN and three band 6 RMNs supported up to 60 prisoners. The nurses were line managed by the team leader and clinical supervision was provided in house. Nurses were supported by a part-time forensic psychiatrist, psychologists and therapists. All new arrivals on the wing underwent a general health assessment and, if necessary, referred to the wider health services. Medications were administered three times a day by DSPD nurses and at night by health care nurses. Most prisoners were on numerous medications and had to be supervised during administration, making the process very lengthy. Nurses said discipline staff did not always

supervise medication as required. Mental health awareness training for prison staff was not regularly delivered.

Recommendations

- 5.43 Day care services should be provided for prisoners who need additional therapeutic support for emotional, behavioural and mental health problems.
- 5.44 Discipline staff should supervise all administration of medicines and support health staff to ensure that there is no diversion of medication.
- 5.45 Mental health awareness training should be encouraged and accessible to all staff, particularly discipline staff, who have contact with prisoners.

Section 6: Activities

Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities. Sufficient purposeful activity is available for the total prisoner population.

6.1 Leadership and management of learning and skills and work activities were satisfactory. Although there were enough activity places for all prisoners, too many jobs, such as wing cleaners and orderlies, did not fully occupy prisoners during the day. There was an appropriate range of vocational training courses but the range of education courses was too narrow to meet the needs of all prisoners and staff shortages hampered improvements. Education staff from Milton Keynes College supported learners to help them improve their literacy, numeracy and language skills. Over 170 prisoners were in education, mainly part time. Teaching and individual coaching in education and on vocational courses were good, as were achievements. There were processes to ensure fair access to work and education activities, although pay scales were confusing and too complex. The library was satisfactory and learners had appropriate access.

Leadership and management

- 6.2 Leadership and management of learning and skills were satisfactory. Day-to-day management of education was satisfactory and a recently appointed manager had started to implement improvements, although these were yet to impact on the provision. There were not enough staff to be able to improve the narrow range of courses on offer in education. Some new staff had recently been employed but long delays in security clearance meant they had not yet been able to start work. The prison had a good working relationship with its learning and skills providers.
- 6.3 Quality assurance arrangements were satisfactory but there was insufficient sharing of best practice. There was too much discussion of operational matters and not enough focus on improvements at the regular quality improvement group (QIG) meetings. The introduction of teaching and learning observations in education had begun to bring benefits, although some observation reports lacked detail. Few observations of teaching or individual coaching had been undertaken in vocational training areas. Self-assessment was satisfactory and individual contractors contributed to an overall self-assessment report. The use of data was satisfactory, as were the arrangements for assessments and verification.
- 6.4 Punctuality at work, vocational training and education classes was poor, with some prisoners arriving up to 25 minutes after their activity was supposed to begin. The poor sequencing of other regime activities such as PE also meant prisoners left early and disrupted the activity.
- 6.5 The promotion of the safeguarding of learners was satisfactory. Posters about safeguarding on display gave clear instructions on reporting and recording concerns. All learning and skills staff had been appropriately vetted with Criminal Records Bureau checks and staff were able to

recognise and deal appropriately with vulnerable adults. Equality and diversity were also promoted and prisoners' ethnicity and disabilities were monitored to ensure fair and equitable access to learning and skills. However, the prisoner pay structure was complex and confusing for prisoners and staff and there was the potential that it could exclude prisoners from education or training. Relationships between staff and learners were mostly positive and respectful.

Recommendations

- 6.6 A wider range of education courses should be introduced to meet the needs and abilities of prisoners.
- 6.7 The prison should continue to develop and improve the quality improvement arrangements across all learning and skills provision.
- 6.8 Prisoners should arrive on time for work, education and training sessions.
- 6.9 The sequencing of regime activities should be improved to ensure less disruption to classes and work.
- 6.10 The pay structure should be reviewed and clarified to ensure prisoners understand it and are not disadvantaged from participating in education or vocational training.

Induction

- 6.11 All new arrivals were given a thorough induction to education, work and vocational training opportunities during their first few days. This was run by staff from Milton Keynes College and Tribal, the careers information advice service (CIAS) provider. All prisoners had an initial screening of their literacy, numeracy and language needs by Milton Keynes College. Tribal provided good information and guidance on the range of education, vocational training and work opportunities available and prisoners were also given a well-produced information booklet. The Tribal adviser was not able to access sentence plans to inform the action planning process with prisoners but this was rectified during the inspection. Prisoners had a full and thorough induction to physical education (PE) and the library. Most prisoners were allocated a job or education place within the first few weeks of arrival.

Work

- 6.12 The prison provided enough activity places for all prisoners, including 132 part-time education places. Prisoners were allocated to work and other activities at a weekly labour allocations board. The board was well informed through appropriate security risk assessments, sentence plans and literacy and numeracy test results. However, there were 22 unemployed prisoners and little appeared to be done to encourage them into work.
- 6.13 There were work opportunities in areas such as the kitchen, plastic waste recycling, laundry, Prisons ICT Academy (PICTA), ICT, computer recycling, wing cleaning, orderlies and painting. Vocational qualifications were available in the laundry, PICTA workshop, industrial cleaning and ICT. Most work kept prisoners appropriately engaged, although most wing cleaners and orderlies were employed purposefully for only a few hours each day.

Housekeeping point

- 6.14 Appropriate measures should be put in place to encourage those who are unemployed into work.

Vocational training

- 6.15 The range of vocational training was adequate for long-term prisoners and around 100 prisoners were engaged in accredited courses. Courses in food preparation and cooking and painting and decorating had stopped due to lack of appropriately qualified staff. There were plans to start these again once new staff had been security cleared. Vocational training was available in ICT, plastering, PICTA, laundry and PE. The planning of training was good, with appropriate recording of learners' progress. Individual coaching on vocational training courses was good. Most prisoners who started a course completed successfully and qualification achievements were good at around 85%. Prisoners demonstrated good employment skills and enjoyed their learning. The standard of skills demonstrated in plastering was outstanding.

Recommendation

- 6.16 **Sufficient education and vocational training staff should be employed without undue delay in security clearance to meet the planned expansion of provision and reintroduction of vocational training areas.**

Education

- 6.17 Education was provided by Milton Keynes College. The prison had 132 part-time learners and 40 full-time learners attending education. Education programmes were also provided for a further 27 prisoners in health care, the segregation unit, the close supervision centre and the dangerous and severe personality disorder (DSPD) unit. The range of education provision for the DSPD unit was adequate but only half of prisoners in the unit ever attended so it appeared underused. Satisfactory literacy and numeracy support was provided for prisoners in work.
- 6.18 Management of education was satisfactory and a newly appointed manager was well supported by the college. Courses were provided in art, ICT, literacy, numeracy and English for speakers of other languages (ESOL). Achievement of qualifications was good at around 80%, although on many courses the numbers of prisoners were low. Attendance had improved and was around 81%. Fifty prisoners were taking part in Open University and distance learning courses.
- 6.19 Teaching and learning had improved and were good. In the better lessons, prisoners were actively engaged and made good progress. In a small proportion of lessons, however, learners were disruptive and noisy. Most lessons were well planned and learners received appropriate support. Learning plans were satisfactory but target setting was sometimes weak. The standard of work produced by learners was good. Prisoners from the DSPD unit produced a particularly high standard of art and many achieved Koestler awards. Those on literacy, numeracy and language courses made suitable progress.

Recommendations

- 6.20 Education courses should be better promoted to prisoners in the dangerous and severe personality disorder unit to improve take-up.
- 6.21 Target setting in learning plans should be improved.

Library

- 6.22 Cambridgeshire County Council ran the library service. The library was suitably managed and the newly appointed librarian had clear plans for improvements. The range of library services was narrow, although Story Book Dads and Toe-by-Toe schemes had recently been reintroduced. Two library officers and four orderlies provided good support. Around 50% of prisoners used the library regularly and the librarian kept thorough records. Opening hours allowed reasonable access, with the library open during the day and four evenings each week. There was no weekend library service. The library was small but well stocked with a good range of books, periodicals, DVDs and CDs, foreign language books, easy readers and reference sources, including legal materials and Prison Service Orders. The provision was suitably laid out with two computers and a printer for prisoner use. Book loss was particularly low at around 1%.

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education inspectorate's Common Inspection Framework (separately inspected by specialist education inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

- 6.23 PE facilities were good and well managed. There were useful links with health care and drugs workers and a good programme of remedial PE was provided. A wide range of recreational PE was offered and access was particularly good. The range of accredited PE programmes was satisfactory and most of those who started a course completed successfully.
- 6.24 Induction to the gym was thorough and clearly recorded. The PE provision was well managed and staff were enthusiastic and well qualified. Facilities and resources were good and well maintained. The provision included a sports hall, weights and cardiovascular suite, a well-equipped classroom and a new, small outside all-weather football pitch. There was a good range of cardiovascular equipment on the wings but its use was poorly recorded.
- 6.25 The PE department offered a satisfactory range of accredited PE courses from level 1 to level 3. Courses were well planned and clearly advertised. Pass rates were particularly good and most of those who started a course completed successfully. Gym orderlies were well qualified and took an active role in running courses and giving instruction. There was a good range of recreational PE, including separate sessions for the over 40s and over 50s. Most prisoners used the gym regularly. In our survey, 72% of prisoners, many more than the comparator of 50%, said they used the gym at least twice a week. There were good links with health care and

the counselling, assessment, referral, advice and throughcare service to provide a programme of remedial PE.

- 6.26 Clean gym kit was available if required and showers were clean and well maintained. Most prisoners had their own kit and preferred to shower on the wings. There were few accidents and detailed records were kept.

Housekeeping point

- 6.27 Use of cardiovascular equipment on the wings should be better recorded to ensure that appropriate health and safety records are maintained.

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

- 6.28 The reported time out of cell was reasonably accurate. Although there was slight slippage in the regime, most prisoners could spend nearly nine hours a day out of their cells on the main wings and about seven on the dangerous and severe personality disorder unit. Daily evening association was rarely cancelled but time in the open air of 30 minutes during the working week was inadequate.

- 6.29 The prison's published core day allowed about nine hours out of cell on Monday to Thursday and about seven hours at weekends for prisoners on the main wings. The core day for prisoners on the dangerous and severe personality disorder (DSPD) unit allowed about eight hours. Most prisoners had been assigned to an activity place and the provision for time out of cell, including association, was reasonable. An hour of exercise was offered at weekends but this reduced to a maximum of 30 minutes from Monday to Thursday, which was inadequate.

- 6.30 Residential staff managed attendance at activities reasonably and we saw them appropriately challenge prisoners who were reluctant to engage. Few prisoners were locked in their cells during the day. We conducted a roll check during the middle of the core day and found fewer than 10% of prisoners locked in their cells, most on the induction spur on C wing. The hours booked for activities, including association and exercise, were reasonably accurate. There was a small amount of slippage in the regime, particularly after lunch, but the reported time out of cell figures of an average of about 8.5 hours a day largely reflected the experience of most prisoners. Prisoners on the DSPD unit received about seven hours a day due to staff briefing meetings and detailed handovers. Time out of cell for the small number of unemployed prisoners and those not required for their scheduled activity was about five to six hours. The regime at weekends was good and provided up to about seven hours out of cell through exercise, association, visits and sporting activities.

Recommendation

- 6.31 Prisoners should be offered at least an hour of time in the open air every day.

Section 7: Good order

Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

- 7.1 Physical and dynamic security arrangements appeared sound. Intelligence flowed effectively and was acted on promptly. Security arrangements were mostly proportionate but the risk assessment process for activity allocation was too restrictive.
- 7.2 Physical security was sound and effectively backed up by strong dynamic security, primarily due to the improvements in staff supervision on wings. An average of 650 security information reports (SIRs) were submitted each month, mainly but not exclusively by uniform staff. They were effectively collated and analysed by an appropriately trained team of three full-time and two part-time administrative officers.
- 7.3 Records indicated that identified actions as a result of SIR submissions, particularly target searching and suspicion drug testing, were carried out within the required timeframes. However, the suspicion testing rate of 13% was very poor. Managers acknowledged that this was due to testing prisoners on the basis of any drug-related SIR submitted rather than establishing the quality of the intelligence and further intelligence on file to inform a sound assessment.
- 7.4 Security analysis informed monthly intelligence reports, which fed into the security executive committee who determined security priorities. This in turn fed into the monthly security committee. Minutes from the security committee listed a large number of attendees but most from within the security function, with no representatives from areas such as education, workshops or, more surprisingly, drug strategy.
- 7.5 Security arrangements were mostly proportionate apart from allocation to activity. Rather than being assessed individually for an activity on application, prisoners were given an initial assessment on arrival to determine whether they were low, medium or high risk and could then access only a pre-determined range of activities based on this assessment. Prisoners were not subsequently reviewed during the rest of their stay at Whitemoor unless additional information was received, which the security department acknowledged only ever potentially raised their risk level. Certain activities were also not available to any category A prisoner regardless of his risk assessment.
- 7.6 Rules were published in the handbook given to prisoners on induction and were clearly displayed on all units. Prisoners complained of inconsistency in the application of rules by staff depending on the wing. Records of incentives and earned privileges warnings and adjudications did not indicate inappropriate application but there was a more formal approach on A and B wings, with staff on C and D wing more likely to talk to prisoners after minor infractions to resolve issues.

Recommendations

- 7.7 Authorisation for suspicion drug tests should be given only when intelligence is sufficiently sound.
- 7.8 Allocation to activities should be based on a system of individual risk assessments.

Housekeeping point

- 7.9 All relevant functions in the prison should be represented at the monthly security committee meeting.

Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

- 7.10 The number of adjudications was not high and most were well conducted. Related data were collected but not effectively monitored. Levels of use of force had fallen but records did not always justify the use of special accommodation or the body belt. The segregation unit was decent but the regime was inadequate and not enough was done to support the significant number of prisoners who remained on the unit for more than three months.

Disciplinary procedures

- 7.11 The level of adjudications was not high, with a total of 440 in 2010. They were held in an appropriate designated room in the segregation unit. Records indicated that hearings were fair and prisoners were given time to prepare and give their version of events. There was a good level of enquiry by adjudicators and punishments were proportionate and in line with the locally published tariff. Mitigation was taken into account. A number of adjudicators provided very good summaries of why they found the prisoner guilty or not guilty and the reason for the level of any punishment imposed.
- 7.12 There was no specific management forum for monitoring adjudications but they were a quarterly standing agenda item at a monthly meeting for operational managers. A comprehensive range of data was collected but minutes of meetings showed little analysis or discussion of it. However, minutes from the most recent meeting in December 2010 included discussion around emerging trends related to some of the areas, such as totals of each charge raised and of charges by location.
- 7.13 While the quality of adjudications appeared to be good, there had been a small but steady number of quashed adjudications following appeal. There were no quality assurance measures as records were not sampled and checked by any senior manager.

Recommendation

- 7.14 A range of adjudication data should be routinely monitored to identify emerging trends, with appropriate action taken to address them when necessary.

Housekeeping point

- 7.15 A senior manager should routinely check a sample of adjudication records as part of a quality assurance process.

Use of force

- 7.16 Senior managers said significant efforts had been made to reduce levels of use of force and this appeared to have been successful, particularly in relation to spontaneous use of force. There had been just over eight incidents of use of force each month in 2010 compared to 11 at our previous inspection in 2008, with a total of 53 spontaneous incidents compared to 97. Reports from staff involved in incidents were detailed and most but not all justified the force used. One prisoner who had refused to attend a police interview in visits and had been relocated to the segregation unit without resistance was then restrained into one of the secure interview rooms in the unit solely to be charged by the police when this could have been done at the door of the cell. Another prisoner had been restrained in his cell in the segregation unit because the officer at his door had felt 'threatened and vulnerable' when accounts from the officers involved indicated it would have been simpler to shut the cell door. Use of force records were not routinely scrutinised by a senior manager so such examples and staff learning opportunities were missed.
- 7.17 All planned use of force was recorded and routinely reviewed for technique and training purposes by the control and restraint coordinator. Recordings were not checked by a senior manager to ensure use was appropriate and lasted only as long as necessary with sufficient emphasis on de-escalation.
- 7.18 Special accommodation had been used five times in the previous six months compared to seven times in the same time span in 2008. The records did not sufficiently justify the use of such accommodation and did not reflect what managers said when asked about the incidents. Logs were comprehensive and frequency of entries was in line with that stipulated by managers but almost all prisoners involved had been left in special accommodation long after the records showed they were no longer refractory or violent and abusive.
- 7.19 A body belt had been used three times in 2010 but the records did not justify its use as a last resort. One recording of a planned relocation of a prisoner from his cell in the segregation unit to special accommodation showed that a body belt had been used unjustifiably after staff had failed to exit the cell due to poor control and restraint technique on the part of some staff. On another occasion, the same prisoner had been left in a body belt over night despite the log indicating that it was not required for most of that time.
- 7.20 Use of force data collation was very good but two important areas were missed: reasons for the use of force and the number of times each member of staff had been involved in spontaneous use of force incidents. The data were monitored by the use of force committee, the senior management team and the safer prisons meeting.

Recommendations

- 7.21 Use of force records and recordings of planned interventions should routinely be scrutinised by senior managers to ensure all use is appropriate and justified.
- 7.22 Special accommodation and/or a body belt should be used only as a last resort and only for as long as necessary, irrespective of the time of day or regime considerations.
- 7.23 Use of force data monitored by managers should include reasons why force is used and how often each member of staff is involved in a spontaneous incident.

Segregation unit

- 7.24 The large segregation unit comprised 31 cells, 24 of which were occupied. Records indicated that this was usual. Communal areas were clean but the one working shower contained broken tiles and mould on the ceiling. Cells were clean and well decorated and included wooden furniture and shelves.
- 7.25 The official reason for most prisoners located in the unit was good order or discipline but in reality most were there due to potential conflict with other prisoners. Seven had been on the unit for more than three months, with one there for 18 months and another approaching 12 months. Whitemoor appeared unable to move these prisoners on as other prisons refused to take them. In the meantime, not enough support was provided, such as individual care plans for those who remained in segregation longer than three months.
- 7.26 Prisoners relocating to the unit had the rules and regimes explained to them and were given a comprehensive but overly complicated information booklet. A complex unlock risk assessment process was incorporated into each prisoner's incentives and earned privileges (IEP) level to determine his regime and access to privileges. The three-tiered staffing unlock levels had led to confusion between risk and behavioural management. A number of prisoners on the standard IEP level, for example, did not have a television because their risk assessment was at a level where they had to be unlocked in the presence of more than two officers. All prisoners, regardless of why they were locating to segregation or the risk they posed, were inappropriately subject to a three-officer unlock until their next weekly review. All prisoners relocated to the segregation unit were routinely strip-searched, contrary to our *Expectations* and the Prison Service Order on segregation.
- 7.27 The unit regime was not sufficiently developed. Exercise was provided daily, often for longer than an hour and in groups subject to risk assessment. Access to showers was inappropriately determined by unlock level and staff said the same was true of access to telephones, although this was supposed to be determined by regime level. Most prisoners therefore had access only three times a week. Prisoners held for long periods had no association time. Prisoners had weekly access to a substantial stock of library books, could attend religious services and normal visits and take part in offending behaviour programmes subject to risk assessment. Access to PE was poor, with only one outside area containing three exercise machines.
- 7.28 Segregation review boards were held within the prescribed timescales and were attended by an appropriate range of disciplines. Managers said they considered cases in depth but this was not reflected in the records, which detailed just basic discussions. Only generic targets were set regardless of the complexity of the individual circumstances.

- 7.29 Unit staff and managers demonstrated a thorough knowledge of the prisoners in their care but there was no regular forum for monitoring adherence to Prison Service Order 1700 or emerging trends in segregations. Managers said this had stopped because the high security directorate's quarterly segregation monitoring and review group (SMARG) meeting was no longer held and data did not need to be submitted centrally. However, the abandonment of a central meeting did not negate the responsibility to ensure that the treatment of potentially vulnerable prisoners held for significant periods in segregation units was closely scrutinised at a senior management level.

Recommendations

- 7.30 The segregation unit showers should be refurbished.
- 7.31 All prisoners in the segregation unit should be able to shower and use the telephone daily and access to other facilities and privileges as far as practicable should be in line with the local incentives and earned privileges policy.
- 7.32 A multidisciplinary staff group should routinely monitor adherence to Prison Service Order 1700 and trends in the use of segregation.

Housekeeping point

- 7.33 Segregated prisoners who cannot return to normal location should have periods of association.

Close supervision centre

- 7.34 The close supervision centre (CSC) was nationally managed to house the most challenging individuals. Operational staff were well trained and a range of other professionals worked on the unit. The regime varied but the aim was to offer a reasonable amount of time out of cell and association. The environment and activities were adequate if restricted and education provision was too limited. The unit was self contained and there was no mixing with non-CSC prisoners. There was a good focus on monitoring behaviour and, if appropriate, progression out of the CSC system.
- 7.35 The CSC system was strategically managed at a national level by a central team and aimed to provide effective management to the most difficult and disruptive prisoners. The unit at Whitemoor managed nine of these prisoners. Staffing levels were high and most were very experienced officers. All prison officers on the unit had been selected against a set of criteria and were well trained in working with those in their care. A range of specialist staff fed into the unit, including psychology and probation. All prisoners on the unit were subject to prison rule 46, which meant they could not have contact with non-CSC prisoners
- 7.36 The unit was split into west spur and north spur. West spur held five men subject to the 'normal' regime of the unit. They had reasonable time out of cell and intensive interactions with operational and specialist staff as well as daily interaction with other CSC prisoners. There was an art class, IT room, gym, cooking and various ad hoc treatments. Education provision was limited to one day a week at level 1, which did not meet the needs of all men. North spur held four men who for disciplinary reasons or an unwillingness to engage with the regime had a much reduced regime, similar to that offered in segregation. Efforts were made to engage with

these men to help them progress back to west spur. The unit had its own gated cell for use with self-harmers and an unfurnished special cell and segregation cell, so men were contained almost exclusively on the unit.

- 7.37 The unit was reasonably well decorated and bright but very small and claustrophobic. It was mostly clean but the segregation cell was dirty. A large exercise yard and small greenhouse and garden provided additional opportunities to enhance the somewhat limited regime. A prisoner community meeting was held monthly and suggestions from prisoners were acted on. A 'quiet' room with soft furnishings was used to calm men down and talk them through problems. Visits took place on the unit in a very small room with little or no privacy from the two members of staff supervising.
- 7.38 Staff completed a detailed daily log that focused on individual behavioural targets. More formal written reviews were completed on each man weekly, monthly and quarterly when the central CSC team also reviewed progress. Impressive staff debriefings took place several times a day. Two of the men on the unit had progressed sufficiently to be considered for moves to the DSPD unit. There was still no research-based programme to assist men held in the CSC system to progress, although discussions were under way nationally to address this.

Recommendations

- 7.39 Education provision on the close supervision centre should be enhanced to meet the needs of the prisoners.
- 7.40 A greater level of privacy should be offered during visits on the close supervision centre.
- 7.41 A research-based programme should be introduced to assist close supervision centre prisoners to progress.

Housekeeping point

- 7.42 The segregation cell should be cleaned after each use.

Incentives and earned privileges

Expected outcomes:

Incentives and earned privilege schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

- 7.43 Most prisoners were on the enhanced level of the incentives and earned privileges scheme. Decisions relating to a prisoner's level appeared fair and proportionate and the monitoring and quality assurance processes were good.
- 7.44 Sixty-six per cent of prisoners were on the enhanced level of the incentives and earned privileges (IEP) scheme and just over 1% were on the basic level. Data relating to IEP by location was collated and reviewed monthly by the head of residence and a report submitted to the monthly senior management team meeting. Managers also monitored how long any one

prisoner remained on the basic regime and few did so longer than the minimum seven days. Review records showed justifiable regime change decisions, usually with submissions from all disciplines in contact with each prisoner. Prisoners were given sufficient opportunity to contribute to the review process. Appeals were properly considered and records indicated that a number of appeals were upheld for appropriate reasons. Quality assurance arrangements were very good, with wing managers giving the head of residence a detailed breakdown of sampling and the action taken when reviews were not of a sufficient standard.

Section 8: Services

Catering

Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 8.1 Prisoners were dissatisfied with the food and some of what we tasted was poor quality. Lunch and the evening meal at weekends were served too early and prisoners could not eat communally. Consultation arrangements were poor and catering staff did not always attend prisoner consultation meetings. Prisoners could buy and cook their own food.
- 8.2 The kitchen was staffed by four catering officers and four civilian catering staff managed by a senior catering officer and a principal officer. Twenty category B prisoners were also employed. A NVO trainer was shortly due to start work and introduce a NVO in catering. The kitchen was clean and well organised. The budget was about to be reduced to £2.10 per prisoner per day.
- 8.3 Breakfast of cereals, milk and bread was provided the night before and eaten in cell. Prisoners chose their lunch and evening meals in advance from a four-week menu cycle. There were four choices for each meal, one of which was a vegan option. Dishes suitable for prisoners on vegan, vegetarian and halal diets were clearly marked. Lunch was served at 11.30am and the evening meal at 7.30pm on weekdays and 4pm on Fridays and at weekends. The wing serveries were clean and well maintained. All areas had separate tools for serving halal food. There were no dining facilities and most prisoners ate in their cells with unscreened toilets.
- 8.4 In our survey, only 18% of prisoners said the food was good or very good and black and minority ethnic, foreign national and Muslim prisoners were even less positive. Some of the food we tasted was poor, burnt or excessively salty. On most days, only three portions of fruit and vegetables were available. Food comments books available on each servery were checked by catering staff but comments did not get a detailed response. There was no catering meeting and kitchen staff attended the prisoner consultation meeting only when invited to contribute on a particular issue. An annual food survey attracted a very poor response, with only 24 of 440 questionnaires returned in the most recent survey in June 2010.
- 8.5 Apart from the few on the basic incentives and earned privileges level, most prisoners could cook their own food in well-equipped kitchens on the residential units. Prisoners we spoke to said this was one of the most positive aspects of life at Whitemoor.

Recommendation

- 8.6 Lunch should not be served before noon and the evening meal not before 5pm.

Housekeeping points

- 8.7 Managers and catering staff should engage with prisoners to improve satisfaction with the food.

- 8.8 Catering staff should write detailed responses to the issues raised in food comments books.

Prison shop

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely, from an effectively managed shop.

8.9 Few prisoners said the shop sold a wide enough range of goods to meet their needs and levels of satisfaction were particularly low among black and minority ethnic, foreign national and Muslim prisoners. The canteen meeting was unstructured and made little progress on the issues repeatedly raised by prisoners.

8.10 DHL Bookers, the national supplier to the Prison Service, was responsible for the shop. Prisoner representatives from each wing met monthly with managers and a representative from DHL to discuss shop issues. The minutes showed that issues such as the quality of fresh fruit and vegetables had been raised repeatedly but with little progress. The meetings appeared to lack structure and action points were not systematically tracked and followed up. There were no terms of reference and it was unclear whether it was also supposed to cover issues with catalogue orders.

8.11 In our survey, significantly fewer prisoners than the comparator said the shop sold a wide enough range of goods to meet their needs and levels of satisfaction were particularly low among black and minority ethnic, foreign national and Muslim prisoners. There were 570 items on the shop list. Prisoners also complained that shop prices were expensive, particularly in relation to pay rates.

8.12 There was a good range of 13 approved catalogues and prisoners could apply to order goods from other catalogues if required. Prisoners reported some delays in receiving catalogue goods. In the previous three months, the prison had processed about 400 orders a month and was reducing a backlog of orders that had built up over the pre-Christmas period.

Recommendation

8.13 **Managers should consult prisoners more effectively, including minority groups, to ensure the prison shop stocks an appropriate range of goods.**

Section 9: Resettlement

Strategic management of resettlement

Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

- 9.1 The reducing reoffending strategy did not set out a strategic vision of the aim and purpose of the prison. The action plan contained many previously completed objectives and no new targets to develop services. It was not possible to determine how effectively the reducing reoffending strategy was managed as meetings were not minuted. Provision of programmes was generally appropriate.
- 9.2 The reducing reoffending strategy dated April 2010 contained a short description of the prison but did not set out a strategic vision of its aim and purpose within the high security estate. It did not identify the different groups of prisoners held or detail how it planned to meet their needs. No mention was made of work undertaken with prisoners in the close supervision centre or the dangerous and severe personality disorder (DSPD) unit. The strategy included details of the public protection procedures and information about eight resettlement pathways, including one for faith and spirituality, but some information was out of date including about the offender management model and a 2008 criminogenic needs analysis that had been superseded. An education needs analysis undertaken in 2009 was included but there was nothing about families. The strategy included pathways leads and gave terms of reference for the resettlement committee.
- 9.3 A separate resettlement policy was dated November 2010. It included the community risk management strategy describing the public protection processes and information about preparation for release.
- 9.4 The reducing reoffending action plan 2010/11 contained targets for each pathway. Many of these were recorded as achieved one or two years earlier but they had not been removed from the action plan. Updates had been added to some existing targets but no new developmental targets had been set.
- 9.5 The provision of accredited programmes was generally appropriate and sufficient to meet the needs of prisoners (see section on resettlement pathways).
- 9.6 We were told that the reducing reoffending committee (RRC) met quarterly and a resettlement committee met monthly when there was no RRC meeting. However, meetings were not minuted and it was therefore not possible to determine how outcomes for prisoners were monitored or assess the quality of strategic oversight to manage the reducing reoffending strategy.

Recommendation

- 9.7 The reducing reoffending strategy should set out an appropriate strategic up-to-date vision of the aim and purpose of Whitemoor, with an action plan to meet the specific and different needs of prisoners based on a needs analysis.

Housekeeping point

- 9.8 Reducing reoffending committee meetings and resettlement committee meetings should be minuted.

Offender management and planning

Expected outcomes:

All prisoners have a sentence or custody plan based upon an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved with drawing up and reviewing plans.

- 9.9 The offender management unit was well established. Caseloads of offender supervisors were manageable but uniformed offender supervisors were regularly redeployed. A backlog of out-of-date OASys was being reduced and the quality of the sentence plans was generally good. Sentence planning boards were multidisciplinary but few offender managers attended in person. Categorisation reviews were carried out regularly and suitable prisoners could progress in their sentence. Public protection work was generally sound but wing officers were unclear about where to express concerns. All life-sentenced prisoners and those serving indeterminate sentences for public protection were allocated to an offender supervisor but there were no specific forums or events for this group.

Sentence planning and offender management

- 9.10 The offender management unit (OMU) was well established and managed by the head of reducing reoffending, supported by two senior officers based in the unit. The reducing reoffending strategy included out-of-date information about the OMU and there was no separate policy to describe its aims and management, staff roles, training plans and links to other departments. A useful chart, created and used by OMU staff, described the duties and responsibilities of each named staff member and their line manager. OMU staff were based together in a large office and were divided into allocated 'pods' consisting of a category A team, a determinate pod, public protection pod, an indeterminate sentence for public protection (IPP) pod and a lifer pod, each containing offender supervisors and case administrative staff. The team met fortnightly to discuss work issues and meetings were minuted.
- 9.11 Of the 13 offender supervisors, seven were uniformed officers and five were probation service officers. A seconded probation officer offender supervisor was due to join the OMU in April 2011. Offender supervisors had received a range of appropriate training and caseloads were manageable. However, uniformed offender supervisors were frequently redeployed, often at very short notice, and an average of 26 hours a week had been lost from the OMU between January 2010 and January 2011 and this impacted on workloads.
- 9.12 Although 145 prisoners were actually in-scope for offender management, meaning they were classed as high or very high risk or IPPs, all prisoners were treated as in-scope for offender management and were allocated to an offender supervisor. Two offender supervisors presented information about the work of OMU to new arrivals during induction and prisoners were also given written information including the name of their allocated offender supervisor. Offender supervisors met prisoners within seven days of their arrival.

- 9.13 All prisoners had an Offender Assessment System (OASys) assessment but 40 were out of date, of which the prison was responsible for about 22. Many of these were dated 2009 but two prisoners had assessments dated 2006 and 2008 waiting to be updated by their offender manager. Managers had a clear strategy to address the backlog, which was being reduced.
- 9.14 All prisoners had a sentence planning board within 12 weeks of arrival and an annual board after that or on completion of an intervention. The quality of the sentence plans was generally good and sentence planning objectives were appropriate and specific, included timescales for completion and named the departments responsible. Although this was an issue discussed at sentence planning boards, none of the plans we saw included targets to maintain family ties. Ten per cent of completed OASys were quality assured by a senior officer and written and verbal feedback was given.
- 9.15 Offender supervisors kept detailed electronic records of contact with prisoners, information shared with offender managers and internal departments. They were informed when a prisoner's incentives and earned privileges level was reduced and attended reviews of prisoners in segregation. Records showed generally regular contact between offender supervisor and prisoner but there was no specific target and the suggestions of managers varied from once a month to quarterly.
- 9.16 Sentence planning boards were multidisciplinary and always included representation from the prisoner's wing if not his actual personal officer. Personal officers contributed in writing. Prisoners could invite a family member to their board but offender supervisors could not recall anyone ever doing so. Boards took place in a private suitable room in the OMU. Training for chairing boards was an identified need but so far none had been provided. We attended a review and sentence planning board for a prisoner who had completed the thinking skills programme. This was very well chaired by an offender supervisor, who ensured that all attendees, including the prisoner, had the opportunity to contribute and challenge as necessary. Prisoners saw their reports seven days in advance of planning boards. Attendance of offender managers at sentence planning boards was tracked. Of 510 boards held in 2010, offender managers had contributed to 43% either in person or via telephone conferencing and actually attended 18%.
- 9.17 An offender supervisor interviewed prisoners who were within 12 months of release so outstanding reintegration needs could be raised and addressed.

Recommendations

- 9.18 **A strategy should be published for the delivery of offender management, including a minimum standard of contact between offender supervisors and prisoners.**
- 9.19 **Where relevant, sentence plans should include targets to help maintain contact with family.**

Categorisation

- 9.20 A categorisation review was carried out for category B prisoners at annual sentence planning boards and at six-monthly intervals for determinate prisoners with 30 months or less to serve. Ninety-eight prisoners had made progressive moves in 2010. Categorisation reviews of the 136 category A prisoners were carried out at a monthly local advisory panel and recommendations were submitted to Prison Service Headquarters for consideration.

Public protection

- 9.21 Public protection work was integrated into the work of the OMU. The OMU was managed by the head of reducing reoffending who was also the public protection/risk assessment coordinator. Most prisoners were liable to be identified as public protection cases due to the violent nature of their offences and all potential public protection cases were identified on arrival with a sift of current and any previous convictions. The public protection case administrator kept comprehensive electronic records of all prisoners subject to public protection measures and action taken. Wing staff could see who was subject to public protection procedures by accessing information on the intranet. The application of restrictions was explained to men individually by their offender supervisor and prisoners signed to say they had received and understood the information.
- 9.22 There was no stand-alone public protection policy. The resettlement policy contained the community risk management strategy (CRMS), which detailed the procedures for multi-agency public protection arrangements (MAPPA), safeguarding children, protection from harassment procedures and the management of prolific and priority offenders. The strategy described the roles and responsibilities of staff responsible for public protection procedures and included the protocol for MAPPA liaison meetings that took place for every prisoner subject to MAPPA three to four months pre-release.
- 9.23 Inter-departmental public protection and risks management (IDRM) meetings took place monthly. They aimed to evaluate the risks of recently arrived prisoners and agree risk management plans when necessary, review those currently subject to public protection measures and deal with any other concerns. The terms of reference for these meetings were not included in the CRMS and the strategy did not address public protection training for prison staff. Minutes showed that IDRM meetings were chaired by the head of reducing reoffending, always included representation from the OMU and security and sometimes included the head of residential and representatives from the DSPD unit and psychology.
- 9.24 Ninety-eight prisoners were subject to safeguarding children measures, 41 at level 1 (no contact with any child permitted), six at level 2 (contact permitted with named child only by letters) and four at level 3 (contact permitted with named child only by letters and telephone calls). The remaining prisoners were level 4 (contact with named child by letters, telephone calls and visits). Nine prisoners were subject to harassment procedures. The resettlement policy stated that any issues relating to safeguarding children should be addressed to the head of reducing reoffending as the public protection coordinator. Wing officers knew which prisoners were subject to public protection measures but were unclear to whom they should report any concerns. Their suggestions included talking to their senior officer, to staff in the population management unit, to the prisoner's offender supervisor or completing a security information report.
- 9.25 Links to MAPPA were good. Staff attended community-based meetings where possible and provided written reports on other cases. There were 421 prisoners subject to MAPPA, 50 managed at MAPPA 2 and 22 at MAPPA 3; 334 prisoners were designated as MAPPA X cases. A meeting was held on all prisoners subject to MAPPA three to four months before their release and minutes recorded discussion of pertinent issues, actions agreed and those responsible for them. At the time of the inspection, discussions were taking place to ensure appropriate release arrangements for a man who had recently returned from a secure mental health hospital as he refused to engage in treatment. He was nearing the end of a determinate sentence and had complex needs. MAPPA discussions had led to him being registered as a critical public protection case in order to provide the additional resources needed for his risk plan.

Recommendation

- 9.26 All staff should know how, when and to whom they should raise any concerns about public protection.

Housekeeping point

- 9.27 Terms of reference for the inter-departmental risk management meetings and the need for public protection training for prison staff should be included in the community risk management strategy.

Indeterminate-sentenced prisoners

- 9.28 The 352 life-sentenced prisoners and 55 IPPs comprised 90% of the population. They received an information booklet about 'Life at Whitemoor' on arrival explaining their sentence and how they would be managed. Although informative, some of the content was out of date. Although they formed the majority of the population, there were no specific forums or events to explain the implications of indeterminate sentences, such as the parole process.

Recommendation

- 9.29 Occasional events to provide information about indeterminate sentences should be held.

Housekeeping point

- 9.30 Information in the 'Life at Whitemoor' booklet should be up to date.

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

Reintegration planning

- 9.31 Most prisoners transferred elsewhere before release and the few released from Whitemoor went to approved premises. Mental or physical health needs were assessed and, where necessary, plans were put in place for continuing care in the community. Careers information and advice was provided through Tribal and JobCentre Plus. Prisoners gained appropriate employment skills in some work areas and good skills were demonstrated on many vocational training courses. There was little demand for financial advice but prisoners could access a JobCentre Plus worker and a money advice course.

Accommodation

- 9.32 Prisoners due for release were transferred to establishments nearer to their home area when possible. Ten prisoners had moved to category C establishments and 88 to category B establishments in 2010. Accommodation for prisoners being discharged was arranged through liaison between offender supervisors and offender managers and most prisoners released from Whitemoor went to approved premises.

Education, training and employment

For further details, see Learning and skills and work activities in Section 6

- 9.33 The key focus of this pathway was to prepare prisoners appropriately for education, training and employment as they moved through the prison system. A suitable range of vocational qualifications enabled prisoners to develop good skills. Many prisoners were engaged appropriately in work activities that helped them to improve their social and personal skills and their employability. Tribal was able to offer careers information and guidance to the very few prisoners released directly from Whitemoor. JobCentre Plus had regular contact with the prison and was available to help in finding work where necessary.

Mental and physical health

- 9.34 When releases were planned, the prisoner was given an appointment to see the GP two weeks before the discharge date to identify any outstanding health issues. He was given a letter for his GP outlining his health management while in prison and a seven-day supply of any medication. Prisoners under the mental health in-reach team went through the same process as for physical health and their community mental health teams were invited into the prison to participate in a case review.

Finance, benefit and debt

- 9.35 There was no specific provision to help prisoners manage outstanding debt and financial matters but offender supervisors provided assistance as necessary. A money advice course was available in education. Prisoners could receive help to open a bank account, although requests for this were rare.

Drugs and alcohol

- 9.36 The drug strategy was being updated. A number of needs assessments had been conducted but these did not yet inform an annual action plan. The counselling, assessment, referral, advice and throughcare service provided good quality case work but its remit excluded ongoing work with primary alcohol users. Substance use peer advisers had been trained but their access to other prisoners was limited. The Focus programme experienced difficulties in attracting sufficient numbers. The compact-based drug testing scheme was well managed.

- 9.37 The head of reducing reoffending had recently taken over as the establishment drug coordinator. Most departments and service providers were represented at monthly drug strategy meetings apart from a senior manager from the security department. This was a significant gap as security concerns were at the top of the committee's agenda (see section on

substance use). The drug strategy document was under review and a separate alcohol policy was out of date. The prison had conducted a number of needs assessments but these had not been amalgamated to inform an annual action plan.

- 9.38 The counselling, assessment, referral, advice and throughcare (CARAT) service consisted of a manager and a worker from Phoenix Futures as well as a CARAT officer and an administrator. Appropriate management and supervision arrangements were in place. The team provided weekly induction input and had conducted 45 triage assessments since April 2010 against an annual target of 25. The active caseload stood at 85, with another 127 files suspended. The team's remit no longer included ongoing work with primary alcohol users, which represented 20 of the suspended cases. An in-cell alcohol awareness pack was available but there was no ongoing support and because of security issues no Alcoholics Anonymous self-help groups.
- 9.39 The CARAT service offered structured one-to-one work as well as six-session group work modules in motivational enhancement and relapse prevention. While prisoners spoke highly of the support they received from the team, they wanted more regular contact than workers could offer. The team had not been provided with additional resources to offer psychosocial interventions under the integrated drug treatment system (IDTS), which would put some additional demand on the service.
- 9.40 Client files demonstrated good quality case work and cross-referrals to other services. Care plans were shared with health and offender management departments and the team contributed to sentence and transfer plans, attended assessment, care in custody and teamwork and category A reviews and linked in well with the IDTS lead and the mental health in-reach team.
- 9.41 The team had trained seven prisoners to act as peer advisers on drugs (PADs) and offered the group monthly supervision. Peer advisers helped with induction and often acted as the first point of contact. All had been risk assessed and undertook regular drug tests but they were not allowed off their spur, which limited their opportunities to support other prisoners. The induction spur had no peer adviser. All advisers had been issued with PADs T-shirts and awareness raising events were held to increase the profile of the scheme but the group did not feel that the scheme was generally accepted by prison staff.
- 9.42 Five peer advisers had completed the 5.5-month Focus drug and alcohol programme. The Focus team consisted of a treatment manager and three facilitators who could also deliver other programmes. The CARAT service struggled to refer sufficient numbers of eligible prisoners to the programme and said this was due to a stagnant population. Since April 2010, 19 had started and seven had completed against an annual target of 18 starts and 14 completions. The current group of nine participants included prisoners with alcohol-only problems. A needs analysis conducted two months previously found that 46 prisoners who met the risk criteria to be eligible for Focus were not sufficiently motivated to undertake the programme. Post-course reviews were well attended and detailed post-programme targets and action plans were set. Regular CARAT one-to-one sessions also took place for three months to support prisoners in achieving their objectives.
- 9.43 Prisoners could access compact-based drug testing independent of location and the target of 170 compacts a month was met. Comprehensive risk assessments based on OASys were undertaken to determine testing frequency and the scheme was well coordinated by a senior officer. A spur on B wing was a designated testing unit. Case conferences that included CARAT, health and discipline staff were held when a prisoner returned repeated positive drug tests. The prison had developed a separate incentive-based compact.

Recommendations

- 9.44 The drug strategy should be updated, include alcohol services and contain detailed action plans and performance measures, based on assessments of need to inform future service provision.
- 9.45 The CARAT service should be sufficiently resourced to offer prisoners psychosocial support under the integrated drug treatment system.
- 9.46 Sufficient services for prisoners with primary alcohol problems should be provided.

Housekeeping points

- 9.47 Substance use peer advisers should have appropriate access to other prisoners.
- 9.48 The suitability of and need for the Focus programme for the population should remain under review.

Good practice

- 9.49 *The compact-based drug testing scheme was well run. Comprehensive risk assessments informed testing frequency and joint case conferences were held to discuss the support needs of prisoners testing positive.*

Children and families of offenders

- 9.50 The children and families pathway was underdeveloped and no recent targets were set to develop services. There were regular children's days but some of these were restricted to enhanced men. There was no qualified family support worker to help prisoners maintain or rebuild relationships with their families. The visitors' centre was well equipped and well managed. Not all visits lasted for the published time. Play facilities in the visits room were poor.
- 9.51 Almost half of men in our survey said they had children under 18 but the children and families pathway was very underdeveloped. Pathway information in the reducing reoffending strategy focused only on the provision of visits. The reducing reoffending action plan contained only four targets to develop services, three of which were recorded as having been achieved in April 2010. Some updates to targets were recorded but no new ones set. There was no needs analysis.
- 9.52 Not all prisoners could have a weekly visit. Those on the basic regime of the incentives and earned privileges scheme received two visiting orders a month, those on standard received an additional two privilege visiting orders and enhanced prisoners received an additional four privilege visiting orders. Privilege visiting orders could only be used on weekdays.
- 9.53 The visitors' centre was spacious and comfortable with good facilities. A wide range of information was displayed and a television showed an informative DVD about the prison. There was a small play area and refreshments were available. A prayer room was also provided. All visitors booked in at the centre on arrival. It was managed by one of two visits staff employed by the prison and one of two volunteers at any one time. Each of the paid staff

worked 20 hours a week. Staff and volunteers were welcoming and friendly and well known to regular visitors. Booking in was done through a Perspex screen, which made it difficult to talk confidentially. First time visitors were identified and one of the centre staff explained procedures and answered any questions. Two operation support grade staff checked visitors' identity and took photographs and finger scans of first-time visitors. The visiting order incorrectly stated that photographic identification was necessary. A comments book was introduced into the visitors' centre during the inspection to allow visitors to report on their experiences without the need to request a form from staff, which was inhibiting.

- 9.54 A drug dog was always used to search visitors and an indication resulted in the offer of a closed visit or of leaving. No other security intelligence was required. Closed visits were out of sight of others in the visits room but did not take place in individual booths so were not in private.
- 9.55 Visits were run on three weekdays, Saturdays and Sundays from 2pm to 4.10pm. Visitors booking in were allocated a number by which they were called into the prison in groups of two. Some visitors arrived very early to ensure timely access into the prison. Visits started at 2pm only for those called into the prison in the first few groups. Most visitors reached the visits room by 2.15pm one afternoon of the inspection but on a second afternoon many were still arriving after this time. Many visitors and prisoners complained that they did not get their full visit.
- 9.56 The large visits room had fixed regimented seating and was noisy when busy. It had recently been painted and there were plans to display prisoner artwork. A separate row of tables, described by officers for use by vulnerable prisoners, was used by prisoners from the dangerous and severe personality disorder (DSPD) unit. An area set aside for children's play was unsupervised and poorly equipped. A separate visits room for up to four prisoners was used by high-risk category A prisoners. A staffed facility provided a selection of refreshments. Officers in the visits room were aware of prisoners subject to child and/or public protection protocols.
- 9.57 Children's visits were available to all prisoners, including high-risk category A prisoners, from 2pm to 4.15pm on the first Saturday of each month. These could include three adult visitors and prisoners' own children or part of his 'current family unit', including grandchildren. Ormiston Trust staff provided suitable activities and engaged with children and their fathers. Additionally, four or five family days were organised each year during school holidays. These ran from 10am to 2pm but were only available to enhanced prisoners. Up to two adult visitors and children could attend.
- 9.58 Prisoners could receive emails from family and friends through the email a prisoner scheme. Managers said prisoners could exchange unused visiting orders for extra letters or telephone credit but prisoners were unaware of this and it was not mentioned in the prisoner information book.
- 9.59 Prisoners could apply for accumulated visits at other establishments. These were frequently accommodated and a central log was kept of applications. Some prisoners said they found it difficult to maintain contact with partners in women's prisons through inter-prison telephone calls but there was no central log of these applications. Comment in wing files showed that a minority of personal officers helped prisoners to maintain family contact but there was no qualified family support worker to help prisoners maintain or, where necessary, rebuild relationships with their family.
- 9.60 There was no opportunity for prisoners to undertake general relationship counselling with their immediate family and no provision for prisoners to receive incoming calls from children or to

deal with arrangements for them. Apart from Story Book Dads scheme, there were no other interventions or programmes to help prisoners improve parenting and relationship skills.

Recommendations

- 9.61 All prisoners should be able to have at least one visit a week, which lasts for the advertised time.
- 9.62 Closed visits should be authorised only when there is a significant risk justified by security intelligence and not on a drug dog indication alone.
- 9.63 A supervised and suitably equipped play area should be provided.

Housekeeping points

- 9.64 It should be made clear to visitors that photographic identification is not required.
- 9.65 Closed visits should be able to take place in private.
- 9.66 All prisoners should be made aware of the opportunity to exchange unused visiting orders for letters or telephone credit.
- 9.67 Family days should be open to all prisoners irrespective of their incentives and earned privileges status.

Attitudes, thinking and behaviour

9.68 Offending behaviour programmes met the needs of prisoners. The results of a recent needs analysis had not been fully utilised in the reducing reoffending action plan.

- 9.69 Information about programmes in the prisoner information and 'Life at Whitemoor' booklets was out of date. Prisoners could attend a number of nationally accredited programmes delivered by a suitably trained team of six psychological assistants and two officers. These included the TSP (four courses a year for a total of 40 men), CALM (four courses a year for a total of 32 men) and Focus (see section on drugs and alcohol). Completion targets for these programmes were met. Prisoners could be assessed for their suitability for the cognitive self-change programme (CSCP) run at HMP Long Lartin, although there was a three-year waiting list for this. Prisoners with literacy needs were referred to education and psychologists carried out one-to-one work with prisoners who needed motivation to attend courses or were unsuitable to attend.
- 9.70 The psychology department kept waiting lists for each programme with referral dates, tariff length and tariff expiry dates, which were regularly updated. Twenty-six prisoners were on the waiting list for TSP and 28 were suitable for CALM, 14 of whom needed to complete TSP first. A further 17 were being assessed for CALM, of whom six would need to undertake TSP.
- 9.71 Some offender supervisors suggested the need for CSCP to be introduced at Whitemoor but a criminogenic need analysis undertaken in October 2010 found that the existing interventions met most of the population needs. Although there were sufficient suitable prisoners to run a CSCP, there was insufficient ongoing demand at the prison to sustain a programme. The

analysis identified a gap in provision for prisoners who could not access programmes due to low IQs or learning difficulties and a strategy was being developed to address this. Recommendations also included the likely need to increase provision of TSP and CALM, the provision of a counselling service and increased provision of mental health in-reach resources. Suggestions for future research included the needs of different ethnic and faith groups and 'exploration of issues around radicalisation and poor staff-prisoner relationships especially in relation to black and minority ethnic prisoners'.

- 9.72 This most recent needs analysis was not mentioned in the reducing reoffending strategy. It had been used to update the action plan regarding the need for a strategy to help those who could not access programmes but no new targets had been set in response to other recommendations.
- 9.73 Two pilot programmes, the motivation and engagement intervention (MEI) and healthy identity intervention (HII), had recently been introduced to challenge prisoners convicted under terrorist legislation or who had offended for ideological reasons. Both courses were designed for one-to-one work with prisoners (the MEI of 8 to 13 sessions of 90 minutes and the HII of 10 to 20 sessions). One prisoner was currently involved in MEI with a psychologist. Suitable training for the courses had been undertaken by a number of staff, including a psychologist, offender supervisors, Muslim chaplains and security staff.
- 9.74 Two programmes focusing on victim awareness and restorative justice were run by the chaplaincy: the Sycamore Tree programme based on Christian teachings and another recently introduced course based on Islamic teachings. The A-Z motivational programme, a non-accredited programme designed to help motivate prisoners to engage in offence-related work, was undertaken either in a group setting or one-to-one for up to 14 prisoners a year.

Housekeeping points

- 9.75 The criminogenic needs analysis of October 2010 should be used to inform the reducing reoffending action plan.
- 9.76 Up-to-date and correct information about programmes should be included in prisoner information.

Dangerous and severe personality disorder unit

9.77 The dangerous and severe personality disorder unit offered treatment to men who otherwise would not receive it. Staff were well motivated and trained and the unit was well managed. Relationships between staff and prisoners were generally good but some tensions needed to be carefully managed. There were concerns about the potential impact on therapy of future budget cuts. Arrangements for dealing with referrals were good but there were delays in completing assessments. Treatment was well structured and there had been some positive results with the first groups completing treatment. Some categories of prisoner were particularly difficult to progress after completing treatment and there was a lack of a national strategy for progression.

- 9.78 The dangerous and severe personality disorder (DSPD) unit aimed to provide a therapeutic treatment regime for men in the prison system with diagnosed severe personality disorders. The unit offered up to 70 places organised in three spurs (red, blue and green). The DSPD

programme was split into three distinct phases: assessment, treatment and progression. Significant budget reductions had impacted on elements of work with prisoners and the general regime. Managers did not yet believe this had undermined the ethos of the unit but we were concerned that further funding reductions could affect the quality of therapy for this complex and challenging group of prisoners.

- 9.79 Staff working on the unit were a combination of prison officers and NHS-employed clinicians. They were extremely well trained and governance arrangements were robust, including regular clinical supervision and several daily staff briefings. The unit had strong management led by an on-site clinical director and Prison Service operational manager. Staffing levels were appropriate for the management, support and treatment of this complex population.
- 9.80 Arrangements for dealing with referrals were good and some excellent information about the unit was provided to applicants. Clear acceptance criteria were well communicated to applicants and host prisons. Prisoners were accepted on to the unit in groups of eight and encouraged to form a cohesive and supportive group. New arrivals were inducted by prison officers who collected them from reception on the day they arrived and conducted all first night procedures on the unit. Assessment began within a week or two of arrival and was advertised to take 16 to 20 weeks but the last group to arrive in July 2010 had still not completed it. A range of good 'light touch' motivational interventions was offered during the assessment phase. Most men completing assessment met the criteria for a place on the unit.
- 9.81 The treatment phase could last three to five years and provided structured one-to-one and group-based work to address offending behaviour and anti-social thinking. Prisoner progress was regularly reviewed through a weekly multidisciplinary team meeting and a yearly care progress approach (CPA) review. Prisoners were involved in these reviews. There were some delays in prisoners receiving reports from the CPA and the clinical director had met with prisoners to discuss ideas to streamline the process. A range of other regime activities included a prison workshop and regular gym and education sessions. The daily regime largely reflected that in the rest of the prison but relatively few prisoners from the unit engaged in the dedicated education facilities provided (see section on learning and skills). Prisoner consultation was well developed, with monthly spur meetings and ad hoc consultation groups.
- 9.82 The first group of prisoners to progress from the unit had demonstrated some encouraging behavioural improvements. Most had moved on but a few remained and it was particularly difficult to progress men who remained on category A status. Discussions were under way nationally to address this issue but as yet there was no specialist progression facility for these men. Action was well advanced to progress men in the next group of programme graduates.
- 9.83 The general atmosphere on the spurs appeared to be reasonable and staff interacted well with prisoners. Staff were skilled at defusing problems without recourse to formal disciplinary processes, although this did happen when necessary. Red spur was about to receive the next intake of prisoners, which was causing noticeable anxiety and increased tension among other prisoners. Prisoners on the unit were particularly negative in our survey about safety and the situation on red spur may have contributed to this, along with the nature of the prisoners held and the challenge of therapy. There had been no increase in assaults, identified bullying or security intelligence but it remained a difficult and volatile population. Prisoners could see Listeners but demand was low as there were skilled staff on hand able to identify and support prisoners vulnerable to self-harming behaviour. The crisis suite on the unit was often used to support men with heightened vulnerability and a Samaritans telephone was available on request.

Recommendations

- 9.84 The assessment phase of the dangerous and severe personality disorder unit programme should be completed within the advertised timescale.
- 9.85 A national strategy should be developed to ensure that dangerous and severe personality disorder unit prisoners can be progressed once the treatment phase is completed.
- 9.86 Managers should closely monitor prisoner behaviour and vulnerabilities before and during the first weeks of new groups of prisoners arriving.

Section 10: Recommendations, housekeeping points and good practice

The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendations	To the governor
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|------|---|
| 10.1 | Senior managers should effectively monitor the use of the segregation unit to ensure that prisoners held there have an appropriate regime, are moved as soon as practicable and that men who remain segregated for longer periods have suitable care plans to prevent their psychological deterioration. (HP40) |
| 10.2 | Managers should develop a clear strategy to deal with the underlying negative staff culture and improve relationships between staff and prisoners. (HP41) |
| 10.3 | Discussion groups should be held regularly between staff and black and minority ethnic and Muslim prisoners and between them and other prisoners to increase communication, confidence and mutual understanding. (HP42) |
| 10.4 | Comprehensive, cohesive and effective mental health services should be provided for all prisoners who need them. (HP43) |
| 10.5 | A clear strategy for the children and families resettlement pathway should be developed to ensure appropriate services are provided to help prisoners maintain or rebuild links with their families. (HP44) |

Recommendations	To NOMS
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Close supervision centre

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| 10.6 | A research-based programme should be introduced to assist close supervision centre prisoners to progress. (7.41) |
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Dangerous and severe personality disorder unit

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| 10.7 | A national strategy should be developed to ensure that dangerous and severe personality disorder unit prisoners can be progressed once the treatment phase is completed. (9.85) |
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Recommendations	To the governor
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Courts, escorts and transfers

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| 10.8 | Prisoners being transferred should be offered a toilet break at least every 2.5 hours. (1.5) |
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First days in custody

- 10.9 Prisoners should not be held in reception any longer than is necessary to complete essential booking in and risk assessment interviews, which should take place in private. (1.12)
- 10.10 Prisoners on induction should not be locked in their cells during the core day. (1.22)

Residential units

- 10.11 In-cell toilets should be adequately screened. (2.5)
- 10.12 Shower rooms should be refurbished and individual shower heads screened. (2.9)

Staff-prisoner relationships

- 10.13 An effective prisoners' council should be established with representatives from all parts of the prison and chaired and attended by senior managers. (2.16)

Bullying and violence reduction

- 10.14 Specific intervention work should be developed for persistent bullies. (3.11)

Self-harm and suicide

- 10.15 Managers should ensure the standard of support plans and care maps are of sufficient quality to identify and address any concerns. (3.18)
- 10.16 Mental health professionals should consistently attend case reviews of prisoners on open assessment, care in custody and teamwork documents. (3.19)
- 10.17 Prisoners should be able to contact the Samaritans by telephone at night. (3.20)

Applications and complaints

- 10.18 The applications system should be simplified and the timeliness of replies should be tracked. (3.26)
- 10.19 Complaints data should be routinely analysed by type and location, monitored for diversity and any trends or issues reviewed and addressed by senior managers. (3.27)

Legal rights

- 10.20 Suitable facilities should be provided to allow private legal visits. (3.33)

Substance use

- 10.21 A supply reduction strategy should be developed and implemented and imbedded in the wider prison drug and alcohol strategy. (3.46)

Diversity

- 10.22 Prisoners should be aware of the role and identity of the prisoner and staff diversity representatives, who should have the information and resources necessary to keep prisoners properly informed of diversity team initiatives. (4.6)
- 10.23 Staff training and development strategies should ensure all staff have the confidence and knowledge to interact effectively and respectfully with all prisoners, whatever their religious or cultural background. (4.7)

Race equality

- 10.24 Racist incident and general complaints identifying a racial aspect should be systematically analysed and, where appropriate, actioned by members of the diversity team. (4.17)
- 10.25 Engagement with community organisations to promote race equality should be expanded. (4.18)
- 10.26 Ethnic monitoring should be broadened to cover allocation to activities and specific jobs. (4.19)

Religion

- 10.27 There should be monitoring and analysis of treatment of prisoners by religion and action taken to deal with any identified disparities. (4.26)
- 10.28 Jewish prisoners following a kosher diet should receive adequate meals equivalent to other prisoners. (4.27)

Foreign nationals

- 10.29 The needs of men who do not speak or understand English well should be better met by ensuring that translated information is systematically distributed according to need and telephone interpreting services are used routinely by residential staff. (4.33)
- 10.30 Foreign national prisoners with family abroad should receive a free monthly telephone call irrespective of whether they have had a visit. (4.34)
- 10.31 Prisoners should be helped to obtain independent immigration advice where necessary. (4.35)

Disability and older prisoners

- 10.32 The governor should ensure that staff understand their duties in relation to pushing wheelchairs for which no training is required. (4.41)
- 10.33 Prisoners with disabilities and those over retirement age who need them should have multidisciplinary care plans and personal emergency evacuation plans. They should be involved in the development and review of these plans, which should set out how reasonable adjustments and other specific needs will be met, including formal paid social care. (4.42)

- 10.34 Pay rates for prisoners who cannot work because of illness or disability should be increased. (4.43)

Sexual orientation

- 10.35 A policy should be developed that systematically outlines the needs of transgender, gay and bisexual prisoners and how they will be met. (4.46)

Health services

- 10.36 The health care rooms in reception and the close supervision centre should be refurbished to meet NHS standards. (5.6)
- 10.37 A comprehensive staff skills mix for all health services should be undertaken to ensure sufficient and appropriately qualified nursing staff are in place to provide a comprehensive 24-hour health service to prisoners. Special attention should be paid to mental health services. (5.15)
- 10.38 Condoms should be freely available to prisoners. (5.22)
- 10.39 Prisoners should be able to access a pharmacy service supported by professional pharmacy staff. The pharmacist should make monthly visits to check systems in place, make random checks of faxed prescriptions and provide face-to-face interaction with prisoners, including pharmacy-led clinics and medicine use reviews. (5.27)
- 10.40 Sufficient dental sessions should be provided to ensure acceptable waiting lists for treatment. (5.35)
- 10.41 Day care services should be provided for prisoners who need additional therapeutic support for emotional, behavioural and mental health problems. (5.43)
- 10.42 Discipline staff should supervise all administration of medicines and support health staff to ensure that there is no diversion of medication. (5.44)
- 10.43 Mental health awareness training should be encouraged and accessible to all staff, particularly discipline staff, who have contact with prisoners. (5.45)

Learning and skills and work activities

- 10.44 A wider range of education courses should be introduced to meet the needs and abilities of prisoners. (6.6)
- 10.45 The prison should continue to develop and improve the quality improvement arrangements across all learning and skills provision. (6.7)
- 10.46 Prisoners should arrive on time for work, education and training sessions. (6.8)
- 10.47 The sequencing of regime activities should be improved to ensure less disruption to classes and work. (6.9)
- 10.48 The pay structure should be reviewed and clarified to ensure prisoners understand it and are not disadvantaged from participating in education or vocational training. (6.10)

- 10.49 Sufficient education and vocational training staff should be employed without undue delay in security clearance to meet the planned expansion of provision and reintroduction of vocational training areas. (6.16)
- 10.50 Education courses should be better promoted to prisoners in the dangerous and severe personality disorder unit to improve take-up. (6.20)
- 10.51 Target setting in learning plans should be improved. (6.21)

Time out of cell

- 10.52 Prisoners should be offered at least an hour of time in the open air every day. (6.31)

Security and rules

- 10.53 Authorisation for suspicion drug tests should be given only when intelligence is sufficiently sound. (7.7)
- 10.54 Allocation to activities should be based on a system of individual risk assessments. (7.8)

Discipline

- 10.55 A range of adjudication data should be routinely monitored to identify emerging trends, with appropriate action taken to address them when necessary. (7.14)
- 10.56 Use of force records and recordings of planned interventions should routinely be scrutinised by senior managers to ensure all use is appropriate and justified. (7.21)
- 10.57 Special accommodation and/or a body belt should be used only as a last resort and only for as long as necessary, irrespective of the time of day or regime considerations. (7.22)
- 10.58 Use of force data monitored by managers should include reasons why force is used and how often each member of staff is involved in a spontaneous incident. (7.23)
- 10.59 The segregation unit showers should be refurbished. (7.30)
- 10.60 All prisoners in the segregation unit should be able to shower and use the telephone daily and access to other facilities and privileges as far as practicable should be in line with the local incentives and earned privileges policy. (7.31)
- 10.61 A multidisciplinary staff group should routinely monitor adherence to Prison Service Order 1700 and trends in the use of segregation. (7.32)

Close supervision centre

- 10.62 Education provision on the close supervision centre should be enhanced to meet the needs of the prisoners. (7.39)
- 10.63 A greater level of privacy should be offered during visits on the close supervision centre. (7.40)

Catering

- 10.64 Lunch should not be served before noon and the evening meal not before 5pm. (8.6)

Prison shop

- 10.65 Managers should consult prisoners more effectively, including minority groups, to ensure the prison shop stocks an appropriate range of goods. (8.13)

Strategic management of resettlement

- 10.66 The reducing reoffending strategy should set out an appropriate strategic up-to-date vision of the aim and purpose of Whitemoor, with an action plan to meet the specific and different needs of prisoners based on a needs analysis. (9.7)

Offender management and planning

- 10.67 A strategy should be published for the delivery of offender management, including a minimum standard of contact between offender supervisors and prisoners. (9.18)
- 10.68 Where relevant, sentence plans should include targets to help maintain contact with family. (9.19)
- 10.69 All staff should know how, when and to whom they should raise any concerns about public protection. (9.26)
- 10.70 Occasional events to provide information about indeterminate sentences should be held. (9.29)

Resettlement pathways

- 10.71 The drug strategy should be updated, include alcohol services and contain detailed action plans and performance measures, based on assessments of need to inform future service provision. (9.44)
- 10.72 The CARAT service should be sufficiently resourced to offer prisoners psychosocial support under the integrated drug treatment system. (9.45)
- 10.73 Sufficient services for prisoners with primary alcohol problems should be provided. (9.46)
- 10.74 All prisoners should be able to have at least one visit a week, which lasts for the advertised time. (9.61)
- 10.75 Closed visits should be authorised only when there is a significant risk justified by security intelligence and not on a drug dog indication alone. (9.62)
- 10.76 A supervised and suitably equipped play area should be provided. (9.63)

Dangerous and severe personality disorder unit

- 10.77 The assessment phase of the dangerous and severe personality disorder unit programme should be completed within the advertised timescale. (9.84)
- 10.78 Managers should closely monitor prisoner behaviour and vulnerabilities before and during the first weeks of new groups of prisoners arriving. (9.86)

Housekeeping points

Courts, escorts and transfers

- 10.79 Property should be transferred directly to the receiving prison on the day of departure. (1.6)

First days in custody

- 10.80 The electronic prisoner information point in the reception waiting room should be functioning. (1.13)
- 10.81 Reception packs should be available for non-smokers. (1.14)
- 10.82 First night procedures should be formalised into a written policy to ensure consistency of treatment, which should include the opportunity to make a free telephone call and take a shower on the day of arrival. (1.19)

Residential units

- 10.83 Prisoners should have access to stored property within seven days of submitting a request. (2.7)

Personal officers

- 10.84 Managers should comment on the quality of entries in wing files and address identified shortfalls. (2.21)

Applications and complaints

- 10.85 Where a prisoner indicates that a complaint has a racist or bullying element, this issue should be addressed in the reply. (3.28)

Substance use

- 10.86 Clinical management protocols should include provision for prescribing the opiate blocker naltrexone. (3.42)
- 10.87 A senior manager from the security department should attend drug strategy meetings to help improve integration between supply and demand initiatives. (3.47)

Race equality

- 10.88 Prisoners should receive prompt final replies to racist incident report forms. (4.20)

Foreign nationals

- 10.89 Training in the professional telephone interpreting service should be delivered to all front line staff. (4.36)

Health services

- 10.90 Escort arrangements should ensure that prisoners do not have to wait in health care for long periods of time. (5.23)
- 10.91 Patient group directions should be reviewed to allow the administration of more potent medicines by nurses and pharmacy staff. (5.28)
- 10.92 The medicines and therapeutics committee should hold meaningful meetings with all stakeholders present, including the primary care trust. (5.29)
- 10.93 Fridge temperatures should be checked regularly to ensure that thermolabile products are stored appropriately. (5.30)

Learning and skills and work activities

- 10.94 Appropriate measures should be put in place to encourage those who are unemployed into work. (6.14)

Physical education and health promotion

- 10.95 Use of cardiovascular equipment on the wings should be better recorded to ensure that appropriate health and safety records are maintained. (6.27)

Security and rules

- 10.96 All relevant functions in the prison should be represented at the monthly security committee meeting. (7.9)

Discipline

- 10.97 A senior manager should routinely check a sample of adjudication records as part of a quality assurance process. (7.15)
- 10.98 Segregated prisoners who cannot return to normal location should have periods of association. (7.33)

Close supervision centre

10.99 The segregation cell should be cleaned after each use. (7.42)

Catering

10.100 Managers and catering staff should engage with prisoners to improve satisfaction with the food. (8.7)

10.101 Catering staff should write detailed responses to the issues raised in food comments books. (8.8)

Strategic management of resettlement

10.102 Reducing reoffending committee meetings and resettlement committee meetings should be minuted. (9.8)

Offender management and planning

10.103 Terms of reference for the inter-departmental risk management meetings and the need for public protection training for prison staff should be included in the community risk management strategy. (9.27)

10.104 Information in the 'Life at Whitemoor' booklet should be up to date. (9.30)

Resettlement pathways

10.105 Substance use peer advisers should have appropriate access to other prisoners. (9.47)

10.106 The suitability of and need for the Focus programme for the population should remain under review. (9.48)

10.107 It should be made clear to visitors that photographic identification is not required. (9.64)

10.108 Closed visits should be able to take place in private. (9.65)

10.109 All prisoners should be made aware of the opportunity to exchange unused visiting orders for letters or telephone credit. (9.66)

10.110 Family days should be open to all prisoners irrespective of their incentives and earned privileges status. (9.67)

10.111 The criminogenic needs analysis of October 2010 should be used to inform the reducing reoffending action plan. (9.75)

10.112 Up-to-date and correct information about programmes should be included in prisoner information. (9.76)

Good practice

Resettlement pathways

- 10.113 The compact-based drug testing scheme was well run. Comprehensive risk assessments informed testing frequency and joint case conferences were held to discuss the support needs of prisoners testing positive. (9.49)

Appendix I: Inspection team

Nick Hardwick	Chief Inspector
Michael Loughlin	Team leader
Joss Crosbie	Inspector
Sandra Fieldhouse	Inspector
Martin Owens	Inspector
Gordon Riach	Inspector
Hindpal Singh Bhui	Inspector
Sean Sullivan	Inspector
Lucy Young	Inspector
Bridget McEvilly	Health care inspector
Sigrid Engelen	Drugs inspector
Sue Melvin	Pharmacy inspector
Martin Wedgwood	Dental inspector
Neil Edwards	Ofsted lead
Stephen Miller	Ofsted inspector
Alan Hatcher	Ofsted inspector
Hayley Cripps	Researcher
Amy Summerfield	Researcher
Laura Nettleingham	Researcher

Appendix II: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Status	18 - 20 yr olds	21 and over	%
Sentenced	1	448	99.33
Recall	0	0	0.00
Convicted unsentenced	0	2	0.44
Remand	0	0	0.00
Civil prisoners	0	0	0
Detainee	0	0	0
Other	0	1	0.22
Total	1	451	100

	18 - 20 yr olds	21 and over	%
No Sentence	0	1	0.22
Less Than 6 Months	0	0	0.00
6 Months To Less Than 1 Year	0	0	0.00
1 Year To Less Than 2 Years	0	1	0.22
2 Years To Less Than 3 Years	0	0	0.00
3 Years To Less Than 4 Years	0	0	0.00
4 Years To Less Than 10 Years	0	18	3.98
10 Years Or More And Less Than Life	1	79	17.70
Lifer	0	352	77.88
Total	1	451	100.00

	18 - 20 yr olds	21 and over	%
Minimum age: 21	-	-	-
21 years to 29 years	0	171	37.83
30 years to 39 years	0	146	32.30
40 years to 49 years	0	85	18.81
50 years to 59 years	0	40	8.85
60 years to 69 years	0	9	1.99
70 plus years	0	0	0.00
Under 21	1	0	0.22
Maximum Age: 74	-	-	-
Total	1	451	100

			18 - 20 yr olds	21 and over		%
British			1	352		78.10
Foreign nationals			0	95		21.02
Not stated			0	4		0.88
Total			1	451		100

Security Category			18 - 20 yr olds	21 and over		%
Cat A			0	123		27.21
Cat A Exceptional			0	0		0.00
Cat A Hi			0	13		2.88
Cat A High			0	0		0.00
Cat A Provisional			0	0		0.00
Cat A Standard			0	0		0.00
Cat B			1	308		68.36
Cat C			0	2		0.44
Cat D			0	0		0.00
Female Closed			0	0		0.00
Female Open			0	0		0.00
Female Semi			0	0		0.00
Other			0	0		0.00
Prov A			0	5		1.11
Uncategorised sentenced			0	0		0.00
Uncategorised Sentenced Male			0	0		0.00
Uncategorised unsentenced			0	0		0.00
Unclassified			0	0		0.00
Unsentenced			0	0		0.00
YOI Closed			0	0		0.00
YOI Open			0	0		0.00
Total			1	451		100

Religion			18 - 20 yr olds	21 and over		%
Baptist			0	0		0.00
Buddhist			0	17		3.76
Church of England			1	80		17.92
Hindu			0	5		1.11
Jewish			0	7		1.55
Muslim			0	166		36.73
No religion			0	59		13.05
Not stated			0	2		0.44
Other			0	13		2.88
Other Christian denominations			0	20		4.42
Roman Catholic			0	76		16.81

Sikh			0		6		1.33
Total			1		451		100

Ethnicity		18 - 20 yr olds	21 and over	%
Asian or Asian British	Asian : Bangladeshi	0	6	1.33
	Asian : Indian	0	8	1.77
	Asian : Other	0	22	4.87
	Asian : Pakistani	0	16	3.54
		0	52	11.51

Black or black British	Black : African	0	17	3.76
	Black : Caribbean	0	83	18.36
	Black : Other	1	29	6.64
		0	129	28.76

Chinese or other ethnic group	Any other ethnic group	0	9	2.00
	Chinese	0	4	0.88
		0	6	2.88

Mixed	Mixed : African	0	3	0.66
	Mixed : Asian		3	0.66
	Mixed : Caribbean	0	9	1.99
	Mixed : Other	0	7	1.55
		0	22	4.86

Not stated	Code Missing	0	1	0.22
	Refusal	0	0	0.00
		0	1	0.22

White	White : British	0	191	42.26
	White : Irish	0	9	1.99
	White : Other	0	34	7.52
		0	234	51.77

	Total	1	451	100
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Length of stay - sentenced prisoners		18 - 20 yr olds		%	21 and over	%		
1 month to 3 months		0		0.0	41	9.1		
1 year to 2 years		0		0.0	138	33.2		
2 years to 4 years		0		0.0	94	19.9		
3 months to 6 months		0		0.0	30	10.1		
4 years or more		0		0.0	23	12.0		
6 months to 1 year		0		0.0	108	15.4		
Less than 1 month		1		100	17	4.9		
Total		1		100	451	100		

Length of stay - unsentenced prisoners		18 - 20 yr olds		%	21 and over	%		
1 month to 3 months		0			0			
1 year to 2 years		0			0			
2 years to 4 years		0			0			
3 months to 6 months		0			0			
4 years or more		0			0			
6 months to 1 year		0			0			
Less than 1 month		0			0			
Total		0			0			

Main offence		18 - 20 yr olds			21 and over			
Available in a later release of NOMIS		0			0			
Total		0			0			

Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence-base for the inspection.

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 11 January 2011, the prisoner population at HMP Whitemoor was 443 (excluding those held in the CSC). The sample size was 177. Overall, this represented 40% of the prisoner population.

Selecting the sample

Respondents were randomly selected from a P-Nomis prisoner population printout using a stratified systematic sampling method. This basically means every second person is selected from a P-Nomis list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Fifteen respondents refused to complete a questionnaire. Interviews were carried out with any respondents with literacy difficulties. No respondents were interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable
- seal the questionnaire in the envelope provided and leave it in their room for collection

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 148 respondents completed and returned their questionnaires. This represented 33% of the prison population. The response rate was 84%. In addition to the 15 respondents who refused to complete a questionnaire, 10 questionnaires were not returned and four were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment have been weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses have been conducted:

- The current survey responses in 2011 against comparator figures for all prisoners surveyed in high security prisons. This comparator is based on all responses from prisoner surveys carried out in four high security prisons since 2008.
- The current survey responses in 2011 against the responses of prisoners surveyed at HMP Whitemoor in 2008.
- A comparison within the 2011 survey between the responses of white prisoners and those from a black and minority ethnic group.
- A comparison within the 2011 survey between those who are British nationals and those who are foreign nationals.
- A comparison within the 2011 survey between the responses of Muslim prisoners and non-Muslim prisoners.
- A comparison within the 2011 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2011 survey between those who are aged 50 and over.
- A comparison within the 2011 survey between the responses of respondents on D wing (DSPD unit) and those from A-C wings.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and those of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from and the statistical significance is correct.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2% from that shown in the comparison data as the comparator data have been weighted for comparison purposes.

Survey Results

Section 1: About you

Q1.1	<p>What wing or houseblock are you currently living on? See front cover sheet</p>	
Q1.2	<p>How old are you?</p> <p><i>Under 21</i> 1 (1%) <i>21 - 29</i> 62 (43%) <i>30 - 39</i> 42 (29%) <i>40 - 49</i> 25 (17%) <i>50 - 59</i> 10 (7%) <i>60 - 69</i> 5 (3%) <i>70 and over</i> 0 (0%)</p>	
Q1.3	<p>Are you sentenced?</p> <p><i>Yes</i> 146 (99%) <i>Yes - on recall</i> 1 (1%) <i>No - awaiting trial</i> 0 (0%) <i>No - awaiting sentence</i> 0 (0%) <i>No - awaiting deportation</i> 0 (0%)</p>	
Q1.4	<p>How long is your sentence?</p> <p><i>Not sentenced</i> 0 (0%) <i>Less than 6 months</i> 0 (0%) <i>6 months to less than 1 year</i> 0 (0%) <i>1 year to less than 2 years</i> 0 (0%) <i>2 years to less than 4 years</i> 0 (0%) <i>4 years to less than 10 years</i> 8 (5%) <i>10 years or more</i> 32 (22%) <i>IPP (Indeterminate Sentence for Public Protection)</i> 16 (11%) <i>Life</i> 90 (62%)</p>	
Q1.5	<p>Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?</p> <p><i>Not sentenced</i> 0 (0%) <i>6 months or less</i> 10 (9%) <i>More than 6 months</i> 100 (91%)</p>	
Q1.6	<p>How long have you been in this prison?</p> <p><i>Less than 1 month</i> 0 (0%) <i>1 to less than 3 months</i> 7 (5%) <i>3 to less than 6 months</i> 3 (2%) <i>6 to less than 12 months</i> 10 (7%) <i>12 months to less than 2 years</i> 27 (18%) <i>2 to less than 4 years</i> 44 (30%) <i>4 years or more</i> 57 (39%)</p>	
Q1.7	<p>Are you a foreign national? (i.e. do not hold UK citizenship)</p> <p><i>Yes</i> 31 (21%) <i>No</i> 114 (79%)</p>	

Q1.8	Is English your first language?			
	Yes.....			122 (82%)
	No.....			26 (18%)
Q1.9	What is your ethnic origin?			
	<i>White - British</i>	62 (42%)	<i>Asian or Asian British - Bangladeshi</i>	2 (1%)
	<i>White - Irish</i>	7 (5%)	<i>Asian or Asian British - Other</i>	1 (1%)
	<i>White - Other</i>	9 (6%)	<i>Mixed race - White and black Caribbean</i>	9 (6%)
	<i>Black or black British - Caribbean</i>	20 (14%)	<i>Mixed race - White and black African</i>	1 (1%)
	<i>Black or black British - African</i>	6 (4%)	<i>Mixed race - White and Asian</i>	2 (1%)
	<i>Black or black British - Other</i>	5 (3%)	<i>Mixed race - Other</i>	5 (3%)
	<i>Asian or Asian British - Indian</i>	1 (1%)	<i>Chinese</i>	2 (1%)
	<i>Asian or Asian British - Pakistani</i>	12 (8%)	<i>Other ethnic group</i>	3 (2%)
Q1.10	Do you consider yourself to be Gypsy/Romany/Traveller?			
	Yes.....			6 (4%)
	No.....			129 (96%)
Q1.11	What is your religion?			
	<i>None</i>	24 (16%)	<i>Hindu</i>	0 (0%)
	<i>Church of England</i>	30 (20%)	<i>Jewish</i>	3 (2%)
	<i>Catholic</i>	21 (14%)	<i>Muslim</i>	47 (32%)
	<i>Protestant</i>	3 (2%)	<i>Sikh</i>	2 (1%)
	<i>Other Christian denomination</i>	3 (2%)	<i>Other</i>	9 (6%)
	<i>Buddhist</i>	5 (3%)		
Q1.12	How would you describe your sexual orientation?			
	<i>Heterosexual/straight</i>			136 (94%)
	<i>Homosexual/gay</i>			5 (3%)
	<i>Bisexual</i>			3 (2%)
	<i>Other</i>			1 (1%)
Q1.13	Do you consider yourself to have a disability?			
	Yes.....			33 (23%)
	No.....			113 (77%)
1.14	How many times have you been in prison before?			
	<i>0</i>	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>
	53 (36%)	34 (23%)	41 (28%)	18 (12%)
Q1.15	Including this prison, how many prisons have you been in during this sentence/remand time?			
	<i>1</i>	<i>2 to 5</i>	<i>More than 5</i>	
	4 (3%)	106 (72%)	37 (25%)	
Q1.16	Do you have any children under the age of 18?			
	Yes.....			70 (48%)
	No.....			76 (52%)

Section 2: Courts, transfers and escorts

Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons? How was:

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	11 (8%)	56 (39%)	32 (22%)	24 (17%)	14 (10%)	5 (3%)	3 (2%)
Your personal safety during the journey?	13 (10%)	62 (46%)	17 (13%)	19 (14%)	18 (13%)	2 (1%)	3 (2%)
The comfort of the van?	5 (3%)	18 (13%)	17 (12%)	49 (34%)	52 (36%)	0 (0%)	2 (1%)
The attention paid to your health needs?	6 (4%)	30 (22%)	41 (30%)	24 (18%)	28 (20%)	1 (1%)	7 (5%)
The frequency of toilet breaks?	1 (1%)	14 (10%)	19 (13%)	18 (13%)	67 (47%)	7 (5%)	17 (12%)

Q2.2 How long did you spend in the van?

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
4 (3%)	26 (18%)	89 (61%)	20 (14%)	6 (4%)

Q2.3 How did you feel you were treated by the escort staff?

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
14 (10%)	59 (41%)	40 (28%)	23 (16%)	5 (3%)	3 (2%)

Q2.4 Please answer the following questions about when you first arrived here:

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	80 (55%)	61 (42%)	4 (3%)
Before you arrived here did you receive any written information about what would happen to you?	15 (10%)	123 (86%)	5 (3%)
When you first arrived here did your property arrive at the same time as you?	90 (63%)	49 (34%)	4 (3%)

Section 3: Reception, first night and induction

Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)

<i>Didn't ask about any of these</i>	37 (28%)	<i>Money worries</i>	19 (14%)
<i>Loss of property</i>	20 (15%)	<i>Feeling depressed or suicidal</i>	49 (37%)
<i>Housing problems</i>	14 (10%)	<i>Health problems</i>	65 (49%)
<i>Contacting employers</i>	13 (10%)	<i>Needing protection from other prisoners</i>	26 (19%)
<i>Contacting family</i>	52 (39%)	<i>Accessing phone numbers</i>	36 (27%)
<i>Ensuring dependants were being looked after</i>	12 (9%)	<i>Other</i>	2 (1%)

Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

<i>Didn't have any problems</i>	38 (30%)	<i>Money worries</i>	17 (13%)
<i>Loss of property</i>	43 (34%)	<i>Feeling depressed or suicidal</i>	20 (16%)
<i>Housing problems</i>	6 (5%)	<i>Health problems</i>	26 (21%)
<i>Contacting employers</i>	5 (4%)	<i>Needing protection from other prisoners</i>	7 (6%)
<i>Contacting family</i>	49 (39%)	<i>Accessing phone numbers</i>	40 (32%)
<i>Ensuring dependants were looked after</i>	6 (5%)	<i>Other</i>	5 (4%)

Q3.3	Please answer the following questions about reception:	Yes	No	Don't remember		
	Were you seen by a member of health services?	108 (73%)	26 (18%)	13 (9%)		
	When you were searched, was this carried out in a respectful way?	102 (70%)	37 (26%)	6 (4%)		
Q3.4	Overall, how well did you feel you were treated in reception?					
	<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
	18 (12%)	62 (42%)	37 (25%)	11 (7%)	14 (10%)	5 (3%)
Q3.5	On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)					
	<i>Information about what was going to happen to you</i>	60 (44%)				
	<i>Information about what support was available for people feeling depressed or suicidal</i>	50 (36%)				
	<i>Information about how to make routine requests</i>	49 (36%)				
	<i>Information about your entitlement to visits</i>	45 (33%)				
	<i>Information about health services</i>	62 (45%)				
	<i>Information about the chaplaincy</i>	50 (36%)				
	<i>Not offered anything</i>	53 (39%)				
Q3.6	On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)					
	<i>A smokers/non-smokers pack</i>	59 (41%)				
	<i>The opportunity to have a shower</i>	45 (31%)				
	<i>The opportunity to make a free telephone call</i>	17 (12%)				
	<i>Something to eat</i>	101 (71%)				
	<i>Did not receive anything</i>	31 (22%)				
Q3.7	Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)					
	<i>Chaplain or religious leader</i>	30 (21%)				
	<i>Someone from health services</i>	99 (70%)				
	<i>A Listener/Samaritans</i>	18 (13%)				
	<i>Did not meet any of these people</i>	36 (26%)				
Q3.8	Did you have access to the prison shop/canteen within the first 24 hours of your arrival at this prison?					
	<i>Yes</i>	19 (13%)				
	<i>No</i>	125 (87%)				
Q3.9	Did you feel safe on your first night here?					
	<i>Yes</i>	94 (66%)				
	<i>No</i>	34 (24%)				
	<i>Don't remember</i>	15 (10%)				
Q3.10	How soon after your arrival did you go on an induction course?					
	<i>Have not been on an induction course</i>	22 (15%)				
	<i>Within the first week</i>	79 (54%)				
	<i>More than a week</i>	31 (21%)				
	<i>Don't remember</i>	13 (9%)				
Q3.11	Did the induction course cover everything you needed to know about the prison?					
	<i>Have not been on an induction course</i>	22 (15%)				
	<i>Yes</i>	74 (51%)				
	<i>No</i>	26 (18%)				
	<i>Don't remember</i>	22 (15%)				

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to:						
	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>	
	Communicate with your solicitor or legal representative?	24 (17%)	59 (41%)	16 (11%)	32 (22%)	11 (8%)	3 (2%)
	Attend legal visits?	19 (14%)	57 (42%)	19 (14%)	19 (14%)	8 (6%)	15 (11%)
	Obtain bail information?	3 (3%)	11 (10%)	18 (17%)	5 (5%)	4 (4%)	65 (61%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	<i>Not had any letters</i>						10 (7%)
	<i>Yes</i>						89 (61%)
	<i>No</i>						46 (32%)
Q4.3	Please answer the following questions about the wing/unit you are currently living on:						
		<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>N/A</i>		
	Are you normally offered enough clean, suitable clothes for the week?	65 (46%)	46 (32%)	8 (6%)	23 (16%)		
	Are you normally able to have a shower every day?	132 (89%)	16 (11%)	0 (0%)	0 (0%)		
	Do you normally receive clean sheets every week?	86 (60%)	29 (20%)	8 (6%)	20 (14%)		
	Do you normally get cell cleaning materials every week?	110 (76%)	33 (23%)	2 (1%)	0 (0%)		
	Is your cell call bell normally answered within five minutes?	77 (53%)	54 (37%)	10 (7%)	4 (3%)		
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	92 (66%)	47 (34%)	1 (1%)	0 (0%)		
	Can you normally get your stored property if you need to?	29 (20%)	81 (56%)	25 (17%)	9 (6%)		
Q4.4	What is the food like here?						
	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>		
	5 (3%)	22 (15%)	45 (30%)	48 (32%)	28 (19%)		
Q4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?						
	<i>Have not bought anything yet</i>						0 (0%)
	<i>Yes</i>						55 (38%)
	<i>No</i>						91 (62%)
Q4.6	Is it easy or difficult to get either						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	A complaint form	54 (36%)	63 (43%)	16 (11%)	7 (5%)	4 (3%)	4 (3%)
	An application form	65 (45%)	64 (45%)	8 (6%)	2 (1%)	2 (1%)	2 (1%)
Q4.7	Have you made an application?						
	<i>Yes</i>						141 (95%)
	<i>No</i>						7 (5%)

Q4.8	Please answer the following questions concerning applications: (If you have not made an application please tick the 'not made one' option.)					
		Not made one	Yes	No		
	Do you feel <i>applications</i> are dealt with fairly?	7 (5%)	69 (50%)	63 (45%)		
	Do you feel <i>applications</i> are dealt with promptly (within seven days)?	7 (5%)	72 (51%)	61 (44%)		
Q4.9	Have you made a complaint?					
	Yes.....				121 (82%)	
	No.....				27 (18%)	
Q4.10	Please answer the following questions concerning complaints: (If you have not made a complaint please tick the 'not made one' option.)					
		Not made one	Yes	No		
	Do you feel <i>complaints</i> are dealt with fairly?	27 (19%)	27 (19%)	88 (62%)		
	Do you feel <i>complaints</i> are dealt with promptly (within seven days)?	27 (19%)	46 (33%)	66 (47%)		
	Were you given information about how to make an appeal?	18 (13%)	56 (42%)	60 (45%)		
Q4.11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?					
	<i>Not made a complaint</i>				27 (18%)	
	Yes.....				40 (27%)	
	No.....				79 (54%)	
Q4.12	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?					
	<i>Don't know who they are</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	14 (10%)	9 (6%)	47 (33%)	41 (29%)	18 (13%)	13 (9%)
Q4.13	What level of the IEP scheme are you on now?					
	<i>Don't know what the IEP scheme is</i>				1 (1%)	
	<i>Enhanced</i>				105 (71%)	
	<i>Standard</i>				41 (28%)	
	<i>Basic</i>				1 (1%)	
	<i>Don't know</i>				0 (0%)	
Q4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?					
	<i>Don't know what the IEP scheme is</i>				1 (1%)	
	Yes				79 (54%)	
	No				55 (38%)	
	<i>Don't know</i>				11 (8%)	
Q4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?					
	<i>Don't know what the IEP scheme is</i>				1 (1%)	
	Yes.....				59 (42%)	
	No.....				74 (52%)	
	<i>Don't know</i>				7 (5%)	
Q4.16	Please answer the following questions about this prison?					
		Yes	No			
	In the last six months have any members of staff physically restrained you (C&R)?	10 (7%)	137 (93%)			
	In the last six months have you spent a night in the segregation /care and separation unit?	33 (22%)	115 (78%)			

Q4.17	Please answer the following questions about your religious beliefs?	<i>Yes</i>	<i>No</i>	<i>Don't know/ N/A</i>
	Do you feel your religious beliefs are respected?	51 (36%)	64 (45%)	26 (18%)
	Are you able to speak to a religious leader of your faith in private if you want to?	84 (61%)	18 (13%)	36 (26%)
Q4.18	Can you speak to a listener at any time if you want to?	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
		57 (39%)	16 (11%)	73 (50%)
Q4.19	Please answer the following questions about staff in this prison?	<i>Yes</i>	<i>No</i>	
	Is there a member of staff you can turn to for help if you have a problem?	101 (73%)	38 (27%)	
	Do most staff treat you with respect?	90 (64%)	50 (36%)	

Section 5: Safety

Q5.1	Have you ever felt unsafe in this prison?		
	<i>Yes</i>	88 (60%)	
	<i>No</i>	59 (40%)	
Q5.2	Do you feel unsafe in this prison at the moment?		
	<i>Yes</i>	46 (32%)	
	<i>No</i>	98 (68%)	
Q5.3	In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)		
	<i>Never felt unsafe</i>	58 (41%)	<i>At mealtimes</i> 14 (10%)
	<i>Everywhere</i>	30 (21%)	<i>At health services</i> 10 (7%)
	<i>Segregation unit</i>	27 (19%)	<i>Visit's area</i> 15 (11%)
	<i>Association areas</i>	16 (11%)	<i>In wing showers</i> 20 (14%)
	<i>Reception area</i>	7 (5%)	<i>In gym showers</i> 15 (11%)
	<i>At the gym</i>	20 (14%)	<i>In corridors/stairwells</i> 19 (13%)
	<i>In an exercise yard</i>	15 (11%)	<i>On your landing/wing</i> 23 (16%)
	<i>At work</i>	19 (13%)	<i>In your cell</i> 16 (11%)
	<i>During movement</i>	28 (20%)	<i>At religious services</i> 6 (4%)
	<i>At education</i>	12 (9%)	
Q5.4	Have you been victimised by another prisoner or group of prisoners here?		
	<i>Yes</i>	31 (21%)	
	<i>No</i>	117 (79%)	If No, go to question 5.6
Q5.5	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)		
	<i>Insulting remarks (about you or your family or friends)</i>	12 (8%)	<i>Because of your sexuality</i> 3 (2%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	6 (4%)	<i>Because you have a disability</i> 6 (4%)
	<i>Sexual abuse</i>	3 (2%)	<i>Because of your religion/religious beliefs</i> 15 (10%)
	<i>Because of your race or ethnic origin</i>	10 (7%)	<i>Because of your age</i> 6 (4%)
	<i>Because of drugs</i>	1 (1%)	<i>Being from a different part of the country than others</i> 5 (3%)
	<i>Having your canteen/property taken</i>	6 (4%)	<i>Because of your offence/ crime</i> 5 (3%)
	<i>Because you were new here</i>	7 (5%)	<i>Because of gang related issues</i> 4 (3%)

Q5.6	Have you been victimised by a member of staff or group of staff here?					
	Yes.....	66 (45%)				
	No.....	81 (55%)	If No, go to question 5.8			
Q5.7	If yes, what did the incident(s) involve/what was it about? (Please tick all that apply)					
	<i>Insulting remarks (about you or your family or friends).....</i>	26 (18%)	<i>Because you have a disability.....</i>	8 (5%)		
	<i>Physical abuse (being hit, kicked or assaulted).....</i>	6 (4%)	<i>Because of your religion/religious beliefs.....</i>	23 (16%)		
	<i>Sexual abuse.....</i>	2 (1%)	<i>Because of your age.....</i>	6 (4%)		
	<i>Because of your race or ethnic origin.....</i>	22 (15%)	<i>Being from a different part of the country than others.....</i>	11 (7%)		
	<i>Because of drugs.....</i>	3 (2%)	<i>Because of your offence/crime.....</i>	8 (5%)		
	<i>Because you were new here.....</i>	7 (5%)	<i>Because of gang related issues.....</i>	5 (3%)		
	<i>Because of your sexuality.....</i>	2 (1%)				
Q5.8	If you have been victimised by prisoners or staff did you report it?					
	<i>Not been victimised.....</i>			71 (51%)		
	Yes.....			35 (25%)		
	No.....			34 (24%)		
Q5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?					
	Yes.....			42 (29%)		
	No.....			103 (71%)		
Q5.10	Have you ever felt threatened or intimidated by a member of staff/group of staff in here?					
	Yes.....			63 (44%)		
	No.....			81 (56%)		
Q5.11	Is it easy or difficult to get illegal drugs in this prison?					
	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>Don't know</i>
	12 (8%)	11 (8%)	10 (7%)	8 (5%)	10 (7%)	95 (65%)

Section 6: Health services

Q6.1	How easy or difficult is it to see the following people?						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	5 (3%)	12 (8%)	46 (32%)	32 (22%)	37 (25%)	14 (10%)
	The nurse	5 (4%)	35 (25%)	67 (48%)	15 (11%)	11 (8%)	8 (6%)
	The dentist	8 (6%)	3 (2%)	6 (4%)	9 (6%)	41 (29%)	76 (53%)
	The optician	30 (21%)	3 (2%)	9 (6%)	10 (7%)	33 (24%)	55 (39%)
Q6.2	Are you able to see a pharmacist?						
	Yes.....						47 (37%)
	No.....						81 (63%)
Q6.3	What do you think of the quality of the health service from the following people?						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	6 (4%)	19 (13%)	49 (33%)	26 (18%)	29 (20%)	18 (12%)
	The nurse	7 (5%)	24 (17%)	51 (36%)	32 (23%)	13 (9%)	14 (10%)
	The dentist	18 (13%)	10 (7%)	29 (20%)	27 (19%)	27 (19%)	32 (22%)
	The optician	49 (35%)	10 (7%)	22 (16%)	25 (18%)	17 (12%)	17 (12%)

Q6.4	What do you think of the overall quality of the health services here?	<i>Not been</i> 2 (1%)	<i>Very good</i> 6 (4%)	<i>Good</i> 41 (28%)	<i>Neither</i> 34 (24%)	<i>Bad</i> 38 (26%)	<i>Very bad</i> 23 (16%)
Q6.5	Are you currently taking medication?						
	<i>Yes</i>						57 (39%)
	<i>No</i>						90 (61%)
Q6.6	If you are taking medication, are you allowed to keep possession of your medication in your own cell?						
	<i>Not taking medication</i>						90 (62%)
	<i>Yes</i>						36 (25%)
	<i>No</i>						20 (14%)
Q6.7	Do you feel you have any emotional well-being/mental health issues?						
	<i>Yes</i>						43 (29%)
	<i>No</i>						103 (71%)
Q6.8	Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)						
	<i>Do not have any issues/not receiving any help</i>						119 (83%)
	<i>Doctor</i>						9 (6%)
	<i>Nurse</i>						2 (1%)
	<i>Psychiatrist</i>						15 (10%)
	<i>Mental health in-reach team</i>						12 (8%)
	<i>Counsellor</i>						7 (5%)
	<i>Other</i>						11 (8%)
Q6.9	Did you have a problem with either of the following when you came into this prison?						
		<i>Yes</i>					<i>No</i>
	Drugs	14 (10%)					130 (90%)
	Alcohol	16 (11%)					126 (89%)
Q6.10	Have you developed a problem with drugs since you have been in this prison?						
	<i>Yes</i>						9 (6%)
	<i>No</i>						134 (94%)
Q6.11	Do you know who to contact in this prison to get help with your drug or alcohol problem?						
	<i>Yes</i>						22 (15%)
	<i>No</i>						4 (3%)
	<i>Did not / do not have a drug or alcohol problem</i>						118 (82%)
Q6.12	Have you received any intervention or help (including, CARATs, Health Services etc) for your drug/alcohol problem, while in this prison?						
	<i>Yes</i>						22 (15%)
	<i>No</i>						5 (3%)
	<i>Did not/do not have a drug or alcohol problem</i>						118 (81%)
Q6.13	Was the intervention or help you received, while in this prison, helpful?						
	<i>Yes</i>						11 (8%)
	<i>No</i>						10 (7%)
	<i>Did not have a problem/have not received help</i>						123 (85%)
Q6.14	Do you think you will have a problem with either of the following when you leave this prison?						
		<i>Yes</i>	<i>No</i>			<i>Don't know</i>	
	Drugs	6 (4%)	131 (92%)			5 (4%)	

Alcohol 4 (3%) 132 (94%) 5 (4%)

Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?
 Yes..... 4 (3%)
 No..... 7 (5%)
 N/A..... 131 (92%)

Section 7: Purposeful activity

Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply to you.)
 Prison job 92 (64%)
 Vocational or skills training..... 20 (14%)
 Education (including basic skills)..... 47 (33%)
 Offending behaviour programmes..... 40 (28%)
Not involved in any of these..... 22 (15%)

Q7.2 If you have been involved in any of the following, whilst in this prison, do you think it will help you on release?

	<i>Not been involved</i>	Yes	No	<i>Don't know</i>
Prison job	9 (8%)	48 (41%)	52 (44%)	8 (7%)
Vocational or skills training	18 (20%)	41 (47%)	22 (25%)	7 (8%)
Education (including basic skills)	14 (13%)	66 (61%)	19 (18%)	9 (8%)
Offending behaviour programmes	14 (13%)	60 (54%)	28 (25%)	9 (8%)

Q7.3 How often do you go to the library?
Don't want to go 15 (10%)
Never..... 12 (8%)
Less than once a week 36 (25%)
About once a week..... 73 (51%)
More than once a week..... 3 (2%)
Don't know 4 (3%)

Q7.4 On average how many times do you go to the gym each week?

<i>Don't want to go</i>	0	1	2	3 to 5	More than 5	<i>Don't know</i>
19 (13%)	18 (13%)	4 (3%)	24 (17%)	75 (52%)	4 (3%)	0 (0%)

Q7.5 On average how many times do you go outside for exercise each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	<i>Don't know</i>
32 (22%)	27 (19%)	40 (28%)	18 (13%)	22 (15%)	4 (3%)

Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc.)
Less than 2 hours..... 13 (9%)
2 to less than 4 hours..... 17 (12%)
4 to less than 6 hours..... 19 (13%)
6 to less than 8 hours..... 45 (32%)
8 to less than 10 hours..... 28 (20%)
10 hours or more..... 11 (8%)
Don't know 9 (6%)

Q7.7 On average, how many times do you have association each week?

<i>Don't want to go</i>	0	1 to 2	3 to 5	More than 5	<i>Don't know</i>
5 (4%)	7 (5%)	3 (2%)	11 (8%)	112 (79%)	3 (2%)

Q7.8	How often do staff normally speak to you during association time?	
	<i>Do not go on association</i>	9 (6%)
	<i>Never</i>	12 (8%)
	<i>Rarely</i>	36 (25%)
	<i>Some of the time</i>	54 (37%)
	<i>Most of the time</i>	21 (14%)
	<i>All of the time</i>	13 (9%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?	
	<i>Still have not met him/her</i>	9 (6%)
	<i>In the first week</i>	63 (43%)
	<i>More than a week</i>	41 (28%)
	<i>Don't remember</i>	33 (23%)
Q8.2	How helpful do you think your personal officer is?	
	<i>Do not have a personal officer/ still have not met him/her</i>	
	9 (6%)	25 (17%)
	<i>Very helpful</i>	46 (32%)
	<i>Helpful</i>	24 (17%)
	<i>Neither</i>	26 (18%)
	<i>Not very helpful</i>	15 (10%)
	<i>Not at all helpful</i>	
Q8.3	Do you have a sentence plan/OASys?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	135 (92%)
	<i>No</i>	11 (8%)
Q8.4	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/OASys</i>	11 (8%)
	<i>Very involved</i>	39 (27%)
	<i>Involved</i>	30 (21%)
	<i>Neither</i>	19 (13%)
	<i>Not very involved</i>	25 (17%)
	<i>Not at all involved</i>	20 (14%)
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?	
	<i>Do not have a sentence plan/OASys</i>	11 (8%)
	<i>Yes</i>	83 (58%)
	<i>No</i>	48 (34%)
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?	
	<i>Do not have a sentence plan/OASys</i>	11 (8%)
	<i>Yes</i>	60 (42%)
	<i>No</i>	71 (50%)
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour while at this prison?	
	<i>Not sentenced</i>	0 (0%)
	<i>Yes</i>	49 (35%)
	<i>No</i>	93 (65%)
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?	
	<i>Yes</i>	15 (11%)
	<i>No</i>	125 (89%)

Q8.9	Have you had any problems with sending or receiving mail?				
	Yes.....				74 (51%)
	No.....				64 (44%)
	Don't know				8 (5%)
Q8.10	Have you had any problems getting access to the telephones?				
	Yes.....				45 (31%)
	No.....				98 (68%)
	Don't know				2 (1%)
Q8.11	Did you have a visit in the first week that you were here?				
	<i>Not been here a week yet</i>				0 (0%)
	Yes.....				29 (20%)
	No.....				103 (72%)
	Don't remember.....				12 (8%)
Q8.12	How many visits did you receive in the last week?				
	<i>Not been in a week</i>	<i>0</i>	<i>1 to 2</i>	<i>3 to 4</i>	<i>5 or more</i>
	0 (0%)	96 (74%)	33 (26%)	0 (0%)	0 (0%)
Q8.13	How are you and your family/friends usually treated by visits staff?				
	<i>Not had any visits</i>				15 (11%)
	Very well.....				18 (13%)
	Well.....				46 (32%)
	Neither.....				38 (27%)
	Badly.....				12 (8%)
	Very badly.....				3 (2%)
	Don't know				10 (7%)
Q8.14	Have you been helped to maintain contact with your family/friends while in this prison?				
	Yes.....				54 (38%)
	No.....				89 (62%)
Q8.15	Do you know who to contact to get help with the following within this prison? (Please tick all that apply to you.)				
	<i>Don't know who to contact</i>	91 (80%)	<i>Help with your finances in preparation for release</i>	10 (9%)	
	<i>Maintaining good relationships</i>	15 (13%)	<i>Claiming benefits on release</i>	9 (8%)	
	<i>Avoiding bad relationships</i>	13 (11%)	<i>Arranging a place at college/continuing education on release</i>	8 (7%)	
	<i>Finding a job on release</i>	11 (10%)	<i>Continuity of health services on release</i>	9 (8%)	
	<i>Finding accommodation on release</i>	16 (14%)	<i>Opening a bank account</i>	9 (8%)	
Q8.16	Do you think you will have a problem with any of the following on release from prison? (Please tick all that apply to you.)				
	<i>No problems</i>	76 (59%)	<i>Help with your finances in preparation for release</i>	23 (18%)	
	<i>Maintaining good relationships</i>	15 (12%)	<i>Claiming benefits on release</i>	22 (17%)	
	<i>Avoiding bad relationships</i>	9 (7%)	<i>Arranging a place at college/continuing education on release</i>	13 (10%)	
	<i>Finding a job on release</i>	40 (31%)	<i>Continuity of health services on release</i>	20 (16%)	
	<i>Finding accommodation on release</i>	33 (26%)	<i>Opening a bank account</i>	24 (19%)	

Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	0 (0%)
<i>Yes</i>	83 (61%)
<i>No</i>	52 (39%)

Main comparator and comparator to last time



Prisoner survey responses HMP Whitemoor 2011

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		HMP Whitemoor 2011	High security comparator	HMP Whitemoor 2011	HMP Whitemoor 2008
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		148	564	148	118
SECTION 1: General information					
2	Are you under 21 years of age?	1%	1%	1%	0%
3a	Are you sentenced?	100%	99%	100%	100%
3b	Are you on recall?	1%	2%	1%	3%
4a	Is your sentence less than 12 months?	0%	0%	0%	0%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	11%	11%	11%	7%
5	Do you have six months or less to serve?	9%	9%	9%	7%
6	Have you been in this prison less than a month?	0%	4%	0%	
7	Are you a foreign national?	21%	8%	21%	15%
8	Is English your first language?	82%	92%	82%	93%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	47%	23%	47%	40%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	2%	5%	
11	Are you Muslim?	32%	13%	32%	24%
12	Are you homosexual/gay or bisexual?	6%	8%	6%	6%
13	Do you consider yourself to have a disability?	23%	26%	23%	22%
14	Is this your first time in prison?	36%	36%	36%	39%
15	Have you been in more than five prisons this time?	25%	19%	25%	
16	Do you have any children under the age of 18?	48%	44%	48%	39%
SECTION 2: Transfers and escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	46%	51%	46%	41%
1b	Was your personal safety during the journey good/very good?	56%	56%	56%	42%
1c	Was the comfort of the van good/very good?	16%	18%	16%	16%
1d	Was the attention paid to your health needs good/very good?	26%	32%	26%	22%
1e	Was the frequency of toilet breaks good/very good?	11%	9%	11%	8%
2	Did you spend more than four hours in the van?	14%	18%	14%	25%
3	Were you treated well/very well by the escort staff?	51%	57%	51%	38%
4a	Did you know where you were going when you left court or when transferred from another prison?	55%	63%	55%	37%
4b	Before you arrived here did you receive any written information about what would happen to you?	11%	9%	11%	6%
4c	When you first arrived here did your property arrive at the same time as you?	63%	73%	63%	59%

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	15%	11%	15%	
1c	Housing problems?	11%	6%	11%	
1d	Problems contacting employers?	10%	6%	10%	
1e	Problems contacting family?	39%	27%	39%	
1f	Problems ensuring dependants were looked after?	9%	5%	9%	
1g	Money problems?	14%	7%	14%	
1h	Problems of feeling depressed/suicidal?	37%	34%	37%	
1i	Health problems?	49%	42%	49%	
1j	Problems in needing protection from other prisoners?	20%	15%	20%	
1k	Problems accessing phone numbers?	27%	21%	27%	
2	When you first arrived:				
2a	Did you have any problems?	70%	74%	70%	69%
2b	Did you have any problems with loss of property?	34%	25%	34%	38%
2c	Did you have any housing problems?	5%	4%	5%	2%
2d	Did you have any problems contacting employers?	4%	2%	4%	2%
2e	Did you have any problems contacting family?	39%	33%	39%	29%
2f	Did you have any problems ensuring dependants were being looked after?	5%	7%	5%	4%
2g	Did you have any money worries?	14%	15%	14%	12%
2h	Did you have any problems with feeling depressed or suicidal?	16%	20%	16%	17%
2i	Did you have any health problems?	21%	28%	21%	20%
2j	Did you have any problems with needing protection from other prisoners?	6%	13%	6%	11%
2k	Did you have problems accessing phone numbers?	32%	30%	32%	
3a	Were you seen by a member of health services in reception?	73%	69%	73%	63%
3b	When you were searched in reception, was this carried out in a respectful way?	70%	69%	70%	48%
4	Were you treated well/very well in reception?	54%	53%	54%	51%
5	On your day of arrival, were you offered information about any of the following:				
5a	What was going to happen to you?	44%	32%	44%	32%
5b	Support was available for people feeling depressed or suicidal?	37%	31%	37%	29%
5c	How to make routine requests?	36%	29%	36%	18%
5d	Your entitlement to visits?	33%	27%	33%	28%
5e	Health services?	45%	36%	45%	
5f	The chaplaincy?	37%	32%	37%	

Main comparator and comparator to last time

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A smokers/non-smokers pack?	41%	53%	41%	46%
6b	The opportunity to have a shower?	32%	29%	32%	38%
6c	The opportunity to make a free telephone call?	12%	24%	12%	14%
6d	Something to eat?	71%	61%	71%	66%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	21%	31%	21%	14%
7b	Someone from health services?	70%	67%	70%	51%
7c	A Listener/Samaritans?	13%	10%	13%	14%
8	Did you have access to the prison shop/canteen within the first 24 hours?	13%	7%	13%	39%
9	Did you feel safe on your first night here?	66%	66%	66%	64%
10	Have you been on an induction course?	85%	88%	85%	69%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	61%	55%	61%	56%
SECTION 4: Legal rights and respectful custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	57%	60%	57%	51%
1b	Attend legal visits?	56%	63%	56%	43%
1c	Obtain bail information?	13%	10%	13%	12%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	61%	55%	61%	61%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	46%	68%	46%	50%
3b	Are you normally able to have a shower every day?	89%	95%	89%	90%
3c	Do you normally receive clean sheets every week?	60%	81%	60%	65%
3d	Do you normally get cell cleaning materials every week?	76%	70%	76%	87%
3e	Is your cell call bell normally answered within five minutes?	53%	52%	53%	47%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	66%	65%	66%	60%
3g	Can you normally get your stored property, if you need to?	20%	26%	20%	20%
4	Is the food in this prison good/very good?	18%	27%	18%	24%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	38%	50%	38%	52%
6a	Is it easy/very easy to get a complaints form?	79%	85%	79%	90%
6b	Is it easy/very easy to get an application form?	90%	91%	90%	94%
7	Have you made an application?	95%	96%	95%	91%

Main comparator and comparator to last time

Key to tables

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SECTION 4: Legal rights and respectful custody continued					
For those who have made an application:					
8a	Do you feel applications are dealt with fairly?	52%	53%	52%	49%
8b	Do you feel applications are dealt with promptly (within seven days)?	54%	48%	54%	49%
9	Have you made a complaint?	82%	72%	82%	73%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	24%	28%	24%	21%
10b	Do you feel complaints are dealt with promptly (within seven days)?	41%	40%	41%	22%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	34%	37%	34%	38%
10c	Were you given information about how to make an appeal?	42%	33%	42%	33%
12	Is it easy/very easy to see the Independent Monitoring Board?	39%	32%	39%	39%
13	Are you on the enhanced (top) level of the IEP scheme?	71%	66%	71%	
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	54%	55%	54%	
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	42%	42%	42%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	7%	6%	7%	
16b	In the last six months have you spent a night in the segregation/care and separation unit?	22%	13%	22%	
13a	Do you feel your religious beliefs are respected?	36%	47%	36%	38%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	61%	57%	61%	52%
14	Are you able to speak to a Listener at any time if you want to?	39%	58%	39%	52%
15a	Is there a member of staff in this prison that you can turn to for help if you have a problem?	73%	74%	73%	62%
15b	Do most staff in this prison treat you with respect?	64%	70%	64%	64%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	60%	57%	60%	60%
2	Do you feel unsafe in this prison at the moment?	32%	26%	32%	34%
4	Have you been victimised by another prisoner?	21%	36%	21%	31%
5	Since you have been here has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	8%	17%	8%	21%
5b	Hit, kicked or assaulted you?	4%	12%	4%	9%
5c	Sexually abused you?	2%	3%	2%	2%
5d	Victimised you because of your race or ethnic origin?	7%	7%	7%	8%
5e	Victimised you because of drugs?	1%	4%	1%	0%
5f	Taken your canteen/property?	4%	7%	4%	6%
5g	Victimised you because you were new here?	5%	7%	5%	5%
5h	Victimised you because of your sexuality?	2%	4%	2%	3%
5i	Victimised you because you have a disability?	4%	5%	4%	4%
5j	Victimised you because of your religion/religious beliefs?	10%	7%	10%	9%
5k	Victimised you because of your age?	4%	5%	4%	
5l	Victimised you because you were from a different part of the country?	3%	8%	3%	9%
5m	Victimised you because of your offence/crime?	3%	14%	3%	
5n	Victimised you because of gang related issues?	3%	5%	3%	

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SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	45%	37%	45%	52%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	18%	17%	18%	26%
7b	Hit, kicked or assaulted you?	4%	5%	4%	13%
7c	Sexually abused you?	1%	1%	1%	3%
7d	Victimised you because of your race or ethnic origin?	15%	9%	15%	22%
7e	Victimised you because of drugs?	2%	1%	2%	4%
7f	Victimised you because you were new here?	5%	7%	5%	6%
7g	Victimised you because of your sexuality?	1%	3%	1%	1%
7h	Victimised you because you have a disability?	6%	5%	6%	4%
7i	Victimised you because of your religion/religious beliefs?	16%	8%	16%	16%
7j	Victimised you because of your age?	4%	2%	4%	
7k	Victimised you because you were from a different part of the country?	8%	8%	8%	9%
7l	Victimised you because of your offence/crime?	6%	14%	6%	
7m	Victimised you because of gang related issues?	3%	3%	3%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	51%	53%	51%	60%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	29%	42%	29%	41%
10	Have you ever felt threatened or intimidated by a member of staff in here?	44%	38%	44%	48%
11	Is it easy/very easy to get illegal drugs in this prison?	16%	25%	16%	39%
SECTION 6: Health services					
1a	Is it easy/very easy to see the doctor?	40%	36%	40%	
1b	Is it easy/very easy to see the nurse?	72%	59%	72%	
1c	Is it easy/very easy to see the dentist?	6%	20%	6%	
1d	Is it easy/very easy to see the optician?	9%	22%	9%	
2	Are you able to see a pharmacist?	37%	47%	37%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	48%	45%	48%	47%
3b	The nurse?	56%	59%	56%	60%
3c	The dentist?	31%	49%	31%	36%
3d	The optician?	35%	61%	35%	52%
4	The overall quality of health services?	33%	37%	33%	42%

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SECTION 6: Health services continued					
5	Are you currently taking medication?	39%	57%	39%	51%
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	64%	80%	64%	84%
7	Do you feel you have any emotional well-being/mental health issues?	30%	35%	30%	
For those with emotional well-being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	39%	34%	39%	
8b	A doctor?	20%	28%	20%	
8c	A nurse?	5%	17%	5%	
8d	A psychiatrist?	37%	23%	37%	
8e	The mental health in-reach team?	29%	38%	29%	
8f	A counsellor?	17%	6%	17%	
9a	Did you have a drug problem when you came into this prison?	10%	14%	10%	8%
9b	Did you have an alcohol problem when you came into this prison?	11%	13%	11%	5%
10a	Have you developed a drug problem since you have been in this prison?	6%	6%	6%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	85%	86%	85%	
12	Have you received any help or intervention while in this prison?	82%	75%	82%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	52%	71%	52%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	8%	13%	8%	14%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	6%	12%	6%	11%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	36%	48%	36%	11%
SECTION 7: Purposeful activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	64%	68%	64%	
1b	Vocational or skills training?	14%	14%	14%	
1c	Education (including basic skills)?	33%	41%	33%	
1d	Offending Behaviour Programmes?	28%	21%	28%	
2ai	Have you had a job while in this prison?	92%	87%	92%	

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	Percentages which are not highlighted show there is no significant difference				
SECTION 7: Purposeful activity continued					
For those who have had a prison job while in this prison:					
2a	Do you feel the job will help you on release?	45%	41%	45%	
2b	Have you been involved in vocational or skills training while in this prison?	80%	72%	80%	
For those who have had vocational or skills training while in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	59%	62%	59%	
2c	Have you been involved in education while in this prison?	87%	83%	87%	
For those who have been involved in education while in this prison:					
2cii	Do you feel the education will help you on release?	70%	70%	70%	
2di	Have you been involved in offending behaviour programmes while in this prison?	87%	79%	87%	
For those who have been involved in offending behaviour programmes while in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	62%	59%	62%	
3	Do you go to the library at least once a week?	53%	54%	53%	43%
4	On average, do you go to the gym at least twice a week?	72%	50%	72%	61%
5	On average, do you go outside for exercise three or more times a week?	28%	34%	28%	35%
6	On average, do you spend ten or more hours out of your cell on a weekday?	8%	13%	8%	11%
7	On average, do you go on association more than five times each week?	79%	86%	79%	80%
8	Do staff normally speak to you most of the time/all of the time during association?	24%	26%	24%	20%
SECTION 8: Resettlement					
1	Do you have a personal officer?	94%	87%	94%	91%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	52%	56%	52%	53%
For those who are sentenced:					
3	Do you have a sentence plan?	92%	84%	92%	72%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	52%	50%	52%	60%
5	Can you achieve some/all of your sentence plan targets in this prison?	63%	56%	63%	52%
6	Are there plans for you to achieve some/all your targets in another prison?	46%	49%	46%	49%
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	35%	34%	35%	34%
8	Do you feel that any member of staff has helped you to prepare for release?	11%	10%	11%	13%
9	Have you had any problems with sending or receiving mail?	51%	50%	51%	55%
10	Have you had any problems getting access to the telephones?	31%	25%	31%	31%
11	Did you have a visit in the first week that you were here?	20%	16%	20%	14%
12	Did you receive one or more visits in the last week?	26%	24%	26%	27%
For those who have had visits:					
13	How are you and your family/friends usually treated by visits staff? (Very well/well)	50%	52%	50%	
14	Have you been helped to maintain contact with family/friends while in this prison?	38%	31%	38%	

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SECTION 8: Resettlement continued					
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	13%	14%	13%	
15c	Avoiding bad relationships?	11%	11%	11%	
15d	Finding a job on release?	10%	10%	10%	19%
15e	Finding accommodation on release?	14%	13%	14%	17%
15f	With money/finances on release?	9%	11%	9%	16%
15g	Claiming benefits on release?	8%	12%	8%	19%
15h	Arranging a place at college/continuing education on release?	7%	8%	7%	18%
15i	Accessing health services on release?	8%	10%	8%	21%
15j	Opening a bank account on release?	8%	9%	8%	18%
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	12%	16%	12%	
16c	Avoiding bad relationships?	7%	12%	7%	
16d	Finding a job?	31%	49%	31%	38%
16e	Finding accommodation?	26%	39%	26%	28%
16f	Money/finances?	18%	28%	18%	35%
16g	Claiming benefits?	17%	33%	17%	29%
16h	Arranging a place at college/continuing education?	10%	21%	10%	29%
16i	Accessing health services?	16%	27%	16%	18%
16j	Opening a bank account?	19%	35%	19%	29%
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	62%	56%	62%	60%

Diversity Analysis



Key Question Responses (Ethnicity, Nationality and Religion) HMP Whitemoor 2011

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
Number of completed questionnaires returned		69	78	31	114	47	100
1.3	Are you sentenced?	100%	100%	100%	100%	100%	100%
1.7	Are you a foreign national?	27%	16%			29%	17%
1.8	Is English your first language?	75%	90%	55%	91%	68%	90%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?			60%	43%	92%	26%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	8%	8%	4%	0%	6%
1.11	Are you Muslim?	62%	5%	43%	28%		
1.12	Do you consider yourself to have a disability?	21%	25%	26%	21%	22%	23%
1.13	Is this your first time in prison?	33%	39%	63%	30%	36%	36%
2.1d	Was the attention paid to your health needs good/very good on your journey here?	22%	30%	19%	29%	16%	31%
2.3	Were you treated well/very well by the escort staff?	43%	58%	38%	53%	44%	54%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	54%	57%	50%	57%	43%	61%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	42%	37%	54%	35%	44%	37%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	39%	35%	39%	36%	42%	35%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	48%	50%	50%	48%	46%	50%
3.2a	Did you have any problems when you first arrived?	76%	67%	70%	69%	79%	67%
3.3a	Were you seen by a member of health care staff in reception?	80%	67%	77%	72%	72%	74%
3.3b	When you were searched in reception, was this carried out in a respectful way?	58%	81%	62%	73%	59%	75%
3.4	Were you treated well/very well in reception?	51%	57%	58%	53%	57%	52%
3.7b	Did you have access to someone from health care within the first 24 hours?	71%	70%	67%	70%	71%	70%
3.9	Did you feel safe on your first night here?	57%	73%	48%	71%	59%	69%
3.10	Have you been on an induction course?	88%	82%	83%	85%	89%	83%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	50%	63%	72%	54%	50%	60%

Diversity Analysis

Key to tables

		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
	Any percentage highlighted in green is significantly better						
	Any percentage highlighted in blue is significantly worse						
	Any percentage highlighted in orange shows a significant difference in prisoners' background details						
	Percentages which are not highlighted show there is no significant difference						
4.3a	Are you normally offered enough clean, suitable clothes for the week?	33%	58%	41%	48%	33%	53%
4.3b	Are you normally able to have a shower every day?	91%	87%	87%	89%	89%	89%
4.3e	Is your cell call bell normally answered within five minutes?	50%	57%	48%	54%	50%	55%
4.4	Is the food in this prison good/very good?	15%	22%	13%	19%	13%	21%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	25%	49%	29%	39%	24%	44%
4.6a	Is it easy/very easy to get a complaints form?	70%	88%	65%	82%	68%	85%
4.6b	Is it easy/very easy to get an application form?	87%	95%	80%	93%	83%	95%
4.9	Have you made a complaint?	84%	81%	71%	84%	87%	80%
4.13	Are you on the enhanced (top) level of the IEP scheme?	73%	69%	65%	72%	72%	70%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	43%	64%	47%	56%	37%	63%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	36%	47%	32%	44%	35%	46%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	8%	3%	8%	6%	7%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	19%	26%	23%	23%	21%	23%
4.17a	Do you feel your religious beliefs are respected?	35%	38%	37%	35%	33%	38%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	62%	61%	45%	64%	67%	58%
4.18	Are you able to speak to a Listener at any time if you want to?	35%	43%	36%	39%	32%	43%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	67%	78%	63%	75%	61%	79%
4.19b	Do most staff, in this prison, treat you with respect?	57%	71%	60%	65%	49%	71%
5.1	Have you ever felt unsafe in this prison?	60%	59%	77%	54%	61%	59%
5.2	Do you feel unsafe in this prison at the moment?	31%	32%	39%	31%	28%	33%
5.4	Have you been victimised by another prisoner?	19%	23%	23%	20%	13%	25%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	7%	6%	10%	6%	4%	8%
5.5i	Have you been victimised because you have a disability? (By prisoners)	2%	6%	3%	4%	4%	4%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	9%	12%	7%	11%	2%	14%
5.6	Have you been victimised by a member of staff?	54%	36%	48%	44%	55%	40%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	26%	4%	26%	12%	28%	8%

Diversity Analysis

Key to tables

Any percentage highlighted in green is significantly better		Black and minority ethnic prisoners	White prisoners	Foreign national prisoners	British national prisoners	Muslim prisoners	Non-Muslim prisoners
Any percentage highlighted in blue is significantly worse							
Any percentage highlighted in orange shows a significant difference in prisoners' background details							
Percentages which are not highlighted show there is no significant difference							
5.7h	Have you been victimised because you have a disability? (By staff)	4%	7%	3%	6%	4%	6%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	28%	4%	26%	12%	40%	3%
5.9	Have you ever felt threatened or intimidated by another prisoner/ group of prisoners in here?	21%	36%	23%	30%	16%	36%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	55%	34%	37%	45%	62%	35%
5.11	Is it easy/very easy to get illegal drugs in this prison?	5%	26%	13%	17%	7%	20%
6.1a	Is it easy/very easy to see the doctor?	32%	47%	42%	39%	28%	46%
6.1b	Is it easy/ very easy to see the nurse?	72%	73%	71%	72%	71%	73%
6.2	Are you able to see a pharmacist?	31%	42%	44%	33%	36%	37%
6.5	Are you currently taking medication?	35%	43%	52%	36%	30%	44%
6.7	Do you feel you have any emotional well-being/mental health issues?	22%	37%	37%	28%	17%	36%
7.1a	Are you currently working in the prison?	66%	62%	62%	64%	65%	63%
7.1b	Are you currently undertaking vocational or skills training?	16%	12%	21%	12%	17%	13%
7.1c	Are you currently in education (including basic skills)?	32%	34%	41%	32%	33%	33%
7.1d	Are you currently taking part in an offending behaviour programme?	24%	31%	24%	29%	13%	35%
7.3	Do you go to the library at least once a week?	48%	59%	43%	55%	47%	57%
7.4	On average, do you go to the gym at least twice a week?	85%	59%	83%	68%	94%	61%
7.5	On average, do you go outside for exercise three or more times a week?	18%	36%	45%	24%	22%	30%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	6%	9%	10%	7%	4%	9%
7.7	On average, do you go on association more than five times each week?	78%	80%	69%	82%	72%	82%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	24%	24%	17%	25%	24%	24%
8.1	Do you have a personal officer?	94%	93%	87%	96%	89%	96%
8.9	Have you had any problems sending or receiving mail?	54%	49%	53%	50%	57%	48%
8.10	Have you had any problems getting access to the telephones?	32%	31%	28%	32%	30%	32%

Diversity Analysis - Disability



Key questions (disability analysis) HMP Whitemoor 2011

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		33	113
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	25%	21%
1.8	Is English your first language?	79%	84%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	42%	47%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	5%
1.11	Are you Muslim?	30%	31%
1.13	Do you consider yourself to have a disability?		
1.14	Is this your first time in prison?	36%	36%
2.1d	Was the attention paid to your health needs good/very good?	30%	26%
2.3	Were you treated well/very well by the escort staff?	39%	53%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	46%	59%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	33%	40%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	33%	38%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	53%	47%
3.2a	Did you have any problems when you first arrived?	86%	64%
3.3a	Were you seen by a member of health care staff in reception?	58%	78%
3.3b	When you were searched in reception, was this carried out in a respectful way?	59%	73%
3.4	Were you treated well/very well in reception?	56%	53%
3.7b	Did you have access to someone from health care within the first 24 hours?	68%	70%
3.9	Did you feel safe on your first night here?	55%	68%
3.10	Have you been on an induction course?	78%	86%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	56%	57%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.3a	Are you normally offered enough clean, suitable clothes for the week?	47%	46%
4.3b	Are you normally able to have a shower every day?	85%	90%
4.3e	Is your cell call bell normally answered within five minutes?	44%	55%
4.4	Is the food in this prison good/very good?	27%	16%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	42%	36%
4.6a	Is it easy/very easy to get a complaints form?	88%	76%
4.6b	Is it easy/very easy to get an application form?	91%	90%
4.9	Have you made a complaint?	91%	79%
4.13	Are you on the enhanced (top) level of the IEP scheme?	76%	70%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	58%	54%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	41%
4.16a	In the last six months have any members of staff physically restrained you (C&R)?	6%	7%
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?	18%	24%
4.17a	Do you feel your religious beliefs are respected?	34%	37%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	65%	60%
4.18	Are you able to speak to a Listener at any time if you want to?	46%	38%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	69%	74%
4.19b	Do most staff, in this prison, treat you with respect?	55%	68%
5.1	Have you ever felt unsafe in this prison?	79%	55%
5.2	Do you feel unsafe in this prison at the moment?	42%	29%
5.4	Have you been victimised by another prisoner?	27%	20%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	12%	5%
5.5i	Victimised you because you have a disability?	15%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	15%	9%
5.6	Have you been victimised by a member of staff?	67%	39%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	21%	13%
5.7h	Victimised you because you have a disability?	21%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	21%	14%

Diversity Analysis - Disability

Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	49%	24%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	61%	40%
5.11	Is it easy/very easy to get illegal drugs in this prison?	22%	14%
6.1a	Is it easy/very easy to see the doctor?	39%	41%
6.1b	Is it easy/ very easy to see the nurse?	75%	71%
6.2	Are you able to see a pharmacist?	18%	42%
6.5	Are you currently taking medication?	67%	31%
6.7	Do you feel you have any emotional well-being/mental health issues?	56%	22%
7.1a	Are you currently working in the prison?	68%	64%
7.1b	Are you currently undertaking vocational or skills training?	7%	16%
7.1c	Are you currently in education (including basic skills)?	10%	40%
7.1d	Are you currently taking part in an offending behaviour programme?	26%	28%
7.3	Do you go to the library at least once a week?	30%	58%
7.4	On average, do you go to the gym at least twice a week?	42%	79%
7.5	On average, do you go outside for exercise three or more times a week?	26%	29%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	3%	9%
7.7	On average, do you go on association more than five times each week?	74%	81%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	31%	21%
8.1	Do you have a personal officer?	97%	93%
8.9	Have you had any problems sending or receiving mail?	63%	47%
8.10	Have you had any problems getting access to the telephones?	36%	30%



Diversity Analysis - Age

Key question responses (age- over 50) HMP Whitemoor 2011

Prisoner survey responses(missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoner background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned			
		15	130
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	20%	21%
1.8	Is English your first language?	93%	82%
1.9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	13%	51%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	5%
1.11	Are you Muslim?	7%	35%
1.13	Do you consider yourself to have a disability?	73%	16%
1.14	Is this your first time in prison?	47%	35%
2.1d	Was the attention paid to your health needs good/very good?	46%	25%
2.3	Were you treated well/very well by the escort staff?	53%	51%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	60%	55%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	21%	41%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	14%	39%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	43%	49%
3.2a	Did you have any problems when you first arrived?	69%	69%
3.3a	Were you seen by a member of health care staff in reception?	67%	74%
3.3b	When you were searched in reception, was this carried out in a respectful way?	86%	68%

Diversity Analysis - Age

Key to tables

	Any percentage highlighted in green is significantly better
	Any percentage highlighted in blue is significantly worse
	Any percentage highlighted in orange shows a significant difference in prisoner background details
	Percentages which are not highlighted show there is no significant difference
3.4	Were you treated well/very well in reception?
3.7b	Did you have access to someone from health care within the first 24 hours?
3.9	Did you feel safe on your first night here?
3.10	Have you been on an induction course?
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?
4.3a	Are you normally offered enough clean, suitable clothes for the week?
4.3b	Are you normally able to have a shower every day?
4.3e	Is your cell call bell normally answered within five minutes?
4.4	Is the food in this prison good/very good?
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?
4.6a	Is it easy/very easy to get a complaints form?
4.6b	Is it easy/very easy to get an application form?
4.9	Have you made a complaint?
4.13	Are you on the enhanced (top) level of the IEP scheme?
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?
4.16a	In the last six months have any members of staff physically restrained you (C&R)?
4.16b	In the last six months have you spent a night in the segregation/care and separation unit?
4.17a	Do you feel your religious beliefs are respected?
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?

Prisoners aged 50 and over	Prisoners under the age of 50
71%	52%
64%	70%
71%	65%
80%	86%
73%	56%
73%	42%
93%	88%
64%	52%
40%	16%
53%	35%
87%	78%
92%	90%
80%	82%
93%	68%
80%	52%
60%	40%
0%	8%
7%	24%
57%	33%
77%	58%

Key to tables

Diversity Analysis - Age

	Any percentage highlighted in green is significantly better
	Any percentage highlighted in blue is significantly worse
	Any percentage highlighted in orange shows a significant difference in prisoner background details
	Percentages which are not highlighted show there is no significant difference
4.18	Are you able to speak to a Listener at any time if you want to?
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?
4.15b	Do most staff, in this prison, treat you with respect?
5.1	Have you ever felt unsafe in this prison?
5.2	Do you feel unsafe in this prison at the moment?
5.4	Have you been victimised by another prisoner?
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)
5.5i	Victimised you because you have a disability?
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)
5.5k	Have you been victimised because of your age? (By prisoners)
5.6	Have you been victimised by a member of staff?
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)
5.7h	Victimised you because you have a disability?
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)
5.7j	Have you been victimised because of your age? (By staff)
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?
5.10	Have you ever felt threatened or intimidated by a member of staff in here?
5.11	Is it easy/very easy to get illegal drugs in this prison?
6.1a	Is it easy/very easy to see the doctor?
6.1b	Is it easy/ very easy to see the nurse?
6.2	Are you able to see a pharmacist?

Prisoners aged 50 and over	Prisoners under the age of 50
67%	35%
79%	72%
67%	64%
67%	60%
39%	32%
33%	19%
13%	5%
20%	2%
13%	10%
27%	2%
47%	44%
0%	16%
20%	4%
0%	18%
13%	3%
40%	28%
43%	44%
33%	14%
60%	38%
93%	69%
33%	37%

Diversity Analysis - Age

Key to tables

	Any percentage highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoner background details		
	Percentages which are not highlighted show there is no significant difference		
6.5	Are you currently taking medication?	87%	33%
6.7	Do you feel you have any emotional well-being/mental health issues?	53%	26%
7.1a	Are you currently working in the prison?	57%	65%
7.1b	Are you currently undertaking vocational or skills training?	7%	15%
7.1c	Are you currently in education (including basic skills)?	14%	36%
7.1d	Are you currently taking part in an offending behaviour programme?	21%	28%
7.3	Do you go to the library at least once a week?	21%	57%
7.4	On average, do you go to the gym at least twice a week?	43%	75%
7.5	On average, do you go outside for exercise three or more times a week?	43%	26%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc.)	7%	8%
7.7	On average, do you go on association more than five times each week?	71%	80%
7.8	Do staff normally speak to you at least most of the time during association time? (Most/all of the time)	33%	23%
8.1	Do you have a personal officer?	100%	93%
8.9	Have you had any problems sending or receiving mail?	40%	53%
8.10	Have you had any problems getting access to the telephones?	21%	33%



Prisoner survey responses: HMP Whitemoor 2011 (wing analysis)

Prisoner survey responses (missing data have been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		D wing (DSPD)	A, B and C wing
	Any percentage highlighted in green is significantly better	D wing (DSPD)	A, B and C wing
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		20	119
SECTION 1: General information			
2	Are you under 21 years of age?	0%	1%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	5%	0%
4a	Is your sentence less than 12 months?	0%	0%
4b	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	0%	11%
5	Do you have six months or less to serve?	14%	9%
6	Have you been in this prison less than a month?	0%	0%
7	Are you a foreign national?	10%	25%
8	Is English your first language?	100%	78%
9	Are you from a minority ethnic group (including all those who did not tick white British, white Irish or white other categories)?	20%	53%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	5%	3%
11	Are you Muslim?	5%	38%
12	Are you homosexual/gay or bisexual?	35%	2%
13	Do you consider yourself to have a disability?	50%	19%
14	Is this your first time in prison?	30%	39%
15	Have you been in more than five prisons this time?	55%	17%
16	Do you have any children under the age of 18?	20%	51%
SECTION 2: Transfers and escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	50%	46%
1b	Was your personal safety during the journey good/very good?	63%	57%
1c	Was the comfort of the van good/very good?	15%	17%
1d	Was the attention paid to your health needs good/very good?	42%	24%
1e	Was the frequency of toilet breaks good/very good?	5%	12%
2	Did you spend more than four hours in the van?	10%	14%
3	Were you treated well/very well by the escort staff?	50%	52%
4a	Did you know where you were going when you left court or when transferred from another prison?	70%	52%
4b	Before you arrived here did you receive any written information about what would happen to you?	32%	8%
4c	When you first arrived here did your property arrive at the same time as you?	37%	69%

Key to tables

	Any percentage highlighted in green is significantly better	D wing (DSPD)	A, B and C wing
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction			
1	In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b	Problems with loss of property?	11%	15%
1c	Housing problems?	5%	10%
1d	Problems contacting employers?	0%	10%
1e	Problems contacting family?	26%	43%
1f	Problems ensuring dependants were looked after?	0%	10%
1g	Money problems?	16%	14%
1h	Problems of feeling depressed/suicidal?	47%	35%
1i	Health problems?	63%	45%
1j	Problems in needing protection from other prisoners?	16%	20%
1k	Problems accessing phone numbers?	21%	27%
2	When you first arrived:		
2a	Did you have any problems?	72%	67%
2b	Did you have any problems with loss of property?	44%	29%
2c	Did you have any housing problems?	6%	5%
2d	Did you have any problems contacting employers?	6%	4%
2e	Did you have any problems contacting family?	44%	36%
2f	Did you have any problems ensuring dependants were being looked after?	6%	4%
2g	Did you have any money worries?	17%	12%
2h	Did you have any problems with feeling depressed or suicidal?	44%	12%
2i	Did you have any health problems?	61%	15%
2j	Did you have any problems with needing protection from other prisoners?	17%	2%
2k	Did you have problems accessing phone numbers?	39%	29%
3a	Were you seen by a member of health services in reception?	65%	76%
3b	When you were searched in reception, was this carried out in a respectful way?	90%	67%
4	Were you treated well/very well in reception?	74%	53%
5	On your day of arrival, were you offered information about any of the following:		
5a	What was going to happen to you?	65%	42%
5b	Support was available for people feeling depressed or suicidal?	45%	35%
5c	How to make routine requests?	50%	34%
5d	Your entitlement to visits?	50%	31%
5e	Health services?	50%	45%
5f	The chaplaincy?	45%	35%

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SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A smokers/non-smokers pack?	50%	39%
6b	The opportunity to have a shower?	45%	32%
6c	The opportunity to make a free telephone call?	30%	10%
6d	Something to eat?	75%	71%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	30%	18%
7b	Someone from health services?	75%	70%
7c	A Listener/Samaritans?	5%	13%
8	Did you have access to the prison shop/canteen within the first 24 hours?	35%	11%
9	Did you feel safe on your first night here?	60%	67%
10	Have you been on an induction course?	70%	90%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	64%	60%
SECTION 4: Legal rights and respectful custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	65%	58%
1b	Attend legal visits?	61%	58%
1c	Obtain bail information?	0%	16%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	68%	60%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	60%	45%
3b	Are you normally able to have a shower every day?	90%	96%
3c	Do you normally receive clean sheets every week?	47%	60%
3d	Do you normally get cell cleaning materials every week?	70%	76%
3e	Is your cell call bell normally answered within five minutes?	80%	51%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	60%	70%
3g	Can you normally get your stored property if you need to?	42%	17%
4	Is the food in this prison good/very good?	30%	14%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	50%	33%
6a	Is it easy/very easy to get a complaints form?	90%	76%
6b	Is it easy/very easy to get an application form?	90%	90%
7	Have you made an application?	95%	95%

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SECTION 4: Legal rights and respectful custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	67%	52%
8b	Do you feel applications are dealt with promptly (within seven days)?	50%	56%
9	Have you made a complaint?	90%	79%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	56%	19%
10b	Do you feel complaints are dealt with promptly (within seven days)?	53%	42%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	44%	28%
10c	Were you given information about how to make an appeal?	61%	38%
12	Is it easy/very easy to see the Independent Monitoring Board?	55%	39%
13	Are you on the enhanced (top) level of the IEP scheme?	75%	74%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	70%	53%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	70%	39%
16a	In the last six months have any members of staff physically restrained you (C&R)?	5%	3%
16b	In the last six months have you spent a night in the segregation/care and separation unit?	5%	19%
13a	Do you feel your religious beliefs are respected?	50%	33%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	67%	59%
14	Are you able to speak to a Listener at any time, if you want to?	30%	41%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	75%	72%
15b	Do most staff, in this prison, treat you with respect?	79%	62%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	80%	55%
2	Do you feel unsafe in this prison at the moment?	35%	31%
4	Have you been victimised by another prisoner?	25%	19%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	20%	5%
5b	Hit, kicked or assaulted you?	15%	2%
5c	Sexually abused you?	5%	2%
5d	Victimised you because of your race or ethnic origin?	5%	7%
5e	Victimised you because of drugs?	5%	0%
5f	Taken your canteen/property?	10%	3%
5g	Victimised you because you were new here?	10%	4%
5h	Victimised you because of your sexuality?	15%	0%
5i	Victimised you because you have a disability?	20%	2%
5j	Victimised you because of your religion/religious beliefs?	10%	9%
5k	Victimised you because of your age?	15%	3%
5l	Victimised you because you were from a different part of the country?	5%	2%
5m	Victimised you because of your offence/crime?	15%	1%
5n	Victimised you because of gang related issues?	0%	2%

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SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	50%	43%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	20%	17%
7b	Hit, kicked or assaulted you?	10%	1%
7c	Sexually abused you?	5%	1%
7d	Victimised you because of your race or ethnic origin?	10%	15%
7e	Victimised you because of drugs?	5%	1%
7f	Victimised you because you were new here?	15%	2%
7g	Victimised you because of your sexuality?	10%	0%
7h	Victimised you because you have a disability?	20%	3%
7i	Victimised you because of your religion/religious beliefs?	10%	17%
7j	Victimised you because of your age?	20%	2%
7k	Victimised you because you were from a different part of the country?	15%	6%
7l	Victimised you because of your offence/crime?	10%	3%
7m	Victimised you because of gang related issues?	5%	3%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	46%	50%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	45%	23%
10	Have you ever felt threatened or intimidated by a member of staff in here?	55%	41%
11	Is it easy/very easy to get illegal drugs in this prison?	30%	10%
SECTION 6: Health services			
1a	Is it easy/very easy to see the doctor?	68%	34%
1b	Is it easy/very easy to see the nurse?	90%	69%
1c	Is it easy/very easy to see the dentist?	16%	4%
1d	Is it easy/very easy to see the optician?	21%	6%
2	Are you able to see a pharmacist?	22%	42%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	95%	42%
3b	The nurse?	95%	51%
3c	The dentist?	56%	29%
3d	The optician?	63%	31%
4	The overall quality of health services?	53%	32%

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Health services continued			
5	Are you currently taking medication?	79%	32%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	0%	95%
7	Do you feel you have any emotional well-being/mental health issues?	74%	23%
For those with emotional well-being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	33%	41%
8b	A doctor?	25%	19%
8c	A nurse?	17%	0%
8d	A psychiatrist?	50%	30%
8e	The mental health in-reach team?	25%	30%
8f	A counsellor?	42%	7%
9a	Did you have a drug problem when you came into this prison?	11%	9%
9b	Did you have an alcohol problem when you came into this prison?	6%	11%
10a	Have you developed a drug problem since you have been in this prison?	17%	4%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	75%	84%
12	Have you received any help or intervention while in this prison?	75%	85%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	33%	56%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	11%	5%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	11%	5%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	67%	33%

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SECTION 7: Purposeful activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	78%	67%
1b	Vocational or skills training?	17%	15%
1c	Education (including basic skills)?	33%	34%
1d	Offending behaviour programmes?	72%	23%
2ai	Have you had a job while in this prison?	94%	94%
For those who have had a prison job while in this prison:			
2aii	Do you feel the job will help you on release?	60%	44%
2bi	Have you been involved in vocational or skills training while in this prison?	89%	81%
For those who have had vocational or skills training while in this prison:			
2bii	Do you feel the vocational or skills training will help you on release?	63%	60%
2ci	Have you been involved in education while in this prison?	91%	89%
For those who have been involved in education while in this prison:			
2cii	Do you feel the education will help you on release?	70%	72%
2di	Have you been involved in offending behaviour programmes while in this prison?	100%	87%
For those who have been involved in offending behaviour programmes while in this prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	67%	63%
3	Do you go to the library at least once a week?	67%	49%
4	On average, do you go to the gym at least twice a week?	33%	81%
5	On average, do you go outside for exercise three or more times a week?	11%	27%
6	On average, do you spend ten or more hours out of your cell on a weekday?	11%	8%
7	On average, do you go on association more than five times each week?	78%	85%
8	Do staff normally speak to you most of the time/all of the time during association?	68%	18%
SECTION 8: Resettlement			
1	Do you have a personal officer?	100%	94%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	68%	52%
For those who are sentenced:			
3	Do you have a sentence plan?	95%	93%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	78%	51%
5	Can you achieve some/all of your sentence plan targets in this prison?	94%	61%
6	Are there plans for you to achieve some/all your targets in another prison?	44%	45%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour while at this prison?	74%	30%
8	Do you feel that any member of staff has helped you to prepare for release?	35%	8%
9	Have you had any problems with sending or receiving mail?	42%	51%
10	Have you had any problems getting access to the telephones?	22%	29%
11	Did you have a visit in the first week that you were here?	35%	19%
12	Did you receive one or more visits in the last week?	6%	31%

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Resettlement continued			
For those who have had visits:			
13	How are you and your family/ friends usually treated by visits staff? (Very well/well)	88%	45%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	67%	35%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	28%	10%
15c	Avoiding bad relationships?	28%	8%
15d	Finding a job on release?	11%	9%
15e	Finding accommodation on release?	17%	13%
15f	With money/finances on release?	22%	7%
15g	Claiming benefits on release?	11%	8%
15h	Arranging a place at college/continuing education on release?	11%	7%
15i	Accessing health services on release?	11%	8%
15j	Opening a bank account on release?	17%	7%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	35%	7%
16c	Avoiding bad relationships?	24%	4%
16d	Finding a job?	65%	25%
16e	Finding accommodation?	59%	19%
16f	Money/finances?	35%	13%
16g	Claiming benefits?	41%	12%
16h	Arranging a place at college/continuing education?	24%	8%
16i	Accessing health services?	53%	8%
16j	Opening a bank account?	41%	14%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	74%	62%